

Information for Contributors

SCOPE OF THE JOURNAL

The *National Medical Journal of India (NMJI)* is a peer-reviewed general medical journal. It is indexed and abstracted in *Current Contents: Clinical Medicine*, *Science Citation Index*, *Index Medicus*, *PubMed*, *Excerpta Medica* and *Biosis*. The *Journal* publishes original papers, reviews and other articles relevant to healthcare in India with the aim to inform, educate and entertain healthcare professionals. It provides for analysis and advocacy of issues relevant to health policy and health provider training. It also gives opportunity for expression of individual opinions on healthcare.

CATEGORIES OF ARTICLES

The Editors invite contributions to the following sections of the *Journal*:

1. *Original articles*: These scientific reports give results of original research. These should have a structured abstract and should follow the IMRAD (Introduction, Methods, Results and Discussion) format. Reports of randomized controlled trials should conform to the CONSORT statement on reporting such trials (www.consort-statement.org). We encourage reports of diagnostic tests to be accompanied by the STARD flow diagram and checklist (www.clinchem.org/cgi/content/full/49/1/1), reports of meta-analyses of randomized trials to be accompanied by the QUOROM flow diagram and checklist (www.consort-statement.org/QUOROM.pdf), and meta-analyses of observational studies to be accompanied by the MOOSE checklist (www.consort-statement.org/MOOSE.pdf).
2. *Review articles*: These provide an in-depth review of a specific topic. These should have an abstract. Authors should preferably be working in and have published papers in the area being reviewed and have sufficient expertise to critically evaluate the relevant literature. Appropriate use of tables and figures is encouraged. Where relevant, key messages and salient features may be provided. Review articles are usually solicited by the *Journal*, but unsolicited material will also be considered (approx. 3000 to 4000 words).
3. *Short reports*: These are brief reports on original research (approx. 1200 to 1500 words). A short report may include up to 3 tables or figures and 15 to 20 references.
4. *Editorials* will be signed. These are usually solicited, but unsolicited material will also be considered (approx. 1000 to 1200 words). A maximum of 15 references may be included. Normally, editorials should not have tables and figures.
5. *Selected summaries* of important recent articles published elsewhere. These should provide a short summary of the paper in the reviewer's words (not the original authors' published abstract) followed by comments (approx. 1000 words). The study design and the relevance of the original publication to healthcare in India should be commented upon. A copy of the original publication should accompany the submission.
6. *Clinico-pathological conferences*: These articles (about 4000 to 5000 words) are edited transcripts of the discussion of a patient (whose clinical details are provided) by a clinical discussant, followed by the findings at a definitive test (a biopsy, autopsy, confirmatory serological test, etc.) discussed by a pathologist. Appropriate radiological and histopathological images should be included.
7. *Everyday practice*: This section includes articles that deal with common problems faced by healthcare practitioners. These articles may discuss the causes, diagnosis and treatment of ailments commonly presenting to doctors working in primary health centres in villages or general practitioners working single-handedly in towns and cities. The articles should be generously but simply illustrated with sketches, line diagrams, flowcharts and photographs (approx. 1500 to 2000 words).
8. *How to do it*: This feature aims to assist both trainees and practitioners in mastering important procedures. A detailed illustrated description of a commonly used technique or procedure should be provided (approx. 1200 to 1500 words).
9. *Clinical case reports*: These are brief descriptions of a previously undocumented disease process, a unique unreported manifestation or treatment of a known disease condition, a unique unreported complication of treatment, a case that generates a new hypothesis or helps understand possible pathophysiological processes (approx. 700 to 1200 words). These may be accompanied by a table or figure.
10. *Medical ethics*: Articles dealing with the ethical aspects of the practice of medicine or medical research in India. Legal issues in medicine can also be highlighted in this section (approx. 2000 to 2500 words).
11. *Medicine and society*: These articles discuss any issue related to healthcare, which may have important social, economic or political dimensions (approx. 2000 words).
12. *Medical education*: This section includes articles on original research in 'Medical education' including the use of new techniques and teaching aids, the design of curricula and evaluation of current educational practices. Brief reviews in the field of medical education are also considered (approx. 1200 to 2000 words).
13. *Indian medical institutions*: A profile of a medical institution outlining its history, major achievements, present problems and plans for the future (approx. 2000 to 2500 words). At least three photographs or illustrations should be included. Before writing such manuscripts, please check with us whether a particular institution has previously been profiled in the *Journal* or see www.nmji.in.
14. *Speaking for myself (ourselves)*: A personal viewpoint on any aspect of healthcare in India. This provides a forum for airing individual views on different facets of debatable and topical subjects in healthcare (approx. 1500 to 2000 words). Though references may be provided where appropriate, the focus is on personal views and interpretations.
15. *Correspondence*: This includes readers' comments on articles published in the *Journal* during the previous 6 months. Short studies, observations and opinions may also be submitted (approx. 300 to 500 words with a maximum of 1 table or figure and 10 references).
16. *Obituaries*: A doctor working in India or an Indian doctor working abroad who left her/his mark on society or on the profession and whose contributions need to be highlighted. A brief sketch of the person's personal and professional life with a photograph may be submitted (approx. 750 words).
17. *News from here and there*: An interesting piece of news involving or affecting healthcare in India and abroad (approx. 250 to 400 words).

