

## From the Editor's desk

PETER TYRER

### GIVING VOICE TO CONTRARY OPINIONS

We, like all learned journals, are determined to be as objective as possible in selecting articles that rely on data instead of opinion. But data are only part of the story; it is how they are interpreted that leads to argument and controversy, and we must make sure we cover all this debate in an appropriate manner. I have had to learn this since a school report at the age of 11 commented on my debating skills: 'at present he interrupts rudely without giving others the chance to speak and, when admonished, spends his time muttering at the back of the class'. A better method of expressing contrary opinion is shown by our supplement (no. 49) this month, which examines the subject of dangerous and severe personality disorder from many different angles, and which is relevant to much of the debate that is going on at present in the UK parliament over a new Mental Health Act. There is much else to stimulate contrary opinions in this issue. Depression knocks hard on the morbidity door after physical illness, particularly after myocardial infarction (Mayou *et al*, 2000) and it might be expected that its removal might reduce premature death too. Van Melle *et al* (pp. 460–466) finds it does not and, while this finding is in general supported by Carney & Freedland (pp. 467–468) they point out that the sample size needed to demonstrate such an effect would be impossibly large unless a high-risk group were selected.

There continues to be controversy over the long-term effects of trauma and its measurement (Frueh *et al*, 2005) and Ikin *et al* (pp. 475–483) set a benchmark for good methodology in their 50-year follow-up study; it will be interesting to see whether modern ways of preventing post-traumatic stress lead to better results in more recent

conflicts. Browne *et al* (pp. 484–489) add to the debate by their findings suggesting that post-traumatic stress in reservists is created not by problems of war but those at home, which yet again makes me shake my head sadly when I turn to ruminating about the value of the post-traumatic stress disorder construct (Mol *et al*, 2005; Tyrer, 2005). Depression at least seems a more stable condition, but now we are seeing differential responses to treatment in those of different personality adjustment (Newton-Howes *et al*, 2006; Joyce *et al*, pp. 503–508) and different levels of depression (Luty *et al*, pp. 496–502); it is clear that the recognition of additional pathology is important in choosing treatment. Where transcranial magnetic stimulation will finish in the treatment stakes is far from clear (Anderson *et al*, pp. 533–534) but it is unlikely to be for simple depression alone. But perhaps I ought to be thinking more about my choice of treatment anyway, for as a predictably premature monozygotic twin I am clearly at greater risk of depression if Räikkönen *et al*'s findings (pp. 469–474) are correct.

With all this controversy about, we would like to see a little more of it getting into our correspondence columns. Please do not be put off by the need to submit all letters as eLetters in the first instance. Those that are going to spark good debate will get into the main journal readily and we hope will develop Samuel Johnson's 'agitation of contrary opinions' rather better than his crushing 'Sir, I have found you an argument; but I am not obliged to find you an understanding'.

### AVE GASKELL

No, this is not a Lancastrian support of Samuel Gaskell's legacy to the College with

the 'h' suppressed, but a more sombre goodbye. Samuel Gaskell of Warrington, despite his impressive legacy of removing the handcuffs and leg-locks of patients at Lancaster County Lunatic Asylum and replacing them with dances with one of the patients accompanying on the violin (Freeman & Tantam, 1991), is best known for giving his name to the Gaskell series of books published by the Royal College of Psychiatrists and for the gold and bronze medals that bear his name (even though it was his sister, Elizabeth, who made the benefaction to the Royal Medico-Psychological Association after Samuel died in 1886). One of Samuel's other relatives, Elizabeth Gaskell, the novelist who brought the city of Manchester to the attention of the literary world in much the same way as Jane Austen did the city of Bath, continues to have considerable impact. But the Gaskell imprint has now drawn to a close and the new title RCPsych Publications has replaced it. This was not an easy decision, but we are in a world in which the internet is king and RCPsych, despite its intrinsic lack of euphony, is a title that is instantly recognisable. So as we bid a colloquial farewell to Samuel – 'time to cum in, lad, tha's 'ad a good innings' – we hope for an equally successful career for the new bright kid on the block.

**Freeman, H. & Tantam, D. (1991)** Samuel Gaskell. In *150 Years of British Psychiatry: 1841–1991* (eds G. E. Berrios & H. Freeman), pp. 445–451. Gaskell.

**Frueh, B. C., Elhai, J. D., Grubaugh, A. L., et al (2005)** Documented combat exposure of US veterans seeking treatment for combat-related post-traumatic stress disorder. *British Journal of Psychiatry*, **186**, 467–472.

**Mayou, R. A., Gill, D., Thompson, D. R., et al (2000)** Depression and anxiety as predictors of outcome after myocardial infarction. *Psychosomatic Medicine*, **62**, 212–219.

**Mol, S. S. L., Arntz, A., Metsemakers, J. F. M., et al (2005)** Symptoms of post-traumatic stress disorder after non-traumatic events: evidence from an open population study. *British Journal of Psychiatry*, **186**, 494–499.

**Newton-Howes, G., Tyrer, P. & Johnson, T. (2006)** Personality disorder and the outcome of depression: meta-analysis of published studies. *British Journal of Psychiatry*, **188**, 13–20.

**Tyrer, P. (2005)** From the Editor's desk. *British Journal of Psychiatry*, **186**, 552.