

From the Editor's desk

By Peter Tyrer

Read once – and repeat

War babies tend to be parsimonious and I have noted this tendency when washing my hair. I found at an early age that the famous instructions 'and repeat' that doubled sales of shampoo when they were first used was actually an ideal way of using less shampoo rather than more, provided you are very sparing on the first occasion. This also applies to the articles in *The British Journal of Psychiatry*, and now it is in a glossy shampoo-like cover they need to be listened to more often. So I advise a quick all encompassing read when you first receive your *Journal*, and then, following a quick message rinse, look at it again, and get the full pleasure and instruction of its foamy voluptuous contents. Let us see how it works in practice. Post-traumatic stress disorder has long been under the microscope of nosological enquiry and a quick read of the editorial by Rosen *et al* (pp. 3–4) confirms the general feeling of concern that many have about the status of this catch-all diagnosis, which could include 'virtually anyone suffering an unpleasant experience of which they have disagreeable memories'.¹ Then go back to it again and read the 'fisherman's tale' and have some warm flesh put on the bones of these worries, and conclude with the measured comment that the diagnosis might be appropriate sometimes 'but physicians should not reflexively provide it in the aftermath of trauma'. A similar experience follows from a quick scan of Moran *et al* (pp. 65–66). The rapid rinse leads to the vague notion that callous and unemotional traits in children predict future problems. But when you look at the article more closely you note that the children are young (aged 5–16), and that these traits were good in predicting conduct and emotional problems, and that personality diagnoses conventionally cannot be made until the age of 18; yet here we have something, already suspected to have genetic² and neurotransmission components,³ that might help to differentiate those who follow an apparently inexorable pathway to severe antisocial behaviour⁴ from those who escape into a form of reasonable health.⁵

So I hope that each of the articles you examine will go further than a simple scan of the abstract and be earmarked for study at an appropriate time in the future. Even an article with the unassuming title of 'neural correlates of reward in autism' (Schmitz *et al*, pp. 19–24) has an important and interesting message. Once you get underneath the voxels and randomly jittered inter-trial intervals you can explore the world of the anterior cingulate gyrus, a part of the brain involved in 'the intuitive assessment of complex situations'. Give yourself the task of interpreting their findings, compare them with related studies;^{6,7} we have such little certainty here that all interpretations could have face validity, and, like the participants in their experiment, you can all win and have the same prizes. But do not let me be too prescriptive in your reading plans, and please remember this 'double shampoo' approach as a serious exercise. I now realise why so many of our Honorary Fellows choose to read in the bath:⁸ both the yellow journal and its matching shampoo are immediately to hand.

A communicator *par excellence*:
a personal tribute to Anthony Clare

There will be many tributes published to Anthony Clare in the next few months. He died in October just a few weeks short of his 65th birthday after a distinguished career as a clinical psychiatrist, radio celebrity, university academic and author. But it is as a communicator that he will primarily be remembered. With his quicksilver intellect, coruscating logic and mellifluous Irish charm he could out-talk any of the illuminati whom he encountered in his broadcasting career and reduce them to stupefied admiration. When he was writing his famous book *Psychiatry in Dissent* I was completing my MD thesis and we both had the same secretary working for us out of hours on our respective tasks. Later I used to grumble to him that he was not using his academic strengths sufficiently because of his many diverting interests but as he was such a marvellous communicator I am sure it was right for him, and for psychiatry, to allow this talent to flourish. He had the amazing ability of converting the speed of thought into lucid spoken language without any apparent interference. I once timed his speech rate during one of his lectures at a meeting of the Royal College of Psychiatrists and by the end of his presentation (on psychiatry in the media) he was talking without any notes at a rate of 360 words per minute, faster than that other great communicator, John F. Kennedy, who could only make 336 in this time. And who else but Anthony could start off a talk (subsequently published in the *Journal*) with the words: 'There cannot be many hospitals and medical schools owing their origins to the visual hallucinations and grim forebodings of a depressed monk',⁹ a phrase which I know that, despite its apparent exaggeration, was not in any way contrived but part of his natural flow.

We are attempting to make our *Journal* a better communication medium with the launch of our new format; we could do well to remember Anthony's legacy.

- 1 Scott JN. Devaluation of PTSD. *Br J Psychiatry* 2006; **188**: 190.
- 2 Viding E, Frick PJ, Plomin R. Aetiology of the relationship between callous-unemotional traits and conduct problems in childhood. *Br J Psychiatry* 2007; **190** (suppl 49): s33–8.
- 3 Flory JD, Newcorn JH, Miller C, Harty S, Halperin JM. Serotonergic function in children with attention-deficit hyperactivity disorder: relationship to later antisocial personality disorder. *Br J Psychiatry* 2007; **190**: 410–14.
- 4 Vizard E, Hickey N, McCrory E. Developmental trajectories associated with juvenile sexually abusive behaviour and emerging severe personality disorder in childhood: 3-year study. *Br J Psychiatry* 2007; **190** (suppl 49): s27–32.
- 5 Hill J. Early identification of individuals at risk for antisocial personality disorder. *Br J Psychiatry* 2003; **182** (suppl 44): s11–14.
- 6 Craig MC, Zaman SH, Daly EM, Cutter WJ, Robertson DMW, Hallahan B, Toal F, Reed S, Ambikapathy A, Brammer M, Murphy CM, Murphy DGM. Women with autistic-spectrum disorder: magnetic resonance imaging study of brain anatomy. *Br J Psychiatry* 2007; **191**: 224–8.
- 7 Szeszko PR, Robinson DG, Sevy S, Kumra S, Rupp CI, Betensky JD, Lencz T, Ashtari M, Kane JM, Malhotra AK, Gunduz-Bruce H, Napolitano B, Bilder RM. Anterior cingulate grey-matter deficits and cannabis use in first-episode schizophrenia. *Br J Psychiatry* 2007; **190**: 230–6.
- 8 Tyrer P. From the Editor's Desk. *Br J Psychiatry* 2004; **184**: 192.
- 9 Clare AW. 'The other half of medicine' and St. Bartholomew's Hospital. *Br J Psychiatry* 1985; **146**: 120–6.