



WEST AFRICAN JOURNAL OF MEDICINE



INFORMATION FOR CONTRIBUTORS

Mission and Scope

The *West African Journal of Medicine* (WAJM) publishes contributions of professional, scientific and educational interest to medical and dental practitioners and researchers and those in related disciplines, with special focus on medical practice and research in Africa and its people. The aim of the *Journal* is to provide a medium for international dissemination of research findings in West Africa and elsewhere and to promote co-operation amongst and between medical researchers in Africa and elsewhere. The *Journal* is published in English and French. Supplements are published upon arrangement with the Editor-in-Chief.

Information about previous publication

Manuscripts are considered on the understanding that they have not been published or are not under consideration for publication by another journal. However, publication of the abstract of the paper elsewhere does not disqualify the paper from consideration. When there is doubt about possible duplicative publication, authors should attach a copy of the published paper to the manuscript on submission.

Submission of Manuscripts

The *Journal* welcomes papers in the form of original research articles, commentaries, editorials, reviews and educational materials as well as scientific, socio-political and economic contributions in matters that impact on medical care, education and research. An electronic copy of the manuscript should also be sent to the email address of the Editor-in-Chief.

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Revised manuscript: When revising a manuscript at the request of the Editor-in-Chief, authors should provide a covering letter detailing the response to each of the points raised by the assessors or the editors. A copy should be sent to the Editor-in-Chief by email. Information about electronic submissions is available from the Editor-in-Chief.

An electronic proof of the edited manuscript may be sent to the corresponding author for corrections on request. Such proofs must be returned to the Editor within three days of despatch by the Editorial office. Typographical corrections only should be effected when correcting galley proofs.

Manuscripts should be prepared in accordance with the "*Uniform Requirements Submitted to Biomedical Journals*" (1). The paper should be typed with 3 cm margins and double spaced throughout, including illustrations and references. Pages should be numbered and word-count provided for the abstract and the complete paper excluding references, tables and legends. Point size 12 using Times New Roman should be used throughout the manuscript, using Microsoft Word application.

All contributions are peer reviewed by assessors. Accepted manuscripts may be copy-edited according to the *Journal* style. The authors are responsible for all statements and claims made in their work and such claims and statements are not necessarily shared by the Editors or the Publishers or Owners of the *Journal*. Similarly, neither the Editors nor the Publishers guarantee any claims made concerning advertised products or services.

The manuscript should be accompanied

by a covering letter, which identifies the corresponding author and signed by all co-authors. Only those who have contributed significantly should be included as authors (*vide infra*). All authors should also sign the declaration and copyright when the contribution is finally accepted. The senior author should provide an explanation for any of the authors unable to sign.

Offprints

Offprints are obtainable from the Editor-in-Chief at advertised rates. These should be paid for at the time of final acceptance of contributions.

TYPES OF CONTRIBUTIONS

Indicate the type of contribution in the covering letter as follows:

Section A: Original Research Articles

An original research should concern itself with aetiology, pathogenesis, pathology, diagnosis, management and prevention of medical disorders. Animal research contributions which impact on human health care are equally welcome in this section. This type of manuscript should have a maximum of 4,000 words and a maximum total of eight tables and/ or illustrations and no more than thirty references.

Section B: Brief Communications and Case Reports

Examples of these include unique case reports, clinical experiences, reports of adverse drug effects, and short reports of original research. The text should not exceed 1,500 words, total of three figures and/or tables and no more than fifteen references. The format should be as for a standard paper.

Section C: Medical Education

Important innovations in medical education for clinicians as well as continuing professional improvement. Text length and other requirements are as for original research publications.

Section D: Reviews and Meta-Analyses

Detailed systematic and critical evaluation and meta-analysis of the literature on clinical practice topics, drug therapy, mechanisms of disease, current concepts on clinical topics, or other topics of scientific or clinical interest. These will normally be submitted on request but the EIC will also entertain unsolicited contributions. Maximum length should be 5,000 words and should contain sub-headings (maximum three sub-sub heads). Maximum number of 60 references and 10 Tables/illustrations.

