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To get to know, to discover, to publish—this is the destiny of a scientist.
François Arago, 1855

In the first issue of the Journal of Neurosurgical Anesthesiology, published in 1989, Drs Cottrell and Hartung argued the case for a journal dedicated to the subspecialty of neurosurgical anesthesiology.¹ Their vision to bring together content within a single journal for neuroanesthesiologists, neurointensivists and basic neuroscientists was prescient. Twenty nine years later, and with an impact factor of 4.026, they are leaving the journal in great shape. It is therefore with huge honor as one of my first tasks as the new Editor-in-Chief to recognize Drs Cottrell and Hartung for their vision and commitment which has allowed the journal to flourish under their leadership. On behalf of the Editorial Board, affiliated Societies and all our readers I thank them for their service to JNA and our specialty over so many years. theirs will be a hard act to follow.

With a change of leadership inevitably comes some change in direction and emphasis, and I will be consulting widely about this over the coming months. While building on the solid base of original clinical and basic neuroscience research and high quality reviews that have been the hallmark of JNA since its inception, I will seek to introduce innovative new content which I hope will broaden the appeal of the journal. I will also seek to identify new directions, including into the more novel areas of clinical practice which are gaining traction in our specialty. I believe that JNA, like the Society for Neuroscience in Anesthesiology and Critical Care, should embrace the ‘three pillars’ of neuroanesthesiology recently described by George Mashour² — (1) clinical neuroanesthesia and neurocritical care, (2) foundational neuroscience of anesthesiology and brain injury, and (3) neurologic outcomes after non-neurologic surgery and critical illness. In this way it is my ambition that JNA becomes the
natural home for high-quality original research and review articles in the rapidly expanding area of perioperative neuroscience.

All this will require considerable input from colleagues serving on the editorial board and board of reviewers, and I would like to thank them for their contributions and commitment to the journal. I am also keen to understand better the needs of you, our readers, and urge you to contact me with ideas or suggestions, and to offer your services as a manuscript reviewer. Through discovery and publication, we can, together, continue to advance knowledge in our specialty and therefore the vision set out by Drs Cottrell and Hartung almost 30 years ago.


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