Suggestions to authors

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

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 of spelling, punctuation, and grammar. After you type the final draft (and especially if someone else types it for you), force yourself to edit it once more.

3. Check the accuracy of your references with the originals, and not with secondary sources. Incorrect citations are a burden to the publisher and a disservice to the reader.

- The editor's office and publisher will not rewrite poorly written manuscripts; that responsibility rests entirely with the authors. Those who have difficulty writing scientific English should obtain assistance from a colleague or seek out a professional editor who does this for a fee.

Manuscript Organization

4. The Abstract should be substantive, brief, and written in the active voice. Do not tease; thus, avoid sentences such as, "The implications are summarized." Instead, state the implications.

5. 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 you do it? *Methods*
- What did you find? *Results*
- How does it relate to current knowledge?

Discussion

It is easy to mix 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.

6. Avoid repetition.

- Do not repeat the Abstract in the Introduction or Discussion.

- Do not disclose your Results in the Introduction.

- Do not repeat the Introduction in the Discussion.

- In the text, do not repeat figure legends, table titles, or the contents of the tables.

7. Use tables sparingly. Presentation of a few facts takes up less space in the text than in 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 Services (NAPS). They will assign a file number to be footnoted in the paper, and provide the table upon request to any interested reader, for slight fees. 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.

8. Abbreviations and definitions that appear 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

9. Try to 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 boring, suggests lack of conviction, requires more words, extends reading time, and may be ambiguous.

10. For verb tenses, follow Day's rules²:

A. Use the present tense:

i. When describing established knowledge or previously published results (ie, "Lesions of the internal capsule cause . . .")

ii. For "presentation" (ie, "Figure 1 shows that . . .").

B. Use the past tense:

i. When describing methods and results in your current paper (ie, "we found . . ."; "we used. . .").

ii. For "attribution" (ie, "Smith reported . . .").

Try to avoid the present perfect tense (ie, "Smith has reported . . .") when the simple past tense suffices.

11. Don't overuse italics for emphasis. A page peppered with different type styles confuses the eye and interrupts smooth reading.

12. Avoid sentence constructions using “respectively,” which force the reader to stop and re-read the sentence. 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.

13. “The cause(s) of bad writing are many”; this popular construction stops the reader abruptly for the sake of supposed precision. Use either the singular or plural, but not both.

14. The routine mention of a patient’s skin color or ethnic origin is usually superfluous and should appear in a case report only if later addressed in the Discussion or if potentially useful for future studies, as with skin color in a hypertensive population. For skin color, use “black” and “white” and not “Negro” and “Caucasian.”

15. Do not use the phrase “in man”; “human” is the appropriate alternative.

16. Most editors dislike “and/or.” Your meaning is usually conveyed by “or” alone. If important, you can add “or both” at the end of the phrase (“Subarachnoid hemorrhage can cause headache or stiff neck, or both.”)

17. The awkward “he/she” construction frequently can be avoided by making the subject plural. For instance, instead of “A physician should do a lumbar puncture whenever he/she suspects an infectious etiology,” use “Physicians should . . . whenever they suspect . . .”

18. “It is . . . that” phrases should be deleted on sight:

it is a fact that	it is of interest to note that
it is apparent that	it is often the case that
it is believed that	(use “often”)
it is emphasized that	it is possible that (use “may”)
it is known that	it is recognized that
it is of interest that	it is shown that

19. Sample substitute phrases:

<u>instead of</u>	<u>use</u>
a considerable amount of	many, much
a great number of times	often
a majority of	most
a number of	some or many
a small number of	a few
accounted for by the fact that	because
along the lines of	like
appears to be	seems
are of the same opinion	agree
as to whether	whether
ask the question	ask
at this point in time	now
based on the fact that	because
chose to use	used
control groups	controls
despite the fact that	although
disease process	disease
due to the fact that	because
for the purpose of	for
greater number of	more
has the capability of	can
higher in comparison to	higher than
in order to	to
in the absence of	without

in the event that
in view of the fact that
interval of time
it may, however, be noted that
lacked the ability to
large number of
on a daily basis
period of time
point in time
provided a means of
red in color
reduced by x% compared with

reported in the literature
round in shape
serves the function of being
small number of
surgical intervention
take into consideration
the question as to whether
three-month period
through the use of
was found to be
was of the opinion that
was variable
with a view to

if
because
interval
but
could not
many
daily
period
point
enabled
red
x% lower than
or x% less than
reported
round
is
few
surgery, operation
consider
whether
three months
by
was
believed
varied
to

Robert A. Day² provides additional substitute phraseology in his excellent general guide to scientific writing.

20. We are accused of dehumanizing patients. Consider the following:

<u>instead of</u>	<u>use</u>
case	patient
male or female	man or women
male or female children	boys or girls
pediatric population	children

21. We restrict usage of the word “parameter” to its original mathematical definition (see **Neurology** 1984;34:1591); use the more specific “range,” “measurement,” or “variable” instead. MRI or radiographic measurement factors (constants) are “parameters” and can be described as such. For clinical practice guidelines, “practice parameters” is an allowable exception.

22. “Incidence” and “prevalence” should have population denominators; otherwise, the correct terms, all synonymous, are “relative frequency,” “frequency,” “ratio,” or “percentage.” “Mortality rates” also requires a population denominator and a time interval; deaths among a series of patients would provide a “case fatality ratio” and not a “mortality rate.”

23. “CNS” should refer to brain *and* spinal cord. It is not a synonym for “brain” or “cerebral.”

24. “Deficit” should describe only neurologic *signs* and not symptoms. The specific nature of the “deficit” must be obvious from preceding information.

References

1. Billings JS. An address on our medical literature. *BMJ* 1881;Aug13:262-268.
2. Day RA. *Scientific English: a guide for scientists and other professionals*. Phoenix, AZ: Oryx Press, 1992.

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