

## **MANUSCRIPTS**

All material submitted for publication is assumed to be submitted exclusively to the SMJ unless the contrary is stated.

The Editor retains the right to determine the style and if necessary shorten any material accepted for publication. All manuscripts, review articles, and correspondences should be addressed with a covering letter to:

The Editor of the SMJ  
Singapore Medical Association  
Level 2, Alumni Medical Centre  
2 College Road  
Singapore 169850

All manuscripts submitted must be original and must be sent in duplicate with 2 sets of illustrations/photographs where relevant.

Review articles and Editorials are generally accepted only if these are invited.

Upon acceptance of the article for publication, a computer diskette (3.5-inch) with the article in word format (PC) would be desirable.

## **ORGANISATION**

Manuscripts must be type-written on one side of ISO A4 paper (212 x 297 mm) using double spacing throughout. There should be a 2.5 cm wide margin on all sides of the paper. Begin each section on a new page and number the pages consecutively, beginning with the title page.

The manuscript should be set out as follows:

- (1) Covering Page with signed consent for publication and declaration that the material has not been published or submitted elsewhere for publication, signed by **all** authors
- (2) Title Page
- (3) Abstract and Keywords
- (4) Text
- (5) Acknowledgements (if any)
- (6) References
- (7) Tables (each table complete with title and footnotes on a separate page)
- (8) Legends for illustration.

**Submitted manuscripts which do not follow the above-guidelines will be returned to the corresponding authors without being sent for review.**

### **(1) Title Page**

The Title page should carry

- (a) the title of the article, which should be concise but informative;
- (b) initials and family name of each author, with a maximum of three academic degrees, designation and institutional affiliation;
- (c) names of departments and institutions to which the work should be attributed;
- (d) disclaimers, if any;
- (e) name and address of corresponding author and if available, email address (inclusion of email address would indicate consent for its publication in the SMJ, unless otherwise explicitly stated); and
- (f) source(s) of support in the form of grants, equipment, drugs or all of these.

All persons designated as authors should qualify for authorship. Each author should have participated sufficiently in the work.

The Editor may require authors to justify the assignment of authorship.

### **(2) Abstract and Keywords**

The second page should carry an abstract (of no more than 150 words for unstructured abstract, 250 words for structured abstract). The abstract should state the purposes of the study or investigation, basic procedures (selection of study subjects or experimental animals, observational and analytical methods), main findings (give specific data and their statistical significance, if possible), and the principal conclusions. Emphasise new and important aspects of the study or observations.

Below the abstract provide and identify as such, five keywords or short phrases that will assist indexers in cross indexing the article. These will be published with the abstract. Use terms from the medical subject headings (MeSH) list of Index Medicus; if suitable MeSH terms are not yet available for recently introduced terms, present terms may be used.

### **(3) Text**

This should consist of Introduction, Methods, Results, Discussion and Conclusion. Cite in Arabic numerals every Reference and Figure and in Roman numerals "I, II, et," every Table mentioned in the text.

#### Introduction

State the purpose of the article. Summarise the rationale for the study or observation. Give only strictly pertinent references, and do not review the subject extensively. Do not include data or conclusions from the work being reported.

#### Methods

Describe your selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the methods, apparatus (including manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the method.

Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well-known. For new or substantially modified methods, describe and give reasons for using them and evaluate their limitations.

Identify precisely all drugs and chemicals used, including their generic name(s), dose(s), and route(s) of administration.

#### Statistics

Describe statistical methods used with enough details to enable a knowledgeable reader to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid sole reliance on statistical hypothesis testing, such as the use of p values, which fails to convey important quantitative information.

Discuss eligibility of experimental subjects. Give details about randomisation. Describe the methods for and success by any blinding of observations. Report treatment complications. Give numbers of observations. Report losses

to observation (such as dropouts from a clinical trial). References for study design and statistical methods should be to standard works (with pages stated) when possible rather than to papers in which the designs or methods were originally reported. Specify any general-use computer programs used.

Put general descriptions of methods in the Methods section. When data are summarised in the Results section, specify the statistical methods used to analyse them. Restrict Tables and Figures to those needed to explain the argument of the paper and to assess its support. Where possible, use graphs as an alternative to Tables with many entries. Do not duplicate data in graphs and Tables. Avoid non-technical uses of technical terms in statistics, such as “random” (which implies a randomising device), “normal”, “significant”, “correlations”, and “sample”. Define statistical terms, abbreviations, and symbols.

