

The Journal and Originality

Eelco F. M. Wijdicks

Published online: 9 January 2013
© Springer Science+Business Media New York 2013

When you click on the journal's content or open up the hard cover of *Neurocritical Care*, you expect to see something new or even something provocative. And yet there are less earth shaking issues. That is the hard truth, and it applies to all journals—great and small. Every editor would like to see the most original work by the most original study group, and only the journals with the highest impact factor can count on it. To publish an important first observation that may go on to become a landmark in the literature of neurocritical care is a lofty goal, but something we could work toward. Although the architect, Ludwig Mies van der Rohe, famously said “It is better to be good than to be original”, in our continuously growing specialty, we have to be both.

Skeptics will point out that all concepts have been articulated before. Just go back far enough, and you will find it. They would say just look at renewed interest in the spreading depression already proposed by Leão in 1944—How about penicillin neurotoxicity now more often seen as cefepime neurotoxicity. I need not remind this readership that before we diagnosed cerebral salt wasting, we had SIADH and even before that—guess what—cerebral salt wasting.

Can we still be original? We should forcefully reject the “everything has been done before” argument. I continue to be pleasantly surprised by the highly interesting submissions over the years. In our field, advancement could come with a new original description, but this may also include an important rarity that has immediate consequences for

management. There is no shortage of careful clinical descriptions of difficult patients, a new treatment, the first review of a major topic, and a never seen before neuro-image. We continue to publish papers that may seem a niche interest to some, but to others, their life's work.

Therefore, authors submitting material to the journal have noticed that although their papers are important observations, the work has been rejected because it lacks novelty. I have been rejecting papers that are not advancing our knowledge, are much of the same, and certainly studies that do nothing but confirming the obvious. Also, over the years, manuscripts have been rejected without external review. I have taken the liberty to reject papers that fail to meet our increasing higher standards, and papers that are clearly serving the interest of the industry. I have, to the best of my knowledge, not rejected a well-executed manuscript but reconsidered if I was wrong or too quick on the draw. In truth, the originality of a paper remains our most important measure. Editors would want to avoid significant time spent on very weak manuscripts.

Does this include case reports—the bane of journals? Case reports are rarely cited and may reduce impact factor if other worthwhile papers—that could be cited—are not published. Imagine a case that leads to a new concept or insight. We do not want to miss that.

So how could we define “originality” in a manuscript? Does it all have to be pristinely novel? What is synonymous with originality? One could say it should contain an innovative thought, a probing study into a new area, a rarely photographed or video-recorded clinical sign and even more closer to the bedside a validated new tool. Unoriginal does not need a definition, and we all recognize shopworn and uninspiring material.

E. F. M. Wijdicks (✉)
Division of Critical Care Neurology, Mayo Clinic,
Rochester, USA
e-mail: wijde@mayo.edu

Our journal has an important goal: to keep you up-to-date with the rapidly changing field. Our papers are increasingly more commonly cited by distinguished scholars, and that will sustain our quality. Only if we write original material will we thrive as academic neurointensivists.

This year, 2013, will be our 10th year of journal publishing; and it comes close after the 10-year celebration of the Neurocritical Care Society. We should be pleased with how the Journal is progressing. Over the last 10 years, we have seen a significant increase in the number of submissions, and there is no evidence of leveling off. You do not even have to be a neurointensivist to appreciate the journal, but you have to be eager to gather knowledge on how to care best for these unfortunate patients. I promise this year will see exciting new topics that will advance the care of our patients with acute neurologic and neurosurgical disease. Again I would like to thank the ad hoc reviewers listed below. It requires an effort and a commitment to the greater good to timely review papers, and these reviewers and the editorial board have been of great help identifying papers that are worth publishing.

