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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' rules[1]: "(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[3]:

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 . . .").

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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 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:

instead of	use
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:**

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

References

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6. Goodman NW. Paradigm, parameter, paralysis of mind. BMJ 1993;307:1627–1629.