Indian Statistical Institute in Collaboration with
Elsevier organizing Author Workshop on

Crafting pathways to Publishing Excellence

- Identifying Research Issues
- Understanding Publishing Workflow and Editor's Mindset
- The Value of Research Metrics
- Identifying High-Impact Journals
- Writing a Good Research Manuscript
- Increasing Research Visibility
- User Awareness

Date: 24th Sept 2024
Time: 4:00 – 5:30 PM
Venue: Conference Room, Central Library (4th Floor), ISI Kolkata

For more details:
Please contact ISI Library at:
ksatpathy@isical.ac.in / monali@isical.ac.in

Neha Srivastava
Account Manager – Research Sales, A&G
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75,382

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1.3m+

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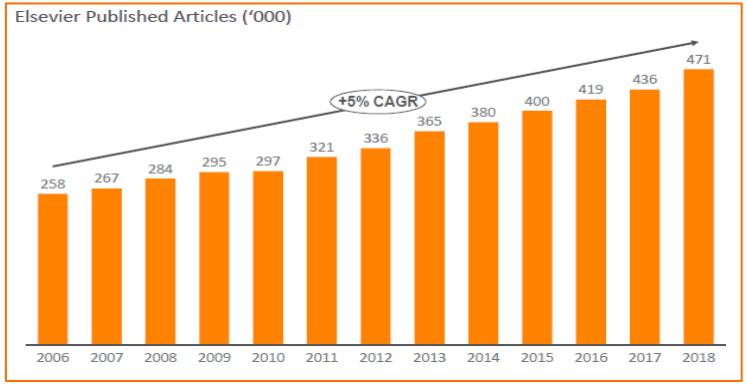

25,000+

Our Elsevier products are used at more than 25,000 academic and government Institutions around the world.

16 m

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1 billion

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5,000+

Scopus is a leading abstract and citation database of research literature, with over 73 million records across 24,000 journals, sourced from more than 5,000 publishers.

10,000+

SciVal offers insights into the research performance of over 10,000 research institutions.

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Understanding Researcher Needs

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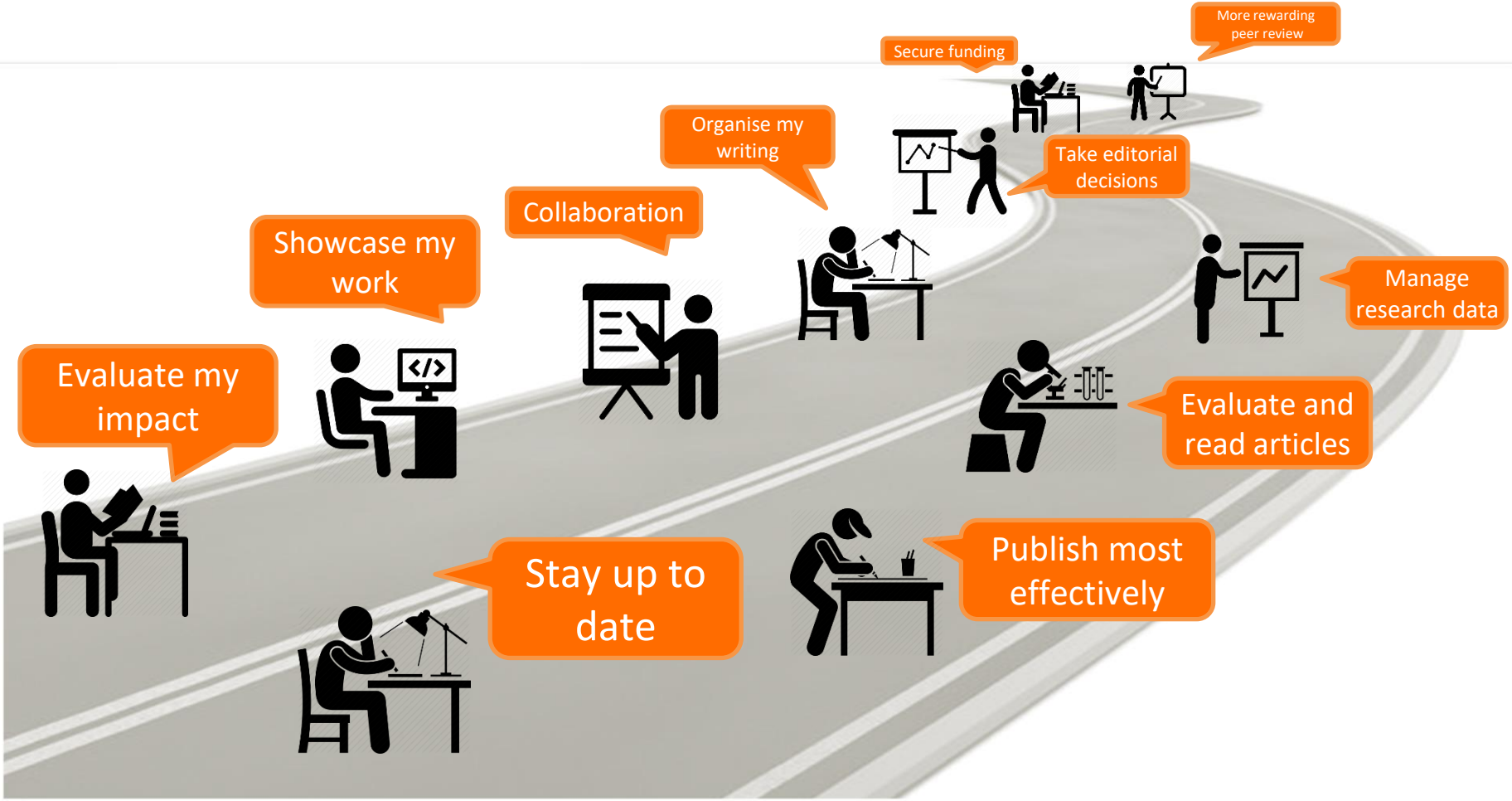
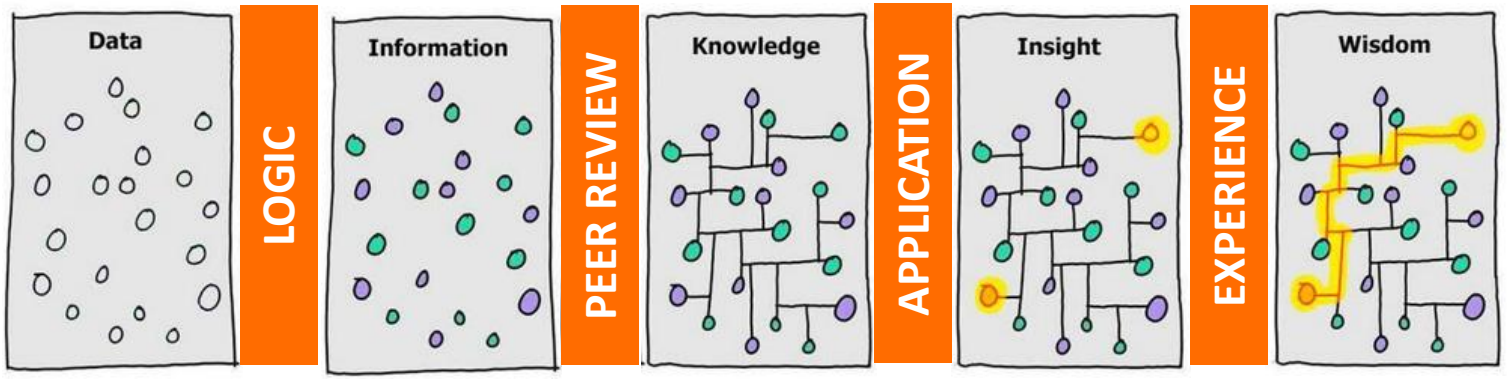
Researchers today are more demanding than ever before