18. *Classics in Indian Medicine*: In this section, a previously published important paper is reprinted with a brief biographical sketch of the lead author. A current authority in the relevant field provides a brief summary of the article's impact on the practice of medicine since its publication. The *Journal* invites suggestions for such articles. These should include the full bibliographic details of the originally published article.
19. *Notices*: Details of conferences, workshops, updates and continuing medical education programmes should be provided well in advance (at least 3 months). Please include the title of the conference, date, venue and names of contact persons with their contact details (postal and e-mail addresses).

PREPARATION AND SUBMISSION OF MANUSCRIPTS

Manuscripts should be prepared in accordance with the 'Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)' of the International Committee of Medical Journal Editors (ICMJE) (www.icmje.org). A recent issue of *NMJI* should be consulted while preparing manuscripts.

We encourage *electronic submissions* by email (nmji@nmji.in). The preferred file format is Rich Text Format (rtf file extension). Acceptable formats for pictures, photographs and figures are JPG, GIF and TIF. All files should be formatted using British English spellings and 12-point Times New Roman font. All files should be formatted for A4 sized paper with a 1-inch margin all around. All pages should be numbered consecutively beginning with the title page. However, one hard copy of the manuscript, typed double-spaced throughout (including references, tables and legends to figures), should be submitted. A covering letter, and checklist and authors' declaration (provided at the end), should accompany each manuscript.

Please keep a copy of all material sent to us to guard against loss of the manuscript in postal or electronic transit (viz. a virus screening programme deleting attachments from electronic submissions). Manuscripts, whether published or not, will not be returned to authors.

For postal submissions, a matching electronic version on a compact disc (CD) using the file formats mentioned above should accompany the manuscript. Each manuscript received by the *Journal*, either by post or electronically, is assigned a manuscript number and acknowledged. Please provide the manuscript number in all future communications. If you do not receive an acknowledgement within a week, please send us an email or a fax. Efforts are made to convey an editorial decision to authors at the earliest, usually within 3 months of submission.

One author must be identified as the corresponding author. The *Journal* will communicate with the corresponding author if any clarification or information is needed. Comments from peer reviewers will be transmitted to the corresponding author. It is expected that the corresponding author will communicate/respond to the *Journal's* queries after having consulted all the authors and will assume responsibility for all such communication as well as for the work as a whole.

MANUSCRIPT ARRANGEMENT AND CONTENTS

Manuscript should be arranged as follows: Covering letter, Checklist, Authors' declaration (signed by all authors), Title page, Abstract, Introduction, Methods, Results, Discussion, Acknowledgements, References, Tables, Legends to figures, and Figures.

Covering letter

The covering letter should outline the importance of the paper and

its appropriateness for publication in the *Journal*. It should specify the section of the *Journal* for which the submitted article is to be considered. It should also explain, with reasons, if there is any deviation from the IMRAD format. If the work has been previously published in part or whole (e.g. as an abstract or proceedings of a conference), this must be stated. Any conflicts of interest, or their absence, must be stated in writing (see p. 59, and www.wame.org/conflict-of-interest-in-peer-reviewed-medical-journals and www.icmje.org).

