

Message from the Editor

A Quarter Century of Publication

The first issue of the *Canadian Journal of Neurological Sciences* appeared in 1974. Its founding Editor, Dr. Robert T. Ross of Winnipeg, skillfully guided its formative years until 1981. Funding originally came from the National Research Council of Canada, and four foundations in Winnipeg. It was soon self-supporting and in 1979 the Journal was sold for one dollar to the Canadian Neurological Society, the Canadian Neurosurgical Society and the Canadian Society of Electroencephalographers, Electromyographers and Clinical Neurophysiologists (now named the Canadian Society of Clinical Neurophysiologists). In 1995 the Canadian Association for Child Neurology officially became a fourth owner. Dr. Robert G. Lee served as Editor from 1981 to 1991. His dedication and hard work provided the Journal with further international recognition and it has emerged as an important medium for communicating progress in neurological sciences in Canada and throughout the world.

This journal is unique in its roles as a publication by and for neurologists, neurosurgeons and related clinical and basic neuroscientists. To articulate its goals, in 1995 the Editorial Board adopted a statement of mission for the Journal. It appears below:

The mission of the Canadian Journal of Neurological Sciences is to publish original articles in neurology, neurosurgery and basic neurosciences. The Journal will be international in its content and audience. It will be directed at publishing articles of the highest scientific quality. All original manuscripts will undergo peer review. Supplements will be published concerning topics of current interest to neurologists, neurosurgeons and basic neuroscientists. Journal editorial policy will be directed at achieving a high rate of citation in the biomedical literature. The journal will also provide information relative to the practice of neurology and neurosurgery. Review articles dealing with recent advances in an area of the neurological sciences will be welcomed, but the publication of original articles will take precedence.

As we celebrate the 25th year of publication in 1998, past and present members of the Editorial Board, the staff in the publications office, reviewers, and indeed all members of the four sponsoring professional societies can take pride in the accomplishments of our Journal. We look forward to promoting its increasing role in serving the neurosciences as we approach the new millennium.

New Members of the Editorial Board

J. Gregory Cairncross, and Andres M. Lozano are new members to the Editorial Board in 1998. Dr. Cairncross received his MD degree from the University of Western Ontario. He completed his Neurology Residency in London Ontario and a Fellowship in Neuro-oncology at The Sloan Kettering Memorial Cancer Institute in New York. He joined the staff at the University of Western Ontario where he is now a Professor of Neurology and Oncology. Dr. Cairncross is an authority on medical neuro-oncology. Dr. Lozano was graduated in Medicine from the University of Ottawa and took his residency in Neurosurgery in Montreal at McGill University where he also received a Ph.D. degree in Neuroscience. He then joined the University of Toronto faculty where he is an Associate Professor of Surgery and

Attending Surgeon at The Toronto Hospital. He brings to our Board expertise on functional neurosurgery of the basal ganglia and epilepsy. I welcome Dr. Cairncross and Dr. Lozano to the Board.

Dr. John Girvin has completed his service as a member of the Board since 1988 and as an Associate Editor since 1992. I thank him for his valued contributions to the editorial process.

Authorship Standards

Authors of papers should take responsibility for their content and should have participated in the work that leads to their publication. In order to define the responsibilities and criteria for authorship the International Committee of Medical Journal Editors, also known as the Vancouver Group, published standards for authorship.¹ These criteria have been extended to include statements on multicentered trials and corporate authorship, as described in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals:²

All persons designated as authors should qualify for authorship. Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should be based only on substantial contributions to 1) either the conception and design, or the analysis and interpretation of data; and to 2) drafting the article or revising it critically for important intellectual content; and on 3) final approval of the version to be published. Conditions 1, 2, and 3 must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author.

Editors may ask authors to describe what each contributed; this information may be published.

Increasingly, multicenter trials are attributed to a corporate author. All members of the group who are named as authors, either in the authorship position below the title or in a footnote, should fully meet the above criteria for authorship. Group members who do not meet these criteria should be listed, with their permission, in the Acknowledgements or in an appendix.

The order of authorship should be a joint decision of the co-authors. Because the order is assigned in different ways, its meaning cannot be inferred accurately unless it is stated by the authors. Authors may wish to explain the order of authorship in a footnote. In deciding on the order, authors should be aware that many journals limit the number of authors listed in the table of contents and that the U.S. National Library of Medicine lists in MEDLINE only the first 24 authors plus the last author when there are more than 25 authors.²

The authors are responsible for the honesty of their work. The Editor, Associate Editors or reviewers do not and cannot confirm the accuracy of data or of procedures carried on at any institution or laboratory. Editorials are also the responsibility of those who write them. The opinions in editorials do not represent official positions of this journal or of any of the four professional societies that sponsor it.

