

What is Submitted and What Gets Accepted in Indian Pediatrics: Analysis of Submissions, Review Process, Decision Making, and Criteria for Rejection

Piyush Gupta, Geetinder Kaur, Bhawna Sharma, Dheeraj Shah and
*Panna Choudhury

From Departments of Pediatrics, University College of Medical Sciences, Delhi 110 095; and
*Maulana Azad Medical College, New Delhi 110 002, India.

Correspondence to: Dr. Piyush Gupta, Block R-6-A, Dilshad Garden, Near Telephone Exchange,
New Delhi 110 095, India. E-mail: drpiyush@satyam.net.in

Objectives: To identify the characteristics of the manuscripts submitted to the Indian Pediatrics; attributes of the peer-review process and decision-making; and factors associated with their acceptance or rejection. **Methods:** All submissions to Indian Pediatrics during 2002 were analyzed by a retrospective review of records. Manuscripts were categorized by their place of origin (Indian vs. foreign), geographic region of India (north, south, east, west, central), submitting institution (teaching vs. non-teaching), subject (general pediatrics, systemic pediatrics, neonatology, genetic syndrome, allied sub-specialities, etc.), and type of article (research paper, case report, images, letter to editor, review, etc.). Manuscript details were recorded in a database that also included information on peer reviewer assignment, editorial and reviewer comments, and final disposition of the manuscript. Characteristics of accepted and rejected manuscripts were compared. **Results:** Indian Pediatrics received 687 manuscripts for consideration in the year 2002; mostly from Indian authors (89%). Maximum contributions were received from North India (236, 39%) followed by 165 (27%) from South, 95 (16%) from West, 90 (15%) from Central and 26 (4%) from Eastern part of India. Of 687 papers, 457 (66%) articles qualified for peer review. Agreement between the reviewers was not significantly greater than that expected by chance; kappa for inter-rater agreement was 0.35, 0.17 and 0.21 between any two sets of reviewers for 431, 228 and 203 articles, respectively ($P < 0.005$). Of 687 submitted manuscripts, 294 (43%) were accepted, 347 (50%) were rejected and no decision was possible on 46 (7%) manuscripts. The top reasons for rejection were 'absence of a message', 'lack of originality', 'inadequate methods', 'not relevant to journal', 'over-interpretation of results', 'unsatisfactory writing style', 'inaccurate/inconsistent/insufficient data', and 'inappropriate statistical analysis', in that order. Median number of days (IQR) needed to reach the final decision was 81 (25-210) d; ranging from 8 (3-29.5) d for Images to 180 (90-341) d for Research papers. No preference for acceptance was noted for foreign articles, geographic region of India, type of institution, or a particular topic, on both univariate and multivariate analysis. **Conclusion:** Indian Pediatrics is receiving contributions from all over India. Majority of the manuscripts are peer-reviewed. Of every 10 articles submitted, almost 4 are accepted. Median time interval from submission to final decision is less than 3 months. The decision-making is not influenced by the place of origin of manuscript.

Key words: Acceptance, Indian Pediatrics, Journal, Peer-review

Indian Pediatrics, the official scientific publication of Indian Academy of Pediatrics (IAP) is one of the leading peer-reviewed biomedical journals of Asia. The journal is being regularly published on monthly basis since 1964 and is indexed by National Library of Medicine (NLM) in PubMed and Medline. With 16,000 hard copies per month and free full-text availability online (6000 web hits per day), the journal has the potential of making a difference to the health of children in South Asia by influencing clinical practice and policy. From Vol. 42, 2005, *Indian Pediatrics* has been selected for coverage in *Current Contents/Clinical Medicine* and the *Science Citation Index Expanded (SCIE)*; the impact factor of the journal will be known in 2008(1).

Over the years, the journal has tried to adapt it to suit the needs of readers and researchers alike by inviting their comments and holding regular meetings within its editorial board and with the office-bearers of IAP. However, at times, concerns have been raised regarding issues such as narrow author base (articles published mainly from few selected institutions of North India), foreign author bias, validity and consistency of peer-review process, delay in decision-making and biased rejections.

