
GUIDELINES FOR CONTRIBUTORS

GENERAL

The *Indian Journal of Tuberculosis (IJT)* is published four times in a year; January, April, July and October. It publishes original articles on tuberculosis, respiratory diseases, case reports, review articles, and abstracts of articles published in other medical journals and book reviews. Every issue contains editorial sections on contemporary subjects, radiology forum and a forum for readers to express their opinions on published articles and raise questions on subjects appearing in the journal.

SUBMISSION OF ARTICLES

All correspondence relating to the *IJT* should be addressed to: *The Editor, Indian Journal of Tuberculosis*, Tuberculosis Association of India, 3 Red Cross Road, New Delhi - 110 001.

Articles are published on the understanding that every author confirms his participation in the study concerned and approves its content, and an affirmation that the article is original and has not been published/submitted for publication elsewhere and will not be so submitted, if accepted for publication in the *IJT*. A letter to this effect signed by the author should accompany the article.

All received articles are published, if found suitable, after completion of basic formalities. Notification of acceptance or rejection will be sent within three months of receipt. The decision of the Editor is final who reserves the right to make editorial corrections.

PREPARATION OF MANUSCRIPTS

Manuscripts should conform to the Uniform Requirements for Manuscripts submitted to the Biomedical Journals (for further details see *Ann Intern Med* 1997; 126: 36-47). Articles on clinical research should conform to the standards defined in the Helsinki Declaration.

Three copies of the manuscripts, including diagrams and photographs, typed on one side of the page with double spacing and wide margins should be submitted. To facilitate referral, it would be appreciated if compact diskettes are also enclosed. The preferred package is MS Word. The author should mention e-mail address, telephone and fax numbers apart from complete postal address with PIN code. Articles can also be sent by e-mail at tbassindia@vsnl.net; tbassindia@yahoo.co.in.

All submitted manuscripts should have a definite format comprising the following sections: Title page, Summary, Introduction, Material and Methods, Results, Discussion, Acknowledgements and References.

Title page

This should contain: (1) A concise informative title; (2) The name of the principal author followed by names of other authors without giving qualification or position held except as numeral on top of last letter of name; (3) A running title usually not exceeding five words; (4) A word count of the text, excluding references, tables and figures; (5) In the case of original articles, a few key words for indexing purposes, using where possible, terms of medical subjects headings list from index medicus. The position held by each author in any institution should be indicated at the bottom of the title page along with the name and address of the author to whom correspondence regarding the manuscript has to be sent. Fax and telephone numbers (both landline and mobile) and e-mail ID should also be given.

Summary

An informative summary of not more than 250 words should be provided that can be understood without reference to the text (see *Ann Intern Med* 1990; 113: 69-76). The summary should be as per Vancouver format as follows: Background, Aims, Methods, Results and Conclusions. Unstructured

summaries may be submitted for review articles, case reports and short communications (100 words).

Text

Heading should conform to the text of the article. Normally only two categories of heading are used. Major headings should be in capital letters and minor in upper lower case letters at the left-hand margin. The sub-titles should not be numbered in figures or alphabetically

The text should be written as lucidly as possible.

Numerals should be spelt out from one to nine (except measurement) and when beginning a sentence.

1. Research and experimental manuscripts should follow the usual conventions, as follows:

Introduction: Setting forth clearly the aim of the study or the main hypothesis, with reference to previous studies and indicating the method used.

Material and Methods: used in the study.

Results: Presented in logical sequence in the text, with tables and illustrations. All the results of the tables should not be repeated in the text; only important results should be emphasized.

Discussion should be related to the aims and results of the study.

Care should be taken that language is grammatically correct and fluent, that all relevant information is included, irrelevant details omitted and repetitions, especially from section to section, avoided.

In case reports, the sections on "*Material and Methods*" and "*Results*" are replaced by the section "*Clinical Record*", and all other sections are appropriately shortened.

2. Other papers can be sub-divided, as the authors desire: the use of headings enhances readability.

References

References cited in the text and given at the end of the manuscript should conform to the Vancouver style. The authenticity of the references is the responsibility of the author. They must be numbered in the order in which they are cited in the text, and should be numbered in Arabic numerals in superscript. References that are cited more than once should retain the same number for each citation. The truly scientifically acceptable references are those of publications that can be consulted. Permission from the source(s) of information for citing their work must be obtained beforehand. All the numbered references in the text should be typed out in detail at the end of the manuscript, in the same numerical order as they appear in the text.

Journal: References to an article in a periodical should include the authors' names (list all authors when six or fewer, when there are more, list only the first three authors and add "et al"), the full title of the article, the name of the cited journal in its usual abbreviated form according to the *Index Medicus*, year of publication, tome or volume number, first and last page numbers in full:

e.g. Jain NK, Chopra KK, Prasad G. Initial and Acquired drug resistance to Isoniazid and Rifampicin and its implications for treatment. *Indian J Tuberc* 2002; **39**: 121-124.

Book References to a piece of work (book or monograph) should include the authors' names, the title of the piece of work, the place and year of publication:

e.g. Crofton, J. and Douglas, A. *Respiratory Diseases*, 1st Edition. Edinburgh: Blackwell Scientific Publications Ltd, 1969.

Chapter in a book: Reference to a chapter in a book should include the authors' names, the title of the chapter with the word "In" preceding the reference of the work:

e.g. Fraser RS, Muller NL, Colman N, Pare PD. Upper airway obstruction. *In:* Fraser

RS, Muller NL, Colman N, Pare PD, Bralow L, ed Fraser and Pare's *Diagnosis of Diseases of Chest*; 4th Ed; Vol III. Philadelphia: W.B. Saunders Co, 1999: pp 2021-2048.

