EDITOR'S INTRODUCTION

AN EDITOR'S GOODBYE

After 9 years as editor-in-chief of *Peritoneal Dialysis International* (PDI), this is my final Editor's Introduction. As of 1 January 2013, I will be handing the editor's duties over to my replacement, Martin Wilkie of Sheffield, UK. Giving up this role after such a long time is a poignant experience. There is inevitably some sadness, but also a sense that the change is timely and that an editor should not "overstay his welcome," as the saying goes. New ideas and a different way of doing things are important to keep a journal fresh and interesting. I have great confidence in my successor, whose enthusiasm and interest in improving the journal are already obvious to me. I think Martin will do a wonderful job in moving PDI forward. The first 6–12 months will constitute a transition period, and I look forward to helping Martin and his team during that time.

Looking back over my time as editor, the publication team has tried—and hopefully succeeded—to achieve a number of ends. We have particularly attempted to increase the involvement in the journal of Latin America, Asia, and latterly, the Middle East. That effort has not been difficult, given that the use of peritoneal dialysis (PD) in those regions has grown impressively since the early 2000s, and that growth has been associated with an increase in submissions. We have been able to focus attention on the rise of PD in countries such as Turkey, Malaysia, Iran, Vietnam, Sudan, and of course, China and India. We have published an entire supplement on PD in Latin America. Those are the countries in which most of the growth in the PD modality is being seen. We have also tried to focus on health policy initiatives that affect PD utilization. It is well recognized that nonmedical factors hugely influence the use of PD. We have published articles on funding changes in the United States, Canada, the United Kingdom, and in our PD in the Developing World series, a whole variety of other countries. Articles dealing with the new "PD First" policy in Thailand have been solicited and will soon appear. We have also appointed

editorial board members from an ever-broader range of countries. It is important that the journal of the International Society for Peritoneal Dialysis (ISPD) reflect the truly international pattern of PD use.

Of course, no modern academic medical journal can neglect its impact factor. The desire to publish an international range of papers and the need to maintain a healthy impact factor can sometimes come into conflict. With PDI, we have always tried to maintain a balance. We publish about 40% of all submissions, but we always try to make space for stories about PD development in countries in which the modality has not been much used. I am pleased to report that our most recent impact factor is comfortably above 2.0. That number may not seem high compared with the first-rank nephrology journals; however, we recognize that the very best PD articles do not come to PDI, but rather (and quite appropriately) go to journals with larger circulations.

I do need to give lots of thanks to all who have helped me during my time as editor. Retired deputy editor, Nick Topley, and past and present associate editors, Simon Davies, Cheuk Chun Szeto, Olivier Devuyst, Bradley Warady, John Burkart, and Martin Wilkie—together with the editorial board and successive ISPD Councils—have all hugely helped to make PDI work. The support from our publisher, Multimed, has been remarkable. Their flexibility and willingness to cooperate with my last-minute whims has been greatly appreciated. Special words come here for Jill Torigian and Heather Shand, who have been wonderful. Multimed's initiatives in bringing in the ScholarOne manuscript processing system and the "publish online before print" policy and their willingness to make content freely available online shortly after publication have all kept PDI up-to-date in an era of rapid and challenging change in the medical publishing industry. Copy editors are the "unsung heroes" of medical journals. Helping to make good English out of very interesting, but linguistically challenged, submissions is a demanding

job, and both Frances Robinson and her successor, Ann Fothergill-Brown, have been exceptionally talented in that regard. Also, Julie Heal in my own office has been very supportive and patient in making the review process work and in keeping me on track.

Of course, thanks must also go to all our reviewers for the seemingly thankless work that they do. Without their commitment to peer review, we could not function. Thank you also to our authors and to our readers. They are the essence of the journal. Finally, one more acknowledgment must go to our founding editor, Dimitrios Oreopoulos, who sadly passed away this year. He is the example that all our editors need to remember.

Finally and sadly, this issue of PDI features two more obituaries. Cornelis "Cock" Schröder, a Dutch pediatric nephrologist, was a pioneer in the use of PD in children from both a research and a clinical perspective. His premature death is a great loss, and he is remembered here by his compatriot Ray Krediet and

his pediatric nephrology colleague, Bradley Warady. Bob Popovich, sadly, has also passed away. He will always be remembered for being the first to describe, along with Jack Moncrief, the technique of continuous ambulatory PD. That description, published in 1977, changed chronic dialysis dramatically and opened up PD as a viable long-term renal replacement therapy for thousands of end-stage renal disease patients worldwide. His collaboration with Jack Moncrief was a great example of successful cooperation between an engineer and a physician, and it directly led to the foundation of both the ISPD and this journal. Bob Popovich and Jack Moncrief are both members of the Emeritus Editorial Board of PDI. Bob Popovich is part of our history and will be greatly missed. Karl Nolph has written an elegant obituary for him.

Peter G. Blake
Editor-in-Chief