The present study was conducted to evaluate the characteristics of manuscripts submitted to *Indian Pediatrics*; functioning of peer review and decision-making process; and factors determining acceptance or rejection of these submissions. This investigation attempts to generate the relevant information; and make it available to the readers and authors; for the sake of transparency and sustained interest in the journal publication process.

Methods

An article submitted to *Indian Pediatrics* undergoes a strictly uniform editorial process;

the major steps being reception, selection for peer-review, the peer review, review by the editorial board, final decision, and publication, if accepted.

Reception: The article on its receipt in the office is immediately assigned a manuscript number, if the format broadly adheres to 'Author Information'; otherwise it is returned immediately without assigning an identification number. All numbered manuscripts are then referred to the Editor-in-chief.

Initial decision: Articles, not in accordance with the mission and vision of *Indian Pediatrics*, and not of interest to its target readership, are straightaway rejected. Articles submitted for 'Editorials', 'Book reviews' and 'Images' sections are referred to the editorial board for final decision. All other categories of articles considered relevant for the journal are subjected to a blinded peer-review.

Peer-review: A manuscript is sent to at least two peer-reviewers, in a double blind manner. Identity of the authors is masked before sending the article to the reviewer; similarly, reviewers' identity is also not known to the author. Additional reviewers are sought for articles with multispeciality interest, policy implications, and those from the members of the editorial board. Opinion of a biostatistician is sought on articles with lot of statistics. Reviewers are given 4-6 weeks time to respond. A reminder is sent if there is no response. Additional reviewers are commissioned, if there is no response even after another 2 weeks. Once the reviewers' comments and recommendations are received, they are analysed by the editor(s), leading them to the decision of whether to accept it in the current version, return it to the authors with a request to prepare a new modified version, or a definitive rejection. Authors are given 12 weeks to resubmit their revised manuscript.

This revised paper is again sent to the original reviewers of this paper for reappraisal.

Decision-making: The process of modification by the authors, reappraisal by the original reviewers, and editors' analysis continues till the manuscript is either deemed fit for publication, or rejection. The final acceptance letter is, however issued only after the manuscript clears the technical and language editing by one of the editors. Manuscripts also have to clear the Ethical Board of Indian Pediatrics.

Role of editorial board: The Editor-in-chief and the editorial team decides the overall policy and content of the journal, ensures that it adheres to a strict publication schedule (journal is posted on 17-18th of each month), keep authors informed about their articles, select peer-reviewers and initiate the review process, commission articles for editorials *etc.*, supervise the distribution and dispatch of the journal, and manage the day to day administration of journal office. They are assisted by 3 clerical staff for maintaining records, accounts, and website; and 2 peons.

Data collection and analysis

For the purpose of this analysis, all manuscript files created between January 1 and December 31, 2002 were retrieved and the details were entered in a database. Information was collected for each manuscript pertaining to its place of origin (country, state); type of submitting institution (whether teaching/research or non-teaching), date of submission; category of submission (original article, brief report, review, case report, letter, images, editorial, *etc.*); and topic of the paper (general pediatrics; systemic pediatrics; neonatology; genetic syndrome; allied sub-specialities including pediatric surgery, ophthalmology, ENT, radiology, psychiatry, dermatology; and all others). The initial decision of the editor on

submitting manuscript was recorded. A note was made on whether the manuscript was reviewed and decided by the editorial board or was selected for peer-review. For manuscript going for peer-review, number of allotted reviewers was noted. Additional reviewers, if required later were also added to this number. Recommendation of each of the reviewers was categorized as 'accept', 'resubmit with revision' and 'reject'. For a particular manuscript, comments of all reviewers were tabulated separately. Number of revisions required by each manuscript was also noted. Finally, the editors' decision on the manuscript was recorded; reasons for rejection were listed (based on reviewers and editors assessment); and the date of decision was noted. Time taken from submission to final decision was calculated for each manuscript.

