

## Instructions to Authors

### MANUSCRIPTS

All material submitted for publication is assumed to be submitted exclusively to the Singapore Medical Journal (SMJ) unless the contrary is stated. Manuscript decisions are based on peer review. Reviewers receive manuscripts with blind title pages to ensure an unbiased review.

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

The Editor  
Singapore Medical Journal  
Singapore Medical Association  
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 where relevant. British English should be used. Submissions for Review articles and Editorials are generally by invitation only.

Authors are strongly encouraged to submit their manuscripts in electronic format. Manuscripts may be submitted on a PC-formatted computer diskette (3.5-inch) or CD-ROM, or via email to [smj.editorial.office@sma.org.sg](mailto:smj.editorial.office@sma.org.sg). Currently, for email submissions, SMJ will only be able to process **manuscripts without illustrations** (i.e. no figures or graphs).

Upon acceptance of the article for publication, authors are required to complete a copyright assignment form and to submit the final version of the accepted manuscript electronically on a PC-formatted computer diskette (3.5-inch) or via email to [smj.editorial.office@sma.org.sg](mailto:smj.editorial.office@sma.org.sg). Manuscript text submitted using Microsoft Word for Windows is preferred. The copyright assignment form can be downloaded from the SMJ website at [www.sma.org.sg/smj](http://www.sma.org.sg/smj).

### ORGANISATION

Manuscripts must be type-written on one side of ISO A4 paper (210 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, with each manuscript component beginning on a new page:

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

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

### (1) Title Page

The Title page should carry

- (a) the title of the article, which should be both concise and informative;
- (b) initials and family name of each author, with a maximum of three academic degrees, designation and institutional affiliations of all authors;
- (c) names of departments and institutions to which the work should be attributed;
- (d) disclaimers, if any;
- (e) name and postal address of the corresponding author, as well as the telephone number (with country code), fax number and email address; 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 to justify authorship (please consult the section on authorship in the Uniform Requirements for Manuscripts submitted to Biomedical Journals published in *Ann Intern Med* 1997; 126:36-47. The updated version can be found at [www.icmje.org](http://www.icmje.org)).

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

### (2) Blind title page

This page follows the Title page. Give only the article title (without authors' names or institution) for use in the review process.

### (3) Abstract and Keywords

This page should carry an abstract (of no more than 150 words for unstructured abstracts, and no more than 250 words for structured abstracts). All Original articles must be accompanied by a structured abstract while all other categories of manuscripts should have unstructured abstracts. Structured abstracts are divided into the following headings: Introduction (state the purposes of the study or investigation), Methods (selection of study subjects or experimental animals, observational and analytical methods), Results (give specific data and their statistical significance, if possible), and Conclusion (succinct emphasis of new and important aspects of the study or observations).

Below the abstract provide and identify 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. SMJ appears in Index Medicus/ Medline.

### (4) Text

This should consist of Introduction, Methods, Results, Discussion and Conclusion. Cite in Arabic numerals (e.g. 1,2,3) every Reference and Figure and in Roman numerals (e.g. I, II, III) 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 precisely your selection of the observational or experimental subjects (patients or laboratory animals, including controls). 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), manufacturer's name and address in parenthesis, 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 page numbers 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.

### **(5) 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.

### **(6) References**

Number references consecutively in the order in which they are first mentioned in the text. Identify references in the text, Tables and Legends by Arabic numerals in parentheses. Use the style as in Index Medicus. Authors should avoid using abstracts as references.

"Unpublished observations" and "personal communications" may not be used as references; if cited, a letter (from the person quoted) granting permission must be submitted. Subject to editorial approval, the person quoted will be cited in parentheses in the text. Examples of correct references are given in the following page.

### **(7) Tables**

Type or print each Table double-spaced on a separate sheet. Do not submit Tables as photographs. Number Tables consecutively in Roman numerals (e.g. I, II, III) 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 Table explanations 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 source are used, the author should obtain permission for publication prior to submission of the manuscripts and acknowledge fully.