Title page

This should contain the title, short title, names of all the authors (without degrees or diplomas), names and full location of the departments and institutions where the work was performed, name of the corresponding author, acknowledgement of financial support and abbreviations used. Superscripted numbers should be used after each author's name, and the department and institution corresponding to each number should be specified on the page. Names of authors should appear in the order of authorship (see p. 59).

The title should be brief but complete and should represent the major theme of the manuscript. It should include the animal species, if appropriate. A subtitle can be added, if necessary. Abbreviations should not be used.

The short title should not exceed 60 characters (including inter-word spaces). It will be used as a running head.

The name, telephone and fax numbers, and complete e-mail and postal addresses of the author to whom communications and requests for offprints are to be sent should be mentioned in the title page. In general, the use of abbreviations is discouraged unless they help in improving the readability of the text. The expanded form of each abbreviation should precede its first use in the text unless it is a standard unit of measurement.

Structured abstract

The abstract (250 words) should be structured and divided into four sections: Background, Methods, Results and Conclusion(s). It should be a concise and accurate summary of the article and should not contain abbreviations, tables, figures, footnotes or references. It should not draw conclusions stronger or more expansive than those in the body of the paper. Briefly, the background should explain why the study was done, the methods provide how the study was done, the results provide the salient results along with important data and the conclusions briefly highlight the message of the study.

Introduction

The introduction should state why the study was done and what were the specific aims. It should describe the background for the study (the available knowledge), its importance and its goals. It should be brief but complete enough for the reader to understand the reasons for the study without having to read previous publications on the subject.

Methods

The validity of a study is judged by the methods used. These should be described in sufficient detail to permit evaluation and duplication of the work by others. The following should be described in this section:

- Study design
- Setting
- Selection of participants

- Interventions
- Methods of measurement
- Data collection and processing
- Loss of data such as dropouts or patients lost to follow up
- Outcome measures: primary and secondary
- Statistical methods used
- Ethical guidelines followed by the investigators

Statistics: The following information should be given:

- The statistical universe, i.e. the population from which the sample for the study is selected
- Method of selecting the sample (subjects, animals, etc. from the statistical universe)
- Method of allocating the subjects into different groups
- Statistical methods used for presentation and analysis of data (e.g. mean and standard deviation values or percentage values), and statistical tests (e.g. Student *t* test, chi-square test, analysis of variance, non-parametric tests and multivariate techniques)
- Exact *p* values should be provided
- Confidence intervals for measurements should be provided wherever appropriate
- The software package (name and version) used for statistical analysis should be specified

Results

These should be concise and include only the tables and figures necessary to enhance understanding of the text. Results should be presented in a logical, sequential order that parallels the organization of the methods section. The text should be used to highlight the most important aspects of the figures and tables, and to convey unique information. Data presented in tables and figures should not be duplicated in the text. Drug names, wherever used, should be generic. If the use of proprietary names is deemed a must for the study, generic names should be mentioned in parentheses.

Units of measurement

SI units should be used. When reporting values for commonly studied components such as cholesterol, blood glucose, blood urea and creatinine, report the value in SI units with traditional units given in parentheses. Temperature should be expressed in degrees Celsius and blood pressure in mmHg.

Discussion

The discussion should summarize how the study findings add to current knowledge, provide explanations for the findings, compare the study's findings with available studies, discuss limitations of the study and implications for future research. Only those published articles directly relevant to interpreting the results and placing them in context should be referenced. This section should conclude with a brief summary statement. The conclusion should be based on and justified by the results of the study. The particular relevance of the results to healthcare in India should be stressed. Conclusions regarding cost-benefit should be drawn only if a specific economic analysis formed a part of the study design.

References

These should conform to the ICMJE style (www.ncbi.nlm.nih.gov/books/NBK7256 and www.icmje.org). References should be numbered in the order in which they appear in the text and these numbers should be inserted above the lines (superscripted) on each occasion the reference is cited (e.g. Sinha¹² confirmed other reports^{13,14}...). References included at the end of a sentence or part

of a sentence should be placed after the punctuation mark. References cited only in tables or in legends to figures should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Avoid using abstracts as references. For papers accepted but not yet published mention the name of the journal, the year of publication and add 'in press' in parentheses. Information from papers submitted for publication but not accepted should be cited in the text as 'unpublished observations' with written permission from the source. Avoid citing a 'personal communication' unless it is essential; such citations must list in parentheses in the text the name of the person and date of communication. Written permission, obtained from the author of such communications for their use in the manuscript, must be submitted to the *Journal*. Do not include 'personal communications' in the list of references.

