Gathering thunder

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It's common to accompany the rollout of a new biomedical journal with an explanation for its coming into being, usually by suggesting there's an unmet need, despite the panoply of existing journals. I'm not going to do that, at least not exactly. The biomedical literature is almost unimaginably vast already, much more than even the most diligent speed-reading scholar-who-listens-to-science-blogs-in-her-sleep can keep up with. Our hope is not, therefore, to provide a place to publish papers that have no other home. There are manifold other venues and more each day. Instead, our intention is to provide a single source of vital information for a growing community of translational physicians and scientists who sense a unique moment in the development of the field of inquiry at which neurobiology and immunology intersect. From the perspective of those interested in neurodegeneration, recent reports firmly implicating genes whose sole action relates to inflammation in Alzheimer disease pathogenesis came as a thunderclap. Inflammatory neuromuscular disease now features a wide spectrum of autoantibodies, ranging from tRNA synthetase antibodies in myositis to ganglioside antibodies in the acute demyelinating polyradiculoneuropathy syndromes. These antibodies are used to help classify syndromes and provide pathophysiologic insights. Antibodies have also swarmed into the CNS, with many targeting neurotransmitter receptors and other surface determinants, including NMDARs, AMPARs, mGluRs, glycine receptors, GABA receptors, Caspr2, and LGI1, among several others. Antibody discovery made possible new insights into diagnosis and treatment of neuromyelitis optica (NMO), a recognized entity for more than 100 years. Multiple sclerosis (MS) has become a treatable condition in its early phase and has seen transformative insights emerge from decades of genetic and epidemiologic research. Despite this remarkable progress, we're still uncertain how the MS disease process causes its myriad of symptoms and how to deploy the varied therapeutics available to us. Neuroinfectious disease stands in many ways at the epicenter of the immunology/neuroscience junction.

The content of our first issue incarnates the thunderous velocity in the field, resembling the stampede at an Oklahoma land rush with everyone rushing full tilt forward at once. Hacohen et al.[1] report, and Yeh[2] editorializes on, white matter changes accompanying NMDA receptor antibody encephalopathy, a mysterious and important new clinical occurrence. Garg et al.[3] describe a case of minocycline-associated vasculitis. Mélé et al.[4] describe an adventitious response to antimycobacterial therapy by a patient with CLIPPERS. Fryer et al.[5] provide an update on the use of AQP4 antibody assays, a topic of immediate clinical importance. Other practical insights come from Lucas et al.[6] regarding cases of bacterial meningitis and Maiti and Buccelli[7] regarding West Nile virus encephalitis cases featuring atypical CSF findings. Gattringer et al.[8] enlighten us about varied possible causes of deterioration in patients with MS receiving natalizumab. Levy and Mealy[9] report the exciting first use of C1-esterase inhibition for patients with NMO.

The announcement of this journal articulated our mission and vision:

"The mission of *Neurology® Neuroimmunology & Neuroinflammation* is to provide neurologists and translationally minded scientists with peer-reviewed articles, editorials, and reviews to enhance patient care, education, and clinical and translational research. Our vision is to be the premier peer-reviewed journal for experts in the fields of neuroimmunology and neuroinflammation. We publish open-access reports of original research and in-depth reviews of topics in neuroimmunology and neuroinflammation, affecting a broad range of neurologic diseases including (but not limited to): Alzheimer disease, Parkinson disease, amyotrophic lateral sclerosis, tauopathy, and stroke; multiple sclerosis and neuromyelitis optica; inflammatory neuromuscular disorders; reports focused on nervous system infection; paraneoplastic syndromes, noninfectious encephalitides, and other antibody-mediated disorders;

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and psychiatric and neurodevelopmental disorders. Clinical trials, instructive case reports, and small case series will also be featured."

Ultimately we wish to be useful to our readers and especially to provide added value by creating a sense of community among those who read, write, review, edit, and produce our journal. The proof will be in the reading, of course. As well we invite you to contribute—our content should ideally inspire you to return to the bedside or the bench and then to tell the world what you find there.

DISCLOSURE

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