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Editor's Nitpicking # 2

M. Castillo

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Editor's Nitpicking # 2

Let's face it: The topic of this *Perspectives* is a dry one. I promise a more entertaining one next month, but this time I think that pointing out certain problems our contributors commonly have is in order. This editorial is a continuation of my previous one, also called "Editor's Nitpicking."[1] A year after I wrote that first one, I have collected a set of words, terms, and expressions that seems to trouble authors, both English-speaking and otherwise. In addition, I've included some common Latin terms that seem to be popular with authors and are often erroneously used.

Adverbs

These words modify verbs, adjectives, and other adverbs but not nouns. Nouns, in turn, are modified by adjectives and determiners. Adverbs can be easily created by just adding "-ly" to the end of an adjective, for example, "significant" and "significantly." Not all words ending in "-ly" are adverbs, for example, "lovely" (the root is a noun and not an adjective). Generally speaking, it is best to avoid most adverbs (and many adjectives) in scientific writing.[2] Words such as "undoubtedly," "unequivocally," and "substantially" overstate findings and may convey the wrong impression. The *American Journal of Neuroradiology* (*AJNR*), *Radiology,* and other journals follow the recommendations of the *AMA Manual of Style* in that "significant" and "significantly" should be used only when describing the results of statistics that reject the null hypothesis.[3]

Lay and Lie

"Lay" can be a verb or a noun. As a verb, it means to put or set down as in "Please lay your copy of *AJNR* on the table and pay attention to what I am saying." "Lay" is also the past of "lie" as in "The patient lay down before the procedure" (a sentence structure not commonly used in American English). I often see "lie" used when authors congratulate themselves, as in "The success of our technique lies in the fact that we were very careful…." "Lie" can also be a verb or noun, and when it is used as either, it generally follows the previous explanation for "lay." It is important to remember that "lie" also means to create a false statement or misrepresentation. ("The authors continuously lie about their results.") This last form has very little use in science.

There and Their

Sounds simple, no? Many of our English-as-a-second-language contributors confuse these words. "There" can be an adverb (meaning in or at that place), a pronoun (as a substitute for a name or to introduce a sentence as in "There is evidence that administering contrast is of little benefit"), or a noun (indicating place or position). "There" can also be an attribute adjective as in being fully conscious and aware of things. ("After head trauma, the patient was not fully there.") "Their" is an adjective meaning to possess something, as in "Their MR imaging unit is superior to ours." Otherwise, when placed before a noun, it becomes an attributive adjective. ("Their rights as patients were violated by the investigators.")

Who and Whom

"Who" is a pronoun meaning what or which person or persons. ("Let's find out who developed a contrast reaction after the procedure.") Although all of us use it, strict grammarians disapprove of its use to introduce a relative clause. "Whom" is also a pronoun that appeared in the English language about the same time as "who" (12th century). "Whom" is the objective case of "who," and it is less used now than in the past. Some historians predict that the word "whom" will eventually disappear. I still see it used often as in "Patients for whom this technique will be beneficial include those with aneurysms."

Each Other and One Another

"Each other" serves as a pronoun and is generally used when referring to 2 things that have a reciprocal relationship or action. Conversely, "one another" is used when referring to more than 2 things. Many use "each other" and "one another" interchangeably, but strictly speaking, this is not correct. When spoken, "each other" sounds like one word, but it is never written "eachother."

Hereby and Herewith

These are adverbs, and the first means "by virtue of the present declaration, action, or document" and also "by means of this or as a result of this." "Herewith" means "along with this, together with this, or with this communication." Americans rarely use these terms, whereas our British authors employ them from time to time.

Further and Farther

"Further" is generally used when the distance it refers to cannot be exactly measured. It means "to propel or help forward, to promote, to go or extend beyond." It is related to "farther," in that it states a distance but never the exact distance, for example, "Her career will be further advanced by the publication of this important article." Conversely, "farther" is used when the distance it refers to can be quantified, as in "I can throw this ball farther than you." The confusion derives from the fact that in the past both "further" and "farther" were interchangeably used. In modern English, however, these terms have acquired different definitions and uses.

Used To and Supposed To

"Used to" should always precede a verb ("I used to live in Timbuktu"). "Used to" refers to something that happened regularly in the past but does not anymore. It is better not to use it in questions or negative statements. Sometimes "used to" can be substituted with "would to," but this sounds overly formal and is no longer commonly employed this way. "Supposed to" always carries a *d* at the end, though when spoken, it cannot always be heard (never use "suppose to"). "Supposed to" is used more often in British than American English. When "supposed to" is followed by a verb, it means "should"—for example, "I was supposed to go to the ASNR meeting, but my Chairperson did not give me permission."