At the end of the article, the full list of references should include the names of authors, the full title of the journal article or book chapters; the title of journals abbreviated according to the *Index Medicus* style (www.ncbi.nlm.nih.gov/books/NBK7256), the year of publication, the volume number and the first and final page numbers of the article or chapter. If there are six or fewer authors in the study being cited, the names of all the authors should be given. If there are more than six authors, the names of the first six authors should be given followed by *et al*. The authors should check that the references are accurate; lack of accuracy may result in the rejection of an otherwise adequate manuscript.

Some examples of common forms of references are:

Journal articles

Paintal AS. Impulses in vagal afferent fibres from specific pulmonary deflation receptors. The response of these receptors to phenyl diguanide, potato starch, 5-hydroxytryptamine and their role in respiratory and cardiovascular reflexes. *Q J Exp Physiol* 1955;**40**: 89–111.

Books

Stansfeld AG. *Lymph node biopsy interpretation*. New York: Churchill Livingstone; 1985.

Chapters in books

Strong MS. Recurrent respiratory papillomatosis. In: Evans JNG (ed). *Scott Brown's otolaryngology. Vol. 6. Paediatric otolaryngology*. London: Butterworths; 1987:466–70.

Articles available on the internet

- Health Sciences Library, University of Buffalo, NY. Available at <http://ublib.buffalo.edu/libraries/units/hsl/infores/biomed.htm> (accessed on 12 Jan 2009).
- List of databases in medicine and related areas. Karolinska Institute, University Library. Available at http://kib.ki.se/tools/base/index_en.asp (accessed on 12 Jan 2009).

Tables

These should be typed in double space, each table on a separate page with the table number (in Roman numerals) and title above the table, and explanatory notes below the table. Tables should be so arranged that comparisons of interest are horizontal (across columns) and from left-to-right. The numbers of observations for each column or row (*n*) and marginal totals should be provided where appropriate. All abbreviations and symbols in the table must be explained in the footnote(s) to the table, even if the expanded forms have already been mentioned in the text. The

units of measure must be mentioned. For footnotes in tables, the following symbols should be used in sequence of appearance: *, †, ‡, §, ||, ¶, **, ††, ‡‡, ...

Figures

High quality electronic files (jpeg, tiff) should be submitted. If submitting a hard copy, please enclose three complete sets of high quality glossy prints. The labelling must be clear and neat. All photomicrographs should indicate the magnification of the print. Use arrows or letters in contrast with the background to indicate special features. Write the first author's last name, short title, figure number and an arrow indicating the top on the back of each illustration lightly in pencil only. Please do not use a hard pencil or ballpoint pen. Colour illustrations will be accepted if they make a contribution to the understanding of the manuscript. Do not use clips on photographs and artwork.

Legends to figures

These should be typed in double space on a separate sheet and figure numbers (in Arabic numerals), should correspond with the order in which the figures are presented in the text. The legend must include enough information to permit interpretation of the figure without reference to the text. Any labels or abbreviations within the figure must be explained in the legend. Any previously published figures must be accompanied with a permission to reprint from the copyright holder.

JOURNAL POLICIES

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An 'author' is someone who has made substantive intellectual contributions to a study.

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3. Final approval of the version to be published; and
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The order of authorship should be decided by all the authors. The *Journal* strongly discourages alterations in the sequence or deletion/addition of authors at any time after submission of the manuscript.

Acknowledgements

All contributors who do not meet the criteria for authorship should be listed in an Acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, or statistical or writing assistance. Financial and material support should also be acknowledged.

Conflict of interest

A conflict of interest exists when a financial or personal relationship of the author may inappropriately influence his or her actions.

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All studies conducted on human subjects or animals should be approved by the ethics committee or the institutional review board of the institution where the study was performed. When reporting experiments on humans, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national). When reporting experiments on animals, authors should indicate whether the institutional and national guidelines for the care and use of laboratory animals were followed (see icmr.nic.in/ethics_SOP.pdf and icmr.nic.in/animal_ethics.htm).