Information Discovery



With an ocean of data surrounding you.. It takes logic, peer review, application and experience to achieve wisdom

Source: https://images.app.goo.gl/3yMYTyBaDu4n5d8LA

MINI REVIEW

Academic Writing in India

A Research Scholar's View

Ismail, Haseena; Balasubramanian, Vimala

Author Information

International Journal of Nutrition, Pharmacology, Neurological Diseases 11(2):p 105-107, Apr–Jun 2021.
| ***DOI:*** 10.4103/ijnpnd.ijnpnd_12_21

CHALLENGE

- ❑ As per a US government agency data, India holds third place in number of research articles published after China and USA.
- ❑ Even though the number of papers published is increasing, there are also a huge number of manuscripts rejected due to poor language use, grammar, and spelling.
- ❑ The quality of writing, appropriate vocabulary, and word use are still an issue.
- ❑ This is one of the main reasons behind the emergence and growth of many content development and technical editing companies in the recent years.

https://journals.lww.com/ijnp/fulltext/2021/11020/academic_writing_in_india__a_research_scholar_s.2.aspx

Understanding the research Workflow

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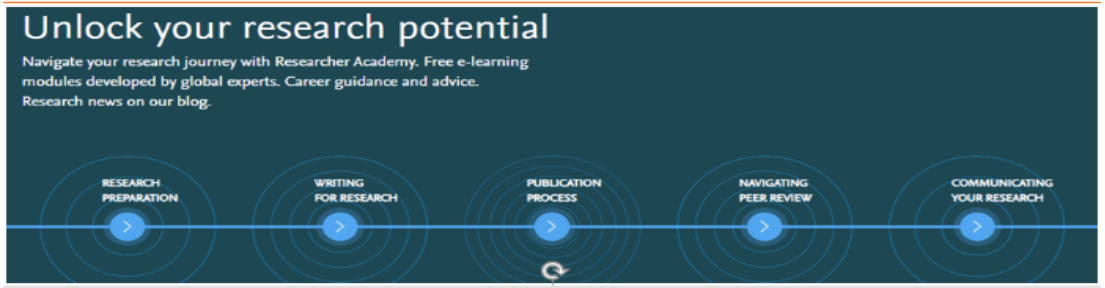
Further Reading

https://researcheracademy.elsevier.com/

Navigate your research journey with Researcher Academy. Free e-learning modules developed by global experts Career guidance and advice. Research news on our blog.



Unlock your research potential using Elsevier Researcher Academy: A free e-learning platform that offers researchers free online certified courses focusing on key topics like Research Writing, Research Ethics, Journal Selection, and many more. Earn certificates while you learn and improve your research planning and writing skills

Elsevier's Researcher Academy is adopted as trusted source for online learning & skills development by more than 200 thousand reseachers in South Asia. Following 10 courses available on Researcher Academy

Top 10 completed modules

Modules	Modules completed
Structuring your article correctly	5651
Guide to reference managers: how to effectively manage your references	7656
How to secure funding - ECR edition	7569
How to prepare your manuscript	8282
How to write an abstract and improve your article	4868
How to conduct evidence-based research	4745
How to peer review a review article	4020
Successful research grant applications – getting it right	2970
How to turn your thesis into an article	3300
Standing up for science	4600

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Origin of Scientific Publishing

- 1665: Publication of first scientific journal “*Philosophical Transactions of the Royal Society*”
- The society's council minutes dated 1 March 1664 ordered that *"the Philosophical Transactions, to be composed by Mr Oldenburg, be printed the first Monday of every month, if he have sufficient matter for it.”*
- Private venture of the Royal Society's secretary, Henry Oldenburg
- Still exist (as Part A and Part B)

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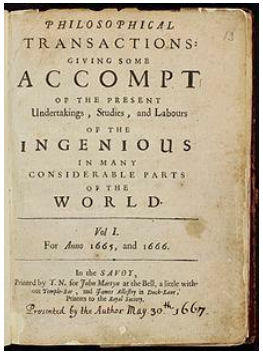
Origin of Scientific Publishing


PHILOSOPHICAL
TRANSACTIONS:
GIVING SOME
ACCOMPT
OF THE PRESENT
Undertakings, Studies, and Labours
OF THE
INGENIOUS
IN MANY
CONSIDERABLE PARTS
OF THE
WORLD.
Vol. I.
For Anno 1665, and 1666.
In the SAVOY,
Printed by T. N. for John Martyn at the Bell, a little without Temple-bar, and James Allestry in Duck-Lane, Printers to the Royal Society.
Prosimed by the Author May 30th 1667.

"Philosophical Transactions of the Royal Society" already contained three key elements of a journal:

- **Registration and archiving:**

"We must be very careful as well of registering the person and time of any new matter, as the matter itself, whereby the honor of the invention will be reliably preserved to all posterity"

- **Dissemination**

"...all ingenious men will thereby be encouraged to impact their knowledge and discoveries"

- **Peer review**
- " …being first revised by some Members of the Council of this Society ."

