EDITORIAL

Valedictory

This issue is my last as editor of *Psychological Medicine*. It is time to wrap up and to say thank you. I became editor in 1994, in succession to Professor Michael Shepherd, who founded the journal in 1970 and brought it to a high quality maturity. I had previously jointly edited the *Journal of Affective Disorders* for 14 years from its founding, so I have been engaged in this kind of activity over a long enough time in total for anyone to have earned his release.

In the years since 1994 *Psychological Medicine* has seen much evolution. We have expanded from four issues and 1084 pages of papers per year to 12 issues and 1840 pages. The number of papers received has grown to a much greater extent and we are currently able to accept only around a quarter of the papers received. Kenneth Kendler, one of the most distinguished academic figures in American psychiatry, accepted an invitation to become American Editor in 2001. Two years later he agreed to be full and equal editor, in the journal's first joint editorship, and he has also been responsible for the make-up of issues this year. Publishing has increasingly become electronic. We started to put issues online in 1997, and more recently we have achieved accelerated publication by publishing papers online after acceptance as soon as they have been set up for printing and proofread, well before their inclusion in a specific issue. Next year we should move to online submission. At some point in the future, for all journals, the printed issues are likely to become regarded as subsidiary to their online counterparts, and archival.

The years have also seen the relentless growth of the tyranny of the impact factor. Published journal impact factors are often misunderstood. They depend solely on the citations in the two years following the year of publication, and also mask a wide range in the numbers of citations received by individual papers in any journal. The two-year slot fits well the citation curve peak for some kinds of research, such as psychiatric molecular genetics, where papers are picked up rapidly but often date rapidly. It fits less well the slower and more sustained peak for a journal which publishes much epidemiology and psychopathology research, is not distributed to all the members of any association along with membership, and is cited in further papers in journals which tend to have long delays in publication, so the citations tend to fall outside the time slot. The standard impact factor period now needs lengthening to 5 years. We do well on the impact factor but extremely well on another rarely quoted figure, the cited half life.

Editing a journal is work that is not to all tastes. It has been compared to delivering other people's babies. It suits one who is fond both of research and of words, and I have generally found it pleasurable, although it is always more enjoyable to accept papers than to have to reject them. It is hard work, like walking on a treadmill coupled to an endless conveyor belt, but it is rewarding, letting one see new and exciting research at an early stage, producing a network of contacts and as a rule, friends, among a wide range of authors and assessors. With a joint editor, associate editors and an editorial board it is not lonely work.

The main task of an editor is to keep up the quality. This was from the start a quality journal, given its intellectual stamp by Michael Shepherd as a vehicle for methodologically excellent and important papers. The name *Psychological Medicine*, which conveys different things to different people, was really a synonym for psychiatry, in common use in Britain then and still used. The range of subjects covered has always been broad, with particular strengths in epidemiology and psychopathology but spanning a wide ambit, from history to biological psychiatry and psychopharmacology. Over recent years we have tried to keep the quality and the range, but the balance gradually changes with the times, and there have been new additional strengths in genetics, neuroimaging,

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neuropsychology of psychiatry, and clinical trials, often of non-drug treatments. From being a journal largely British in its authors and editorship, we have fostered and welcomed an expansion to the truly international, with many papers from all over the world, particularly from the USA, Europe more widely, Australasia, Canada, as well as Britain. This expansion is paralleled in the make up of editors and editorial board.

Editing does give one a broad perspective on research papers. If a retiring editor is allowed any last wish, it would be to have permission to advise authors from the lessons of the years, as to what makes a noteworthy paper, which assessors will rate sufficiently highly that it will be accepted in the competition which always exists for priority. The topic and findings of the paper are the most important, and the world needs more papers extending existing fields and exploring new fields, not just the eighteenth replication of a finding using the same methods, although a moderate amount of replication is always needed. Presentation also matters. One would like to see clearer take-home messages in the conclusions so readers can remember – not just that more research is needed, although it always is, and not too many conclusions in one paper. More honesty in acknowledging alternative interpretations would be welcome, coupled with a recognition of where this paper fits into the whole, and its particular advantages as well as limitations. I wish I were better at doing this in my own papers.

It is time to thank those who have made my own role the enjoyable team work that it has been. First, my fellow editor, Ken, with whom the partnership has been most easy, rewarding, thoughtful and stimulating. Equally, the long-serving associate editors, Terry Brugha, Phil Cowen, Barbara Sahakian, and at an earlier stage, Simon Wessely. They are all senior professorial figures with high international reputations, who I am proud to have as personal friends, and from whose wisdom and hard work I and the journal have been privileged to benefit. Then the members of the editorial board, very easy now to consult in these days of email. As with any journal, great thanks are due to our many assessors. Their work, inevitably unattributed, is what gives the journal its quality. Then to our authors, for any journal's real role is to serve them and to facilitate the communication of their findings. Also, to the staff of Cambridge University Press, whose journal production and infrastructure is of the highest professionalism, now responsible for a large number of scientific and academic journals.

A special thanks to Lynet Smith, who has acted as editorial assistant through all my time. She set up the editorial office, created the journal database, and has been much of the journal's face to the outside world, assisting authors, finding correct addresses for a myriad of assessors, tactfully coaxing them to respond, liasing with CUP, and through it all remaining sunny in temperament. She will continue to assist my successor.

I will be succeeded next month by Robin Murray, the very distinguished Head of the Department of Psychiatry at the Institute of Psychiatry, Maudsley Hospital, London. He is also a previous editor of the *European Journal of Psychiatry*. He has been associate editor for the last year, and increasingly he and I have been working in tandem in our role for papers from this side of the Atlantic and Australasia. *Psychological Medicine* has a bright future in his and Ken's hands. I look forward to seeing its development and change, but as an enthusiastic spectator from the sidelines. Meanwhile, as editor, to all my friends and colleagues, so long and thanks for everything.

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