Suggestions to authors

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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 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 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. . .").

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:

<u>instead of</u>	<u>use</u>
case	patient
male or female	man or woman
male or female children	boys or girls
pediatric population	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 (use “apparently”)	it is often the case that (use “often”)
it is believed that	it is possible that (use “may”)
it is clear that (use “clearly”)	it is recognized that
it is emphasized that	it is shown that
it is generally believed that (use “many think”)	it may be noted that
it is known that	it should be noted that (use “note that”)

27. Other sample substitute phrases:

<u>instead of</u>	<u>use</u>
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 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 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

by means of	by	one in the same	same
chose to use	used	period of time	period
completely full	full	place a major emphasis	stress
consensus of opinion	consensus	on	
considerable amount of	many, much	point in time	point, time
consideration should be	consider	prior to	before
given to		provide a means of	enable
control groups	controls	reason is because	because
CT scan	CT	reason why	reason
CT of the brain	brain CT	red in color	red
definitely proved	proved	reduced by x% compared	x% lower than, x% less
despite the fact that	although	with	than
disease process	disease	reported in the	reported
due to the fact that	because	literature	
during the course of	during, while	round in shape	round
during the time that	while	serves the function of	is
end result	result	being	
entirely eliminate	eliminate	six in number	six
exhibit a tendency to	tend to	small number of	few
extend an invitation	invite	subsequent to	after
fewer in number	fewer	surgical intervention	surgery, operation
5 cm × 3 cm in size	5 cm × 3 cm	take into consideration	consider
for a period of 5 years	for 5 years	10 years of age	10 years old
for the purpose of	for	testing for the presence	testing for X
for the reason that	since, because	of X	
give authorization for	authorize	the fact that	that
give consideration to	consider	the great (or vast)	most
greater number of	more	majority of	
has the capability of	can	the question as to	whether
higher in comparison to	higher than	whether	
in close proximity to	close, near	three-month period	three months
in my personal opinion	in my opinion; I think	through the use of	by, with
in order to	to	to the fullest possible	fully
in the absence of	without	extent	
in the event that	if	under the direction (or	directed (or supervised)
in the immediate	near	supervision) of	by
vicinity		until such time as	until, when
in the not too distant	soon	was engaged in a study	studied
future		of	
in this day and age	currently, now, today	was found to be	was
including but not	including	was of the opinion that	believed
limited to		was variable	varied
interval of time	interval	whether or not	whether
irregardless	regardless	with a view to	to
is knowledgeable of	knows	with the exception of	except for
lack the ability to	cannot	within the realm of	possible
large number of	many	possibility	
less rapidly	slower		
make an assumption	assume		
that			
make mention of	mention		
make preparations	prepare		
merge together	merge		
new innovation	innovation		
of considerable	large		
magnitude			
of insufficient	too small		
magnitude			
of sufficient magnitude	large enough		
on a daily basis	daily		
on the occasion of	on		
on the other hand	conversely		

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