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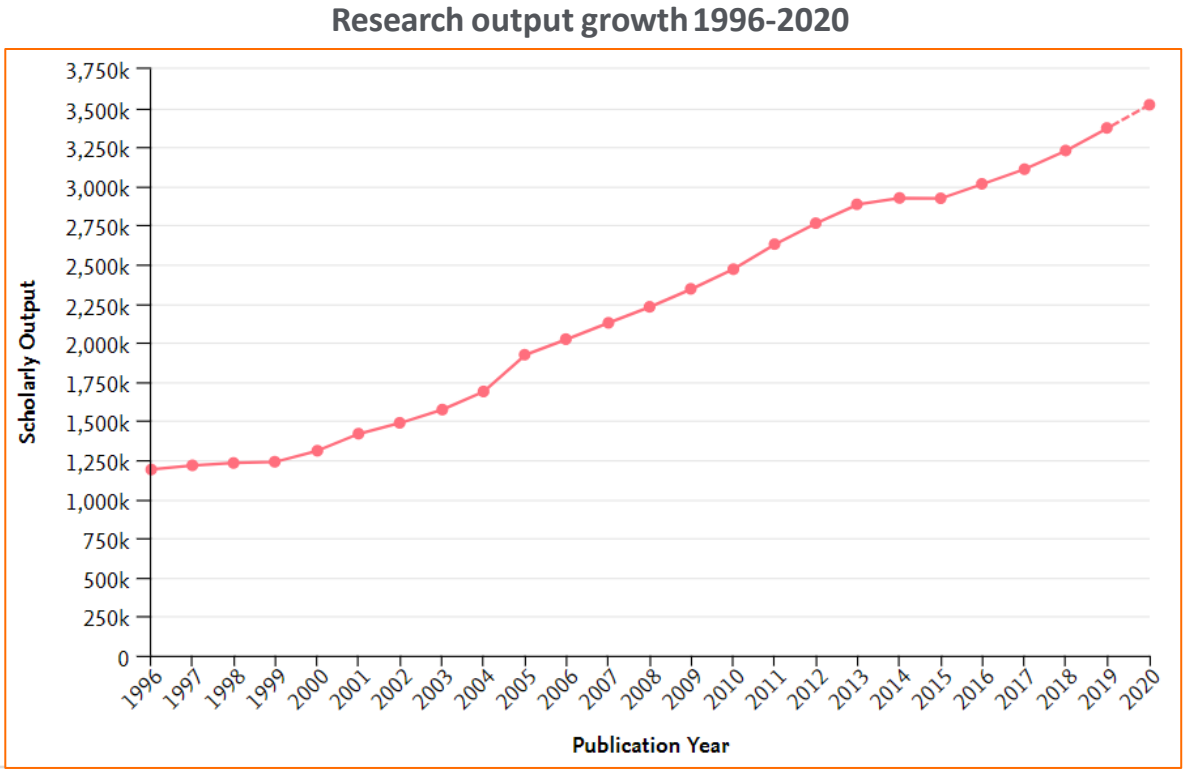
Scientific Publishing nowadays

~**6,000** scientific journal publishers

~**45,000** peer-reviewed scholarly journals

~**3 Million** published articles per year
(increases @ ~3% per year)

~**4 Million** unique authors in a year
(increases @ ~3% per year)



Source: https://scival.com

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Journal organization: Different Access Types

- Most journals are subscription journals, they are purchased by university/library and are only accessible to subscribers.
- Currently also '**open access' journals** are available. Authors (or their funders) pay 'article process charges ' (APC) and the article is freely available.
- Most subscription journals offer option to make an article 'open access'. These are so-called **'hybrid' journals.**
- **Gold open access:** author pays to publish in journal
- **Green open access:** manuscripts is available through institutional repository.

Journal organization: People

- What are the responsibilities of an editor?
  - Responsible for scientific quality
  - Checks papers and decides which papers get published
  - Coordinates the peer-review process
  - Communicates with authors and reviewers
  - Defines aim & scope of journal (with publisher)
  - Advises on strategy and direction of journal
  - Usually professor at esteemed university
  - Often a team of editors

Journal organization: People

- What are the responsibilities of a publisher?

  - Organization:
    - Overall management of journal
    - Providing the editorial infrastructure (peer-review process)
    - Arranging the publication of accepted manuscripts
    - Distribution and promotion of journal to readers/libraries
    - Tagging and archiving of all published articles
    - Dealing with ethical and copyright issues
    - Appointing editors and editorial board

Research Metrics

Journal – Author - Article

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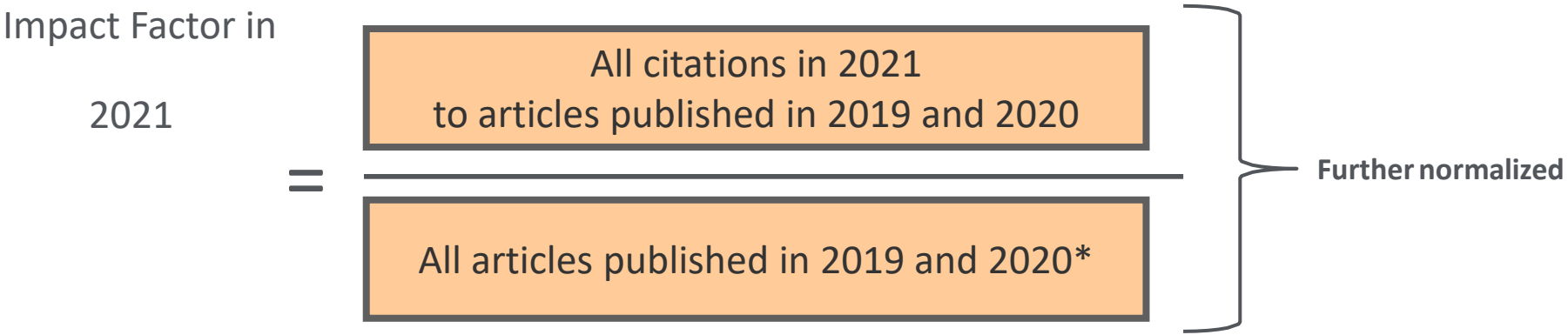
Journal Metrics: Impact Factor

- Impact Factor (IF): average number of times articles from a journal published in the past two years have been cited in the current year



1. **All Journals DO NOT have Impact Factor**
2. **Conference Proceedings are not considered for Impact Factor**
3. **Impact factor is biased towards fast moving subjects. Eg. Medicine Science has higher citations, so higher impact factor.. whereas Mathematics have lower citations, so lower impact factor.**
4. **Some very good upcoming journals do not have Impact factor.**

Alternate Metrics: *CiteScore- 3 C's and Free*

CiteScore is based on the principles of 3 C's and the fact that it is freely available, empowering users to make well-informed decisions regarding portfolio management and where to publish.

Citescore

citations to documents published in 4-year period

# of documents in same 4-year period

This comprehensive, current and open metric for journal citation impact is available in a free layer of Scopus.com. It includes a yearly release and monthly CiteScore Tracker updates.

CiteScore calculations include citations from articles, reviews, conference papers, book chapters and data papers. See www.scopus.com/sources

Comprehensive

Based on Scopus, the world's broadest abstract and citation database

CiteScore metrics are available for **all serial titles, not just journals**

CiteScore metrics could be **calculated for portfolios**

Clear

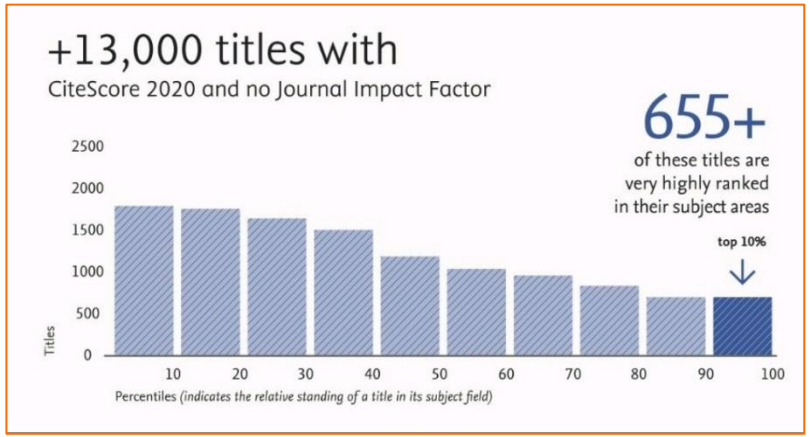
CiteScore metrics are **transparent** and **easy to calculate for yourself**

