



FIG. 2. Schematic diagram of the program-controlled dosing device and its linkage with the metabolic control loop.

glucose sensor: *glucose sensor-controlled insulin infusion system* (sensor in terms of a continuously measuring probe; correctly speaking, the device should then infuse no glucagon or glucose), or *automatic feedback-controlled insulin infusion system* (or *delivery device*). For devices without sensor according to type: *constant-rate insulin infusion device* and *program-controlled insulin delivery* (or *dosing*) *device*. To differentiate between the type of program we propose: *fixed program* (fixed 24-h rate profile) and *demand program* (basal rate + prandial profiles on demand).

Although it is rather unlikely that terms once introduced and used frequently enough can be eradicated, no matter how false and misleading they might be, the above proposed terminology allows precision in description.

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From the Editor's Desk . . .

Since the inception of DIABETES CARE, in the first issue of each volume I have reviewed the state of this journal from my perspective. As I begin the last year of my term as Editor, I once again use this forum to express my thoughts on a few subjects related to this journal.

The publication of selected symposia has become an important feature of DIABETES CARE. Indeed, it has been my opinion that the first major impetus in establishing the credibility of our journal was the publication of the Kroc Foundation Symposium on the Epidemiology of Diabetes and its Macrovascular Complications in our March-April 1979 issue. Later publication of two symposia on Self-Monitoring of Blood Glucose, the Kroc Foundation Symposium on Insulin Delivery Devices, and the Symposium on Biosynthetic Human Insulin helped to establish us as a reputable journal for publication of important articles on these subjects. The Symposium on Gestational Diabetes

was another landmark, in that it was a comprehensive treatment of this subject. Finally, the Festschrift for Rachmiel Levine included a distinguished group of authors writing timely scholarly reviews in honor of a world diabetes leader. All of these endeavors have served to help make DIABETES CARE an important forum for publication of scientific symposia dealing with diabetes. At least two more will appear in 1982—one on Implantable Miniaturized Glucose Sensors and one on Optimal Insulin Delivery. Several others are under consideration, while additional symposia have been declined.

Symposia can be a mixed blessing, however. On the one hand, as I have indicated, they helped to establish the role of DIABETES CARE in scientific communication. My opinion is that they have been a major force in this regard. On the other hand, symposia may be criticized because they are published outside the usual formal peer review process. That is not to say that symposia are published totally without review. (Some symposia authors clearly are aware of that!) Rather, the nature of the review process and the review criteria are different from that of Original Articles. This is common practice and should not surprise those experienced in these matters. On the other hand, it is worthy of note because not all of our readership is conversant with these "common practices."

Moreover, the publication of symposia (particularly conference proceedings) may raise the issue of duplicate publication. Established investigators are well aware of the potential problems and take pains to assure that primary publication occurs in a reviewed journal before publication of the symposium article, which generally is in a "review" format. Yet, occasionally slipups occur. Controversy arose this year when a reader complained to us and another journal that substantially the same article had appeared in the other journal as an original article approximately at the same time as it appeared in a symposium in DIABETES CARE. Unfortunately, under the pressure of timely publication of the symposium, it was not noted by us that the article submitted was very similar to the original article just published. The editorial board of the other journal, justifiably angered, censured the authors and indicated they would not consider papers by them for one year. Our editorial board elected to take no action, some being sympathetic to the general problem with symposia. (Actually, DIABETES CARE shared the blame with the authors, by virtue of having pressured them for receipt of their manuscript and having failed to compare it with the other "in press" manuscript we were provided.) Subsequently, a new source of complaint emerged from other authors who had participated in the symposium in question. They felt that the author who had also submitted elsewhere had broken the symposium ground rule that all participants would include their work in the DIABETES CARE symposium. That, of course, is not our responsibility to deal with, but it does add to the complexity of the problem of symposia publication.

We will continue to publish symposia. The editorial

board believes that collected papers on important topics are useful to our readership. They provide timely availability of information, wide distribution, and may preclude the need to invest in a book on the subject. Symposia, in our view, thus provide an important service to our readership. That readership, however, must be knowledgeable about the nature of symposia, particularly that they are sponsored (and thus may have a biased view) and that the papers are not as critically reviewed as Original Articles.

The above is not meant to imply either that symposia articles are totally unreviewed nor that Original Articles are gospel. The changing nature of scientific advances makes all scientific conclusions tentative. In addition, any observation requires independent verification. Moreover, we occasionally knowingly accept imperfect articles in order to stimulate thought about a given issue.

Actually, the publication of controversial or thought-provoking articles is a practice that has come under increasing pressure. Some assume that publication in *DIABETES CARE* provides an implied endorsement. Not true. Our readers must evaluate each article for themselves, and put

it into appropriate perspective. Another pressure is that of space. Our submission rate continues to increase. So does both our rejection rate and the use of priority scores. Indeed, some recent authors have noted that their manuscript is accepted and will be published "as space permits." Interpretation: high priority papers will be published rapidly, while there may be some delay in publication of accepted papers with low priority scores.

We have suggested that there be an increase in the number of pages per issue and perhaps in the number of issues per year. (Fortunately, from my point of view, the latter will be a question for the next Editor to hassle with.)

Finally, what editorial directions should we take in the future? We would like your suggestions about Review Articles, Practical Diabetes, and other features. Do you want more of these? What topics do you want to read about? Your opinions will help our new editors determine the future directions of this journal.

JSS