Respondent: Cheryl Iverson  
Managing Editor  
AMA Archives Journals

**What style manual(s) do medical journals generally use?**

We use the *American Medical Association Manual of Style*, of course! We supplement this with the CSE manual (Scientific Style and Format) and the Chicago Manual of Style. We also sometimes refer to the American Psychological Association manual.

**In medicine, what criteria must an individual generally meet to be listed as an author? When a journal article in medicine has more than one author, what are the norms for deciding the order in which authors are listed?**

We follow the International Committee of Medical Journal Editors (ICMJE) criteria (see [www.icmje.org](http://www.icmje.org)). An editorial was published in the *Journal of the American Medical Association* (JAMA) (2002;288:3166-3168) to deal with special questions related to group authorship, and we allow the option for a group name with an asterisk in the byline, where the asterisk is linked to a footnote specifying which members of the group were the actual authors.

When an article has more than one author, we leave the order up to the authors. We use the order they provide on their accepted manuscript. (ICMJE’s “Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication” has a statement on this, too—that it should be the joint decision of the authors and that they should be prepared to explain the order they’ve chosen.)

**What number of peer reviewers per paper tends to be typical in medicine? Typically, are authors’ identities revealed to the reviewers? Are reviewers’ identities revealed to the authors?**

For the Archives Journals (and I think JAMA), two or three reviewers is typical. If it is warranted by the subject matter, a statistical reviewer may be added to the content reviewers. And then, of course, there’s the initial review by the editor who assigns the reviewers.

Authors’ identities typically are revealed to the reviewers. One of our journals (Archives of Ophthalmology) does offer authors the chance to “deidentify” themselves so that the reviewers do not see their names, but almost no one has taken the journal up on this. Our reviewers’ identities are not revealed to authors.

**In medicine, do scientific papers usually contain abstracts? If so, how are the abstracts usually structured?**

Yes, the papers do contain abstracts. Most of the abstracts are structured abstracts (for a few categories of articles, such as review articles, they may be nonstructured). All our journals in their instructions for authors refer to the criteria of Haynes and others for preparing structured abstracts (Ann Intern Med 1990;113:69-76). However, some journals use more headings than others. Some use all or almost all suggested by Haynes and others. A few use four headings: Background, Methods, Results, and Conclusions.

**What is the usual structure of a scientific paper in medicine?**

For the major clinical research articles, the usual format is IMRAD (Introduction, Methods, Results, and Discussion).

**What are some of the current issues and trends regarding editing in medicine?**

Here are a raft of them, in no particular order.

1. Online considerations in editing (such as use of special symbols, tables that would require a double-page spread, and supplementary online-only material and how to handle it).
2. Staffing considerations—as journals begin to publish more online-only material, what does this mean for staffing needs at publication?
3. Authorship—how to handle group authorship, in particular.
4. Early posting—what place will manuscript editing have in the model of publication that uses early posting (that is, posting ahead of editing, with editing perhaps omitted altogether).
5. Editors’ need to have more guidance on statistics—various tests and how to present them.
6. The (US) Health Insurance Portability and Accountability Act of 1996 (HIPAA)—what do these regulations mean for journal editors, and what should manuscript editors be aware of?
7. Broadened readership—outside the country and outside the field (including lay readers): what does this mean for manuscript editors?
8. As more people begin searching and reading online, how might publishers begin to restructure articles (at least online) for ease of readership? The ELPS (electronic [version] long, print [version] short) approach used by the BMJ is one thing we’ve seen already. A smaller adaptation is the use of hypertext links online. The use of videos to supplement articles is just beginning to be seen in our publications.

Are there aspects of medical editing not asked about that seem worth noting? If so, please discuss.

See answer to question immediately above.

What sources would you recommend to readers interested in further information about medical editing?
The style manuals mentioned above provide helpful bibliographies. The World Association of Medical Editors Web site (wame.org) has an excellent resources section. For information on courses to take, consult such organizations as CSE, the American Medical Writers Association, and the Society for Scholarly Publishing and such universities as the University of Chicago, with established publishing programs. (The University of Chicago has a certificate program in medical writing and editing, for example.)

Officer Elections: Vote Online

Voting for new officers will once again be conducted on the CSE Web site. Members can expect to receive an e-mail in late February or early March when the biographies and vision statements for the 2005-2006 slate of candidates are posted on the site. The e-mail will include a link to ballot instructions on the site, which will in turn be linked to all other election materials.