It is acknowledged that many researchers may disagree with

the Vancouver Group's three criteria for authorship^{1,2} and studies have shown that many authors do not meet them.³⁻⁵ Some journals attempt to enforce the standards by asking the corresponding author to sign a form stating that all authors have met the criteria. The Editorial Board will consider this option. Another option is to rely on the authors' university or related institution to mandate the standards for authorship, as some have done. Editors are not policemen. In the case of redundant publication the Board has undertaken a policy of notifying the Dean or similar official at the institution of authors who engage in redundant publication and the authors will not have future submissions accepted for a fixed period of time. The editor of the other periodical or book will be notified of the violation and a "notice of redundant publication" will be published in the Journal to be entered into the database of the National Library of Medicine in the United States.⁶ However, we do not have a similar policy for regulating authorship standards and we are not made aware when they are not met. Perhaps the authors' institution should assume the role of policing authorship.

A third option is to abandon authorship criteria, and let anyone who wants to be an author be one, but this would undermine the value of authorship and the responsibility of authors. Academic life is based on publication, and journals are the media of biomedical science. Authorship is a yardstick of academic achievement that determines appointments, research grants, promotion, and recognition. A fourth option is to abandon authorship altogether. Even then, someone would need to be responsible for the paper. Perhaps a guarantor would be responsible for the whole paper and individual contributors would be accountable for their parts.

The three criteria of the International Committee of Medical Journal Editors establish high standards.² Not all those who participate in research will warrant being authors of the publications that result from it. Those who collect data, make measurements, refer or care for patients, nominally supervise students or researchers, or provide funds or laboratory space should not be authors unless they also contribute to planning, analysis and interpretation of the research and provide important intellectual content to drafting and revising the article. Participants in research, case reports, or other scientific communications, who do not satisfy these criteria should be acknowledged as contributors, not authors. This may deter participation in research by persons who might not contribute unless they are authors. Because research has become more complex, these standards of authorship may seem to be too rigorous, and different, or lower, standards have been advanced.^{7,8} Debate on the standards will continue, and responsibility rests with authors themselves. The Journal advocates that its authors recognize and meet the criteria of the Vancouver Group.²

Standards of Reporting Trials

Concern over the vagaries of reporting the results of clinical trials has led to groups of editors, clinical epidemiologists and statisticians coming together to recommend standards of reporting trials. They have produced a statement on consolidated standards of reporting trials (CONSORT) that is summarized in a checklist of 21 items of information that authors are to provide with their submission and a flow diagram that describes the progression of patients through the trial.⁹ The checklist (Table) includes three subheadings in the Methods section and two subheadings in the

Results section. These five subheadings will enable readers to consistently find information, and identify its absence, among different reports. The flow diagram (Figure) is to be published as a figure in the paper; it will enable readers to see the organization of the investigation and outcome of the study population.

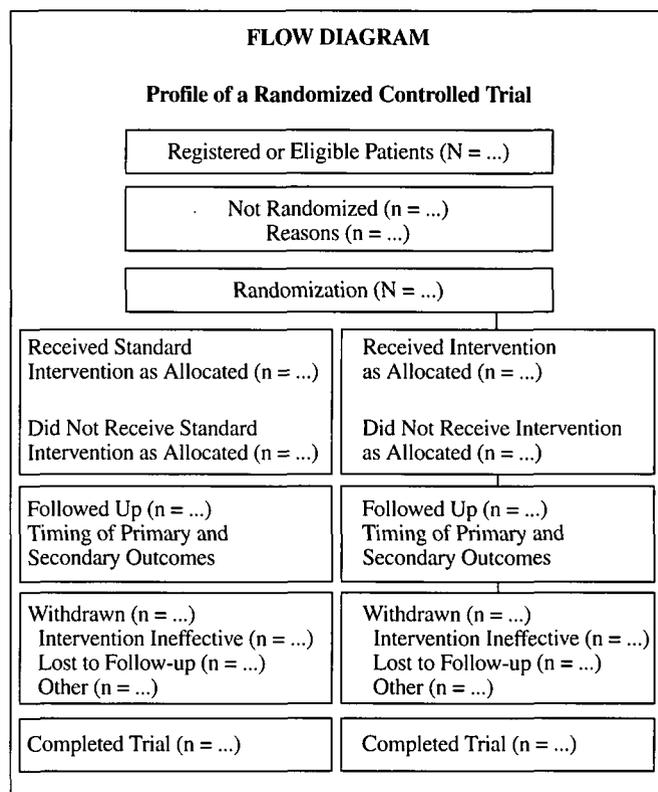


Figure: Consolidated Standard for Reporting Clinical Trials.