Section E: Conference and Workshop Reports and Supplements

Conference and workshop reports should not exceed 5,000 words, and should be edited before submission. Proceedings of grand rounds are also welcome in this section. The Journal will also publish special issues as supplements upon a proposal having been accepted by the Journal.

Section F: Editorials and Commentaries

Editorials and commentaries are normally commissioned. However, unsolicited ones are welcome and subject to routine assessment. The theme should be topical or on papers published in the *Journal*. The maximum length should be 1,000 words with no more than 20 references.

Section G: Correspondence

Letters to the Editor should contain a maximum of 600 words, five references and no more than two illustrations and/or tables. Letters may be on matters concerning clinical observations, other matters of clinical relevance or reactions to articles published in the *Journal*. Correspondence should be typed double-spaced and submitted in duplicate by e-mail. Accepted letters may be edited before publishing.

SECTION H: Miscellaneous

These include book reviews, prose (100 words) and poetry (60 lines), socio-political issues related to medical care and personal opinion or issues for debate (maximum 2,000 words).

MANUSCRIPT FORMAT AND PREPARATION

Type manuscript in English or French with

double spacing all throughout (and for hard copies, white bond paper with 3 cm margins. The paper should be set out as follows: (a) Title page, (b) Abstract, (c) Keywords, (d) Abbreviations (d) Text [Introduction; Subjects, Materials and Methods; Results and Discussion], (e) Acknowledgement, (f) Duality of Interest, (g) References, (h) Tables, (i) Figures, and (j) Legends to figures and Tables. Number the manuscript pages consecutively starting from the title page through the tables. Each of these subsections should be started on a new page in the sequence given above.

Title Page

This should contain (i) title of the manuscript, (ii) initial(s) and surname of each author, and his affiliation; (iv) name, postal and e-mail addresses of corresponding author, (v) a running title of not more than 40 characters, (vi) financial support information (e.g. agency, grant number). Avoid use of abbreviations in the title. Provide a word count of both the abstract and the main text at the bottom of the title page.

Abstract Page

The abstract should either be structured (maximum 250 words) or unstructured (150 words or less) depending on the type of article. Articles that need structured abstracts include original research papers, case reports, reviews and meta-analyses and brief reports. Other contributions may be provided only with a 150-word summary in the conventional manner. In any event the abstract should include the purpose, methods, results and conclusions. Editorials, correspondence, commentaries, prose and poetry and similar contributions need not carry abstracts.

Structured abstracts should be provided as follows:

- (i) **abstract for original contributions, case reports and brief reports should consist of the following sections:** (a) Background and objectives, (b) Methods which should include design, subjects, materials, setting and measurements (c) Results and (d), Conclusions.
- (ii) **A review article abstract** (including

meta-analysis) should be organised into the following sections. (a) Background/purpose, (b) Data source, (c) Study selection, (d) Data extraction, (e) Results, and (f) Conclusions

Keywords: Provide four - ten keywords or short phrases that can be used for indexing, immediately following the abstract. Use terms from *Index Medicus Medical Subject Headings (MeSH)*.

GUIDELINES ON STYLE

Headings in Text: Use a maximum of three levels of sub-headings.

Abbreviations should be sparingly used and only to save space and avoid repeating long names or regimes used more than once. In a figure or table, define the abbreviation in a foot note. List in an alphabetical order all non-standard abbreviations (with definitions) contained in the text after the keywords. Accepted abbreviations can be used without definition. Avoid abbreviations in the title, running title, titles of illustrations, and at the start of a sentence.

Drugs should be indicated by their generic names but not trade names except for drugs showing adverse reaction or those used in comparison of different preparations of the same agent. In the latter case give the generic name followed by the proprietary name and the manufacturer in brackets.

Tables should be submitted one each on a separate page, typed doubled spaced, and numbered and referred to in the text by Arabic numerals. Their approximate positions in the text should be indicated. A brief title describing the content in the table should be supplied at the top. Tables should be created using the tables function of the word processing software Microsoft Word, not a spreadsheet.