Reference to electronic material: If references are made to electronically published material, as much of the information as for other reference sources should be provided, the html address and the date last accessed.

Personal communication: References to personal communications should be given in the text with the name of the individual cited and with his/her consent.

Acknowledgements

Acknowledgements should be brief (not more than six lines). Acknowledge only those persons who made substantial contribution to the study and all sources of support in the form of grants.

Tables

Tables should be referred to consecutively in the text, placed after the list of references on separate sheets of paper, and should be numbered in Arabic numerals which are used for reference in the text. A short descriptive title should appear above the table, each column should have a short or abbreviated title. All abbreviations and necessary explanatory notes should be given below the table. The number of tables should be kept to a basic minimum to explain the most significant results.

Figures

Figures should be referred to consecutively in the text, placed after the list of references on separate sheets of paper, and should be numbered in Arabic numerals which are used for reference in the text. A short descriptive title should appear above the figure. Figures can be inserted into the word document for submission or uploaded separately as image files (.jpg, .gif, or .tif). If this is not possible, good quality (camera ready) prints of the figures

must be provided.

Line drawings (curves, diagrams, histograms) should be provided in black and white. For optimal clarity, avoid shading.

Half-tone figures should be clear and highly contrasted in black and white. Photo-micrographs should have internal scale where appropriate. X-ray films should be carefully made to bring out the details to be illustrated with an overlay indicating the area of importance.

Illustration: Legends for photographs should be typed separately with appropriate indication regarding the photograph to which a legend pertains. Photographs (black and white prints) should be clear, glossy and unmounted. Facilities for printing photographs in four colours as illustrations in case reports are available. Contributors are requested to preferably send colour photographs of their clinical material. Each photograph should carry, on its reverse, the title of the paper, and an arrow indicating the top edge of the photograph in pencil. It should be put in an envelope and properly labelled on the outside and attached to the article.

Patient confidentiality: Where illustrations show recognisable individuals, consent must be obtained for publication. If not essential to the illustration, authors should indicate where it can be cropped, or mask the eyes.

Permission to reproduce illustrations or tables should be obtained from the original publishers and authors, and submitted with the article by email or fax. They should be acknowledged in the legends as follows:

"Reproduced with the kind permission of (publishers) from (reference)"

Abbreviations and units

Avoid abbreviations in the title or summary. All abbreviations or acronyms used in the text must be defined at the first mention, and should be kept to a minimum. Symbols and units of measure must

conform to recognized scientific use i.e. SI units.

LENGTH OF TEXT

Editorial text can be up to 500 words with five references

Review articles are from those especially requested persons, who have acknowledged competence in given subjects. Text can be up to 4500 words, a structured or unstructured summary of maximum 250 words, 10 tables/figures and 50 references. **Leading articles** are by those who have expertise in selected aspect of a subject.

Original articles deal with planned studies that have been duly completed and convey definite conclusions from the data presented in the text. Text can be up to 2500 words, a structured summary of maximum 250 words, seven tables/figures and 35 references. Preliminary communications from research still in progress could be submitted exceptionally, if the topic is important and the interim results could be of interest.

Short communications can be of a text up to 1000 words, a summary of 100 words, two tables/figures and 10 references.

Case reports present problems of unusual clinical interest which have been systematically and fully investigated and where a firm diagnosis has been established with reasonable certainty, or the result of therapeutic management is of significance. Text can be up to 1000 words, a summary of 100 words, two tables/figures and 10 references.

Workers in the field of Tuberculosis and Respiratory Diseases are invited to contribute to the **Radiology Forum** by submitting brief reports of

patients with interesting clinical and radiological features for publication. These will be published, provided that:

- (a) the condition is of clinical and radiological interest;
- (b) photographs (10 cm x 8 cm) are of suitable quality for printing;
- (c) the diagnosis in each case has been confirmed;
- (d) the chest radiograph is accompanied by brief clinical account, not exceeding 500 words, and five references

Forum, in the form of letters to the Editor, provides a platform to readers for expressing their opinions and is a channel of communication with the journal and its readers. It could be used for making suggestions, scientific critique on published articles or for reaching independent conclusions, for asking questions on subjects covered by the journal and for providing supplementary information, either confirming or contradicting the conclusions reached in the article. Such letters can be up to a text of 1000 words with two tables/figures and 10 references. Only the most important agreements, disagreements/suggestions may be chosen for commenting. It is usual to send a copy of such letters to the authors for obtaining a response, if any, after editorial changes. The response, similarly, has to be brief and relevant.

Correspondence can be up to 500 words without tables or figures and five references.

IJT has been indexed in MEDLINE of National Library of Medicine, USA

The journal is also available online at the website <http://medind.nic.in>.

What To Do For Quitting Smoking?

After making a firm resolve to quit smoking, you may take the following steps:

1. Consult your doctor. He is best placed to show you the way and help you medically at crucial junctures.
2. Join or form a group/an association of smokers who have successfully quit, like the *Alcoholics Anonymous* for drinkers.
3. Read guide book about quitting smoking.
4. Keep trying instead of thinking how difficult it is to quit or the pleasure you might get from just a single cigarette.
5. Talk freely to other smokers about how you are already succeeding. And advise the vulnerable non-smokers why they should never start the habit. This activity will help boost your own morale.
6. Finally, have full faith in your own self. You are the one who is going to succeed. Do not deprive yourself of some therapies that are available for 'nicotine replacement', if your doctor so advises.

YOU HAVE TO QUIT

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in public interest