Terms Expressing Time

"Today" is a commonly used adverb signifying on this day or at the present time (as in "Today, the preferred method of treating aneurysms is embolization"). When used as a noun, its meaning is the same. If used as an adjective, it means something that is characteristic of the current times. The word "now" is short but complex. It can be used as an adverb, noun, adjective, or a conjunction. It generally means at the present time or moment. Less common usages are conjunctional (meaning "in view of the fact that," as in "Now that we know gadolinium increases lesion conspicuity, it should be used in all patients"). "Nowadays" is an adverb signifying at the present time, but it is easier and more economical to simply use "today" in its place.

Numbers and Numerals

"Number" may be used as a noun or a verb. As a noun, it means the sum (or amount) of some type of unit. ("The total number of injections needed was highly variable.") This word can also be used in terms of rating as in "The number 1 neuroimaging journal is *AJNR*." It can also signify an amount as in "A large number of imaging studies were needed before reaching a correct diagnosis." When something is done in an orderly or systematic fashion, it is said to be done "by the numbers." "Numeral" is both a noun and adjective. As a noun, it refers to the symbol for a number. Numerals can be Arabic (1, 2, 3, 4, 5, and so forth) or Roman (I, II, III, IV, V, and so forth). When used as an adjective, it relates, expresses, or consists of numbers. "Numerically" means that there is a system or order to a series of events or numbers.

Common Latin Phrases (ibid, idem, et al, de novo, vide supra, vide infra, etc)

"Ibid" (abbreviation for *ibidem*) is a useful term not commonly employed in scientific writing but found in other scholarly texts.[4] It means "in the same place" and is used in footnotes and bibliographies to refer to a book, chapter, article, or page cited just before. It is similar to "idem," which means something that has been previously mentioned.[4] "Et al" and "et cetera" (etc) are used in similar fashion, but "et al" refers to a list of names, whereas "et cetera" means "and so on or more." "De novo" means new or afresh (as in "The second aneurysm arose de novo after treatment of the first").[4] "Erratum" refers to a mistake (plural "errata") in a previous publication. "In situ" may be used to shorten the phrase "in the place that something belongs." "Per" means "through or by means of" and generally precedes another Latin term (as in "per capita"). "Prima facie" refers to evidence that is suggestive, but not conclusive, of something. "Sic" states that the preceding quoted material appears exactly that way in the source, despite any errors of spelling, grammar, usage, or facts that may be present.[4] Be careful to use it only for important errors and not trivial ones; overuse is a nuisance. "Sine qua non" denotes something (a condition) that is an essential part of the whole. "Status quo" is used when meaning the way things are right now or before they were upset by something or someone. "Versus" is almost always used incorrectly (orange versus red) because it actually means "in the direction of." When we use "versus," what we really mean is "adversus." "Vide" (look or see), "supra" (above), or "vide infra" (below) are easy to understand. I could go on and on, ad nauseam, with this editorial but I will stop here.

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M. Castillo
Editor-in-Chief

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EDITORIAL

Unruptured Intracranial Aneurysms: Why Clinicians Should Not Resort to Epidemiologic Studies to Justify Interventions

The treatment of unruptured aneurysms (UAs) continues to make the news. In a series of well-written articles, we are told that there is something to learn from looking at death and discharge to long-term facilities from a large US hospital data base, cross-matching International Classification of Diseases-9 diagnostic and procedural codes.[1-4] Is this research method appropriate for clinicians? Can it be misleading?

To answer this question, a thought experiment may help: Imagine a new treatment X for UAs. To assess the value of X, hospital discharge forms are examined 10 years after X is introduced, and we compare deaths or discharge-to-rehabilitation rates for patients treated with X with those for patients treated with coiling. The title of our article now reads, "Better Outcomes with X Than with Coiling in the US, 2001–2008." No one should accept our claim if treatment X turned out to be a prescription for sugar pills. The first reminder is that clinical research must first define appropriate end points capable of capturing risks and benefits to patients. Nowhere does this method measure whether the aneurysm is definitively treated and whether coiling of an asymptomatic lesion was, in fact, of any benefit at all.

The second part of this thought experiment is to imagine a study using similar methods to lead to the title, "Better Patient Outcomes in Outpatient Clinics Than in Intensive Care Units." Obviously, these patients cannot be compared. The second reminder is this: For a comparison to be valid, treating physicians must judge both treatments to be equally appropriate for the same patient. Otherwise the physician can always claim, "It doesn't matter if coiling is shown to be less morbid; my patient's lesion needed clipping for reason A, B, or C."

Epidemiologic studies are designed to discover some unknown things, by using known data. They were not meant to help us feign ignorance regarding what we know (ie, that treatment for a patient is always selected with unproven criteria)