

Suggestions to authors

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A journal transfers information from writers to readers. Competition for the limited space in **Neurology** is intense and authors are more likely to succeed by keeping their readers in mind. Do not ramble. Write simply and concisely. Be certain your words express your ideas and your message.

Title of Paper

- Keep it short.

Abstract

1. Shorter is better.
2. Avoid statistics; words suffice to carry your message.
3. The Abstract should be meaningful and should not tease. Thus, avoid sentences such as, "The implications are described." Instead, summarize the implications or omit the sentence.

General Suggestions

1. Adhere strictly to **Neurology's** style as described in the Information for Authors of a current issue. Incorrect style irritates reviewers and editors, and may obscure the scientific worth of a manuscript. An incorrect reference style suggests that the paper was previously rejected by another journal and was not changed for the resubmission.

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 scrupulously. Incorrect citations are a burden to the publisher and a disservice to the reader.

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

5. Organize your paper to answer the 4 main questions the reviewer and reader want answered:

- What did you set out to do and why? *Introduction*
- How did you do it? *Methods*
- What did you learn? *Results*
- What does it mean and how does it relate to what else is known? *Discussion*

It is easy to mix fact and opinion; keep the Results and Discussion separate. Keep the Discussion clearly

reasoned, tightly written, and focused on the implications of the results.

6. Avoid repetition.

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

- Do not disclose your results in the Introduction.

- Do not repeat the Introduction in the Discussion.

7. In the text, do not repeat legends for figures, table titles, or the contents of the tables (such as values, means, or standard deviations). A paragraph full of numbers is not merely repetitious, it makes for deadly reading. Using words to summarize the meaning of tables keeps the message short and clear; readers who need the precise data will turn to the tables.

8. Do not overuse tables. If only a few facts are to be presented, they will take up less space in the text than in a table. In particular, do not use a table for presenting simple word lists.

9. Use the active voice in the Abstract, Introduction, and Discussion. The passive voice is boring, suggests lack of conviction, requires more words, extends reading time, and may be ambiguous. The active voice is shorter, clearer, stronger, and more emphatic. The passive voice is appropriate in the Methods and Results.

10. Avoid constructions that force the reader to stop and re-read the sentence. When you find yourself using "respectively," you have a problem. 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.

11. The skin color or ethnic origin of a patient is usually superfluous and should appear in a case history only if it is relevant—that is, if it is later mentioned in the Discussion. For color, use "black" and "white" instead of "Negro" and "Caucasian."

12. Do not use the phrase "in man." "Human" is the appropriate alternative; it can be used as an adjective or noun, and does not evoke controversy.

More Advice

1. 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 sentence. ("Subarachnoid hemorrhage can cause headache, stiff neck, or both.")

2. "The cause(s) of bad writing are many"; this popular construction stops the reader for the sake of imagined precision. Use either the singular or plural, but not both.

3. To the dismay of some linguistic purists, American English word meanings change to reflect current usage (see *Webster's New World Dictionary*, Third College Edition). Although it may be arbitrary, we restrict the use of the word "parameter" to its original mathematical definition (read the short essay on the subject in *Neurology* 1984;34:1591). Use the more specific "range," "measurement," or "variable" instead.

Similarly, we require that "incidence" and "prevalence" have a population denominator. Without a population denominator, 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."

4. "CNS" should be used *only* if it refers to brain and spinal cord. It is not a synonym for "brain" or "cerebral."

5. "Deficit" may be used only to describe neurologic signs and not symptoms. The specific nature of the "deficit" must be obvious from preceding information.

6. The awkward "he/she" construction can usually 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 . . ."

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

instead of

case
pediatric population
male children
female children
males
females
patient diagnosed as MS

use

patient
children
boys
girls
men
women
patient diagnosed
as having MS

8. Automatic deletions—wasted words and phrases that should be deleted on sight:

prior history (all history is prior)
careful history and examination (we are all careful)
it is shown that
it is emphasized that
it is a fact that
it is known that

Sample Substitute Phrases

instead of

a number of
along the lines of
appears to be
as to whether
ask the question
chose to use
control groups
disease process
due to the fact that
greater number of
higher in comparison to
in order to
in the absence of
in the event that
interval of time
it is possible that
large number of
period of time
point in time
provided a means of
reduced by x% compared with

use

some
like
seems
whether
ask
used
controls
disease
because
more
higher than
to
without
if
interval
may
many
period
point
enabled
x% lower than
or x% less than
reported
is
few
surgery, operation
3 months
compared with
was
varied

reported in the literature
serves the function of being
small number of
surgical intervention
3-month period
versus
was found to be
was variable

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