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Announcements

Future Meetings

Clinical Disorders of Bone and Mineral Metabolism
May 9-13, 1983
Hyatt Regency Hotel
Detroit, Michigan

Sponsored by Henry Ford Hospital, Division of Bone and Mineral Metabolism, this five-day symposium is intended to address pertinent issues of current interest in diseases that involve disturbed bone and mineral metabolism. Interaction between clinicians and basic scientists will be encouraged, and time will be allowed for open discussion. Proceedings of the symposium will be published by Excerpta Medica. Category I CME credit will be granted on an hour-for-hour basis.

The program will include the following sessions:

Monday, May 9, 1983

Session I: Parathyroids — John T. Potts, Jr., Moderator
Session II: Vitamin D — John G. Haddad, Moderator
Session III: Bone Mass and Morphometry — A. Michael Parfitt, Moderator
Session IV: Miscellaneous Laboratory Studies in Metabolic Bone Disease — Stephen Krane, Moderator

Sessions V and VI: Scientific Posters and Discussion

Tuesday, May 10, 1983

Session VIII: Management of Primary Hyperparathyroidism—Michael Kleerekoper, Moderator
Session IX: Secondary Hyperparathyroidism in PTH Mediated Bone Loss — Michael Kleerekoper, Moderator
Session X: Osteomalacia — A. Michael Parfitt, Moderator
Sessions XI and XII: Scientific Posters and Discussion

Wednesday, May 11, 1983

Session XIII: Renal Osteodystrophy — Jack Coburn, Moderator
Session XIV: Neoplastic and Granulomatous Hypercalcemia — John T. Potts Jr., Moderator

Thursday, May 12, 1983

Session XV: Osteoporosis — Conrad Johnston, Moderator
Session XVI: Paget's Disease — Stephen Krane, Moderator
Session XVII: Idiopathic Hypercalciuria — Fredric L. Coe, Moderator

Session XVIII: Calcium Disorders in Childhood — John Haddad, Moderator
Session XIX: Scientific Posters

Friday, May 13, 1983

Sessions XX and XXI: Free Communications and Informal Discussion

For more information and a registration program, contact the Medical Education Office, Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI 48202 (313) 876-1464.

Basic Microsurgery

April 12-June 2, 1983
Tuesday and Thursday, 6-8 pm
Room 3075 Education and Research Center
Henry Ford Hospital
Detroit, Michigan

Sponsored by the Departments of Surgery, Neurological Surgery, and Plastic Surgery of Henry Ford Hospital, this eight-week program will provide basic microsurgical instruction with practical hands-on applications of techniques. It is currently open to staff surgeons and surgical residents. Category I CME credit will be offered.

For further information, contact Dr. Donald Ditmars, Department of Plastic Surgery, Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI 48202 (313) 876-2683.

Intraocular Lens Update 1983

Saturday, June 18, 1983
Room 2055
Education and Research Building
Henry Ford Hospital
Detroit, Michigan

This one-day meeting sponsored by the Department of Ophthalmology of Henry Ford Hospital will focus on a discussion of current intraocular designs and techniques by two leaders in the field, Mr. D. Peter Choyce from Southend-on-Sea, England and Dr. Richard Keats from Columbus, Ohio. Registration fee: $100. Category I CME credit will be offered.

For further information, contact the Office of Medical Education, Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI 48202 (313) 876-1464.

Ear, Nose and Throat for the Primary Care Physician

September 14, 1983

For further information, contact the Office of Medical Education, Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI 48202 (313) 876-1464.
Instructions for Authors*
Henry Ford Hospital Medical Journal

Submission of Manuscripts
Submit the original and two copies of the manuscript and three complete sets of figures in heavy paper envelopes. The manuscript should be accompanied by a covering letter and by permissions to reproduce previously published materials or to use illustrations that may identify subjects. Authors should keep copies of everything submitted. The style of writing used in the manuscript should be consistent with good English usage: clear, succinct, and correct. Papers accepted for publication are subject to editing and revision, if needed, with the author's approval. Twenty-five reprints will be made available without charge to the first author of each paper published.

Manuscripts should be accompanied by a covering letter from the author who will be responsible for correspondence regarding the manuscript. The covering letter should contain a statement that the manuscript has been seen and approved by all authors. The letter should give any additional information that may be helpful to the editor, such as the type of article the manuscript represents in the particular journal, information or publication of any part of the manuscript, and whether the author(s) will be willing to meet the cost of reproducing color illustrations. Include copies of any permissions needed to reproduce published material or to use illustrations of identifiable subjects.