Give each column of the table a short heading. The units in which results are expressed should be given in brackets at the head of each column. Place explanations in the footnotes but not in the heading. For footnotes, use the following symbols in the given sequence

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in order from left to right or from top to bottom in the body of the Table *, †, ‡, §, ¶, **, ††, ‡‡, §§ etc. No internal horizontal or vertical rules should be used in the table. If a table **must** extend beyond a page, repeat the title followed by “contd” and repeat the column headings.

Illustrations or photographs should be submitted in triplicates, and should be black and white glossy prints of very high quality. However, professionally made line drawings are acceptable as photographic prints. Original drawings, X-ray films etc. are not acceptable. Illustrations should not be larger than an A4 size. Letters, numbers and symbols should be even and clear throughout and of sufficient size that when reduced for publication each item will still be legible. Illustration title and explanatory notes should be in the respective legend and not in the figures themselves.

Provide photomicrographs with staining techniques, internal scale markers and/or a statement of magnification. Symbols, arrows, or letters used in the photographs should contrast with the background.

Figures should be numbered consecutively in Arabic numerals according to the order in which they have been cited in the text. Patients shown in photographs should have their identity concealed or should have given their written consent for publication. Materials taken from other sources must be accompanied by a written permission for reproduction by the publishers or copyright holder.

Colour figures will only be published at the expense of the authors. Authors should write to inquire from the Editor-in-Chief.

On the back of each printed figure or below the electronic figure, authors should write the figure number, the name of the senior author, the running title and an arrow to indicate the top edge.

Footnotes are only allowed on the title page and in tables, but not within the text. Footnote symbols should be used in the following order, horizontally and/or vertically: *, †, ‡, §, ¶, **, ††, ‡‡, §§ etc. Use of numbers or letters is not acceptable.

Legends for Figures. Type each legend for an illustration double-spaced, starting on a separate sheet, with Arabic numerals corresponding to the figure. This should start with a short title, followed by a short, cryptic description of the legend. All abbreviations and symbols should be explained in the legend. Magnification and stain for any microphotograph should be given at the end of the legend for the figure, where appropriate.

UNITS FOR SCIENTIFIC MEASUREMENTS

Present units of scientific measurements in the units in which the research was conducted (with the conventional or SI equivalents in parentheses) in the text. In a table or figure, a conversion factor should be provided as a footnote

ACKNOWLEDGMENTS

Acknowledgement of general, financial and material support or technical and secretarial help etc. should be indicated at the end of the main text. It is the responsibility of the authors to obtain consent of those being acknowledged.

REFERENCES

The references should be numbered in parentheses in the order in which they appear in the text, tables, or legends. References should be in the Vancouver style, as laid down in the “Uniform Requirements for manuscripts submitted to Biomedical Journals (1)”.

At the end of the article the full list of references should give the surname and initials of all authors unless there are more than six, when only the first six should be given, followed by et al. The author’s name should be followed by the title of the article, the title of the Journal abbreviated as in *Index Medicus*, the year of publication, the volume number and the first and last pages. For books, the references should follow the following format: the author, title of book, place of publication, the publisher, the year and the relevant pages. Journals not listed in *Index Medicus* should be spelt out in full.

Examples of References

Journals: List all authors when six or fewer; when seven or more, list first six and add *et al*

1. **Standard article:** Musumuta G, Miakama T, Okoro P. Pneumonia in Lagos Children. *West Afr J Med* 1997;234:45–49.
2. **Special format:** Letters or abstracts: As for articles with Letter or Abstract Oshare, EO. Tetanus in Lagos (letter) *Niger Med J* 1988; 1: 301.
3. **Books:** List all authors or editor when six or fewer; when seven or more, list the first six and add *et al*.
 1. *Author of a Book* Makamer EN. *Diabetes mellitus for Medical Students*. 6th ed. Nairobi. Princess Publisher; 1990.
 2. *Chapter in a Book* (Note: Previous Vancouver style had a colon rather than a p before pagination). Phillips SI, Whisnant JP. Hypertension and stroke . In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis and management. 2nd ed. New York. Raven Press; 1995. p. 465 – 78.
- (4) **Volume with supplement** Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994;102 (Suppl) 1275–82.
- (5) **Issue with supplement** Payne DK, Sullivan MD, Massie MJ. Women’s psychological reactions to breast cancer. *Semin Oncol* 1996; 23(1 Suppl 2):89–97.
- (6) **Volume with part** Ozben T, Nacitarhan S, Tuncer N, Plasma and urine sialic acid in non-insulin dependent diabetes mellitus. *Ann Clin Biochem* 1995; 32(Pt.3):303–6.
- (7) **Type of article indicated as needed** Enzensberger W, Fischer PA. Metronome in Parkinson’s disease (letter). *Lancet* 1996; 347:1337.
- (8) **Personal author(s)** Ringsven MK, Bond D. Gerontology and leadership skills for nurses, 2nd ed. Albany (NY). Delmar Publishers; 1996.

