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The Editorial Board Welcomes New Members

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PERSPECTIVES

The Editorial Board Welcomes New Members

Individuals appointed to the Editorial Board of a scientific journal have an important but at times poorly understood job. According to a survey performed by Dr. Robert Quencer, former Editor-in-Chief of the *American Journal of Neuroradiology (AJNR)*, a few years ago, Editorial Board members responded that[1]:

- Editors-in-Chief spend 50% of their professional time working for their journal; only 45% receive some salary for this activity.
- Over 90% of journals have "Senior" Editors but only 20% are paid.
- 80% of Editorial Board members are selected by the Editor-in-Chief, 20% because they occupy prominent positions in their societies; none are paid.
- 50% of journals have nonsociety members on their Editorial Boards.
- 70% of Editorial Board positions are time-limited.

How are members of Editorial Boards chosen? Senior or Associate Editors are generally selected by the Editor-in-Chief and are individuals with aspirations/potential to become chief editors. Performance as a manuscript reviewer, recognition in one's field, and academic productivity are all taken into consideration when selecting members for an Editorial Board. I consider the Editorial Board of *AJNR* to be a working one and not an honorific one. Thus, all members are asked to review more manuscripts than our other reviewers and write editorials, opinions, and commentaries. *AJNR* Editorial Board appointments are limited to 2 years, and reappointments are given to those individuals whose work is considered to be exceptional. The *AJNR* is proud to have as members of its Editorial Board a mixture of younger and established investigators. Researchers as well as clinicians help us maintain balanced content. Not all members of the Editorial Board are American Society of Neuroradiology members.

How "American" is our editorial board? Out of 60 members, 10 reside outside of the United States. International members are critical to our mission as the pre-eminent journal in neuroimaging. They provide geographically diverse perspectives, and because they are generally "well-connected" individuals, they contribute to our impact factor by increasing our international visibility. They represent *AJNR* in distant meetings, provide cultural diversity, and enhance global communications. International advisory boards and peer reviewers are thought to increase international submissions.[2] In the future, I hope to increase the number of international members on our Editorial Board.

The benefits of being a member of an Editorial Board are many. Prestige, a sense of accomplishment, recognition by promotions committees, contributions to science, and being able to read articles before they are published are a few of them. The members of the Editorial Board also guide our authors in improving their manuscripts. Members of the Editorial Board of *AJNR* meet at least once a year, while Senior Editors and the Editor-in-Chief have monthly telephone conferences. This promotes solidarity and a feeling of "family" among us all.

This issue debuts a new Editorial Board. New members have been chosen from reviewers with the highest number and quality of manuscript reviews during the last 2 years. I look forward to working with them and welcome any suggestions. I also take this opportunity to thank those individuals who have finished their terms and sincerely hope that they will continue contributing to the *AJNR*.

References

1. Quencer R. **Editorial boards: how they function? How should they function?** *CBE Views* 1998;21:6
2. Iverson C. **US medical journal editors' attitudes toward submissions from other countries.** *Science Editor* 2002;25:75–78

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EDITORIAL

Idiopathic Normal Pressure Hydrocephalus: New Findings and Thoughts on Etiology

Having been interested in normal pressure hydrocephalus (NPH) for a quarter of a century, I am gratified to see 2 articles on this topic in this issue of the *American Journal of Neuroradiology* (*AJNR*).[1,2] Because of the original description of NPH by Adams et al[3] in 1965, many patients were shunted with only the symptom of dementia and, naturally, did not do well. Many questioned whether the disease even existed in the mid 1970s.[4,5] Fast forward 30 years to an editorial by neurosurgeon Robert Spetzler (Director of the Barrow Neurologic Institute),[6] who stated that NPH may account for as many as 10% of cases of dementia.

In the current issue of *AJNR*, Antonio Scollato et al (also a neurosurgeon) report on a series of patients diagnosed clinically with NPH who refused ventriculoperitoneal shunt surgery.[1] He performed MR phase-contrast CSF flow studies on them every 6 months for the next 2 years and discovered something very interesting: In some patients, the aqueductal CSF stroke volume (ACSV) increased on follow-up without any treatment. More than 10 years ago, I wrote an article indicating that if the ACSV was not elevated, the patients had less chance of responding to shunt surgery.[7] Specifically, the positive predictive value of shunt response for an ACSV >42 μL was 100%, whereas for stroke volumes less than 42 μL, it was 50%.

The way I interpret Scollato's findings is that the ventricles continue to enlarge after the patients become symptomatic with NPH. During the period before central atrophy sets in, the systolic expansion of the brain pushes against a larger drumhead, increasing the ACSV. Thus there will be a peak in the ACSV-versus-time curve when the ventricles reach their maximal expansion before atrophy (with decreased systolic