The **underlying database is available** for you to interrogate

Current

CiteScore Tracker is **updated monthly**

New titles will have CiteScore metrics the year after they are published



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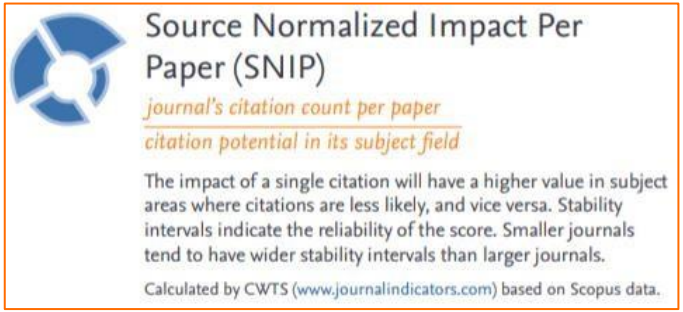
Alternate metrics- SNIP & SJR

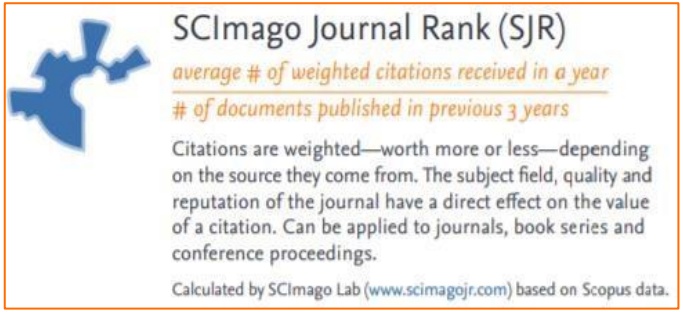
Source-Normalized Impact per Paper (SNIP)

- Developed by CWTS, University of Leiden Netherlands.
- Measures contextual citation impact by **weighting citations based on the total number of citations in a subject field**.
- The impact of a single citation is given higher value in subject areas where citations are less likely, and vice versa.



SCImago Journal Rank (SJR)

- Developed by SCImago, Spain.
- **SCImago measures the scientific influence of scholarly journals.**
  A prestige metric that can be applied to journals, book series and conference proceedings.
- **It takes into account: both the number of citations received by a journal and the importance/prestige of where the journal citations come from.** With SJR, the subject field, quality and reputation of the journal have a direct effect on the value of a citation.



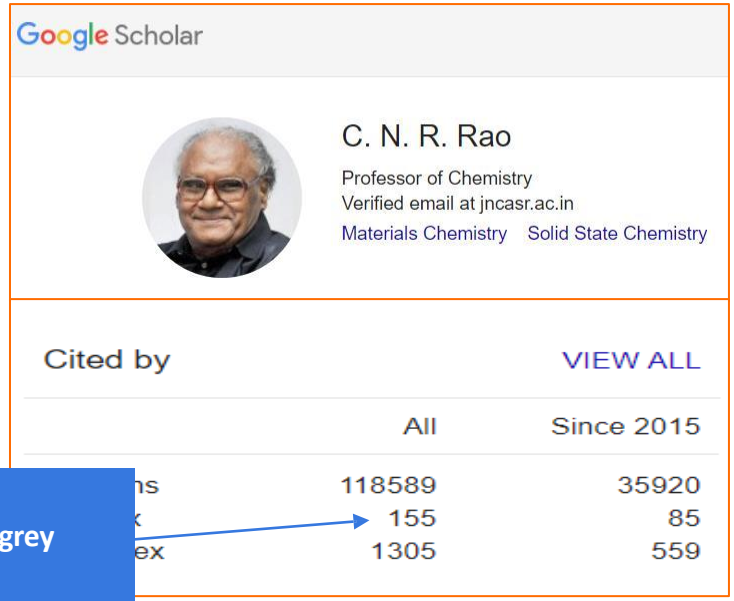
Using metrics on a case by case basis

Your selection should partly be based on your preferences, and partly on the characteristics the metric needs to help you answer your question. The table will help you to make your selection.

End in Mind	CiteScore	CiteScore Percentile	SNIP	SJR
Measures	Citations per document	Relative position within subject field based on CiteScore	Relative citations per document	Prestige of citing sources
Open to validation in Scopus?	Yes	Yes	No	No
Size-normalized?	Yes	Yes	Yes	Yes
Subject field-normalized?	No	Yes	Yes	Yes
Communicate magnitude	Yes	No	No	No
Update frequency	Annually, and CiteScore Tracker metrics monthly	Annually, and CiteScore Tracker metrics monthly	Annually	Annually

"Always begin with the end in mind"- Stephen Covey, The 7 habits of highly effective people

Author level metrics



GOOGLE SCHOLAR:

- ❑ **Covers not only journals but academic websites, grey literature, pre-prints, theses etc**
- ❑ **Also includes books from the Google Books project**
- ❑ **Results often contain duplicates of the same article (usually as pre-prints and post-prints) due to the wide range of sources**

- ✓ The H-Index is a numerical indicator of how productive and influential a researcher is
- ✓ It was invented by Jorge Hirsch in 2005, a physicist at the University of California.

Article-level metrics: *Compare Like with Like*

- **The Field-Weighted Citation Impact**
- (FWCI) score comes from the Scopus database and shows how the article's citation count compares to similar articles in the same field and timeframe.

- A score of 1.00 means the article is cited as it would be expected, greater than 1.00 the article is doing better than expected, and less than 1.00 the article is underperforming.

- Eg. FWCI of 6 indicates that the article received almost 6 times the number of citations as compared to the average article in this field received.

PlumX Metrics are comprehensive, item-level metrics that provide insights into the ways people interact with individual pieces of research output