### **Results**

Present your results in a logical sequence in the text, Tables, and illustrations. Do not repeat in the text all the data in the Tables or illustrations. Emphasise or summarise only important observations.

### **Discussion**

Emphasise the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including the implications for future research. Relate the observations to other relevant studies. Link the conclusions with the goals of the study but avoid statements and conclusions not completely supported by your data. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

### **(4) Acknowledgements**

State here contributions that need to be acknowledged but do not justify authorship, e.g. general support by a Department Head or Chairman, technical help and financial and/or material support.

### **(5) References**

Number references consecutively in the order in which they are first mentioned in the text. Identify references in text, Tables and legends by Arabic numerals in parentheses in superscript. Use the style as in Index Medicus. Examples of correct references are given in the following page.

### **(6) Tables**

Type or print each Table double-spaced on a separate sheet. Do not submit Tables as photographs. Number Tables consecutively in Roman numerals (I, II, etc.) in the order of their first citation in the text and supply a brief title, which should be shown at the top of each table. Give each column a short or abbreviated heading. Place explanatory matter in the footnotes, not in the heading. Explain in footnotes all non-standard abbreviations that are used in each Table. Do not use internal horizontal and vertical rules.

Identify statistical measures of variations such as standard deviation and standard error of the mean.

If data from another published or unpublished source are used, the author should obtain permission for

publication prior to submission of the manuscripts and acknowledged fully.

Avoid the use of too many Tables in relation to the length of the text.

### **(7) Illustrations**

Submit 2 identical sets of illustrations. All illustrations must be submitted in a finished form which is ready for reproduction. Line figures should be professionally drawn and photographed; freehand and type – written lettering is unacceptable – Instead of original drawing, roentgenograms, ECG, and other materials, send sharp, glossy black and white photographic prints measuring 8 cm (1-column width of SMJ) but no larger than 16 cm (2-column width of SMJ). Authors will be requested to replace poor quality illustrations. The Editorial Board reserves the right to trim illustrations to a size compatible with the description in the text.

Letters, numbers and symbols should be clear and even throughout and of sufficient size so that when they are reduced for publication, each item will be legible.

Each figure should have a label pasted on its back indicating the number of the figure in Arabic numbers (e.g. Fig 1, 2 etc.), title of article, and arrow to mark the top of the figure. Do not write on the back of figures or scratch or mark them by using paper clips. Do not bend figures or mount them on cardboard.

Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in the photomicrographs should contrast with the background.

If photographs of persons are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph.

Figures should be numbered consecutively in Arabic numerals (e.g. Fig. 1, 2) according to the order in which they have been first cited in the text. If a Figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Permission is required irrespective of authorship or publisher, except for documents in the public domain.

Illustrations must not be excessive and should be limited to those referred in the text. All illustrations will be reproduced in black-and-white; if colour is desired, an estimate will be given to the author(s) when the paper is accepted for publication.

### **(8) Legends for Illustration**

Type or print legends for illustrations in double-line spacing, starting on a separate page, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers or letters are used to identify parts of the illustrations, explain each one clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs.

### **(9) Abbreviations and Symbols**

Use only standard abbreviations. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stand should precede its first use unless it is a standard unit of measurement. In general, symbols and abbreviations should be those used by British Chemical and Physiological Abstracts. Weights, volumes, etc. should be in metric units. The use of S.I. Units (International System of Units) is encouraged.

## DISKS AND ELECTRONIC PRODUCTION

If your contribution is accepted for publication we may invite you to supply a copy on disk. There is no need to supply a disk with your initial submission, but please provide information on hardware and software used. Our preferred disk format is a file in Microsoft Word on a 3.5-inch disk.

## PROOFS

Proofs will be submitted to local authors for minor corrections and should be returned to the Editor within three days after receipt. Major alterations to the text will not be accepted. Proofs of foreign articles will be corrected by members of the Editorial Board.

## REPRINTS

Authors of papers published in the Singapore Medical Journal will receive reprints only if these are ordered at the time the proofs are returned. Overseas authors will be requested to order their reprints when their papers have been accepted for publication. Payment will be required for all reprints.

## CASE REPORTS

In no more than 500 words, with just one figure or table, no more than five references, and at most four authors (one of whom must have been in clinical charge of the patient), this journal section aims to present, in two columns, clinically interesting single cases.