Acceptance rate (defined as number of articles accepted to number submitted) was compared between Indian and foreign manuscripts; different regions of India (North [Chandigarh, Delhi, Haryana, Jammu and Kashmir, Punjab, Rajasthan, Uttaranchal], South [Andamans, Andhra Pradesh, Kerala, Karnataka, Pondicherry, Tamil Nadu], East [Bihar, West Bengal, Orissa, Jharkhand, Assam, North Eastern States], West [Goa, Gujarat, Maharashtra], and Central [Uttar Pradesh, Madhya Pradesh, Chattisgarh]); teaching and non-teaching institutions (all institutions running an undergraduate/postgraduate course or involved in research were included as teaching); category of articles (Original articles and Brief reports were considered together as Research papers); and topic of the submitted paper.

Statistical analysis: Descriptive data is presented as mean (SD), median (inter quartile range [IQR]), numbers and frequencies. Quantitative variables were compared by

'*t* test' or 'analysis of variance'; and categorical variables by 'Chi square' or Fisher's exact test. Inter-reviewer agreement was evaluated by kappa statistic. Logistic regression analysis was employed to assess whether the fate of manuscript (accepted vs. rest) is affected by the country affiliation of the author, type and geographical region of submitting institution, category of article, and topic of the submitted paper. $P < 0.05$ was considered as significant.

Results

Place of origin

A total number of 687 manuscripts were received in the year 2002. Of these, 612 (89%) were from India and 75 (11%) from 17 other countries. Manuscripts were received from Turkey ($n = 32$), Iran ($n = 11$), UK and Brazil (5 each), Oman and Australia (4 each), USA, Canada and Bangladesh (2 each) and 1 each from Russia, Pakistan, Greece, Nigeria, Kuwait, Switzerland, Nepal and Germany.

State-wise distribution of manuscripts received from different Indian states is shown in Fig. 1. Of these, 236 (39%) submissions were from Northern India; followed by 165 (27%) from South, 95 (16%) from West, 90 (15%) from Central and 26 (4%) from Eastern part of India. Two-thirds (66%) of the manuscripts were received from teaching institutions. As expected, majority (80%) of all research papers originated from teaching institutions. Submissions for 'Images' section, however, predominated the manuscripts from non-teaching institutions (27%) as compared to 13% from teaching institutions ($P < 0.05$). For all other categories, proportion of manuscripts was comparable between teaching and non-teaching institutions.

Category of submissions

Research articles (both original articles and brief reports) accounted for maximum sub-missions ($n = 214$, 31%), followed by Case Reports ($n = 191$, 28%), Letters to Editor

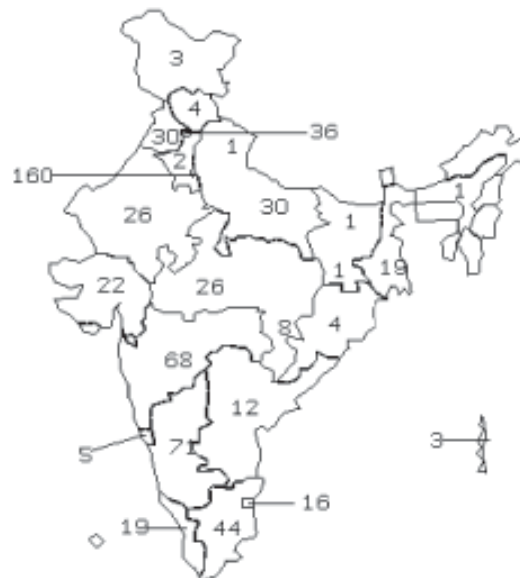


Fig. 1. Number of manuscripts submitted from various Indian States during the year 2002

(*n* = 119, 17%), Images (*n* = 93, 14%), and Reviews (*n* = 41, 6%). Remaining manuscripts (*n* = 29) included editorials, technical guidelines, viewpoints, and book reviews.

Figure 2 shows the distribution of manuscript category to place of origin. Most (55%) contributions from foreign authors were in the form of research articles, as compared to 28% by Indian authors (*P* < 0.01). Almost all manuscripts for the Reviews and Images sections were contributed by authors from India. Editorials were commissioned/contributed mainly by foreign authors.

Table I shows that all regions submitted comparable proportion of research papers out of total submissions. Case reports constituted the maximum proportion of manuscripts submitted from West India, as compared to other regions (*P* < 0.05). Proportion of contributions to Images and Letter sections were maximum from Southern and Central Indian states, respectively.