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Editorial Process

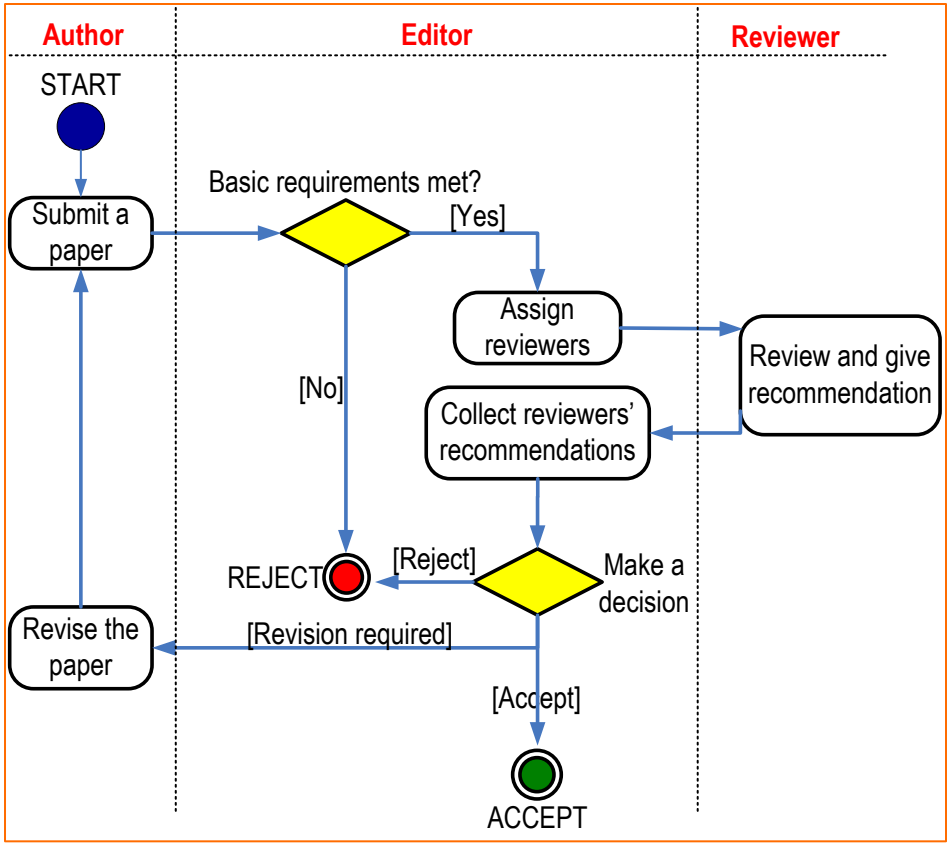
A typical publishing workflow

What Editors want?

1. Paper is scientifically correct
2. If it reports something new
3. If it reports something significant
4. If the paper is of interest to the readers

Top reasons for rejection?

1. Topic of research not trending/not impactful
2. Poorly written abstract: Language errors
3. Too many/irrelevant Self-cites
4. Poor geographical distribution of citations
5. Recent/Older articles not cited
6. Leading scientists/top journal articles not cited



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Developing a manuscript

Developing a manuscript

Based on many discussions with handling editors!

1. Think before writing
2. Choose the right journal and article type
3. Use the right process to write paper
4. Language
5. Ensure paper is up-to-date and in right context
6. Use the correct article structure
7. Be prepared for common questions of reviewers

1. Think before writing

Do I have a story to tell?

Editors and reviewers are looking for original and innovative research that will add to their field of study. Your conclusions must be sound, based upon sufficient, robust data. If your study is part of a larger research project, consider publishing just one article on the entire project.

Do I have an audience to tell it to?

Who will want to read about your research? The more original and innovative your research, the more people will be interested. You should also consider whether your article is of interest to a local or an international audience before embarking on the question of which journal to send your manuscript to.

If you are ready to publish, a strong manuscript is what is needed next

What is a strong manuscript?

- Has a clear, useful, and exciting message
- Presented and constructed in a logical manner
- Reviewers and editors can grasp the significance easily

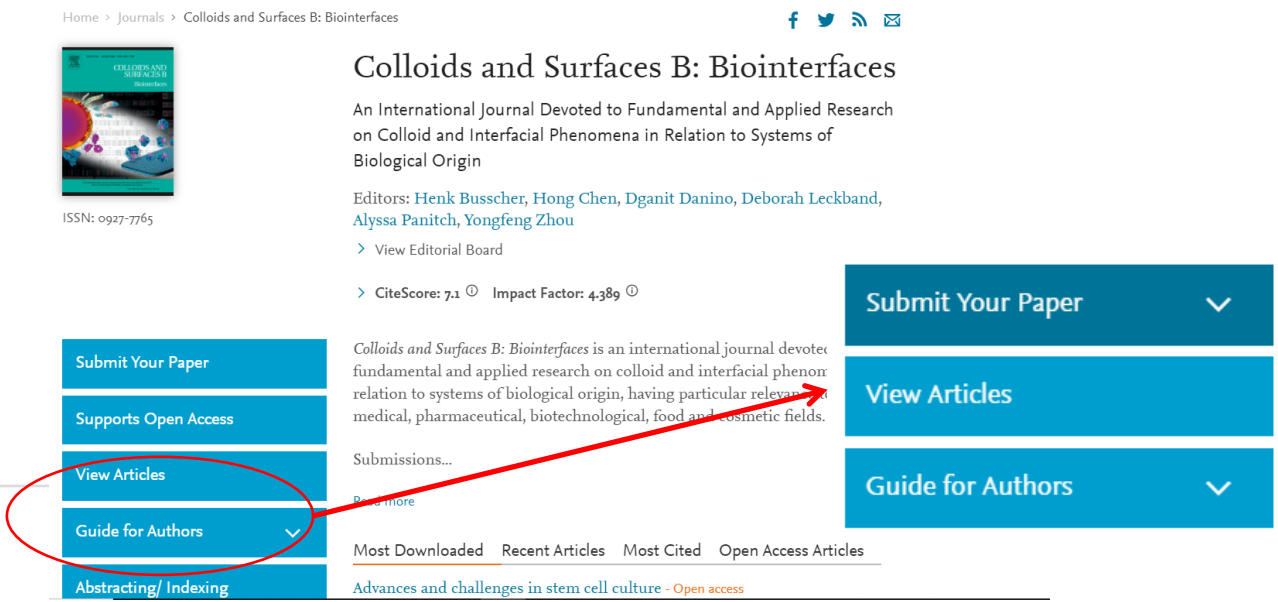
Editors and reviewers are all busy people – make things easy to save their time

2. Choosing the right journal

On the homepages you will find:

- Journal aims and scope
- Types of articles accepted
- Recently published articles
- **References in your own article will often lead you to the correct journal**

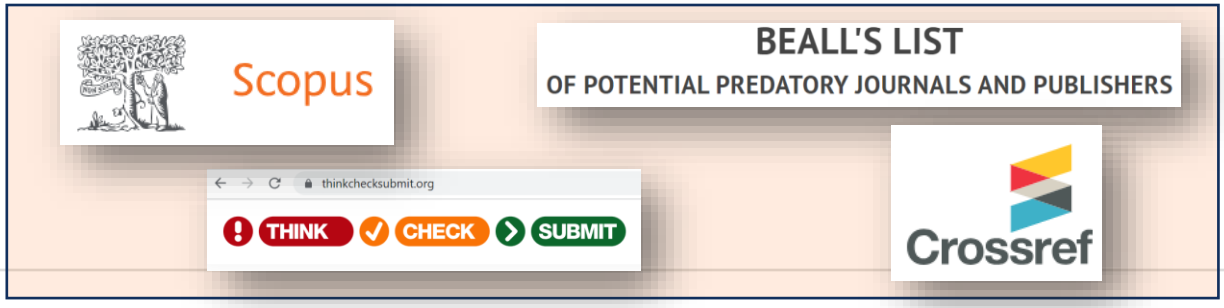
DO NOT submit manuscripts to more than one journal at a time