(This Instructions to Authors is adapted from the Uniform Requirements for Manuscripts submitted to Biomedical journals of the International Committee of Medical Journal Editors as published in *The Lancet* 1994; 348(9019): v2, pl -p4)

## CLINICS IN DIAGNOSTIC IMAGING

These are short case studies reporting relatively rare but well-recognised radiological abnormalities or having radiological images of teaching value. The illustrative material should be of interest to general clinicians and trainees in various specialties. The first page should contain no more than 1000 words, deducting 250 words for each figure included. The clinical background, comprising the relevant history, physical findings and /or laboratory data, together with one to three figures and questions relating to the clinical problem, will appear on the right-hand page. The initial figures should be radiological images, although a clinical photograph may be substituted for a radiological image, where relevant.

The consecutive pages will contain the description and interpretation of the initial figures under the heading of Imaging Interpretation, Results of further investigations and the diagnosis. The patient's clinical course and final outcome should be described briefly and, where appropriate, illustrated with supplementary radiological images, surgical photographs or histological photomicrographs. The discussion should be concise and provide an up-to-date review of the subject, with emphasis placed on the role of imaging. Additional radiological illustrations are encouraged. There should not be more than 10 references and a maximum of 3 authors. Authors should provide, on a separate sheet, a short abstract of 50 to 250 words and up to 5 keywords, for indexing purposes.

**All communications with the editor/editorial Staff regarding manuscripts MUST BE IN WRITTEN FORM and the decision on the priority of publication would be strictly determined by the editorial board. Any appeals would be considered if these are indicated to the editor in writing.**

## Examples of Correct Forms of References

### ARTICLES IN JOURNALS

(1) *Standard journal article (List all authors, but if the number exceeds six, give six followed by et al)*

You CH, Lee KY, Chey RY, Menguy R. Electrogastrographic study of patients with unexplained nausea, bloating and vomiting. *Gastroenterology* 1980; 79(2):311-4.

As an option, if a journal carries continuous pagination throughout a volume the month and issue number may be omitted:

You CH, Lee KY, Chey RY, Menguy R. Electrogastrographic study of patients with unexplained nausea, bloating and vomiting. *Gastroenterology* 1980; 79:311-4.

Goate AM, Haynes AR, Owen MJ, Farrall M, James LA, Lai LY, et al. Predisposing focus for Alzheimer's disease on chromosome 21. *Lancet* 1989; 1:352-5.

(2) *Organisation as author*

The Royal Marsden Hospital Bone-marrow Transplantation Team. Failure of syngeneic bone-marrow graft without precondition in post-hepatitis marrow aplasia. *Lancet* 1977; 2:742-4.

(3) *No author given*

Coffee drinking and cancer of the pancreas [editorial]. *Br Med J* 1981; 283:628.

(4) *Article in foreign language*

Masonne L, Borghi S, Prestarino A, Piccini R, Gambini C. Localisations palmaires purpuriques de la dermatite herpétiforme. *Ann Dermatol Venerol* 1987; 114:1545-7.

(5) *Volume with supplement*

Magni F, Rossoni G, Beru F. BN-52021 protects guinea-pig from heart anaphylaxis. *Pharmacol Res Commun* 1988; 20 Suppl 5:75-8.

(6) *Issue with supplement*

Gardos G, Cole JO, Haskell D, Marby D, Paine SS, Moore P. The natural history of tardive dyskinesia. *J Clin Psychopharmacol* 1988; 8(4 Suppl):31S-37S.

(7) *Volume with part*

Handy C. Metaphysics and ineptness: a psychoanalytic perspective. *Int J Psychoanal* 1988; 69 (Pt 3):389-99.

(8) *Issue with part*

Edwards L, Meyskens F, Levine N. Effect of oral isotretinoin on dysplastic nevi. *J Am Acad Dermatol* 1989; 20(2 Pt 1):257-60.

(9) *Issue with no volume*

Baumeister AA. Origins and control of stereotyped movements. *Monogr Am Assoc Ment Defic* 1978; 3:353-84.

(10) *No issue or volume*

Danock K. Skiing in and through the history of medicine. *Nord Medicinhist Arsb* 1982:86-100.

(11) *Pagination in Roman numerals*

Ronne Y. Ansvarsfall. Biodtransfusion till fel patient. *Vardfacket* 1989; 13:XVI-XXVII.

(12) *Type of a article indicated as needed*

Spargo PM, Manners JM. DDAVP and open heart surgery (letter). *Anaesthesia* 1989; 44:363-4.

Fehrman SA, joiner KA. Binding of the third component of complement C3 by *Toxoplasma gondii* (abstract). *Clin Res* 1987; 35:475A.

