

From the Editor's desk

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ANTICIPATING THE FUTURE

I was recently in the University of Uppsala, the oldest university in Sweden, which this year celebrates the 300th anniversary of its greatest scientist, Carl Linnaeus – although he has had to jostle with other illuminati such as Carl Wilhelm Scheele, the discoverer of oxygen in 1772, who did not have high impact factor publications to disseminate his work and was beaten into second place by Joseph Priestley in 1774, who did, and Anders Celsius, who devised the centigrade scale of temperature in 1742. All of them were great anticipators of the future, and the impossible task of the editor of a learned journal is to separate those contributions that are ephemeral or misleading from the pure gold of discovery that has lasting impact.

So which of this month's articles may appear humdrum or trivial today but inestimably important in 100 years? Will it be Chiara Samele and her colleagues (pp. 1–2), who anticipate the Great Consumer Hope that patients will determine their own treatment in the future? Or will it be Davies *et al's* (pp. 14–22) dramatic demonstration that old is best when it comes to choosing cost-effective antipsychotic drugs? And once chosen, will we have the universal spread of vocational centres that encourage the employment of so many people in Leipzig (Marwaha *et al*, pp. 30–37) or is this the remnant of the full employment formerly offered in communist countries? At this point in time nobody really knows, but the impressive results of Haasen *et al* (pp. 55–62), which are to some extent backed up by Williams *et al* (pp. 63–69), showing the relative benefit of heroin-assisted treatment in opioid dependence make me wonder whether methadone has not been a touch oversold in the addiction market. In 2107 birth time and weight may not be an issue in a

designer age when all foetal growth will be completely planned, but at present its vagaries puzzle many able minds inconclusively (Thompson *et al*, 2001; Evans *et al*, 2005, this issue pp. 84–85; Wiles *et al*, 2005; Patel & Prince, 2006; Riordan *et al*, 2006; Salib & Cortina-Borja, 2006). And will assessment favour the simple Depression Scale (Poutanen *et al*, pp. 50–54) in years to come or still echo with the name of Hamilton?

Timing is clearly paramount when anticipating. When we met in the grand Romanesque University Hall in Uppsala, which took eight years to build between 1879 and 1887, we were told that as this was to be an emblem of progress for the university all modern accoutrements were considered essential. A new device, the telephone, was therefore installed in every part of the building. When the grand day of opening came they wanted to celebrate this with a demonstration of the new technology. But someone had failed to notice that there were no other telephones in the town and the magnificent benefits of this new form of communication could only be demonstrated by phoning themselves.

THE PERILS OF TRANSLATIONAL RESEARCH

'What is a schizophrenic mouse?' is the interesting question posed by Nancy Low and John Hardy (2007) in reviewing the translation of research on the DISC-1 gene, shown to be related to psychosis in a Scottish family (Millar *et al*, 2001; Muir *et al*, 2006), to the mouse in the laboratory. It has been argued that such linkage studies are completely misleading (Crow, 2007) and what is clearly needed is a better model of the schizophrenic mouse for researchers. As someone who is at the opposite pole of translational research than Low and Hardy

I have the following tips to help in identifying this pathological animal through clinical assessment.

Primary delusion (belief that the mouse is carrying out an experiment on the investigator): *mouse noticed to be observing the investigator more closely than the investigator does the mouse.*

Knight's move thinking: *mouse observed to move two steps in one direction and one to the left or right repeatedly.*

Visual hallucinations and paranoid delusions: *mouse believes tail to be a snake and attempts to run away from it; when faced by several other mice believes their tails represent a threatening conspiracy and may attack them (heads you lose but tails you win).*

Delusional mood: *mouse and investigator both feel there is something funny going on but cannot quite figure out what it is.*

Passivity: *mouse believes its mind is under the total control of the investigator and is observed waiting for instructions.*

A copy of the new edition of Frank Fish's book (Casey & Kelly, 2007) is a useful guide for further signs of this fascinating disorder.

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