Editorial

It may have escaped the notice of some of our readers that the Editorial Office has now moved from Newcastle to London. This also means of course a new Editor-in-Chief (yours truly), and a whole change of staff, including secretaries and Assistant Editors. Joining the Board of Associate Editors are Michael Berger (Düsseldorf), Umberto Di Mario (Rome), Georges Tchobroutsky (Paris), John Ward (Sheffield) to help with the increasing workload of Diabetologia and to supplement the tremendous efforts of the existing Associate Editors. A new development is the status of "Associate Editors-in-Chief", namely Bob Tattersall (Nottingham) and Willy Malaisse (Brussels). The transfer of the Editorial Office has been a relatively smooth operation so far, thanks to the outgoing secretary, Margaret Clayton in Newcastle, and the incoming chief secretary, Sarah Spencer-Smith.

I feel it is appropriate at this moment briefly to mention the scope and advances made by Diabetologia in recent years. There has been a steady increase in the number of papers submitted (e. g. 344 in 1979, representing an 18% increase on the previous year). Overall, the number of papers has almost doubled in 4 years. We have seen this popularity converted into a monthly production of the journal. In addition there has been the advent of Review Articles, Editorial topics of interest, Letters to the Editor and other features, all of which have paralleled the rapidly proliferating interest in diabetology throughout the world, and thus making Diabetologia into a journal of excellence. Much, if not all, of the credit for these achievements must be given to our outgoing Editor-in-Chief, George Alberti. In more ways than one, those of us who have been close to him know full well how much he has contributed to the welfare of

the journal, and often how much personal sacrifice this has involved.

And so to the future. Will there be any change in the Editorial strategy? Essentially no. The first priority will be to try and maintain the highest standard possible of published papers, reflecting the spectrum of clinical and experimental diabetes. In particular the interests of the practising diabetologist will be firmly in our minds and the vogue for reviews, "leaders", and similar ideas will be actively pursued. A current problem relating to most medical journals is the time it takes to get a paper 'in press'. Without in any way reducing the quality of refereeing, we hope to try and speed this process up as much as possible. It is worth remembering that 'important new' data can be given a quick exposure if submitted as a short paper. However, a warning on this point is that the refereeing may be short and sharp for this type of approach, and furthermore controversial points raised in response as "Letters to the Editor" will be rapidly published.

Finally, Diabetologia will firmly remain the European and International journal that it has grown up to be. Its continued success will be the primary aim of the Editorial Board. A possible problem on the horizon is the inevitable rise in costs which to some extent will have to result in an increased cost to subscribers. However, it is worth stressing that greatly reduced rates exist for EASD members. I would also like to implore our readers to pressurize medical libraries, postgraduate institutes and the like, into taking Diabetologia if they have not already done so, and thus not only increase the circulation, but also enable the journal to have the widest readership possible.

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