

*M. Ramam***JOURNAL AWARDS**

Every year, our association and the journal recognize the contributions of Indian authors of published papers with awards in different categories. The editorial team has picked the following papers published in 2014 for awards:

**Bishnupriya Devi Award for best Original Article**

A new occlusive patch test system comparable to IQ and Finn chambers

Shaziya Z. Sajun Merchant, Ashlesha D. Vaidya, Anjali Salvi, Rajiv S. Joshi, Rashmikant B. Mohile

Indian J Dermatol Venereol Leprol 2014;80:291-5.

**Indubala Memorial Award for best article on occupational contact dermatitis/contact dermatitis**

Occupational contact dermatitis among construction workers: Results of a pilot study

Vikas Sharma, Vikram K. Mahajan, Karaninder S. Mehta, Pushpinder S. Chauhan

Indian J Dermatol Venereol Leprol 2014;80:159-61.

---

Department of Dermatology and Venereology, All India Institute of Medical Sciences, New Delhi, India

**Address for correspondence:**

Prof. M. Ramam, Editor-in-chief.  
Department of Dermatology and Venereology,  
All India Institute of Medical Sciences, New Delhi - 110 029, India.  
E-mail: editor@ijdvl.com

**Access this article online****Quick Response Code:****Website:**

www.ijdvl.com

**DOI:**

10.4103/0378-6323.148554

**PMID:**

25566887

**Best Case Report**

Lyme disease in Haryana, India

Vijayeeta Jairath, Manu Sehrawat, Nidhi Jindal, V. K. Jain, Parul Aggarwal

Indian J Dermatol Venereol Leprol 2014;80:320-3.

**Best Image in Clinical Practice**

Pediatric tuberous xanthomas

Yugal K. Sharma, Aayush Gupta, Nitin D. Chaudhari

Indian J Dermatol Venereol Leprol 2014;80:335.

**Best Letters to Editor (2 prizes)**

Multibacillary leprosy: Follow-up observations on 19 patients treated with 12 monthly doses of rifampicin, ofloxacin and minocycline therapy in Agra

Anil Kumar, Bhavneswar Kumar Girdhar

Indian J Dermatol Venereol Leprol 2014;80:156-9.

“Swiss cheese” appearance of dilated follicular infundibula in trichotillomania

Rajiv Joshi

Indian J Dermatol Venereol Leprol 2014;80:257-8.

Congratulations to the award winners and thanks to all our contributors for sending their work to us.

**IMAGES**

Like some other specialties, notably radiology and pathology, our subject depends greatly on visual communication. There are many times when we turn to the images in an article first before we take in the text, and when text is unsupported by adequate images, we feel short changed. The

**How to cite this article:** Ramam M. Awards, images, instructions. Indian J Dermatol Venereol Leprol 2015;81:1-3.

**Received:** December, 2015. **Accepted:** December, 2015. **Source of Support:** Nil. **Conflict of Interest:** None declared.

Journal's recognition of their importance is reflected in the increased space for images on the cover and the re-positioning of Images in Clinical Practice to emphasize the picture over text.

Quite clearly, the quality of images in a journal is determined primarily by the quality of images submitted. Some simple precautions can make the difference between a good picture and a pedestrian one and I will deal only with one in this piece. Unlike Dronacharya's pupils who were exhorted to concentrate only on the specific object they were shooting, clinical photographers would do well to look carefully at the background when taking a picture. We receive images with doors, wash basins, lamps, examination tables, friends and relatives in the background. These do not make for publishable images.

Walls may appear to be a convenient and good choice of background but they are often tiled and patterned, or colored nonhomogeneously, and this makes them unsuitable. In our department, we experimented with painting a section of the wall in one room and one side of the door in another to serve as background for clinical pictures. Painting all the walls and doors the same color would avoid restricting photography to two areas but was not considered because dark green is not a cheery color and would not do much for the mood of our patients and doctors! This broad stripe of colored wall and door works fairly well when we need to photograph larger areas of the body but flash reflecting off the paint is a problem. So our first choice continues to be holding a uniformly colored cloth background behind the patient. It is a simple intervention that can significantly improve a picture [Figures 1a and b]. We recommend that this should be a universal precaution: since we do not know which of our pictures will be required for publication, it makes sense to take every picture with a background. The additional effort is slight and renders all our images usable.



**Figure 1: (a) Footwear depigmentation photographed with a uniform cloth background (b) The same patient photographed with a mosaic floor in the background**

What can we do to make images in the Journal better? One simple manouvre is to make sure the image is large enough to see the feature that is being illustrated. Tiny photomicrographs in composite or small clinical images that include the large areas of skin such as the entire back defeat this purpose. We are trying to re-size images so that important findings can be appreciated. We have also changed our author instructions and encourage the submission of single images rather than submitting them as a composite or collage. Even if you believe the images would be better as a composite, please submit the images both as single images and as a composite. We will take an editorial decision on which works better in print and discuss it with you before publication.

## AUTHOR INSTRUCTIONS

We have made some other changes to our author instructions.

### Templates

Our templates for manuscript submission had some elements that were a carryover from the stage when there were restrictions on the types and sizes of files that could be submitted online, and some from the even earlier days of hard copy submission of manuscripts and images. This occasionally resulted in conscientious authors sending hard copies of copyright forms to our office. On one occasion, we were surprised to receive paper copies of the manuscript and a CD with images, but these had been sent in compliance with an instruction on a covering letter that had escaped revision and deletion.

Apart from these superfluous instructions, there were also instances when the word limits and article structure mentioned in the templates differed from those available on our website. We have now harmonized these so that we speak in one voice. There are some additional, minor changes that should make the submission process easier for potential authors. However, if you spot any inconsistencies or lack of clarity, please let us know, and we will try to correct these deficiencies.

### Limitations

We now require structured abstracts for Original Articles and Brief Reports to include a subheading on limitations and an explicit mention of these in the Discussion section of the manuscript. Guidance on how to meet this new requirement is available in an editorial in this issue.<sup>[1]</sup>

**Website**

Our manuscript submission system has been recently overhauled and has a slightly new look and some new procedures and processes. As with all new things, there are some teething problems which have vexed some of you but our systems team is working hard to iron out all the bugs so that the new system delivers a smoother, more efficient user experience. Do continue

to e-mail us or the team at [techsupport@medknow.com](mailto:techsupport@medknow.com) with your problems and feedback.

A happy new year to all our readers!

**REFERENCE**

1. Singh S. Hello limitations! The paradoxical power of limits in scientific writing. *Indian J Dermatol Venereol Leprol* 2015;81:4-6.