Practical Neurology House Style

Readers of Practical Neurology prefer articles that are well written in plain English with a consistent style. In preparing your paper for submission, please adhere to the following writing style advice. *(These guidelines are based upon those from the Examination Board of the Royal College of Physicians of London).*

Abbreviations
We prefer to avoid abbreviations, or at least to use them sparingly. We would encourage you to spell out most abbreviations in full. You may work with some abbreviations every day in your sub-specialty field but please remember you are writing for a wider neurological audience around the world. Examples of acceptable abbreviations are:

- Units of measurement, such as cm, L and mmHg
- Those that are widely understood, such as CNS, CSF, CT, ECG, EEG, EMG, HIV, HLA, MR, MRI, PCR.
- Those that are very long when spelt out, such as BCG, DEXA, DNA, EDTA, RNA.

We hope you GTI (get the idea).

Please also note:
- **Capitals without full stops.** Abbreviations of more than one capital letter take no full stops (e.g. EEG not E.E.G.)
- **Choice of ‘a’ or ‘an’.** The choice of ‘a’ and ‘an’ before an abbreviation depends pronunciation, not spelling. Thus, ‘a CT scan’, but ‘an MR scan’.
- **Preferred measurement abbreviations.** When expressing measurements, we prefer the following technical abbreviations: HbA$_1c$, kPa, PaCO$_2$, PaO$_2$, SaO$_2$.
- **Units of time** are written in full when they appear in the main text (years, weeks, hours, minutes) but most will be abbreviated when they appear among the investigations (h, min, s). Time of day is written using the 24-h clock notation (i.e. 09.00 h).

Grammar and spelling

**Active sense**
Readers find it easier to follow sentences written in the active voice (with a subject and object) rather than the passive voice (with object only). Thus, please write, ‘we prescribed propranolol’ rather than ‘propranolol was prescribed’. In general, please avoid using the passive voice.
Initial capitals
Capitilise the first letter of proper names (e.g. Gram-positive) and the names of bacteria (when referring to both the genus and the species), but use lower case for all other nouns, including hospital departments (e.g. emergency department, intensive care unit, outpatient clinic), clinicians (e.g. general practitioner) and disorders (e.g. type 2 diabetes mellitus).

Numbers
In general, numbers from one to nine should be in words, with 10 and over in figures, unless this threshold is embraced (e.g. ‘9 or 10 items’, not ‘nine or 10 items’). There are four exceptions:

- A number at the beginning of a sentence should be spelt out.
- Use Arabic numerals when describing age (except for ‘thirties’, ‘forties’, etc.), all abbreviated forms of units, all units of time (minutes, hours, days, weeks, months, years), names of conditions (e.g. type 2 diabetes mellitus), and symbols.
- When stating medicine dosages, use Arabic numerals for the dose (e.g. carbamazepine 200 mg) but words for the dosing frequency (e.g. three times daily).
- For numbers less than one, please precede the decimal point by a zero (e.g. 0.75).

Order of examination findings
Present the examination findings in a consistent order (though not all elements need to be included):

- General findings (temperature, pulse, blood pressure)
- Consciousness, orientation and mental state
- Coverings of the nervous system (meningism, scoliosis)
- Cranial nerve function
- Limb function and gait
- General medical examination findings

Specific style points
- Please use the terms ‘man’ or ‘woman’ (or ‘boy’/’girl’ if aged less than 18 years) rather than ‘gentleman’/’lady’ or ‘male’/’female’.
- Hyphenate ‘year-old’ when this is used as an adjective, e.g. ‘A 30-year-old man’.
- ‘Known’, ‘known to be’ and ‘known to have’ in relation to a diagnosis are often unnecessary; it is preferable to write ‘A 48-year-old man with multiple sclerosis’ rather than ‘A 48-year-old man with known multiple sclerosis’.
- We prefer -ise to -ize. Thus, write ‘generalised’, ‘luteinising hormone’, and ‘international normalised ratio’.
- Use diphthongs if their Latin or Greek roots support them. Thus, write
anaemia, caecum and faecal, diarrhoea and oesophagus, but leucopenia, thrombocytopenia and osteopenia, and fetal, not 'foetal'. Write oestradiol when referring to the hormone, but estradiol when referring to the drug.

