

Spotlight on Diagnosis

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violets?" Or, "Why are there green spots on my yellow squash?" We do not dread these questions out of ignorance of the answers or a sense of superiority over such mundane examples of plant pathology, but rather from the sheer discomfort of leaving the security of our area of specialty to tread less familiar ground.

There is a group within our Society, however, that does not shrink from such questions. These are the plant disease diagnosticians. They meet such questions with enthusiasm, sincerity, and a well-honed professional manner. After all, they are the general practitioners within APS. They possess a B.S., M.S., or Ph.D. degree in plant pathology or a related field and work in one of some 90 diagnostic facilities throughout the Northern Hemisphere that are affiliated with universities, cooperative extension services, departments of agriculture, agricultural industries, private consulting firms, or certain regulatory agencies. Regardless of affiliation, these professionals specialize in the most fundamental aspect of our science: determining what is wrong with apparently ailing plants. They consider possible biotic and abiotic causes of plant ills that transcend discipline lines. Each plant health problem is viewed as a challenge to be met and resolved to the satisfaction of the waiting farmer, grower, or homeowner.

All plant pathologists benefit from a well-recognized and positive professional image. Each year there is a growing contribution to the public profile of plant pathology, compliments of this dedicated group of plant disease diagnosticians. My conservative estimate of plant samples processed by these diagnosticians is in excess of 175,000 annually. What better way to portray the plant pathologist to the lay citizenry than through the service of plant problem diagnosis?

Let us pause to regard the possible contributions to the public face of plant pathology. Our teaching faculty are educating fewer students as agricultural student enrollment declines. Consider the sizable ranks of researchers within APS. How often are CRIS projects or USDA competitive grant proposals read by lay citizens? How often do they read the results of such research in refereed journals or in newspapers? The

Over the years, most plant pathologists have learned to handle the inevitable question from friends and acquaintances: "What do you do for a living?" After admitting to being a plant pathologist, many of us initiate defensive maneuvers with a glib explanation of our profession in hopes of redirecting the conversation to safer ground. The questioner mentally translates "plant pathologist" into "plant doctor," and the dreaded second question emerges—something like, "So you're a plant doctor! Can you tell me what's wrong with my African

professionals in private industry and government fare no better, since their identities and productivities as plant pathologists are swallowed up by the corporate image and governmental bureaucracy, respectively. Finally, the extension specialists who have long contributed to the public face of our Society have seen some thin budgetary years. Reduced budgets translate into fewer adult programs, fewer field demonstrations, fewer popular publications with more restrictive distribution, and less contact with the general public. The growing contributions by diagnosticians to APS public relations have helped compensate for the otherwise shrinking public face of plant pathology.

In the months ahead, a new department entitled "Spotlight on Diagnosis" will be introduced in *PLANT DISEASE*. The department, dedicated to the growing ranks of plant disease diagnosticians within our Society, arose from the high interest generated in the limited-distribution publication *Plant Diagnostician's Quarterly*. In 1980, Gail Evans-Ruhl, assistant extension plant pathologist at Purdue University, coordinated the production of a regional publication known as the *Plant Clinic Newsletter* (subsequently *Plant Diagnostician's Quarterly*, or *PDQ*). The enthusiasm for this publication was so great that in 1981 *PDQ* went national in distribution, supported entirely by the volunteer efforts of the plant disease diagnosticians. Demand for *PDQ* has so grown that now it is available only by subscription. *PDQ* has been and will remain the chief communication medium among diagnosticians.

As the editor responsible for "Spotlight on Diagnosis," I invite the Society's membership to contribute to the success of this new department. Articles submitted for publication should address narrow topics dealing with or impacting on plant disease diagnosis, eg, specific diagnostic methodology, technique-oriented research, and diagnostic philosophy. All submitted articles will be reviewed and considered refereed papers. The professional diagnostician and the nondiagnostician alike are urged to participate. Those with considerable research experience within a crop, within a group of diseases, or with a single causal organism are especially urged to contribute. Their insight and extensive knowledge in a specific area are invaluable to the generalist. Diagnosticians can provide a valuable overview of the complexity of contemporary plant disease diagnosis. They can best evaluate research techniques for possible application and suitability within the rigid confines of the diagnostic laboratory. The success of this new department, as with others in *PLANT DISEASE*, depends heavily on reader participation. It is far easier for the reader to contact the editor with a suggestion than for the editor to seek the prospective author from within the entire *PLANT DISEASE* readership.

I believe "Spotlight on Diagnosis" will confer a long-deserved higher profile to the diagnosticians of our Society. The emphasis on diagnostic methods should entice technique-oriented research out from long-dormant files and perhaps stimulate new research to provide the tools for future diagnostic service. Emphasis on diagnostics must inevitably lead to adoption of superior methods and standardization of diagnostic techniques for individual pathogens and specific host/pathogen systems. Such standardization will provide a more consistent level of service among diagnostic facilities and a stronger public image for the entire profession.