(13) *Article containing retraction*

Shishido A. Retraction notice: Effect of platinum compounds on murine lymphocyte mitogenesis [Retraction of Alsabi EA, Gralib ON, Salem MH. In: *Jpn Med Sci Biol* 1979; 32: 53-651, *J Med Sci Biol* 1980; 33:235-7.

(14) *Article retracted*

Alsabti EA, Ghalib ON, Salem MH. Effect of platinum compounds on murine lymphocyte mitogenesis [Retracted by Shishido A. In: *Jpn J Med Sci Biol* 1980; 33: 235-7]. *Jpn J Med Sci Biol* 1979; 32:53-65.

(15) *Article containing comment*

Piccoli A, Bossatti A. Early steroid therapy in IgA neuropathy: still an open question [comment]. *Nephron* 1989; 51: 289-91. Comment on: *Nephron* 1988; 48:12-7.

(16) *Article commented on*

Kobayashi Y, Fujii K, Hiki Y, Tateno S, Kurokawa A, Kamiyama M. Steroid therapy in IgA nephropathy: a retrospective study in heavy proteinuric cases [see comments]. *Nephron* 1988; 48:12-7. Comment in: *Nephron* 1989; 51:289-91.

(17) *Article with published erratum*

Schofield A. Me CAGE questionnaire and psychological health [published erratum appears in *Br J Addict* 1989; 84:7011. *Br J Addict* 1988; 83:761-4.

## BOOKS AND OTHER MONOGRAPHS

(18) *Personal author(s)*

Colson JH, Armour WJ. Sports injuries and their treatment. 2nd rev. ed. London: S Paul, 1986.

(19) *Editor(s), compiler as author*

Diener HC, Wilkinson M, editors. Drug-induced headache. New York: Springer-Verlag, 1988.

(20) *Organisation as author and publisher*

Virginia Law Foundation. The medical and legal implications of AIDS. Charlottesville: The Foundation, 1987.

(21) *Chapter in a book*

Weinstein L, Swartz MN. Pathologic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, editors. Pathologic physiology: mechanisms of disease. Philadelphia: Saunders, 1974: 457-72.

(22) *Conference proceedings*

Vivian VL, editor. Child abuse and neglect: a medical community response. Proceedings of the First AMA National Conference on Child Abuse and Neglect; 1984 Mar 30-31; Chicago. Chicago: American Medical Association, 1985.

(23) *Conference paper*

Harley NH. Comparing radon daughter dosimetric and risk models. In: Gammage RB, Kaye SV, editors. Indoor air and human health. Proceedings of the Seventh Life Sciences Symposium; 1984 Oct 29-31; Knoxville (TN). Chelsea (MI): Lewis, 1985: 69-78.

(24) *Scientific and Technical report*

Akutsu T. Total heart replacement device. Bethesda (MD): National Institute of Health, National Heart and Lung Institute; 1974 Apr. Report No.: NIH-NHLI-69-2185-4.

(25) *Dissertation*

Youssef NM. School adjustment of children with congenital heart disease (dissertation). Pittsburgh (PA): Univ of Pittsburgh, 1988.

## ONLINE SOURCES

(26) *Online book or website*

Garrow A, Weinhouse G. Anoxic brain injury: assessment and prognosis. In: UpToDate Cardiovascular Medicine [online]. Available at: [www.UpToDateInc.com/card](http://www.UpToDateInc.com/card). Accessed February 22, 2000.

(27) *Online journal article*

Miyamoto O, Auer RN. Hypoxia, hyperoxia, ischemia and brain necrosis. *Neurology* [serial online] 2000; 54:362-371. Available at: [www.neurology.org](http://www.neurology.org). Accessed February 23, 2000.

(28) *Monograph in electronic format*

Chee M, Chiappa K. Waveguide: an EEG atlas on CD-ROM. Philadelphia: Lippincott Williams & Wilkins, 1998.

(29) *Computer file*

EMG analyser software [computer program]. Version 1.0. Tustin, CA: B & L Engineering, 1998.

(30) *Post-Publication Peer Review (online only)*

Henderson VW, Drachman DA. Dementia and voter competence [electronic response to Swerdloff, Post-election anecdote]. *Neurology* 2002. <http://www.neurology.org/cgi/letters/58/7/995> (accessed 21 May 2002).

## OTHER PUBLISHED MATERIAL

(31) *Newspaper article*

Rensberger B, Specter B. CFCs may be destroyed by natural process. *The Washington Post* 1989 Aug 7; Sec A: 2 (col 5).

## UNPUBLISHED MATERIAL

(32) *In press*

Lillywhite HB, Donald JA. Pulmonary blood flow regulation in an aquatic snake. *Science*. In press.