Patient confidentiality

Patients have a right to privacy that should not be infringed without informed consent. Identifying information, including patients' names, initials or hospital numbers, should not be revealed in written descriptions and photographs. If it is not possible to ensure anonymity, written, informed consent should be obtained from the patient and submitted to the *Journal*. The consent form is available at www.nmji.in. Identifying details should be omitted if these are not essential but patient data should not be altered to attain anonymity.

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Plagiarism

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Dual submission and duplicate publication

The *Journal* strongly disapproves of 'Dual submission', i.e. the

submission of the same article simultaneously to different journals for consideration for publication. The authors must give an undertaking (*see* 'Author's declaration' below) stating that the manuscript has not been submitted to another journal for consideration for publication nor has a substantial part of it been published previously. They should disclose details of any similar or closely related paper(s) previously published, in press or those currently under review at another *Journal*. Previous publication of an abstract in the proceedings of meetings (print or electronic) does not preclude subsequent submission for publication, but this information must be provided at the time of submission. In case the manuscript has already been published elsewhere in any form, details of such publication (including a copy of the submitted/published manuscript) and the reason for submission in the present form must be stated at the time of submission in the covering letter. If dual submission or duplicate publication is found to have occurred, the manuscript will be rejected and the authors barred from future submissions. The *Journal* may also send this information to the head of the institution where the authors work with a request for an inquiry into the matter. The *Journal* may also publish such correspondence in its pages to inform its readers of scientific misconduct and such papers may be retracted.

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All articles submitted to the *Journal* are peer-reviewed. The process may differ depending upon the category to which the manuscript belongs. Most articles are assessed by two reviewers. Peer reviewers are experts in their chosen field who provide the *Journal* a written assessment of the strengths and weaknesses of manuscripts, with the aim of identifying the most appropriate and best material for the *Journal*. In appreciation of their efforts, reviewers are offered a free subscription voucher for a year of the journal for each paper assessed.

All reviewers are expected to inform the *Journal* about any conflict of interest while reviewing articles and to maintain confidentiality.

Authors may suggest the names and addresses of three experts each from India and abroad who, in the authors' opinion, are best qualified to review the paper. Suggested reviewers should not be recent collaborators or co-authors (within the past 3 years), nor should they have provided substantial advice or critique of the submitted manuscript. Authors may also provide the names of reviewers they wish to be excluded, giving reasons for such a request. The *Journal* reserves the right to choose reviewers.

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Proofs of articles, prior to their publication, are provided to authors. These will be sent either by fax or electronically. The authors may make only the necessary minor corrections at this stage and should answer any queries marked for their attention. The proofs should be returned, after corrections and answering all queries, within 2 days electronically to nmji@nmji.in or by fax to 91-11-26588663 (marked 'ATTN: NMJI'). A delay in returning proofs may lead to a delay in publication.

Authors of published original articles will be provided with 25 offprints. Extra offprints can be ordered at the time of returning the proofs.

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Based on the comments of reviewers and in conformity with the policies of the *Journal*, manuscripts found unsuitable for publication will be rejected. The corresponding author will be informed of the rejection, and comments of the reviewers, if

relevant, will be provided. The manuscript will not be returned.

Appeal process

In case the authors so desire, a rejected manuscript can be resubmitted for fresh consideration. The authors must provide reasons for their disagreement with the reviewers' comments and justify the need for a reconsideration. The *Journal* may use its discretion to decide whether or not to submit the manuscript for a fresh review.

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Please complete the following checklist and attach it to the manuscript:

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3. Total number of manuscript pages _____
4. Number of tables _____
5. Number of figures _____
6. Special requests _____
7. Suggested reviewers (names and e-mail, postal addresses)

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3. _____	3. _____
8. Authors' declaration included or not _____
9. Corresponding author's name, current postal and e-mail addresses, and telephone and fax number _____

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Authors' declaration

We, the authors of the manuscript titled _____, hereby submit it for consideration for publication as a _____ (category)

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We confirm that:

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3. The data in this study have not been used for any other manuscript published by us.
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6. Each of us has seen the final version of the manuscript submitted for publication and has approved of it.
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