Mail the required number of manuscript copies in a heavy paper envelope, enclosing the manuscript copies and figures in cardboard, if necessary, to prevent bending of photographs during mail handling. Place photographs and transparencies in a separate heavy paper envelope.

Manuscript Preparation
Type manuscript on white bond paper, 20.3 by 26.7 cm or 21.6 by 27.9 cm (8 by 10½ in or 8½ by 11 in) or ISO A4 (212 by 297 mm) with margins of at least 2.5 cm (1 in).

Type manuscript double spaced throughout, including title page, abstract, text, acknowledgments, references, tables, and legends for illustrations.

Begin each of the following sections on separate pages: title page, abstract and key words, text, acknowledgments, references, individual tables, and legends.

Number pages consecutively, beginning with the title page. Type the page number in the upper right-hand corner of each page.

Manuscripts will be reviewed for possible publication with the understanding that they are being submitted to one journal at a time and have not been published, simultaneously submitted, or already accepted for publication elsewhere. This does not preclude consideration of a manuscript that has been rejected by another journal or of a complete report that follows publication of preliminary findings elsewhere, usually in the form of an abstract. Copies of any possibly duplicative published material should be submitted with the manuscript that is being sent for consideration.

Title Page
The title page should contain: 1) the title of the article, which should be concise but informative; 2) a short running head or footline of no more than 40 characters (count letters and spaces) placed at the foot of the title page and identified; 3) first name, middle initial, and last name of each author, with highest academic degree(s); 4) name of department(s) and institution(s) to which the work should be attributed; 5) disclaimers, if any; 6) name and address of author responsible for correspondence about the manuscript; 7) name and address of author to whom requests for reprints should be addressed or statement that reprints will not be available from the author; 8) the source(s) of support in the form of grants, equipment, drugs, or all of these.

Abstract and Key Words
The second page should carry an abstract of not more than 150 words. The abstract should state the purposes of the study or investigation, basic procedures (study subjects or experimental animals and observational and analytic methods), main findings (give specific data and their statistical significance, if possible), and the principal conclusions. Emphasize new and important aspects of the study or observations. Use only approved abbreviations.

Key indexing terms: Below the abstract provide and identify as such, three to 10 key words or short phrases that will assist indexers in cross-indexing your article and that may be published with the abstract. Used terms from the Medical Subject Headings list from Index Medicus whenever possible.

Acknowledgments
Acknowledge only persons who have made substantive contributions to the study. Authors are responsible for obtaining written permission from everyone acknowledged by name because readers may infer their endorsement of the data and conclusions.

References
Number references consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals (in parentheses). References cited only in tables or in legends to figures should be numbered in accordance with a sequence established by the first identification in the text of the particular table or illustration.

Use the form of references adopted by the U.S. National Library of Medicine and used in Index Medicus. Use the style of the examples cited at the end of this section, which has been approved by the National Library of Medicine.

The titles of journals should be abbreviated according to the style used in Index Medicus; consult the "List of Journals Indexed," printed annually in the January issue of Index Medicus.

Try to avoid using abstracts as references; "unpublished observations" and "personal communications" may not be used as references, although references to written, not verbal, communications may be inserted (in parentheses) in the text. Include among the references manuscripts accepted but not yet published; designate the journal followed by "in press" (in parentheses). Information from manuscripts submitted but not yet accepted should be cited in the text as "unpublished observations" (in parentheses).

The references must be verified by the author(s) against the original documents.

Tables
Type each table on a separate sheet; remember to double space. Do not submit tables as photographs. Number tables consecutively and

Announcements

supply a brief title for each. Give each column a short or abbreviated heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table. For footnotes, use the following symbols in this sequence: *, †, ‡, §, ¶, **, ††, . . . Identify statistical measures of variations such as SD and SEM.

Omit internal horizontal and vertical rules.

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If you use data from another published or unpublished source, obtain permission and acknowledge fully.

Illustrations

Submit three complete sets of figures. Figures should be professionally drawn and photographed; freehand or typewritten lettering is unacceptable. Instead of original drawings, roentgenograms, and other material, send sharp, glossy black-and-white photographic prints, usually 12.7 by 17.3 cm (5 by 7 in) but no larger than 20.3 by 25.4 cm (8 by 10 in). Letters, numbers, and symbols should be clear and even throughout, and of sufficient size that when reduced for publication each item will still be legible. Title and detailed explanations belong in the legends for illustrations, not on the illustrations themselves.

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Photomicrographs must have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background.

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Abbreviations


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