Subject of manuscript

Articles were received from all spheres of Pediatrics; maximum contributions related to systemic pediatrics (*n* = 185, 27%), followed by those from General Pediatrics (*n* = 126,

18%). Neonatology articles constituted 9% of total submissions (*n* = 63). Another major group was that of Genetic syndromes (*n* = 97, 14%). Manuscripts were also received from allied subspecialties (*n* = 86, 12%); remaining papers were of miscellaneous nature (*n* = 130, 19%). Subject wise distribution of category of submissions is depicted in Table II.

Initial Decision

Of 687 manuscripts submitted to *Indian Pediatrics*, immediate in-house decision by the editorial board was taken for 230 (34%) articles; 88 (13%) were straightaway accepted, while 142 (21%) were issued a letter of rejection. letters to editor (*n* = 73), Images (*n* = 91), solicited reviews (*n* = 9), book reviews and editorials (*n* = 17) accounted for 83% of all in-house decisions. Only 15 research papers and 25 case-reports were turned down without initiating peer-review process; these were either not relevant to the target readership, had an overall improper format, or poorly presented.

Peer review

Peer review process was initiated for 457 (65.9%) articles. More than 90% of research papers, 86.6% of Case-reports, and 82.4% of

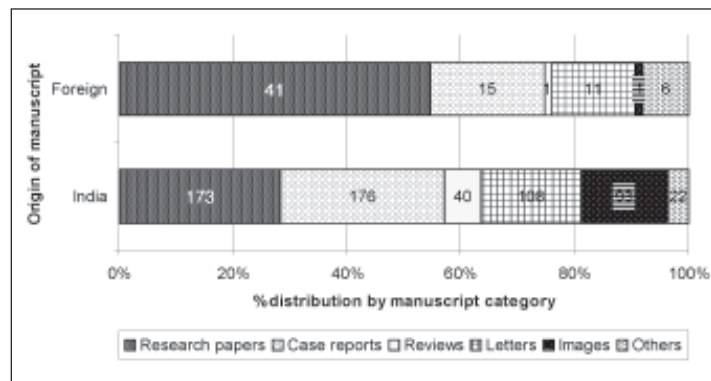


Fig. 2. Distribution of manuscript category to place of origin

TABLE I—Category-wise Distribution of Submissions from Various Geographical Regions of India

Submission category	All regions (n = 612)	North (n = 236)	East (n = 26)	West (n = 95)	South (n = 165)	Central (n = 90)
Research paper	173 (28.3)	72 (30.5)	9 (34.6)	26 (27.4)	40 (24.2)	26 (28.9)
Case Report	176 (28.7)	74 (31.4)	7 (26.9)	38 (40.0)	41 (24.8)	16 (17.8)
Review	40 (6.5)	19 (8.1)	3 (11.5)	6 (6.3)	7 (4.2)	5 (5.6)
Letter to Editor	108 (17.6)	34 (14.4)	4 (15.4)	15 (15.8)	26 (15.8)	29 (32.2)
Images	93 (15.2)	24 (10.2)	3 (11.5)	9 (9.5)	46 (27.9)	11 (12.2)
Others	22 (3.6)	13 (5.5)	0 (0.0)	1 (1.0)	5 (3.0)	3 (3.3)

Figures in parentheses indicate percentages.

TABLE II—Subjectwise Distribution of Category of Submissions

Subject	All Manuscripts (n = 687)	Research paper (n = 214)	Case report (n = 191)	Review (n = 41)	Letter to Editor (n = 119)	Images (n = 93)	Others (n = 29)
Systemic Pediatrics	185 (26.9)	64 (29.9)	70 (36.6)	13 (31.7)	24 (20.2)	8 (8.6)	6 (20.7)
Neonatology	63 (9.2)	32 (15.0)	10 (5.2)	4 (9.8)	10 (8.4)	4 (4.3)	3 (10.3)
Genetic syndromes	97 (14.1)	13 (6.1)	34 (17.8)	2 (4.9)	2 (1.7)	46 (49.5)	0
General Pediatrics	126 (18.3)	43 (20.1)	29 (15.2)	4 (9.8)	39 (32.8)	8 (8.6)	3 (10.3)
Subspecialties	86 (12.6)	12 (5.6)	36 (18.8)	2 (4.9)	9 (7.6)	24 (25.8)	3 (10.3)
Miscellaneous	130 (18.9)	50 (23.4)	12 (6.3)	16 (39.0)	35 (29.4)	3 (3.2)	14 (48.3)

Figures in parentheses indicate percentages.

