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EDITORIAL

The *Clinical Autonomic Research* journal 2019 and onward

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The year 2018 was a good one for *Clinical Autonomic Research* and the prospects for 2019 are even better. The average time from submission to initial decision has further dropped to 12 days, and to final decision was just 47 days. The average time from acceptance to online publication was only 12 days. These fast turnaround times, even faster than 2017, are now a hallmark of *Clinical Autonomic Research*, making a perfect journal for ultra-fast publication of high-impact research manuscripts. The number of article views has increased steeply to a monthly average of 10,000 downloads. This is, in part, thanks to our social media presence, also constantly rising. Our impact factor continues to improve; the 2017 impact factor was 1.635, the second highest in the history of the journal. We are confident that these metrics will be even better in 2019, as a reflection of the increasing quality of the manuscripts published in our journal.

As always, we would like to underline the colossal value and devotion of our associate editors who provide work of excellence to the assessment of every submission they manage. Special thanks to Dr. David S. Goldstein and Dr. William P. Cheshire for their outstanding series on autonomic function testing [1, 2], and to Dr. Mitch Miglis and Dr. Sri Muppidi for their timely summaries on recent autonomic news [3, 4], which will continue in 2019.

During 2018, the journal published two mini-series on neurogenic hypertension and autonomic dysfunction in sleep disorders [5, 6]. These mini-series compiled review and original articles that have a common topic. The reception of this mini-series has been outstanding among readers and we plan to continue them in 2019, highlighting other relevant topics.

We are also renovating our commitment to scientific discussion, as we did in 2018 with, for instance, the topic on whether the sacral autonomic system is sympathetic or parasympathetic [7, 8]. In this regard, this issue includes several papers on novel techniques for the assessment of sudomotor function, one of which, the electrochemical skin conductance, is not devoid of controversy [9–11]. This is another example of how *Clinical Autonomic Research* continues to be the benchmark publication in the field of autonomic medicine and a primary forum for communicating thought-provoking and novel scientific information.

On a practical note, we would like to underline that *Clinical Autonomic Research* welcomes submissions of manuscripts describing basic research methods (e.g., animal and cellular models) that can potentially have clinical implications, as we did in 2018 [12]. We continue to welcome case reports and images, in the form of a Letter to the Editors. We believe this is a particularly attractive format for students and residents interested in autonomic medicine.

The year 2018 saw the passing of a giant of autonomic research. We are saddened by Sir Roger Bannister's death. His legacy, summarized in this issue by a poignant obituary by Prof. Christopher Mathias [13], will continue to inspire future generations of autonomic specialists. We were also shocked to hear that Christine Steffan, née Lodge, who was, for many years, the Springer publishing editor of *Clinical Autonomic Research*, passed away unexpectedly, only a few months after her wedding. Christine was key in the success of the journal and she will be missed.

It is a tradition that the first issue of the year includes the list of the reviewers during the past year. We are grateful for their exceptional support in increasing the quality of the journal. On behalf of the editors of *Clinical Autonomic Research*, we would like to wish the American Autonomic Society members, the European Federation of Autonomic Society members, our readers, and our reviewers a happy 2019.

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