

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