❑ Check if you have fallen prey to a predatory journal

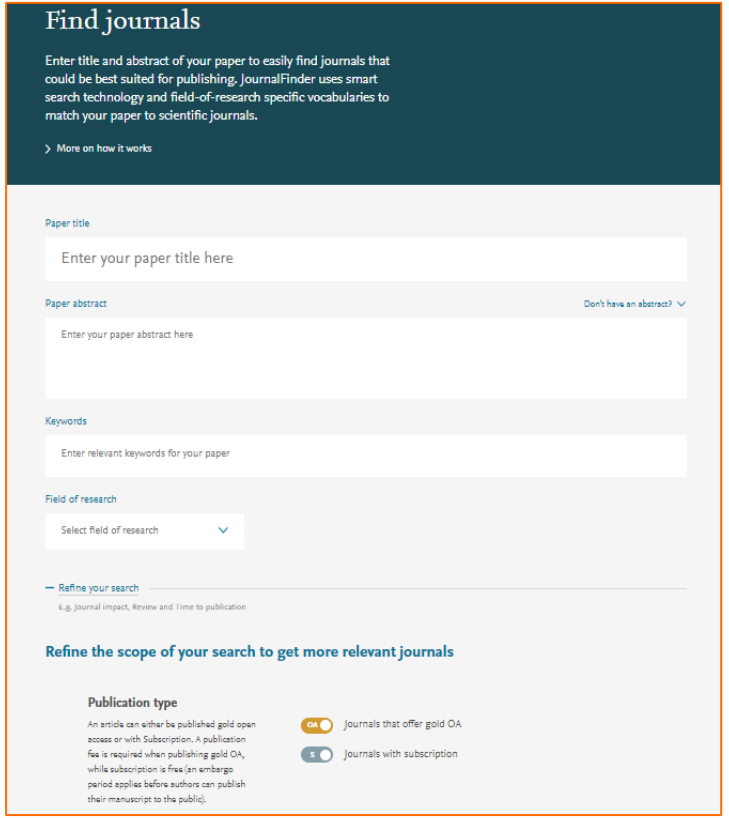
- Research manuscript authors essentially don't receive the benefit of publishing to the journal, and often are misled about promises of a robust peer review, where sometimes the review process is actually non-existent.

- Additionally, authors are the victim of fake editors, fake impact factors, and highly (and deliberately) misleading names of journals that are strikingly similar to legitimate, highly-regarded journals.



2. Choose the right journal and article type

- Elsevier Tool: journalfinder.elsevier.com
- Simply insert your title and abstract and select the appropriate field-of-research for the best results.
- Suggests suitable journals and provides information on editorial times, acceptance rate, production speed, open access options,…
- Look for more information in Elsevier Journals Insight
- Compare/Look some of the relevant metrics in Scopus



7 key questions to consider as you evaluate the journals you have identified

1. Is the manuscript the right fit for the journal?
2. Are there any funder/institution mandates to consider?
3. Is the journal visible in the communities you want to reach?
4. Is there a reasonable chance of acceptance?
5. Is the journal indexed in all the relevant databases?
6. What do the journal metrics reveal?
7. Is the journal reputable, including practicing robust peer review?

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3. Use the right process to write a paper

1. Prepare an outline to start writing a first draft:

- Determine the central message, the research questions
- Prepare draft versions of plots, figures, tables, images
- Summarize main findings and group in a logical way
- Select references

2. Write a first draft with outline, figures and tables as your guides

- Write in your own style, quickly and without editing
- Do not care about language quality

3. Read your first draft and add notes

3. Use the right process to write paper

4) Rewrite and improve

- Revise the text
- Improve the order and logic of the scientific content
- Identify gaps and improve unclear parts
- Remove double/redundant text
- Optimize the readability (clear, concise, short sentences)
- Correct language errors
- Is the text consistent and coherent? (important when multiple authors write the text)
- Get feedback from co-workers and colleagues

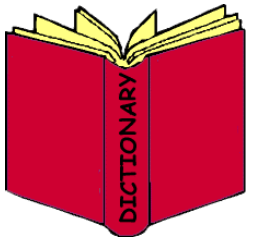
4. Language

- Journal editors and in particular reviewers may reject a manuscript simply because of frequent language mistakes. In any case they will be irritated.
- Publishers do not language edit manuscripts
- If English is not your mother-tongue:
  - ✓ Find a native-English speaker to read and correct your manuscript
  - ✓ Use a paid-for editing service.
    Eg. More information at http://webshop.elsevier.com/languageediting/

- DO NOT copy complete phrases from other papers, it may be considered plagiarism!
- All editors and reviewers hate wasting time on poorly prepared manuscripts and will reject

4. Language

- Write short and direct sentences
- Convey one piece of information per sentence
- Avoid multiple statements in one sentence
- The average length of sentences in scientific writing is only about 12-17 words
- Eliminate redundant phrases
- Double-check unfamiliar words or phrases
- Clearly explain abbreviations
- Use ‘present tense’ for known facts and hypotheses
- Use ‘past tense’ for conducted experiments and results



4. Language

Example

Long Sentence:

“In the highly regulated and aseptic laboratory setting, characterized by its stringent adherence to protocols, it is of paramount importance to delicately and precisely position each 50 mL conical tube horizontally within a pre-warmed orbital shaker, thus facilitating the creation of an ideal and uniform environment for the execution of the critical process which hinges on the orchestration of each step”

Simple sentence:

"Place each 50 mL conical tube horizontally in a pre-warmed orbital shaker"

Manuscript Language: tenses

Use of tense

- Abstract and Summary: past tense
- Introduction: present tense
- Methods & Materials and Results: past tense
- Discussion: both past and present tense

Write direct and short sentences.

- Long sentences confuse readers.
- Short sentences look more professional
- Nowadays, the **average length** of sentences in scientific writing is about **12-17 words**.
- One idea or piece of information per sentence is sufficient.
- Avoid multiple statements in one sentence.

5. Ensure paper is up-to-date and in right context

- ❑ Your work is not an isolated piece of research
- ❑ It builds upon earlier work and that should be described
- ❑ A good paper should explain in the introduction:
  - The topic of the paper and the scientific field
  - The relevance and significance of the topic
  - A description of what has been done before, by whom and how
  - What is known and what is *not* known
  - Questions that remain

Reference list

- An editor will take a look at your reference list to see:
  - Are recent papers included?
  - Are papers from top-journal included?
  - Are leading scientists cited?
  - Are there too many self-cites?
  - Are references internationally distributed?