Reviews were sent for peer review. Only 38% of Letters and 3% of Images required peer-review.

Of all manuscripts sent for peer-review, 203 (45%) were sent to 3 or more reviewers, 228 (50%) to 2 reviewers and remaining 26 to a single reviewer.

Agreement between the reviewers as to whether manuscripts should be accepted, revised or rejected was not significantly greater than that expected by chance. Kappa for inter-rater agreement was 0.35, 0.17 and 0.21 between any two sets of reviewers for 431, 228 and 203 articles, respectively ($P < 0.005$). Overall, the discrepancy between

the reviewers was more than 50%. However, the editors were more likely to publish papers when both reviewers recommended acceptance than when they disagreed or recommended rejection. Additionally, there was poor agreement between the reviewers in deciding the priority of publication.

Editorial decision after peer-review

Initial reviews were available for 457 manuscripts. Based on these comments and evaluation by at least one editorial board member, 173 papers were rejected, 268 were sent back to authors for revision, and 16 were accepted. Decision on maximum manuscripts ($n = 116, 43%$) could be arrived at after a single

revision. Two revisions were required by 79 papers (29%); another 58 manuscripts (22%) necessitated 3 revisions; 11 (4%) manuscripts were revised 4 times; two manuscripts were revised 5 times; and 6 and 7 revisions were required for 1 manuscript each. Of those sent for revision, 190 (71%) were accepted and 32 (12%) were rejected. No final decision could be taken on 46 manuscripts (17%) because of non-response by the authors despite repeated reminders, withdrawal by the authors, or ethical reasons; these files were closed.

Final decision

Of 687 submitted manuscripts, 294(43%) were accepted, 347 (50%) were rejected and no decision was possible on 46 (7%) manuscripts. The top ten reasons for rejection are summarized in *Table III*.

Median number of days (IQR) needed to reach the final decision was 81 (25-210) d. The waiting period was maximum for Original articles and Brief Reports [180 (90-341) d] and minimum for Images [8 (3-29.5) d]. Median days (IQR) to final decision for Case

Reports, Reviews and Letters was 100 (40-210), 106 (42.5-210), and 36 (19.5-90) days, respectively. *Figure 3* shows that for all categories of article (except Images and commissioned articles), it took much lesser time to reject than to accept them.

Factors affecting acceptance

Acceptance rate of Indian and foreign submissions was 43% and 42%, respectively ($P = 0.55$). The acceptance rate was similar (43%) for manuscripts from teaching and non-teaching institutions.

Acceptance rate of articles from North India (118/235, 50%) was not statistically different from that of Western (44/95, 46%), and Southern (66/165, 40%) regions of the country (all $P > 0.05$). Lower acceptance rate was observed for manuscripts from Eastern (8/26, 31%) and Central (26/90, 29%) India.

Acceptance rate was comparable for Research papers (85/214, 40%), Case reports (74/191, 39%), Reviews (15/41, 37%) and Images (33/93, 36%). Acceptance rate was higher for Letters to the editor (66/119, 56%) and commissioned articles (21/29, 72%).

Papers from allied sub-specialties had the highest acceptance rate of 63% (54/86), as compared to papers from systemic pediatrics (42%), neonatology (44%), and general pediatrics (34%). Lowest acceptance rate (29%) was documented for manuscripts concerned with genetic syndromes.

On multivariate logistic regression, the only factor having a significant association with higher acceptance rate was the paper being a Letter to the Editor or commissioned article. No preference for acceptance was noted for foreign articles, region of India, type of institution (teaching or else), or a particular topic.

TABLE III—Top Ten Reasons for Rejection of Manuscripts in Indian Pediatrics

Reason for rejection	Percentage
1. Absence of a message	54.5
2. Poor originality	43.5
3. Poor methodology	28.2
4. Not relevant to journal	25.4
5. Over-interpretation of results	25.4
6. Inappropriate writing style/grammar	24.2
7. Inaccurate/inconsistent data	17.0
8. Poor statistical analysis	9.8
9. Insufficient data	8.0
10. Unsatisfactory illustrations/tables	5.2

More than one reason might be operating for a given manuscript.

