

EDITORIAL

During the last few years, the editorial board has made consistent efforts to improve upon the content and the looks of the journal, and the credit goes equally to all the members of our association for their kind suggestions, co-operation and help at all levels. Most Indian workers have started sending their papers to the journal and with continued efforts we can improve further. I would like to extend an open invitation to all the young and upcoming dermatologists, venereologists and leprologists to raise the quality of the work by planning their work properly, and critical evaluation of their results before the material is sent for publication.

We have also received a few articles from other countries too, including those of the West, and we can dream of achieving international standards in due course, if all the Indians abroad, and dermatologists of the neighbouring countries prefer to patronise the Indian journal.

From the year 1987, the editorial board is undertaking a new experiment by introducing a few new features. The foremost of these is to try if we can improve the printing of the journal especially the photographs, by switching over to the photoset offset process. The costs are likely to be higher, but these may be worth it.

Secondly, we have been acutely aware of the dermatological feeling that once you see

the first case of a rare disease, it becomes much easier to diagnose the second case. Since rare cases occur only rarely, and many of us may not see our 'first' case for long periods, it was felt that a well-printed colour photograph of a rare disease or the rare manifestation of a common disease, in our journal can provide this opportunity to all our readers to see their 'first' case. From this year therefore, we are introducing a new section in our journal, the PHOTOFEATURE which is expected to meet this demand. We have received a few separate sponsorships for this feature and hope to repeat it as and when further sponsorships are received.

Thirdly, we are planning to print a brief editorial in each issue of the journal which would be like a comment on some current or any other important topic. These editorials may not be as exhaustive as the articles on continuing medical education, but a reasonable discussion on various aspects of the topic along with the relevant references of previous publications will be provided.

It is hoped that the learned members of the IADVL will continue their support as they have been doing in the past, and encourage our efforts.

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