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6. Use the correct article structure

- **Title**

  Concise, informative, objective, including main finding

- **Authors**

  First Author : Conduct and supervise this research and submit the final manuscript
  Correspondence Author : Best person to contact
  Co-Authors : Contributor, Advisors

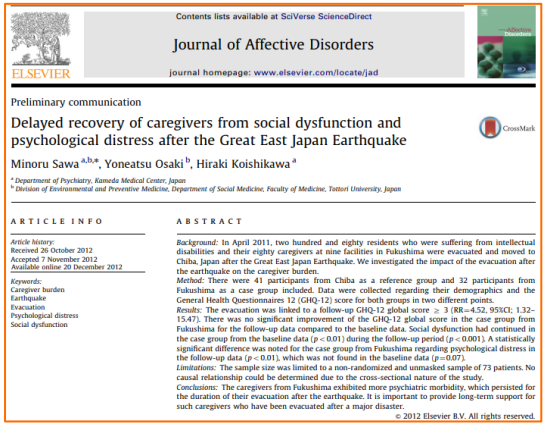
- Abstract

  Strongly influence the editor's decision
  Summarized but give sufficient details
  Easy to understand

- Keywords

  Searchable in A&I DB
  Specific
  Use established abbreviation only (e.g. DNA)

  Check the "Guide for authors"



Contents lists available at SciVerse ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Preliminary communication

Delayed recovery of caregivers from social dysfunction and psychological distress after the Great East Japan Earthquake

Minoru Sawa [a,b,*], Yoneatsu Osaki [b], Hiraki Koishikawa [a]

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[b] Division of Environmental and Preventive Medicine, Department of Social Medicine, Faculty of Medicine, Tottori University, Japan

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Caregiver burden
Earthquake
Evacuation
Psychological distress
Social dysfunction

ABSTRACT

Background: In April 2011, two hundred and eighty residents who were suffering from intellectual disabilities and their eighty caregivers at nine facilities in Fukushima were evacuated and moved to Chiba, Japan after the Great East Japan Earthquake. We investigated the impact of the evacuation after the earthquake on the caregiver burden.
Method: There were 41 participants from Chiba as a reference group and 32 participants from Fukushima as a case group included. Data were collected regarding their demographics and the General Health Questionnaires 12 (GHQ-12) score for both groups in two different points.
Results: The evacuation was linked to a follow-up GHQ-12 global score ≥ 3 (RR=4.52, 95%CI; 1.32–15.47). There was no significant improvement of the GHQ-12 global score in the case group from Fukushima for the follow-up data compared to the baseline data. Social dysfunction had continued in the case group from the baseline data ($p < 0.01$) during the follow-up period ($p < 0.001$). A statistically significant difference was noted for the case group from Fukushima regarding psychological distress in the follow-up data ($p < 0.01$), which was not found in the baseline data ($p = 0.07$).
Limitations: The sample size was limited to a non-randomized and unmasked sample of 73 patients. No causal relationship could be determined due to the cross-sectional nature of the study.
Conclusions: The caregivers from Fukushima exhibited more psychiatric morbidity, which persisted for the duration of their evacuation after the earthquake. It is important to provide long-term support for such caregivers who have been evacuated after a major disaster.

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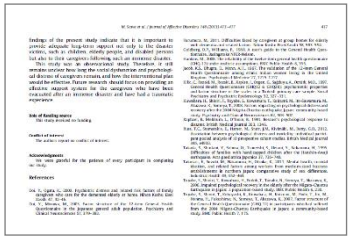

6. Use the correct article structure

- Introduction (*Why did you do?)*
  - Convince readers that you clearly know why your works is useful
  - Be brief
  - Clearly address the following
  - *What is the problem?*
  - *Are there any existing solution? Which one is the best ?*
  - *What is its main limitation?*
  - *What do you want to achieve ?*
- Methods (*What did you do?)*
  - Describe how the problem was studied
  - Provide sufficient information
  - Identify the equipment and describe materials used
- Results and discussion (*What did you find?)*
  - What did you find and why this is important ?
  - Include data, figures, tables
- Conclusions *(How does your study advance the field ?*)
  - Short and Clear
  - Justify your work in the research field
  - Suggest future experiments

Journal of Affective Disorders

Preliminary communication

Delayed recovery of caregivers from social dysfunction and psychological distress after the Great East Japan Earthquake

Minoru Sawa[a,b,*], Yoneatsu Osaki[b], Hiraki Koishikawa[a]

ARTICLE INFO

ABSTRACT

1. Introduction

3. Results

4. Discussion

4.1. The principal findings

4.2. Strengths and limitation of the study

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6. Use the correct article structure

- Acknowledgements
  - Ensures who helped in the research
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- Supplement Information
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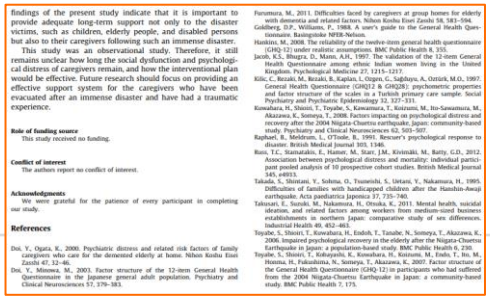

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Cover

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Professor H. D. Schmidt
School of Science and Engineering
Northeast State University
College Park, MI 10000
USA

January 1, 2008

Dear Professor Schmidt,

Enclosed with this letter you will find en electronic submission entitled "Mechano-sorptive creep under compressive loading – a mic al model" by John Smith and myself. This is an original paper wh neither previously nor simultaneously in whole or in part been submit anywhere else. Both authors have read and approved the final version submitted.

Mechano-sorptive is sometimes denoted as accelerated creep. It has been experimentally observed that the creep of paper accelerates if it is subjected to a cyclic moisture content. This is of large practical importance for the paper industry. The present manuscript describes a micromechanical model on the fibre network level that is able to capture the experimentally observed behaviour. In parti lar, the difference between mechano-sorptive creep in tension and compression is lysed. John Smith is a PhD-student who within a year will present his doctoral t . The present paper will be a part of that thesis.

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I would very much appreciate if you would consider the manuscript for publication in the *International Journal of Science*.

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A. Professor

Final approval from all authors

Explanation of importance of research

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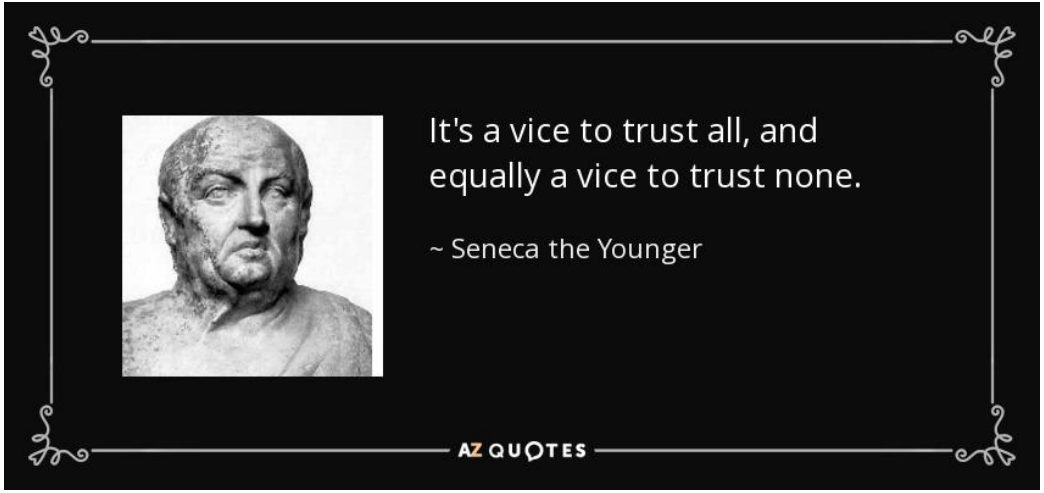

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Obey publishing ethics: Sample of Retracted paper

pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to aphthoid ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphonodular hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ($p=0·003$), low haemoglobin in four children, and low serum IgA in four children.