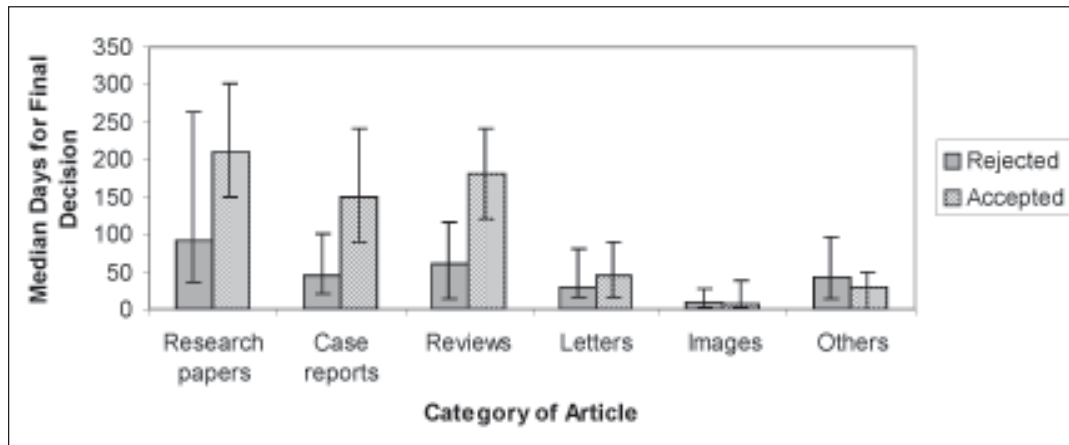


Fig.3. Time taken [median (IQR)] for Final Decision on Accepted vs Rejected Articles

Discussion

We conducted a retrospective analysis on submissions, peer review process, and the acceptance of articles submitted during the year 2002. The analysis year was chosen as 2002 because of the spillage of manuscripts submitted during the calendar year over subsequent 2 years leading to final decision regarding all manuscripts submitted only by the end of 2004. At the time of start of this study, this was the most recent year for which decisions on all manuscripts had been taken. There is no reason that analysis of “*Indian Pediatrics 2002 submissions*” is not generalizable to other recent years as there has not been any major change in the constitution of editorial board or reviewer database since then. The number of submissions has however gone up from 687 (2002) to 805 (2004). Number of submissions to *Indian Pediatrics* is higher than that for *Indian Journal of Medical Research* [manuscripts received (year): 2002 (307), 2003 (375), 2004 (405), and 2005 (490)] (personal communication) even though *Indian Journal of Medical Research (IJMR)* is a general medical journal. *Journal of Postgraduate Medicine*, published quarterly

from Mumbai received 770 manuscripts for review in 2005(2). These are much lower than submission rates to major general, medical journals such as *BMJ* (6000-7000 per annum)(3). Similar data were not available for *Indian Journal of Pediatrics*, the only other indexed pediatric journal from India.

Journals are often accused of publishing more material from its place of publication. It is expected that the journals get more articles from and near the area where it is based. What is to be seen whether the proximity of the place to the journal has any influence on the acceptance rate. In the present study, the maximum contributions were from Northern India (area in proximity to ‘Delhi’ the journal base) followed by Southern and Western India. Factors that could have influenced the higher submissions from Northern region include comparatively higher population of subjects, researchers, doctors, and tertiary care teaching hospitals/institutes in this geographic area including All India Institute of Medical Sciences (AIIMS), Delhi and Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh. However, we did not observe any regional preference in the

Key Messages

- Research articles contribute maximally to manuscripts submitted for consideration of publication to *Indian Pediatrics*.
- Lack of message and originality, poor methodology, over-interpretation of results are the major reasons for rejection of articles.
- Acceptance rate of manuscripts from different regions of the country are comparable indicating no regional preference and highlights unbiased peer-review and decision-making policy of '*Indian Pediatrics*'.
- Increasing number of manuscript submission with declining acceptance rate over the years indicate stricter peer-review process and compares favorably with reputed indexed journals.

acceptance rate of manuscripts from different regions of India. This highlights the journal's policy of unbiased peer-review and decision-making.

