

EDITORIAL GOALS: The *Journal of the National Medical Association* is the primary source for specialized clinical research activities related to the health problems of African Americans and other minority groups in the inner cities. Special emphasis is placed on the application of medical science to improve the healthcare of underserved populations both in the United States and abroad. The journal has the following objectives: to expand the base of original peer-reviewed literature, recognizing the need for greater dissemination of information; to offer appropriate and timely recognition of the significant contributions that physicians who serve the underserved populations are making in the quest by medical science to improve the health of all people; and to sustain interest by member and nonmember physicians in the overall goals and objectives of the National Medical Association. The journal features on a regular basis: **Original Communications**—Review articles and research work in progress, fully documented and referenced; **Case Reports; Briefs**—Articles of general medical, economic, political, legal, or social interest to physicians; **Guest Editorials** by invitation; **Medical History**—Recognition of the significant contributions to medical research and healthcare by past black physicians and others; **Professional News and NMA Activities; Letters to the Editor; Book Reviews; Continuing Medical Education** manuscripts; **NMA President** column; **NMA Health Policy** columns; **Law in Medicine; Art in Medicine; NMA Consensus Statement**.

These guidelines are in accordance with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.” (The complete document appears in *N Engl J Med*. 1997;336:309–315.) Go to <http://content.nejm.org/cgi/reprint/336/4/309.pdf>

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CASE REPORTS: Case Reports are accepted if indeed they present a rare and unusual disease entity or if the authors are presenting a new treatment modality for a rare lesion. Patient encounters that are merely graphic in nature or sensational/exaggerated in appearance or presentation are not encouraged. Case Reports are limited to 1,500 words, a maximum of two illustrations and ten references.

LETTERS TO THE EDITOR: Authors must refer to the LTE in the first sentence or paragraph and list that article in the references.

INTERNATIONAL MANUSCRIPTS: Manuscripts from outside the United States should have some relevance to the generic population base under discussion so as to be applicable to a worldwide readership. Except for Case Reports, descriptions of public health issues or presentations of disease entities that are solely applicable to a single geographic region, unless being presented to acquaint the world with a new disease entity with worldwide implications, will not be favorably reviewed.

If English is not a strong second language, it is strongly recommended that the authors seek professional assistance in the form of a professional copyeditor before submitting the manuscript. Many reviewers will tend to reject a manuscript that they have difficulty getting through as the central theme or message may become lost in the process. A listing of such vendors follows this section.

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REFERENCES: References are critically examined at the time of editorial review and must be verified by the author(s) against the original sources prior to submission of the manuscript. Number references consecutively in the order in which they appear in the text. Identify reference citations by arabic numerals in superscript. Personal communications, unpublished data and manuscripts either in preparation or submitted

but not accepted should not be included as references, but should be incorporated parenthetically in the text with full name of source and complete date. The style of Index Medicus should be followed in citing journal titles. Listed below, respectively, are references to a journal, a chapter in a book and a government publication in correct style. **List the first three authors then “, et al.” Note the punctuation and use of spaces in the publication names and numbers.**

1. Perlin E, Taylor RE, Peck CC. Clinical pharmacokinetics: a simplified approach, part 2. *J Natl Med Assoc*. 1986;78: 835-842.
2. Bell CC, Bland I, Houston E, et al. Enhancement of knowledge and skills for psychiatric treatment of black populations. In: Chun JC, Dunstan PJ, Ross-Sheriff F, eds. *Mental Health and People of Color*. Washington, DC: Howard University Press; 1983:205-237.
3. The 1984 Report of the Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure. Washington, DC: Government Printing Office; 1984. U.S. Dept. of Health and Human Services publication NIH 84-1088.

TABLES: Tables should be self-explanatory, clearly organized and supplemental to the text. **Each table should include a title, be typed on a separate sheet and numbered in order of its citation in the text.** Tables should be used to compare or classify information for easier understanding and should not duplicate data included in the text or figures.

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- Title of the article (short, specific, clear and not to exceed 200 characters). Do not list location or country here and do not put title in the form of a question.
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- **Generic names must be used for drugs.** If it is necessary to use brand names, include reasoning for inclusion of brand names in your cover letter and insert product name and manufacturer in parentheses after the generic name in your manuscript.
- Abbreviations should be kept to a minimum and must be spelled out at first mention with the abbreviation or acronym following in parentheses.
- For a listing of standard medical abbreviations, consult the *AMA Stylebook/Editorial Manual*, 9th ed. Baltimore, MD: Williams & Wilkins; 1998.

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