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’ rules:\(1\) 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 you 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 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.

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 rules:\(^{6}\)

   A. Use the present tense:
      - When describing established knowledge or previously published results (i.e., “Lesions of the internal capsule cause...”).
      - For “presentation” (i.e., “Figure 1 shows that...”).

   B. Use the past tense:
      - When describing methods and results in your current paper (i.e., “we used...”; “we found...”).
      - For attribution (i.e., “Smith reported...”).

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

Copyright © 1996 by the American Academy of Neurology
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.”

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.

15. Avoid redundancies such as “one-quarter (25%).”

16. Do not use the phrase “in man”; use “in humans” instead.

17. 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; 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.

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 interval; 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:

- 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 apparent that (use “apparently”) it is believed that
  - it is clear that (use “clearly”) it is emphasized that
  - it is generally believed that (use “many think”) it is recognized that
  - it is known that it should be noted that (use “note that”)

27. Other sample substitute phrases:

instead of use
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
bring to a conclusion conclude

January 1996 NEUROLOGY 46 299
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
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 cm × 3 cm in size
for a period of 5 years
for the purpose of
for the reason that
give authorization for
give consideration to
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
CT
brain CT
proved
although
disease
because
during, while
while
result
eliminate
tend to
invite
fewer
5 cm × 3 cm
for 5 years
for
since, because
authorize
consider
more
can
higher than
close, near
in my opinion; I think
to
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
on
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
whether or not
with a view to
with the exception of
within the realm of possibility

References
Suggestions to authors
Neurology 1996;46;298-300
DOI 10.1212/WNL.46.1.298

This information is current as of January 1, 1996

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