Interpretation We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351:** 637–41
See Commentary page

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield FRCS, A Anthony MB,

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and vomiting and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (diarrhoea, abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for 1 week, accompanied by their parents.

Clinical investigations

We took history including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.[1] Developmental history included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described

				rectum	lymphoid hyperplasia
5	8	M		LNH of T ileum; proctitis with loss of vascular pattern	Chronic non-specific colitis; reactive ileal lymphoid hyperplasia
6	5	M	Platelets 480, ALP 207	LNH of T ileum; loss of colonic vascular pattern	Acute and chronic non-specific colitis; reactive ileal lymphoid hyperplasia
7	3	M	Hb 9·4, WBC 17·2 (neutrophilia), ESR 16, IgA 0·7	LNH of T ileum	Normal
8	3·5	F	IgA 0·5, IgG 7	Prominent ileal lymph nodes	Acute and chronic non-specific colitis: reactive ileal lymphoid hyperplasia
9	6	M		LNH of T ileum; patchy erythema at hepatic flexure	Chronic non-specific colitis; [illegible] and colonic lymphoid hyperplasia
10	4	M	IgG, 9·0	LNH of T ileum and colon	Chronic non-specific colitis; reactive ileal lymphoid hyperplasia
11	6	M	Hb 11·2, IgA 0·26, IgM 3·4	LNH of T ileum	Chronic non-specific colitis
12	7	M	IgA 0·7	LNH on barium follow-through; colonoscopy normal; ileum not intubated	Chronic non-specific colitis; reactive colonic lymphoid hyperplasia

LNH=lymphoid nodular hyperplasia; T ileum=terminal ileum. Normal ranges and units: Hb=haemoglobin 11·5–14·5 g/dL; PCV=packed cell volume [illegible]·7–0·45; MCV=mean cell volume 76–100 pg/dL; platelets 140–400 10^9/L; WBC=white cell count 5·0–15·5 10^9/L; lymphocytes 2·2–8·6 10^9/L; eosinophils [illegible]–0·4 10^9/L; ESR=erythrocyte sedimentation rate 0–15 mm/h; IgG 8–18 g/L; IgG, 3·53–7·25 g/L; IgG, 0·1–0·99 g/L; IgA 0·9–4·5 g/L; IgM 0·6–2·8 g/L; IgE 0–62 g/L; ALP=alkaline phosphatase 35–130 U/L; AST=aspartate transaminase 5–40 U/L.

Table 1: **Clinical details and laboratory, endoscopic, and histological findings**

before. Stool samples were cultured for *Campylobacter* spp, *Salmonella* spp, and *Shigella* spp and assessed by microscopy for ova and parasites. Sera were screened for antibodies to *Yersinia enterocolitica*.

Histology

Formalin-fixed biopsy samples of ileum and colon were assessed and reported by a pathologist (SED). Five ileocolonic biopsy series from age-matched and site-matched controls with reports showed histologically normal mucosa were obtained for comparison. All tissues were assessed by three other clinical and experimental pathologists (APD, AA, AJW).

Ethical approval and consent

Investigations were approved by the Ethical Practices Committee of the Royal Free Hospital NHS Trust and [illegible] informed consent.

Results

Clinical details of the children are shown in tables 1 and 2. None had neurological abnormalities on clinical examination; MRI scans, EEGs, and cerebrospinal-fluid profiles were normal; and fragile X was negative. Prospective developmental records showed satisfactory achievement of early milestones in all children. The only girl (child number eight) was noted to be a slow developer compared with her older sister. She was subsequently found to have coarctation of the aorta. After surgical repair of the aorta at the age of 14 months, she progressed rapidly, and learnt to talk. Speech was lost later. Child four was kept under review for the first year of life because of wide bridging of the nose. He was discharged from follow-up as developmentally normal at age 1 year.

In eight children, the onset of behavioural problems had been linked, either by the parents or by the child's physician, with measles, mumps, and rubella vaccination.

trained at this time because behavioural features made children unable to communicate symptoms.

One child (child number four) had received monovalent measles vaccine at 14 months, after which his development slowed (confirmed by professional assessors). No association was made with the vaccine at the time. He received a dose of measles, mumps, and rubella vaccine at age 4·5 years, the day after which his mother described a striking deterioration in his behaviour which she did link with the immunisation. Child nine received measles, mumps, and rubella vaccine at 16 months. At 18 months he developed recurrent antibiotic-resistant otitis media and the first behavioural symptoms, including disinterest in his sibling and lack of play.

Table 2 summarises the neuropsychiatric diagnoses; the apparent precipitating events; onset of behavioural features; and age of onset of both behaviour and bowel symptoms.

Laboratory tests

All children were antiendomyseal-antibody negative and common enteric pathogens were not identified by culture, microscopy, or serology. Urinary methylmalonic-acid excretion was significantly raised in all eight children who

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7. Be prepared for common questions to reviewers
8. Write a good cover letter
9. Revisions: address all comments from reviewers, also if you disagree
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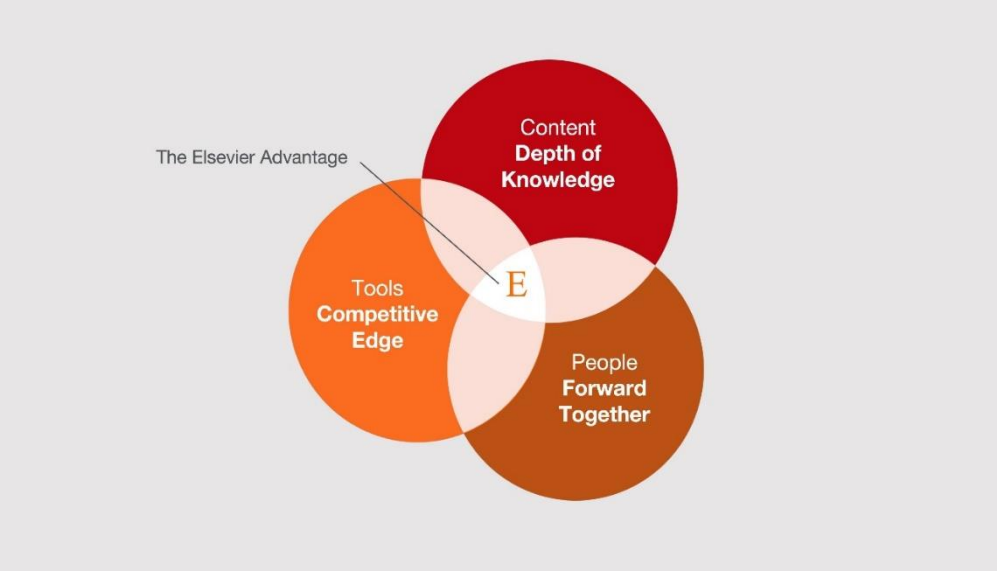

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