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

### **(8) Illustrations**

Submit 2 identical sets of illustrations. All illustrations must be submitted in a finished form that is ready for reproduction. Line figures should be professionally drawn and printed on a 600 DPI or better printer; freehand and type-written lettering is unacceptable. Instead of original drawings, radiographs, ECG, and other materials, send unmounted 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). A separate print is required for each figure part. 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, 3), title of article, and an arrow to mark the top of the figure. Authors' names and affiliations should not appear on the images. All figure parts relating to one patient should have the same figure number. Do not write on the back of figures or scratch or mark them by using paper clips. Do not fold 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.

Symbols, arrows, numbers or letters used to identify areas of interest on photographic prints should be removable.

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

Do not send images or other material (including charts, photographs and tables) that have identifying information such as patient's names or initials, birth dates, national registration identity card numbers, hospital numbers, or other identifying numbers. These must be removed before submitting the material to the journal.

Figures should be numbered consecutively in Arabic numerals (e.g. Fig. 1, 2, 3) 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, a cost estimate will be given to the author(s) when the paper is accepted for publication.

When submitting digital graphic files in lieu of camera-ready photographs, please use JPEG format and ensure that the files are created and saved at a resolution of 300 DPI or higher for half-tone images and 1,200 DPI for line art. A separate file should be submitted for each figure or figure part. For naming each file, use the following convention: (all lowercase) corresponding author's last name followed by an underscore and the figure number and part, e.g. rajasoorya\_2a.jpg. Authors should retain backup files of all digital graphic files.

#### **(9) Legends for Illustrations**

Type the legends for illustrations using double spacing, 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 and magnification in photomicrographs.

#### **(10) Abbreviations and Symbols**

Use only standard abbreviations. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stands 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.

#### **PROOFS**

Proofs will be sent to authors for checking and if necessary, minor corrections, prior to publication. They should be returned to the Editor within 48 hours. Major alterations to the text will not be entertained. Authors are responsible for all statements made in their work, including changes made by the editorial team and authorised by the corresponding author.

#### **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. The reprint order form is available at the SMJ website at [www.sma.org.sg/smj](http://www.sma.org.sg/smj).

#### **CASE REPORT**

Brief discussion of a single case with unique features not previously described. May be augmented by a second illustrative case. Length should not exceed 1000 words, up to 4 figures or 6 figure parts, no more than 15 references and 4 authors (one of whom should have been in clinical charge of the patient).

#### **PICTORIAL ESSAY**

Teaching exercise with the message in the figures and their legends. Emphasis on quality of imaging features and utility of message. Length should not exceed 1000 words, up to 20 figures or 30 figure parts and no more than 15 references.

#### **LETTER TO THE EDITOR**

Letters to the editor and replies should offer objective and constructive criticism of published articles. Letters may also discuss matters of general scientific or medical interest to readers of SMJ and the medical community. Material being submitted or published elsewhere should not be duplicated in letters, and authors must disclose financial associations or other possible conflicts of interest.

#### **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, Diagnosis and Clinical Course. 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 15 references and a maximum of 4 authors. Authors should provide, on a separate sheet, a short abstract of 50 to 150 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 in writing to the editor.**

## Examples of Correct Forms of References

### ARTICLES IN JOURNALS

(1) *Standard journal article (Omit month and issue number. 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; 79:311-4.

(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) *No issue or volume*

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

(9) *Pagination in Roman numerals*

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

(10) *Type of an article indicated as needed*

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

(11) *Article containing retraction*

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

(12) *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.

(13) *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.

(14) *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.

(15) *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

(16) *Personal author(s)*

Colson JH, Armour WJ. *Sports Injuries and Their Treatment*. 2nd ed. London: S Paul, 1986.

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

Diener HC, Wilkinson M, eds. *Drug-Induced Headache*. New York: Springer-Verlag, 1988.

(18) *Organisation as author and publisher*

Virginia Law Foundation. *The Medical and Legal Implications of AIDS*. Charlottesville: The Foundation, 1987.

(19) *Chapter in a book*

Weinstein L, Swartz MN. Pathologic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, eds. *Pathologic Physiology: Mechanisms of Disease*. Philadelphia: Saunders, 1974: 457-72.

(20) *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.

(21) *Dissertation*

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

(22) *Monograph in electronic format*

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

### ONLINE SOURCES

(23) *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.

(24) *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.

(25) *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/eletters/58/7/995>. Accessed 21 May 2002.

### OTHER PUBLISHED MATERIAL

(26) *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

(27) *In press*

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