

INSTRUCTIONS TO AUTHORS

The editors of the *Journal of the Formosan Medical Association* welcome the submission of articles from various medical disciplines that are of interest to the medical profession.

Submission of manuscripts

The journal accepts original articles, case reports, clinical notes, brief communications of work in progress, letters to the editor, and review articles (by invitation only). Manuscripts must be original and must not have been previously published in or submitted for publication to any other journal. For residents of Taiwan, at least one author must be a member of the Formosan Medical Association, except for those invited to contribute.

Editorial review and acceptance

All articles are subject to review by the editorial board. The board has the right to determine which papers will be published and to make revisions. Once a paper is accepted for publication, the copyright becomes the property of the Formosan Medical Association. Articles should be written in English. All persons listed as authors should have participated sufficiently in the work to take public responsibility for the content, and should have made substantial contributions to all of the following aspects of the work: (a) conception and design, or analysis and interpretation of the data; (b) drafting the article or revising it critically for intellectual content; and (c) final approval of the version to be published. This should be stated in the covering letter. If six or more authors are listed, the contributions of each should be described in a covering letter. Authors are responsible for obtaining consent from human subjects and the local ethics boards, and such consent should be noted in the Materials and Methods section. Articles that are four printed pages or less in length will be published free of charge. Articles over four printed pages will be subject to a charge per page for each page. Authors will be charged a fee for reprints and color photographs or drawings.

Manuscript preparation

The format of manuscripts for the Journal must comply with the fifth edition of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (*Ann Intern Med* 1997;126:36-47). Measurements of length, height, weight and volume should be reported in metric units (meters, kilograms, liters, or their multiples). Temperatures should be given in degrees Celsius, blood pressure in millimeters of mercury. All hematologic and clinical chemistry

measurements should be in SI units. Abbreviations should be kept to a minimum. Uncommon abbreviations should be defined when first mentioned in the abstract and the text. Arabic numbers should be used. Greek letters should be clearly printed in a special typeface. Manuscripts, including tables, references and figure legends, must be typewritten, double-spaced, on one side only of A4 paper, with margins of at least 3 cm. Pages should be numbered consecutively, beginning with the title page. Three hardcopies of the manuscript must be submitted with a matching disk version. The disk may either IBM (PC) or Macintosh (MAC) format. The manuscript should be saved as a text file or as a Microsoft Word file.

Manuscript sections

The following instructions are for original articles, though they apply generally to other types of submissions. Additional information on other types of papers is given below.

Title page. The title page should be the first page and should include the titles, names and affiliations of the authors, an address for correspondence and a telephone or fax number. Where applicable, a Chinese title (in characters), as well as authors' Chinese names (in characters) should appear below the English title. The title page should include a running title of not more than 45 characters.

Abstract. Articles must carry a structured abstract of 250 words or less, with the following headings:

Background and Purpose: In two or three sentences, explain the importance of the study topic and state a precise study question or purpose.

Methods: State the methods used to answer the study question. Include information on the study design, setting, subjects, interventions, outcome measures, and analyses, as appropriate.

Results: Give the central findings of your study, along with data and statistical details such as *p* values and confidence intervals where appropriate. Be sure that information in the abstract matches that in main article.

Conclusions: State the meaning of your findings, being careful to address the study question directly and to confine your conclusions to aspects covered in the abstract. Give equal emphasis to positive and negative findings.

Abstracts for *Brief Communications* and *Case Reports* are unstructured, but should include information on the background and purpose of the report, methods, results (or case report), and conclusions. Unstructured abstracts should be limited to 150 words.

Key words. The key words should follow the abstract; authors should provide no more than five key words to assist with cross-indexing of the paper. Key words should be taken from *Index Medicus*.

Text. The text should begin on the third page and for most original articles should include the following sections: *Introduction*, *Materials* (or *Patients* or *Subjects*) and *Methods*, *Results* and *Discussion*. Subheadings in long papers are acceptable if needed for clarification and ease of reading. The *Introduction* should address the subject of the paper. The *Materials and Methods* section should identify the population, patient samples or animal specimens used, explain the laboratory or study methods followed, and state the statistical procedures employed in the research. The *Results* should include pertinent findings and necessary tables and figures. The *Discussion* should contain conclusions based on the findings of the study, a review of the relevant literature, a discussion of the application of the conclusions and implications for future research or clinical applications. Following the *Discussion*, *Acknowledgments* may be given. Those acknowledged should not include secretarial, clerical or technical staff whose participation was limited to the performance of their normal duties.

