Suggestions to authors

Robert B. Daroff, MD; Anne Rossi; Lise M. Stevens-Ross; and Lewis P. Rowland, MD

Competition for the limited space in Neurology is intense, and well-written papers have the best chance of being accepted. Be certain your words express your ideas and message. Write simply and concisely, adhering to Billings' rules¹: "(1) Have something to say; (2) Say it; (3) Stop as soon as you have said it." Otherwise, the scientific value of your manuscript may be obscured.

The editor's office and publisher will not rewrite poorly written manuscripts. Those not fluent in English should seek help from a colleague or a professional author's editor who does this for a fee.

Manuscript Preparation

- 1. Adhere strictly to the format of Neurology as described in the Information for Authors of a current issue. Incorrect style irritates reviewers and editors, and the wrong reference style suggests that another journal previously rejected the manuscript.
- 2. Edit your paper carefully and eliminate errors in spelling, punctuation, and grammar. Good writing requires rewriting.
- 3. After you type the final draft (especially if someone else types it for you), read it once more before you submit it. Check the accuracy of your references with the original, not secondary, sources. Incorrect citations inconvenience the publisher and are a disservice to the reader.
- 4. Double-check numerical data. Numbers in the abstract, text, tables, and legends should be consistent.

Manuscript Organization

- 5. The Abstract should be substantive and brief. Do not tease; avoid sentences such as, "The implications are summarized." Instead, summarize the implications.
- 6. Organize your paper to answer the four main questions the reviewers and readers want answered:
 - What did you set out to do and why? Introduction
 - How did vou do it? Methods
 - What did you find? Results
 - How does it relate to current knowledge? Discussion

Case Reports substitute for the Methods and Results. To avoid mixing fact and opinion, keep the Results and Discussion separate. The Discussion should be

clearly reasoned, tightly written, and focused on the implications of the Results or the Case Reports.

- 7. Avoid repetition.
- Do not disclose your Results in the Introduc-
- Do not repeat the Introduction in the Discussion.
- In the text, do not repeat figure legends, table titles, or the contents of the tables.
- 8. Use tables sparingly. Presenting a few facts in the text takes less space than a table. In particular, do not use a table for presenting simple word lists.
 - Lengthy, complex tables can be filed with the National Auxiliary Publications Service (NAPS). They will assign a file number to be footnoted in the paper and provide the table upon request to any interested reader for a small fee. Their address is ASIS/NAPS, c/o Microfiche Publications, P.O. Box 3513, Grand Central Station, New York, NY 10163-3513; telephone (516) 481-2300.
- 9. Abbreviations, definitions, and symbols in the figures and tables should be explained in figure legends and table footnotes. Do not refer the reader back to the text for this information.

Style

- 10. Use the active voice in the Abstract, Introduction, and Discussion; it is shorter, clearer, and more emphatic. The passive voice is appropriate in the Methods and Results, but otherwise is monotonous, suggests lack of conviction, requires more words, extends reading time, and may be ambiguous.^{2,3}
 - 11. For verb tenses, follow Day's rules³:
 - A. Use the present tense:
 - i. When describing established knowledge or previously published results (i.e., "Lesions of the internal capsule cause...").
 - *ii.* For "presentation" (i.e., "Figure 1 shows that...").
 - B. Use the past tense:
 - i. When describing methods and results in your current paper (i.e., "we used..."; "we found...").
 - ii. For attribution (i.e., "Smith reported ...").

Reprints are available from the Editor-in-Chief, Neurology, University Hospitals of Cleveland, Cleveland, OH 44106.

Avoid the present perfect tense (i.e., "Smith has reported...") when the simple past tense suffices.

- 12. Don't overuse italics for emphasis. A page peppered with different type styles impedes smooth reading.
- 13. Avoid the "reader-stopper" constructions using the words "respectively" or "former/latter." Both force the reader to stop and backtrack. Example: "The mean values for men and women were x and y, respectively." Substitute, "The mean value for men was x, and for women, y." This version is direct and permits the reader to proceed. Instead of "former" and "latter," write out the antecedents.

The "cause(s) of bad writing are many"; this popular construction also stops the reader abruptly for the sake of supposed precision. Use either the singular or plural, but not both. Do not use "and/or." Your meaning is usually conveyed by "or" alone. If necessary, add "or both" at the end of the phrase ("Subarachnoid hemorrhage can cause headache or stiff neck, or both.")

- 14. Be wary of the following expressions: "there were...," "there existed...," and "were present" in sentences such as, "There were 10 patients with temporal lobe seizures," "Temporal lobe seizures existed in 10 patients," or "Temporal lobe seizures were present in 10 patients." These can be expressed more directly as, "Ten patients had temporal lobe seizures."
- 15. The skin color or ethnic origin of a patient is usually superfluous and should appear in a case history only if later mentioned in the Discussion or if potentially useful for future studies, such as the skin color in a population with hypertension. Use "black" or "African American" and not "Negro." "African American" is not, however, synonymous with "black," and should be used only when you are certain that the person or group are indeed American.⁴
- 16. Avoid redundancies such as "one-quarter (25%)."
- 17. Do not use the phrase "in man"; use "in humans" instead.
- 18. Avoid the awkward "he/she" construction by making the subject plural: instead of "A physician should do a lumbar puncture whenever he/she suspects meningitis," use "Physicians should . . . whenever they suspect . . ."
- 19. We restrict the word "parameter" to its original mathematical definition^{5,6}; use the more specific "range," "measurement," or "variable" instead. "Practice parameters" (clinical practice guidelines) is an allowable exception. MRI or radiographic measurement factors (constants) are "parameters" and can be described as such.
- 20. The words "novel" and "paradigm" are overused. Avoid them or read Goodman's essay.⁶
- 21. "Incidence" and "prevalence" should have population denominators; otherwise, the correct terms, all synonymous, are "relative frequency," "frequency," "ratio," or "percentage." A "mortality rate" also requires a population denominator and a time inter-

val; deaths among a series of patients would provide a "case fatality ratio" and not a "mortality rate."

