

tation room is superior to the didacticism of the lecture hall. This viewpoint can be assessed.

Will April 11 ultimately be successful? Did the two-by-four work? No answers now; just more work demanded of our ADA leaders in New York and at the affiliates. Maybe we'll know in 5 years. Does the CEP include data gathering on behavior change by physicians? Follow-up on local education and practice modification will tell us whether the money was well spent. If so, there are other diseases and other two-by-fours waiting for other April 11s.

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## New Look for DIABETES CARE

**T**he birth of a new medical journal necessitates attracting readership. When DIABETES CARE first appeared approximately 7 years ago, cover lines of various colors were used to highlight selected articles. The success of this publication is a matter of record. It now has the largest circulation of any endocrine-

diabetes journal, with almost 10,000 readers. Whereas the cover lines served a useful purpose initially, they eventually detracted from the value of the journal in that they fostered the erroneous conclusion that articles cited in the cover lines were more important than those not cited, or were of better quality, or that the cover lines represented the total contents of an issue. In addition, cover lines are not consistent with the accepted appearance of a scientific publication. Among the options for change was the possibility of following the format of DIABETES by putting a complete table of contents on the front or back cover. Although the Editors favored this course of action, the publisher convincingly pointed out that doing so would result in a cluttered appearance because of the large number of items in the table of contents. Consequently, a plain cover was adopted; it appears for the first time in this issue. The table of contents will now consistently begin on page III to facilitate its location. We hope these changes will meet with the approval of you, the readers, and continue the tradition of a steady improvement of the journal.

FJS  
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