References. References should be double-spaced and in consecutive order as they appear in the text. References should include the authors, title, journal name, year, volume number, and first and last page numbers. All references with more than three authors should list only three authors followed by "et al". References to books should include authors, chapter title, names of editors, book title, city of publication, publisher, year of publication and inclusive page numbers. Volume and edition numbers should be included when appropriate. References in the text should be placed where relevant, be in consecutive Arabic numbers and set off in superscript. In general, the number of references should not exceed 50. Direct quotations must be exact. If the reference article cited is in a language which does not use the Roman alphabet, it should be translated into English, and the language of the original should appear in parentheses following the citation of the reference. If previously translated, the translated article may be cited. Abbreviations of the form used in the *Index Medicus* should be used for all journal titles. Examples of references are shown below.

Journals:

1. Feely J, Wilkinson GR, Wood AJJ: Reduction of liver blood flow and propranolol metabolism by cimetidine. *N Engl J Med* 1981;304:691-6.
2. Kaplan NM: Coronary heart disease risk factors and anti-hypertensive drug selection. *J Cardiovasc Pharmacol* 1982;4(Supple 2):186-365.
3. World Health Organization: Immunoglobulin E: a new class of human immunoglobulin. *Bull WHO* 1968;38:151-2.
4. Anonymous: Neurovirulence of enterovirus 70 [Editorial]. *Lancet* 1982;1:373-4.
5. Tada A, Hisada K, Suzuki T, et al: Volume measurement of intracranial hematoma by computed tomography. *Neurol Surg (Tokyo)* 1981;9:251-6. [In Japanese; English abstract].

Books:

1. Plum F, Posner JB: *Diagnosis of Stupor and Coma*. 3rd ed. Philadelphia: Davis, 1980:123-33.
2. Levinsky NG: Fluid and electrolytes. In: Thorn GW, Adams RD, Braunwald E, et al, eds. *Harrison's Principles of Internal Medicine*. 8th ed. New York: McGraw-Hill, 1977:364-75.
3. Kurland LT: The epidemiologic characteristics of multiple sclerosis. In: Vinken PJ, Bruyn GW, eds. *Handbook of Clinical Neurology, Vol 9. "Multiple Sclerosis and Other Demyelinating Diseases"*. Amsterdam: North-Holland, 1970:63-84.

Proceedings and other publications:

1. Adams JH: Central pontine myelinolysis. In: *Proceedings of the 4th International Congress of Neuropathology, 1961, Munich, Vol 3*. Stuttgart: Thieme, 1962:303-8.
2. Hung TP, Chiang TR: Multiple sclerosis in Taiwan: Clinical, electrophysiological and epidemiological studies. [Abstract]. *6th Asian and Oceanian Congress of Neurology, 1983, Taipei*. Hong Kong: Excerpta Medica, Asia Pacific Congress Series No 22, 1983:28.
3. Allen N, Burkholder JD, Molinari GF, et al: Clinical criteria of brain death. *NINCDS Monograph No 24, NIH Publ No 81-2286*. Bethesda: National Institutes of Health, 1980:77-147.
4. Cairns RB: Infrared spectroscopic studies of solid oxygen [Dissertation]. Berkeley, California: University of California, 1965:156.
5. Eastman Kodak Company. Eastman organic chemicals. Rochester NY, Catalog No 49, 1977:187.

Tables and Figures. Two sets of all Tables and Figures should be submitted. Tables and Figures should be 8.0 cm in width (one column; 60 characters) or 12 to 17 cm (two columns; 85 to 120 characters). Photographs should be black and white glossy prints.

Arrows and letters should be large enough to be readable. Colors in color plates should be true to the original specimen. The figure number should be indicated on the back of the photograph, along with the first author's name and an arrow indicating the top. Legends should be typed on a separate page. For photomicrographs, the legend should include the original magnification and stain used. Authors will be charged for inclusion of color illustrations.

Other article styles

Case Reports. Case reports should have no more than five authors. The abstract should be no longer than 200 words and should include statements of the problem, clinical manifestations, methods of treatment, and outcome. The *Materials and Methods* and *Results* sections should be replaced by the *Case Report(s)* section. This section should include statements of the problem, patient history, diagnosis, treatment, results, and any other information pertinent to the case(s). All other sections should follow the format for original articles. The number of references should not exceed 25.

Brief Communications. Manuscripts submitted as *Brief Communications* should be concise and contain

short clinical or technical notes, or preliminary experimental results. They should not exceed 1500 words, and should include no more than two tables or figures, no more than three illustrations, and no more than 20 references. The abstract for a *Brief Communication* should not exceed 150 words. The editors reserve the right to decide what constitutes a *Brief Communication*.

Letters to the Editor. Letters are welcome in response to articles previously published in this journal. They should be no more than 250 words long and may include one table or figure and up to four references. The editorial board reserves the right to edit any letter received.

Review Articles. *Review Articles* are critical assessments covering topics of concern to research or clinical practice. Systematic methods for inclusion of all data sources and critical review of those sources should be described in the paper. The maximum word length is 4000 words with no more than 100 references.

Articles by Invitation. The format for such articles will be up to the contributing author and the editorial board.