(9) **Editor(s), compiler(s) as author**
Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York. Churchill Livingstone; 1996.

(10) **Conference proceedings**
Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology. 1995 Oct 15-19, Kyoto, Japan. Amsterdam: Elsevier, 1996.

(11) **Conference paper**
Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics 1992 Sep 6-10: Geneva, Switzerland. Amsterdam: North Holland, 1992. p.1561 – 5.

(12) **Dissertation**
Chaplain SJ. Post-hospital home health care: the elderly's access and utilization (dissertation). St Louis (MO): Washington Univ. 1995. The Holy Bible. King James version. Grand Rapids (MI): Zondervan Publishing House; 1995. Ruth 3:1 – 18. 1973.

Electronic Material

(13) Journal article in electronic format
Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis (serial online) 1995 Jan-Mar (cited 1996 Jun 5); (1):(24 screens); Available from: URL: <http://www.cdc.gov/ncidod/EOD/eid.htm>.

(14) **Monograph in electronic format**
CDI, clinical dermatology illustrated (monograph on CD-ROM), Reeves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd ed. version 2.0 San Diego. CMEA: 1995.

Hemodynamics III the ups and downs of hemodynamics (computer program). Version 22. Orlando (FL). Computerized Educational Systems, 1993.

For full reference information see Reference 1 given below. It is the responsibility of authors to ensure the accuracy of cited references.

ETHICAL CONSIDERATION

1. **Consent:** All manuscripts reporting experiments in human beings must be accompanied by a statement in the method section that the authors have complied with the requirements of the local ethical committee. If investigators have no access to an ethics committee, the principles outlined in the Helsinki Declaration (2) should be followed. Avoid using patient's names, initials or hospital numbers. If full-face photographs are to be used, such photographs must be accompanied by a signed or thumb printed informed consent of the person. Animal experimenters must also follow the institution's guidelines on the use of laboratory animals in research.

2. **Criteria for Authorship**
The criteria for authorship are as expressed in the Uniform Requirements (1) which state that "authorship credit should be based only on substantial contribution to":
(a) conception and design, or analysis and interpretation of data;
(b) drafting the article or revising it critically for important intellectual content;
(c) final revision of the version to be published.

Authors should meet conditions a, b, and c. Collecting and assembling data reported in a paper are not, by themselves, qualifications for authorship. The corollary also

should not be over looked i.e. those who meet criteria for authorship should not be excluded.

3. **Conflicts of Interest**

Authors should list all financial support, including equipment and drugs on the title page. Details of financial interest that might influence the conduct or reporting of the study should be given in the covering letter. Referees (assessors of articles) should also inform the editor of any possible conflict of interest.

4. **Previous and Redundant Publications**

Manuscripts that overlap substantially with previous publications should not be submitted for consideration. Publication of the abstract arising from a conference does not disqualify the paper. Authors should submit a copy of potential duplicate papers to the editor.

5. **Copyright**

On acceptance, the copyright of the paper will be vested in the Journal/Publisher. All authors of the manuscript are required to sign the "Statement to be signed by all authors" and the transfer of the copyright.

DOCUMENTS CITED

1. International Committee of Medical Journal Editors. Uniform requirements for manuscript submitted to Biomedical Journals. British Medical Journal 2006
2. 41st World Medical Assembly. Declaration of Helsinki's recommendations guiding Physicians in Biomedical Research and involving human subjects Bulletin Pan-American Health Organisation. 1990; 24: 606-9.