- Please avoid creating verbs from nouns. Thus, ‘the patient was endoscoped and lasered’ should read, ‘the patient underwent endoscopy and laser treatment’.
- ‘The outpatient clinic’, not ‘outpatients’.
- ‘She was taking aspirin (or other drug)’, not ‘she was on aspirin’.
- ‘We advised him to take’, rather than, ‘He was prescribed’.
- ‘He started treatment with’, not ‘he received’ or ‘he was started on’.
- We prefer ‘because of’ rather than ‘due to’ or ‘owing to’; ‘before’ to ‘prior to’; ‘compared to’ rather than ‘compared with’; ‘compined’ to ‘consisted of’; neurone’ to ‘neuron’; ‘orientated’ to ‘oriented’; ‘seven’ to ‘a number of’; ‘started’ to ‘commenced’; ‘stopped’ to ‘discontinued’; and ‘vasodilation’ to ‘vasodilatation’.
- ‘CT scan of head’, not ‘CT brain’ or ‘CT head’; you do not need to spell out ‘computed tomography’.
- ‘MR scan of brain’ not ‘MR brain’ or ‘MR head’; you do not need to spell out ‘magnetic resonance’.
- Use the term ‘X-ray’ (not x-ray, x ray or X-Ray): although it is not strictly correct—since we cannot actually see an X-ray—it is widely understood and need not be replaced by ‘radiograph’.
- Write ‘mini-mental state examination score’ and ‘Glasgow coma scale score’.
- Please avoid using the word ‘parameter’, except in its correct statistical sense.
- Please note that ‘methodology’ is not the same as ‘methods’.

Language
Practical Neurology uses ‘British’ English. While spellings are easily changed at the copy-editing stage, a paper submitted to Practical Neurology containing mainly non-British spellings suggests the authors may have preferred their work to be published elsewhere. Remember that many excellent ideas and interesting experiences do not get the attention they deserve because they are expressed in poor English. Authors whose first language is not English should consider at least showing the paper to an English speaker.

Nomenclature
- **Bacteria and viruses.** The Latinised names of bacteria in binary combination (stating both genus and species) should be italicised (e.g. *Streptococcus faecalis, Chlamydia spp.*). The generic name should begin with a capital letter, whereas the specific name is all in lower case. Anglicised versions of these names used in a general sense (i.e. not with the specific species name) should appear in lower-case and non-italicised roman (e.g. staphylococcal infection, legionella pneumonia). Viruses are known by their subfamily names (herpes zoster, parvovirus), and are not italicised.
- **Genetic terms.** Please denote genes and chromosomes by letters and numbers. Bacterial and bacteriophage genes are always italic, but genes from higher animals are usually referred to using roman letters (e.g. tRNA genes). Oncogenes are denoted as: c-myc, c-ras, etc. Plasmid names are roman and start with a lower-case p. Denote chromosomes by roman capitals (e.g. X and Y). Generations are referred to also by lettered symbols in roman capitals: the parental (P), the first generation (F1), the second generation (F2), etc.

- **Medicines.** The names of many medicines have changed to conform to recommended International Non-proprietary Names (rINNs). Thus, certain commonly used drug names have therefore changed, e.g. ‘indomethacin’ became ‘indometacin’; ‘phenobarbitone’ became ‘phenobarbital’ and ‘cyclosporine’ became ‘ciclosporin’. Other relevant drug names are amoxicillin; amphetamine; calcitonin; chlomethiazole; dexamfetamine; estradiol; ethinylestradiol; furosemide; lidocaine; sulfasalazine. All non-proprietary names of medicines are lower case. Brand names (if these must be mentioned, for example, a compound medication with no approved shortened name) has an initial capital. Write ‘glucose 5%’, not ‘dextrose 5%’, and ‘sodium chloride 0.9%’ not ‘normal saline’.

**Other medicine conventions:**

- A ‘dose’ is the amount of a medicine administered at one time; ‘dosage’ is the regulation or determination of doses over time (the ‘-age’ suffix reminds us that it is over time).
- Use a drug ‘concentration’, not a drug ‘level’.
- Use ‘regimen’ rather than ‘regime’ when referring to a prescribed medicine or a standard combination of medicines used to treat a specific condition.
- Use ‘adverse effect’ rather than ‘unwanted effect’ or ‘side-effect’.

**Pictures**

We welcome high quality colour pictures to illustrate articles, particularly if these help to improve understanding of the subject. However, these must be of high resolution. For TIFF files, all photographic images must be at least 300 dpi at estimated print size. If your picture contains writing, please provide the original to prevent avoidable differences in font or print size, or appearance of unexplained abbreviations.

**Punctuation**

Insert only a single letter space after all sentence punctuation, including full stops.