At its last meeting the Editorial Board adopted the CONSORT for the Journal. The flow diagram (Figure) and checklist (Table) can be obtained at our website (www.canjneurolsci.org). Authors who report a clinical trial that does not have randomized control subjects will also use the checklist and flow diagram that will be modified to identify the trial as not being a randomized controlled study. Clinical trials with more than two subject groups will also require adjustments to this format. The checklist and flow diagram will serve investigators as they plan their trials, teachers as they train new investigators, peer reviewers as they consult on manuscripts, editors as they evaluate them, readers as they consume new information, and clinical science as it benefits patients.

Expedited Publication

The Journal will publish original articles and any related editorials as rapid communications if the subject matter is of immediate importance to scientific or clinical progress, or if the subject matter is about to be reported by other authors in another journal and precedence of the information is a compelling issue. Publication will be expedited in three ways. Firstly, the article will appear on the internet at our website (currently, www.canjneurolsci.org) upon acceptance for publication. Secondly, it will be published in the next issue of the Journal, upon acceptance before the second set page proofs for the issue are produced. In this way, the interval between acceptance of an article and its appearance in print can be between one week and three months. Thirdly, the review pro-

Table: Canadian Journal of Neurological Sciences – Consolidated Standards For Reporting Trials (Consort) Checklist
First Author's Name and Manuscript Title _____

Subheading	Description	Was it Reported? Yes or No	If Yes, what Page No.?		
TITLE	1. Identify the study as a randomized trial.	_____	_____		
ABSTRACT	2. Use a structured format.	_____	_____		
INTRODUCTION	3. State prospectively defined hypothesis, Clinical objectives, and planned subgroup or covariate analyses.	_____	_____		
METHODS	<i>Protocol</i>	Describe			
		4. Planned study population, together with inclusion/exclusion criteria.	_____	_____	
		5. Planned interventions and their timing.	_____	_____	
		6. Primary and secondary outcome measure(s) and the minimum important difference(s), and how target sample size was projected.	_____	_____	
		7. Rationale and methods for statistical analyses, detailing main comparative analyses and whether they were completed on an intention-to-treat basis.	_____	_____	
		8. Prospectively defined stopping rules (if warranted).	_____	_____	
	<i>Assignment</i>	Describe			
		9. Unit of randomization (e.g., individual, cluster, geographic).	_____	_____	
		10. Method used to generate the allocation schedule.	_____	_____	
		11. Method of allocation concealment and timing of assignment.	_____	_____	
		12. Method to separate the generator from the executor of assignment.	_____	_____	
	<i>Masking Blinding</i>	13. Describe mechanism (e.g., capsules tablets); similarity of treatment characteristics (e.g., appearance taste); allocation schedule control (location of code during trial and when broken) and evidence of successful: masking (blinding) among participants, person doing intervention, outcome assessors and data analysts.	_____	_____	
	RESULTS	<i>Participant Flow and Follow-Up</i>	14. Provide a trial profile (see Figure flow diagram summarizing participant flow, numbers and timing of randomization assignment, interventions, and measurements for each randomized group.	_____	_____
		<i>Analysis</i>	15. State estimated effect of intervention on primary and secondary outcome measures, including a point estimate and measure of precision (confidence interval).	_____	_____
			16. State results in absolute numbers when feasible (e.g., 10/20, not 50%)	_____	_____
			17. Present summary data and appropriate descriptive inferential statistics in sufficient detail to permit alternative analyses and replication.	_____	_____
			18. Describe prognostic variables by treatment group and any attempt to adjust for them.	_____	_____
		19. Describe protocol deviations from the study as planned, together with the reasons.	_____	_____	
	COMMENT	20. State specific interpretation of study findings, including sources of bias and imprecision (internal validity) and discussion of external validity, including appropriate quantitative measures when possible.	_____	_____	
21. State general interpretation of the data in light of totality of the available evidence.		_____	_____		

*This checklist of 21 items is intended to assist authors, editors, and reviewers by ensuring that information pertinent to the trial is included in the study report.

cess for such articles will also be expedited. Selection of articles for expedited publication is made by the Editor or Associate Editor, and may be recommended by reviewers.

