



## EDITORIAL

# *Molecular Psychiatry*: D'ou venons-nous? Que sommes-nous? Ou allons-nous?

*Molecular Psychiatry* is now an established journal that has met its initial promises of rigorous review, high visibility, and rapid publication<sup>1</sup> (average of 3 months from acceptance to publication). Our papers are indexed in MEDLINE and Current Contents and have been positively reviewed in other scientific journals, such as *Science*, *The Lancet*, *Nature Genetics*, and by the press. Our goal of integrating molecular medicine and clinical psychiatry has been fully achieved. As we start our third volume it is time to re-assess our format and to make adjustments in order to foster growth and to continue to bring to our readers the best research in molecular psychiatry. As a field, molecular psychiatry is undergoing explosive growth, and there is a general feeling that fundamental molecular mechanisms for psychiatric disorders will soon be identified. Unfortunately, it is still true that the causes of all major psychiatric disorders remain unknown. At this point rather than focus on the enormity of what we do not know, it might be helpful to think of the title of Paul Gauguin's painting 'D'ou venons-nous? Que sommes-nous? Ou allons-nous?' (From where do we come? What are we? Where do we go?). Having rapidly gained the support and recognition from clinicians and researchers, we should examine where the journal is today, before attempting to address the perennially intractable question: 'Where do we go?'

The general advice we have received from our editorial board and from our readers is *not* to make changes. Our format of mixing basic and clinical research papers with News & Views, Perspective, Progress, and review articles has been very well accepted. Leslie Iversen wrote in *Nature* (1977; **389**: 141–142) that:

The journal has an interesting and attractive format, with original research articles accounting for only about a third of the content—the rest being a mixture of editorials, news-and-views items, short reviews in the guise of perspectives or progress articles, meeting reports, a calendar, and summaries of seminars or clinical grand rounds. This makes for interesting reading and gives the busy scientist or clinician a great deal of help in keeping up to date with a wide range of topics from drug addiction research to Alzheimer's disease. . . . How long this entertaining format can be maintained will depend on the energy and dedication of the editor—in its current form the journal can be rec-

ommended to pre-clinical and clinical researchers involved or interested in this field as a valuable way of keeping informed.

In the light of these and other comments we have decided to keep our current format for the next several volumes, making just a few small changes to adjust to our current editorial reality.

We are now receiving a very large number of outstanding papers. We have increased the number of pages available for original research articles, and we do encourage brevity to maximize the use of our space. We strongly advise authors to use our more concise style B whenever possible. However, these measures alone will not make it possible for us to publish a much larger number of the outstanding papers we are currently receiving. In order to maintain our editorial policy of rapid publication we must by necessity reject many of the excellent papers that arrive in the editorial office. To be able to effectively serve authors, we have instituted a two-tier review process. Manuscripts are first rapidly examined by at least two members of the editorial board. If we feel that, in the light of the quality of all manuscripts we are receiving, a specific paper cannot effectively compete for our limited space, we will send it back to the corresponding author, without written comments. Those papers that go to formal peer-review will receive within 3 weeks written comments that will be sent back to authors. This will permit us to handle an increasingly large number of papers efficiently and in a timely manner.

We have received a good number of Immediate Communication submissions, two of which appear in this issue.<sup>2,3</sup> Our Immediate Communication section is reserved solely for complete studies of high merit, exceptional significance, and novelty. Manuscripts submitted for that section receive an immediate screening. If they are found to be appropriate for that section they are fully reviewed within one week of receipt in our office, and published within 3–10 weeks of submission. This is the fastest outlet for publication in our field; we predict that this section will be one of the most valuable contributions of *Molecular Psychiatry* to the scientific community and to our field.

Starting in Volume 3 we will have two new sections in the journal. The first will be 'News in Brief' co-edited by David Collier and myself. This will provide short summaries of recent developments in our field. We will also start a section entitled 'Principles of Molecular Psychiatry.' This will provide an introduction to techniques and developments in molecular psychiatry. As the field becomes increasingly more specia-

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lized it is important to have new techniques and developments made clear for the specialist and non-specialist alike. We expect that this section will be particularly useful for clinicians to stay abreast of the latest developments in our field. Those interested in contributing to this section should send me a note via E-mail <licinio@nih.gov> for specific instructions.

We continue committed to publish the best research in molecular psychiatry, and have been very grateful for the enormous support of our editorial board, authors, and readers.

J Licinio  
Editor

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