**Apostrophes**

- We use apostrophes for most eponyms that derive from one person’s name (e.g. Alzheimer’s disease, Down’s syndrome), but not for toponymic designations (e.g. Lyme disease). Eponymic designations that derive from two or more names do not carry an apostrophe (e.g. Creutzfeldt–Jakob disease) but are linked by an en rule rather than an hyphen (see below).
- Commonly used abbreviations (e.g. flu) do not take an apostrophe.
- Write ‘an 8-month history’ (where ‘8’ and ‘month’ together comprise an adjective), and ‘3 months pregnant’, but ‘6 months’ duration’.

**Commas**
We drop the comma that separates numbers into units of three (e.g. 2,200 becomes 2200), and we replace this by a hard space for five-figure numbers and above (32 400, 3 240 000).

**En rules**
- En rules are slightly longer than hyphens. Between names they distinguish between eponyms that are derived from the names of two people (e.g. Lambert–Eaton) as opposed to those derived from the double-barreled or unhyphenated name of one person (e.g. Brown-Séquard, Miller Fisher).
- En rules, not hyphens, are also used between words of equal importance whose order could be reversed without loss of meaning (e.g. dose–response, cost–benefit, tonic–clonic).
- En rules are also used to indicate a range, without spaces before or after. Thus, write ‘76–96’, not ‘76 – 96’ or ‘76-96’. An en rule also denotes a minus sign.
- To type an en rule, (using a PC) press Ctrl and the minus key on the numeric keyboard, or (using a Mac) Alt and the hyphen key.

**Greek characters**
Use αβγδ et c. rather than alpha, beta, etc. For example, TNF-α, β2-agonist, etc.

**Hyphens**
- Adjectives comprising prefixes are set as one word (e.g. antiepileptic, postictal), but use a hyphen for ease of reading where there is a collision of vowels or consonants (e.g. post-traumatic, re-entry, veno-occlusive) or a risk of mispronunciation (e.g. un-ionised). Exceptions include nouns such as post mortem and amino acid.
- Words beginning with ‘non’—indicating negation—are usually hyphenated (e.g. non-convulsive, non-proliferative).
- Use hyphens when referring to fractions (e.g. one-half, two-thirds) or compound numbers (e.g. twenty-four, thirty-six).
- Compound modifiers that precede a noun are hyphenated (long-standing hypertension, first-degree heart block) but those that follow a noun are not. Thus, write ‘low-molecular-weight heparin’, but ‘heparin of low molecular weight’. Do not hyphenate adjectival compounds beginning with adverbs ending in -ly (e.g. ‘negatively charged ions’).
- When writing the names of antibodies, use a hyphen where the name of the antibody includes an abbreviation (e.g. anti-Hu), or where the name includes more than one word (e.g. anti-neutrophil cytoplasmic antibody, anti-smooth muscle antibody, anti-hepatitis C antibody); do not use a hyphen where the
antibody is a single word (e.g. anticentromere, antimitochondrial), unless there is a danger of mispronunciation.

- Plurals. Abbreviations form the plural by adding the letter s, without an apostrophe (e.g. EEGs rather than EEG’s). Units of measurement usually take the same form in both singular and plural (e.g. mg, mL, h).

**Quotation marks**

Our practice is to enclose quoted matter between single (not double) quotation marks, and this also applies to expressions that may be unfamiliar to some readers (e.g. 'Well-Woman clinic'). Double quotation marks should be used only for direct speech.

**Spacing**

Write <5 or –10, not < 5 or – 10, but leave a space between a numeral and any units (e.g. 25 mg, 120/70 mmHg)

**Superscript/subscript**

Please use superscript/subscript for scientific terms (e.g. HbA\textsubscript{1c} and \textsuperscript{14}C-labelled) but not for 1st or 2nd.

**Symbols**

- Abbreviate litre as ‘L’ (not ‘l’) and millilitre as ‘mL’ (not ‘ml’) and write μmol, (not umol), mmHg, and cmH\textsuperscript{2}O. The degree symbol in ‘37°C’ is a Symbol font, not a superscript letter ‘o’.
- Isotopes should be written as a superscript number preceding the elemental abbreviation (e.g. \textsuperscript{14}C, \textsuperscript{131}I).

**References**

References to the literature should be credited to the original findings and appear in numerical order in the text, be typed in Vancouver style and numbered in the same order at the end of the manuscript. There must be only one reference per number. They must be written correctly and be rechecked by the authors in the proofs. The references are the responsibility of the authors.

**Table style**

The following style is recommended for tables:

- Use lower case throughout, except for proper names, chemical symbols (such as PO\textsubscript{2}, mmHg).
- Headings for columns should be in bold and headings for rows should be non-bold.
- Align decimal points vertically.