From the Editor's desk

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QUESTIONS CREATED BY THIS ISSUE

In the November issue I suggested that readers might like to write to tell me which parts of the *Journal* they read regularly. I have been taken to task for even hinting that some people might read every article and correspondence, but please continue to write in with your personal exposés of our text to reach a quantitative judgment. How can I stimulate you to read some or all of the articles this issue? I will try by giving some of the questions they pose. Is it time to draw a close to cross-sectional general epidemiological studies in psychiatry (Weich & Araya, pp. 289–290; Vicente *et al*, pp. 299–305)? How could urbanisation actually cause schizophrenia (van Os, pp. 287–288; Sundquist *et al*, pp. 293–298)? How can we evaluate learning disability services without randomised controlled trials (Bouras & Holt, pp. 291–292)? How could the left anterior frontal ratio predict drug treatment response in depression (Navarro *et al*, pp. 306–311)? What influence does social rank theory have on the treatment of command hallucinations (Trower *et al*, pp. 312–320)? Why does psychosis not die out through natural selection (Karlsson, pp.327–329)? What makes depression chronic (Kennedy *et al*, pp. 330–336)? Is syndromic or symptomatic remission more important in bipolar disorder (Tohen *et al*, pp. 337–245)? Why should patients who highlight letters of complaint in many colours worry psychiatrists (Lester *et al*, pp. 352–356)? In this day and age we are too often looking for solutions. Looking for questions can be just as interesting; why not dive into the inner pages of this issue and find out more.

ANIMAL MAGIC

When I was a medical student a group of us, many destined to be psychiatrists, coined a less than original name for others in our year who followed slavishly the pathways for success set by our teachers. We called them dogs. Close observation of their behaviour was instructive, as not all dog-like behaviour led to rewards. This helped to fashion our own behaviour from the experience we gained, usually in a way that involved considerably less effort. I was reminded of the merits of this approach recently. After a career that has involved considerable effort in getting people to be involved in randomised controlled trials, that peculiar invention that the British have exported to the world, I stumbled rather late on what might nowadays be called 'the third way' that has the potential to be more productive.

Dogs suffer from a wide range of psychiatric disorders that are very similar to those of their human counterparts. These include generalised anxiety disorder and panic, phobias and obsessive–compulsive disorder, Alzheimer's disease and impulse control disorders (Overall (2000), *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, **24**, 727), and both open studies and randomised controlled trials suggest that successful human treatments are just as effective for dogs. These include clomipramine, desensitisation and counter-conditioning for obsessive–compulsive disorder, and similar treatments for separation anxiety and noise phobia. But it does not end there. Symmetrical alopecia in cats (the equivalent of trichitillomania) has also been treated successfully with fluoxetine, and the same drug has been used successfully for abnormal pacing behaviour in a polar bear. Many years ago canine acral lick dermatitis (created by excessive licking of flanks or paws) was proposed as an animal model of obsessive–compulsive disorder (Rapoport *et al* (1992), *Archives of General Psychiatry*, **49**, 517); perhaps we have been too slow to follow this up. Certainly most of the dogs I know would have much less difficulty in giving consent for randomised trials than most human subjects, although assent from a human owner would also be essential.

AN ALPHABETICAL MEASURE OF SUCCESSFUL RESEARCHERS – K IS FOR DEPRESSION

(I am indebted to Gordon Parker of New South Wales for this piece.)

Much of the time depression researchers seek success by predicting determinants of depression. By contrast, predicting determinants of successful depression researchers has been neglected. As it has been said that to understand depression is to understand psychiatry, an understanding of those who seek to understand depression approaches enlightenment. At the more worldly level, the development of a valid screening measure would be of immense benefit to universities, research institutes and funding authorities. Thus, a wide-focused inquiry was commenced, and is now reported.

A literature review of my files was uninformative. Stepping back from the data – or, more accurately, returning hundreds of depression reports to their hanging folders – presented the clue. Hung by the initial of the first author's surname, most files were less than an inch thick (while the X, Y and Z authors suffered the indignity of being hung together). By contrast, depression researchers whose surname commenced with a 'K' took multiple files and half a drawer. The last observation deserved being carried forward. Was it merely a reflection of acolyte status towards my thesis supervisor (Leslie Kiloh), the ongoing influence of the pre-eminent classifier of the mood disorders (Emil Kraepelin), the impact of seminal British (Robert Kendell) or US (e.g. Gerry Klerman, Don Klein) researchers, or the importance of community (Ron Kessler), genetic (Ken Kendler) and treatment outcome (Marty Keller) studies to the depression field? Or was it merely another example of the 'file drawer' problem? Formal investigation was clearly called for – and will be reported in a later edition of 'From the Editor's desk'.

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