
Editorial

At a time when health care professionals and others concerned with the health and welfare of the elderly can no longer cope with the avalanche of printed matter that bombards them, and unread journals are turning to peat under the heap of competing material on their desks, the emergence of a new journal requires some explanation.

The present century has witnessed a sharp rise in the elderly populations of developed countries. With the more recent aging of the elderly population itself, there has been a marked increase in the numbers of persons who are aged in the biological, rather than the merely administrative or political, sense. These demographic changes, which will continue in the next century and will soon extend to the Third World, have stimulated an enormous growth in research in the health and social welfare problems of the elderly. As a result, many clinicians and others working with the elderly are oppressed by the feeling that they can no longer keep up with the literature relevant to their subject. The crushing burden of information is made even more difficult to handle by the fact that much of the relevant material is scattered through the professional journals of many different disciplines; for both clinical and experimental gerontology are inescapably interdisciplinary, using methods, knowledge and insights from many disciplines. Geriatric medicine, for example, is part of general medicine and utilizes

knowledge derived from biological, psychological and social gerontology, and from psychiatry. Each of these disciplines is itself undergoing explosive growth. In addition, clinical geriatrics is rapidly building up its own body of knowledge derived from direct observations of illness in the biologically aged person.

Reviews in Clinical Gerontology, which is unique in the comprehensiveness of its coverage, is a response to this problem. This new journal will bring together recent developments in clinical geriatric medicine (including rehabilitation and the psychiatry of old age) and in biological, psychological and social gerontology. The practitioner's need to 'keep up' in his or her own field and in those fields which bear most closely upon it will be met by a systematic review of the literature on a cyclical basis. Approximately one-third of the journal will be devoted to clinical geriatrics and one sixth to each of: rehabilitation; the psychiatry of old age; biological gerontology; and psychological and social gerontology. All the main topics will be reviewed during the course of a three-year cycle (12 issues each of approximately 42 000 words) which will continue indefinitely. The commitment to comprehensive coverage is the outstanding feature of the journal; most review journals tend to choose topics at random. It is the intention of the editorial team that the scholarly articles, commissioned from established authorities and emergent names, will collectively answer the practitioner's need to keep

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up with the literature. Each of the articles will be sufficiently well-referenced to direct further reading.

Articles will be between 2000 and 8000 words, depending on the size of the topic, and will cover the main advances over the previous years. Sufficient background material will be included to make the contributions valuable to the nonexpert and authors will, in addition, identify important areas of uncertainty and indicate topics in which there is an especially important need for research.

It is our intention that *Reviews in Clinical Gerontology* will appeal to a wide and international readership in the biological, health and social sciences. Indeed, by providing a single forum both for basic scientists and practitioners it is hoped that it will improve their mutual understanding and collaboration and so promote

advances in gerontology as well as report on them. The central target readership of the journal, however, will be hospital-based clinicians specializing in the health care of the elderly – UK consultants, senior registrars and registrars and their equivalents in the USA and elsewhere. There will be a strong representation of authors from both sides of the Atlantic.

The editorial team hopes that readers will find the journal answers to their needs. We would welcome your views and, in particular, comments about the scope of *Reviews in Clinical Gerontology* which may influence the next cycle. We plan that this journal will remain in publication as long as there is a need for it – which should take us well into the twenty-first century.

Raymond Tallis