Ad hoc reviewers

Nicholas Abend
 Opeolu Adeoye
 Imoigele Aisiku
 Venkatesh Aiyagari
 Paul Akins
 George Alexiou
 Fabio Andrade
 Safdar Ansari
 Fahad Aziz
 Bulent Bakar
 Saikat Bandyopadhyay
 Helen Barkan
 Mustafa Baskaya
 Antoine Baumann
 Ronny Beer
 Michael Bell
 Randy Bell
 Francis Bernard
 Eric Bershad
 Federico Bilotta
 Kathleen Bledsoe
 Michel Bojanowski
 Eric Bourekas
 Ansgar Brambrink
 Raf Brouns
 Ross Bullock
 Peter Campbell
 Norbert Campeau

Raphael Carandang
 Gianluca Castellani
 Julio Chalela
 Jeff Chen
 Zhi Chen
 Soon Ho Cheong
 Arturo Chierogato
 Charmaine Childs
 Harry Cloft
 Thiago Coelho
 Jonathan Coles
 Alfredo Conti
 Steve Cordina
 Claire Creutzfeldt
 Salvador Cruz-Flores
 Marek Czosnyka
 Jean de Oliveira
 Rajat Dhar
 Jens Dreier
 Christopher Eddleman
 Muhammad Farooq
 Matthew Flaherty
 Jeffrey Fletcher
 Kostas Fountas
 Isabel Fragata
 Jennifer Fugate
 Sunil Furtado
 Daniel Godoy
 Kenneth Gorson
 David Greer
 Hillary Grocott
 Bradley Gross
 Ai Guo
 John Halperin
 Khalid Hanafy
 Jacob Hansen-Schwartz
 Angela Hays
 Raimund Helbok
 Matthieu Henry-Lagarigue
 Ji Hoe Heo
 Archana Hinduja
 Holly Hinson
 Lawrence Hirsch
 Damian Holliman
 Stephen Huff
 Andreas Hug
 Ferdinand Hui
 Matthias Jaeger
 Michael James
 Tariq Janjua
 Sriganesh Kamath
 Gregory Kapinos
 Vasilios Katsaridis

Salah Keyrouz
May Kim-Tenser
Matthias Klein
Matthew Koenig
Andrew Kofke
Bradley Kolls
Erwin Kompanje
Stephane Kremer
John Kuluz
Gyanendra Kumar
Avinash Kumar
Sui Sum Kung
Julius Gene Latorre
Andrea Lavinio
Kennith Layton
Christos Lazaridis
Stephane Legriél
Abhijit Lele
Peter LeRoux
Joshua Levine
David Liebeskind
Mikls Lipcsey
Juan Llompert-Pou
Yahia Lodi
Dana Lustbader
Silvia Marino
Anna Teresa Mazzeo
Shearwood McClelland III
Alexander McKinney
Ivan Mikolaenko
Chad Miller
Susanne Mink
Michael Moussouttas
Susanne Muehlschlegel
Michael Mullen
Tatsushi Mutoh
Masao Nagayama
Andrew Naidech
Kazuma Nakagawa
Rahul Nanchal
Jayashree Narayanan
Ron Neyens
Ivan Ng
Thanh Nguyen
Marc Nuwer
Paul Nyquist
Kristine O'Phelan
Mauro Oddo
Matsatoshi ohnishi
Juan Padilla
Konstantinos Paterakis
Gustavo Patriota
Konstantin Popugaev
Virginia Prendergast
Javier Provencio J.
Corina Puppo
Eric Racine
Girija Rath
Rahul Rathakrishnan
Fred Rincon
Carlos Romero
Jeffrey Rosenfeld
Anand Rughani
Farid Sadaka
Monica Saini
Lauren Sansing
Asita Sarrafzadeh
Aarti Sarwal
Martin Savard
Clemens Schirmer
Michael Schneck
Sebastian Schulz-Stubner
Stefan Schwarz
L Keith Scott
David Seder
A. K. Shah
Deepak Sharma
Kevin Sheth
Jody Short
Lori Shutter
John Sims
Vineeta Singh
Martin Smith
Stephen Smith
Romain Sonnevill
Erik St. Louis
Sherman Stein
Deborah Stein
Erik Su
Marek Sykora
Silvio Taccone Fabio
John Tayek
Samuel Tisherman
Michel Torbey
Diederik van de Beek
Walter van den Bergh
Hendrik van der Worp
Nicolas Velasco
Chethan Venkatasubba Rao
Mervyn Vergouwen
Deepti Vibha
Arasch Wafaisade
Marjorie Wang
David Wang
Adam Webb
Nicolas Weiss

Linda Wendell
Christine Wijman
Elzbieta Wirkowski
Stefan Wolf
Ching-Tang Wu

Qing-Wu Yang
Gabriel Zada
Allyson Zazulia
Wendy Ziai
Alexander Zubkov