- 22. "CNS" should refer to the brain and spinal cord. It is not a synonym for "brain" or "cerebral."
- 23. "Deficit" should describe only neurologic *signs* and not symptoms. The specific nature of the "deficit" must be obvious from preceding information.
- 24. "Onset" should refer to symptoms and not to a disease. Diseases may be silent long before symptoms manifest.
- 25. To avoid dehumanizing patients, consider the following:

instead of
caseuse
patient
man or woman
male or female children
pediatric populationinstead of
patient
man or woman
boys or girls
children

26. Words and phrases that should be deleted on sight:

- arguably (confusing)
- needless to say (unnecessary; just say it)
- peruse (ambiguously defined)
- recent (does it mean last week, month, year, or decade?)
- significant (except if it implies a statistical difference)
- "it . . . that" constructions:

it is a fact that it is of interest that it is apparent that it is often the case (use "apparently") that (use "often") it is believed that it is possible that (use "may") it is clear that (use it is recognized that "clearly") it is emphasized it is shown that that it is generally it may be noted that believed that (use 'many think") it is known that it should be noted that (use "note that")

27. Other sample substitute phrases:

instead of a great number of times often, frequently a majority of most a number of some, many a small number of few a total of 100 patients 100 patients accounted for by the fact because that along the lines of like appears to be seems are of the same opinion agree as to whether whether ask the question ask at a rapid rate rapidly at an earlier date previously, earlier at the age of 30 at age 30 at this point in time now conclude bring to a conclusion

by means of chose to use completely full consensus of opinion considerable amount of consideration should be given to control groups CT scan CT of the brain definitely proved despite the fact that disease process due to the fact that during the course of during the time that end result entirely eliminate exhibit a tendency to extend an invitation fewer in number $5~\text{cm} \times 3~\text{cm}$ in size for a period of 5 years for the purpose of for the reason that give authorization for give consideration to greater number of has the capability of higher in comparison to in close proximity to in my personal opinion in order to in the absence of in the event that in the immediate vicinity in the not too distant future in this day and age including but not limited to interval of time irregardless is knowledgeable of lack the ability to large number of less rapidly make an assumption that make mention of make preparations merge together new innovation of considerable magnitude of insufficient magnitude of sufficient magnitude on a daily basis on the occasion of on the other hand

by used full consensus many, much consider

controls brain CT proved although disease because during, while while result eliminate tend to invite fewer $5~\mathrm{cm} \times 3~\mathrm{cm}$ for 5 years for since, because

authorize consider more can higher than close, near

in my opinion; I think without if near

soon

currently, now, today including

interval regardless knows cannot many slower assume

mention prepare merge innovation large

too small

large enough daily on conversely

one in the same period of time place a major emphasis point in time prior to provide a means of reason is because reason why red in color reduced by x% compared with reported in the literature round in shape serves the function of being six in number small number of subsequent to surgical intervention take into consideration 10 years of age testing for the presence of X the fact that the great (or vast) majority of the question as to whether three-month period through the use of to the fullest possible extent under the direction (or supervision) of until such time as was engaged in a study of was found to be was of the opinion that was variable

same period stress point, time before enable because reason red x% lower than, x% less than reported round is six few after surgery, operation consider 10 years old testing for X that most whether three months by, with fully directed (or supervised) until, when studied was believed varied whether to with the exception of except for within the realm of possible

References

whether or not

with a view to

possibility

- 1. Billings JS. An address on our medical literature. BMJ 1881; Aug 13:262-268.
- 2. Christy NP. Use of the passive voice, JAMA 1985;253;201.
- 3. Day RA. Scientific English: a guide for scientists and other professionals. 2nd ed. Phoenix, AZ: Oryx Press, 1995.
- 4. Black or African American-is one better? Copy Editor: the national newsletter for professional copy editors. Dec 1992/Jan 1993:4.
- 5. Kirkpatrick JJ. The perimeters of parameters. In: The Writer's Art. Op Ed, Inc, 1984. Reprinted in Neurology 1984;34:1591.
- 6. Goodman NW. Paradigm, parameter, paralysis of mind. BMJ 1993;307:1627-1629.



Suggestions to authors

Robert B. Daroff, Anne Rossi, Lise M. Stevens-Ross, et al. Neurology 1996;46;298-300 DOI 10.1212/WNL.46.1.298

This information is current as of January 1, 1996

Updated Information & including high resolution figures, can be found at:

Services http://n.neurology.org/content/46/1/298.full

References This article cites 3 articles, 1 of which you can access for free at:

http://n.neurology.org/content/46/1/298.full#ref-list-1

Permissions & Licensing Information about reproducing this article in parts (figures, tables) or in its

entirety can be found online at:

http://www.neurology.org/about/about_the_journal#permissions

Reprints Information about ordering reprints can be found online:

http://n.neurology.org/subscribers/advertise

Neurology ® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright Copyright 1996 by Advanstar Communications Inc.. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