It is a good sign that *Indian Pediatrics* received maximum contributions in form of research articles. This is expected if teaching institutions contribute more to the journal. Research and publication is an integral part of duties/responsibilities of postgraduate students, residents and faculty. It was heartening to note that practitioners and those from non-teaching institutions are also contributing equally to other sections of *Indian Pediatrics*; especially to the Images section.

Peer-review is supposed to improve the credibility and quality of a paper(4,5). This is despite the fact reported by most journals that inter-rater agreement between reviewers generally ranges from fair to poor(6-8). Present study confirms this fact with respect to *Indian Pediatrics*. Another drawback of peer-review is that most articles rejected in peer-review by one journal are able to clear the peer-review process and get published in another journal!(9,10). Yet another issue is whether peer-review should be masked or not? A survey conducted in 1988 revealed that only 16 of the 86 journals examined were following blinding the reviewers(11). A randomized

controlled trial(12) has indicated that "masking reviewers to author identity does not improve the quality of reviews". There is no study to suggest for or against the utility of blinded peer review in Indian settings. Most of reviewers and authors of articles submitted to *Indian Pediatrics* are from India. It is also being felt lately that despite masking, reviewers sometimes are probably able to guess the authors' identity. This is expected, as the researcher database in India is limited to few institutes only. There is a need to conduct a detailed analysis of various aspects of peer review at *Indian Pediatrics* to answer all these issues.

The top ten reasons for rejection of articles in *Indian Pediatrics* are similar to that reported earlier(13); originality, carrying of a message and sound study design are usually enough for the editor to consider the paper(14). To have an ultimate favorable decision, it is up to the author to sense the mood of the editor and revise it accordingly. The acceptance rate of 42% at *Indian Pediatrics* is much higher than *IJMR*, which reports an acceptance rate of only 19% in 2004 and 27% in 2005 (personal communication). However, *Indian Pediatrics* has also noted a downward trend in the acceptance rate in most recent years (approximately 30% in 2004 and 2005;

personal communication). Due to increase in the number of submission of articles, *Journal of Postgraduate Medicine* also reported a declining acceptance rate which was approximately 20% in the year 2005(2). Acceptance rate for *Indian Journal of Pediatrics* was not available. The declining acceptance rate of manuscripts over the years (42 % to 30%) by *Indian Pediatrics* indicate stricter peer-review process and compares favorably with western journals including *The Lancet* and *BMJ* (10-12%)(4). It is well known that the rejection rate also tends to rise with increasing number of submissions; mainly due to relative shortage of print space in the journal. This increases the chances of acceptance of a crisp and concise manuscript(15).

Data are not available to compare the submission to acceptance period of *Indian Pediatrics* with other biomedical journals in India. However, there is a general feeling that the disposition of articles is definitely faster at *Indian Pediatrics*. *Journal of Postgraduate Medicine*, Mumbai has claimed to be having a mean submission to acceptance period of just 69 days(2); however, no breakup is available according to the category of the article and whether this included rejected papers also.

Medical journals are the main sources of dissemination of new knowledge, changes in practices and policies and research ideas related to life sciences. What gets published in a journal has long-term and widespread implications. However, often the journals are accused of a biased approach in publication preferring reputed/influential authors, authors from a particular region or institute and biased peer-review process. The editor of the journal is often perceived as a “demon”, whose sole purpose is to find faults with the articles and finding one or other ground for rejecting the article(16). It is therefore pertinent that the journals themselves do a regular self-appraisal

and present the results to the concerned readers to maintain transparency. It is also important to appraise the researchers and authors of the factors associated with acceptance or rejection of the articles so that the quality of submissions could be improved, and publication time decreased. We hope that the present article serves as a humble beginning.

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Competing interests: PG and PC are Associate editor and Editor-in-Chief of *Indian Pediatrics*, respectively. DS is member of the editorial board. They work for *Indian Pediatrics* in an honorary capacity and do not stand to gain financially by increase in its authorship/readership.

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