Reviewers in 1997

Most manuscripts are reviewed by one or more members of the Editorial Board, and many others serve the Journal as ad hoc reviewers. I take this opportunity to express my appreciation of the many individuals who share their time and expertise as consultants on submitted papers. Their participation is critical to promoting the high quality of the Journal. The names of reviewers of manuscripts submitted in 1997 are listed on the following page.

James A. Sharpe, M.D.

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Reviewers, 1997

- Adams, Harold
Aguayo, Albert
Andermann, Fred
Antel, Jack
Ashby, Peter
Aube, Michel
Auer, Roland
Barton, Jason
Bedard, Paul
Benoit, Brien
Benstead, Timothy J.
Bergeron, Catherine
Berry, Henry
Black, Sandra
Blume, Warren
Boghen, Dan
Bolton, Charles
Bradley, Douglas
Bril, Vera
Brooke, Michael H.
Brown, John
Bruni, Joseph
Buchan, Alistair
Cairncross, Gregory
Camfield, Peter
Caplan, Louis R.
Carlen, Peter
Carpenter, Blair
Carpenter, Sterling
Cashman, Neil
Chalk, Colin
Chertkow, Howard
Consky, Earl
Cote, Robert
Curry, Bernadette
Dennis, Maureen
Drake, James
Duquette, Pierre
Dyck, Peter
Edmeads, John
Eisen, Andrew
Fairholm, David
Farrell, Kevin
Fazl, Mahmood
Fehlings, Michael
Findlay, J. Max
Fisher, C. Miller
Fletcher, William
Forsyth, Peter
Fox, Allan
Francis, Gordon
Gauthier, Serge
Gawel, Marek J.
- Gelfand, Toby
Gentili, Fred
Girvin, John
Guberman, Alan
Guha, Abhit
Guttman, Mark
Hachinski, Vladimir C
Hagen, Neil
Hakim, Anthony
Hallett, Mark
Halliday, William C.
Hansebout, Robert R.
Hill, Alan
Hoff, Julian
Hohol, Marika
Holness, Renn
Howse, D.C.N.
Humphreys, Peter
Humphreys, Robin P.
Johnson, E.S.
Karpati, George
Kastrukoff, Lorne F.
Kertesz, Andrew
Kirk, Andrew
Kwan, Hon
Leblanc, Richard
Ledoux, Stephane
Lee, Mary Anne
Lee, Robert G.
Lownie, Stephen
Luciano, Carlos
MacDonald, David B.
MacGregor, Duane
MacKay, William A.
Martin, Wayne
Mason, Warren P.
Mazurek, Michael
McGeer, Patrick
McLachlan, Richard S.
Metz, Luanne M.
Midroni, Gyl
Montanera, Walter
Morrow, Mark
Munsat, Theodore L.
Murphy, William
Murray, Thomas J.
Myles S. Terence
Nath, Avi
Nelson, Robert F.
Newman, Nancy
Norris, John W.
Noseworthy, John H.
O'Connor, Paul
- Oger, Joel
Olanow, C. Warren
Perry, James
Picton, Terry
Pillay, Neelan
Power, Christopher
Pryse-Phillips, William
Rajput, A.H.
Raskin, Neil
Rewcastle, N. Barry
Richardson, Peter M.
Roberge, Claude
Roleau, Guy
Rutka, James
Sadler, Mark
Sadovnick, Dessa
Sarnat, Harvey B.
Schmidt, Brian
Seland, Peter
Seshia, S.
Shemie, Sam
Shevell, Michael I.
Shuaib, Ashfaq
Silver, Frank
Smith, Alan M.
Snead, Carter
Stewart, John D.
Stewart, Pat
Stoessl, A. Jon
Stuss, Donald
Stys, Peter
Suchowersky, Oksana
Sutherland, Garnette
Tatton, William G.
Taylor, Margot
Teal, Phillip
Tranmer, Bruce
Tsui, Joseph
Turnbull, Ian
Vellend, Hillar
Verret, Simon A.
Villemure, Jean-Guy
Warren, Sharon
Weiner, Howard L.
Weinshenker, Brian
Wennberg, Richard
Wherrett, John
Wiebe, Samuel
Willinsky, Robert A.
Zhang, Liang
Zochodne, Douglas