

Diabetes Care—Striking a Balance

Every journal develops a personality. *Diabetes Care* begins its life still struggling to define its personality, but very sure of its unique challenge and opportunity in medical journalism. That challenge is to appeal to a diverse readership and provide it with a journal that will be both useful and readable. Its opportunity is to have a major impact on the quality of care of all patients with diabetes. My hope is that *Diabetes Care* will be an exciting journal, that will both spark and examine controversy. We invite you, the readership, to make our *Letters* Section the liveliest imaginable. We'll take a liberal attitude in the *Letters* Section and include almost anything that is well written and printable. On the other hand, we'll guard our *Original Articles* Section as carefully as does any primary research journal, insisting on careful review and hoping that contributions will be true, new, important, and comprehensible (or at least as many of those that any one article can be). We will try to provide comprehensive *Reviews* that will be useful in contemporary practice. We'll serve to communicate American Diabetes Association policies and positions, which in the past have sometimes been buried in obscurity. We'll provide a forum for hypotheses, opinions, perspectives, essays, and other scholarly discussions in our *Special Articles* Sections. And this Editor, as well as others, will expound views on contemporary topics in signed *Editorials*, which we hope will be and will do our best to make provocative.

The word *Care* in our name is also an acronym for Clinical and Applied Research for Comprehensive Education and Improved Patient CARE. It also means that *we care*. We care about you, our readers, and most importantly, we care about your patients with diabetes. What we want to do is provide you with a journal that will indeed be useful to both you and them. We hope you'll take the time to tell us how we're doing in that job.

Finally, a member of our publication staff asked me to tell him what words I would use to describe the personality of *Diabetes Care*, as I would hope to see it. I repeat those descriptions here: Exciting, Readable, Useful, Practical, Timely, Controversial, Fun, Stimulating, Provocative, Open, Contemporary, Lively, Diverse, Educational, Challenging. Only time will tell whether my expectations will be realized. JSS

On the Birth of a New Journal

In 1952, during the presidency of Arthur R. Culwell, Sr., the American Diabetes Association launched a new journal, *Diabetes*, and proclaimed that its purpose was "to furnish the medical profession information concerning diabetes and related fields of medicine." The new journal supplanted the

previous publication of the Association, the annual *Proceedings* and the quarterly *Diabetes Abstracts*, which had been distributed primarily to the membership of the Association. The opening editorial in issue Number 1, Volume 1, expressed the hope that the new journal *Diabetes* "would be[come] available to all who are interested in the subject," and Elliot P. Joslin predicted in his Foreword that *Diabetes* would "serve as a splendid medium for the dissemination of the latest and most important researches on diabetes throughout the whole civilized world."

And so, with high aspiration, *Diabetes* stepped into an uncertain world. In six bimonthly issues, it presented a total of 524 pages during the first year of publication in 1952. Despite this manifest assertion of diabetes as a unique medical subspecialty, the journal was still dwarfed by such weighty half-brothers as *Endocrinology*, which published a total of 1,283 pages in two volumes during the same period.

However, *Diabetes* represented an idea whose time had come. In the subsequent quarter century, it progressed from juvenile-onset temerity to maturity-onset importance and influence. Thus, the 1,170 pages of Volume 25, for the year 1976, contained: the proceedings of an international conference on microangiopathy; the 283 abstracts submitted by "physicians, other scientists, and allied health personnel" for the thirty-sixth annual meeting; and 124 scientific articles by authors from the United States and 13 foreign countries. Joslin's prediction had been correct.

But more revealing deductions about the growth of the American Diabetes Association could be derived from an analysis of the announcements in the "Organization Section." These indicated that the twenty-third Annual Postgraduate Course in January 1976 was followed by an entire day devoted to "Standards for Patient Education Programs," and that the annual meeting in June included concurrent sessions focusing on topics such as "The Hows and Whys of Teaching Programs," "The Standards of Diabetes Nursing Practice," and "Health Care Delivery." In other words, the professional thrust of the American Diabetes Association had been broadened to include greater concern for the implementation of patient care and the process of educating the educator. These changes reflected the enlarged constituency of the professional section of the American Diabetes Association and the genuine desire of the organization to serve the needs of all the health professionals to whom patients with diabetes turn for help. *Diabetes Care*, our new journal, represents another expression of that desire. Almost two years of gestation have intervened between its conception and the vigorous birth to which these pages of issue Number 1 of Volume 1 attest. The Association wishes this new addition to the A.D.A. family well. It is not intended to supplant, supercede, or reduplicate any existing journals. Instead, as with all exercises in planned parenthood, the Association hopes that it will "round out" the family by providing yet

another dimension to the diabetes-related literature.

The Editors have defined the publication objectives of the new journal by an acronymic definition of CARE: "Clinical and Applied Research for Better Education and Care." While operationally desirable, the acronym may not be necessary; the simple word *Care* may suffice to express the philosophical mission. The new journal is designed to promote better patient care by serving the expanded needs of all health professionals committed to the care of patients with diabetes. As such, the American Diabetes Association views *Diabetes Care* as a reaffirmation of Francis Weld Peabody's contention that "the secret of the care of the patient is in caring for the patient."

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combined experience of these professionals must be assured of a warm welcome by everyone concerned with the welfare of the individual patient. Its success will depend on the willingness of all those occupied with the life of the diabetic at home and in hospital to share their knowledge, to admit their mistakes, and to learn from the experience of others.

As President of the International Diabetes Federation I welcome this new journal, which I am sure should—and, we may hope, will—fill a gap in our present literature and be of practical and lasting value to those of us who care for patients.

ROLF LUFT,
STOCKHOLM, SWEDEN

Filling a Gap

Most journals dealing with diabetes, for obvious reasons, concentrate on the ever-increasing basic scientific knowledge of diabetes mellitus as found in the research laboratories. Few are concerned with the more clinical and practical aspects of living with diabetes. And yet, in no other disease does the patient play such a major role in the control of his own future.

In equipping him to play this part, many professionals are involved: the doctor, the nurse, the dietitian, the social worker, the pharmacist, the podiatrist, and the physiotherapist, to name only some of the more obvious ones. Any journal that can accumulate and widely distribute the

A Note of Thanks

The Editor wants to thank all of those who have helped in the launching of this journal. It is impossible to mention them all. They include the ADA Publications Committee, chaired last year by Frank Williams, and now by Art Krosnick; the Editors and Editorial Board; the staff at our national office in New York—particularly, Lou Doyle, Elaine Jacobs, Helene Podel, Leonard Elliott, and especially Caroline Stevens; my own staff in Miami, particularly, Sallie Muller; and the Kroc Foundation and the National Institute of Arthritis, Metabolism, and Digestive Diseases, for providing funds for the development of this journal. Finally, I thank Don Etwiler for having the confidence to appoint a brash, young editor—I hope I fulfill his expectations.

JSS