Back Matter
Submission of Manuscripts

Submit the original and two copies of the manuscript and three complete sets of figures. The manuscript should be accompanied by a covering letter and permission from the original source to reproduce previously published materials or to use illustrations that may identify subjects. All authors will be required to sign a certificate of exclusive submission and transfer of copyright form. The corresponding author should be clearly indicated. The material should be written in Standard American English with attention to clear, succinct, and correct grammar. The covering letter should provide any additional information that would be helpful to the editor, such as the type of article and whether the author(s) would be willing to incur the cost of reproducing color illustrations. All accepted manuscripts are subject to editing and revision by the editorial staff. The corresponding author will be advised of these changes.

Mail the required number of manuscript copies in a heavy paper envelope and enclose any figures in cardboard to prevent bending of photographs during mail handling. Place photographs and transparencies in a separate heavy paper envelope. Retain a copy of all materials sent to the Journal.

Manuscript Preparation

Type manuscript on white bond paper, 20.3 by 26.7 cm or 21.6 by 27.9 cm (8 by 10 1/2 in or 8 1/2 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 as an abstract.

Title page

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

Abstract and key words

The abstract should not exceed 150 words. It 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.

Three to five key words or short phrases should follow the abstract and be identified as key terms to assist in indexing your article. Use terms from the Medical Subject Headings list from Index Medicus.

Acknowledgments

Acknowledge only persons who have made substantive contributions to the study. Authors are responsible for obtaining written permission from everyone acknowledged by name.

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 figure legends 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 US National Library of Medicine (and used in Index Medicus) in the style of the following example:


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

In the case of books, the author(s) of a chapter, title of the chapter, editor(s) of the book edition, city, publisher, year, and specific pages must be provided as follows:


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 "submitted for publication" (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 supply a brief title for each. Give each column a short or abbreviated title that should be concise but informative; a short running head or footnote of no more than 40 characters (count letters and spaces) placed at the foot of the title page and identified; first name, middle initial, and last name of each author, with highest academic degree(s); name of department(s) and institution(s) to which the work should be attributed; disclaimers, if any; name and address of author responsible for correspondence about the manuscript; name and address of author to whom requests for reprints should be addressed, or statement that reprints will not be available from the author; and the source(s) of support in the form of grants, equipment, drugs, or all of these.

Abstract and key words

The abstract should not exceed 150 words. It 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.

Three to five key words or short phrases should follow the abstract and be identified as key terms to assist in indexing your article. Use terms from the Medical Subject Headings list from Index Medicus.

Acknowledgments

Acknowledge only persons who have made substantive contributions to the study. Authors are responsible for obtaining written permission from everyone acknowledged by name.

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 figure legends 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 US National Library of Medicine (and used in Index Medicus) in the style of the following example:


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

In the case of books, the author(s) of a chapter, title of the chapter, editor(s) of the book edition, city, publisher, year, and specific pages must be provided as follows:


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 "submitted for publication" (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 supply a brief title for each. Give each column a short or abbreviated title that should be concise but informative; a short running head or footnote of no more than 40 characters (count letters and spaces) placed at the foot of the title page and identified; first name, middle initial, and last name of each author, with highest academic degree(s); name of department(s) and institution(s) to which the work should be attributed; disclaimers, if any; name and address of author responsible for correspondence about the manuscript; name and address of author to whom requests for reprints should be addressed, or statement that reprints will not be available from the author; and the source(s) of support in the form of grants, equipment, drugs, or all of these.

Abstract and key words

The abstract should not exceed 150 words. It 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.

Three to five key words or short phrases should follow the abstract and be identified as key terms to assist in indexing your article. Use terms from the Medical Subject Headings list from Index Medicus.

Acknowledgments

Acknowledge only persons who have made substantive contributions to the study. Authors are responsible for obtaining written permission from everyone acknowledged by name.

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 figure legends 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 US National Library of Medicine (and used in Index Medicus) in the style of the following example:


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

In the case of books, the author(s) of a chapter, title of the chapter, editor(s) of the book edition, city, publisher, year, and specific pages must be provided as follows:


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 "submitted for publication" (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 supply a brief title for each. Give each column a short or abbreviated title that should be concise but informative; a short running head or footnote of no more than 40 characters (count letters and spaces) placed at the foot of the title page and identified; first name, middle initial, and last name of each author, with highest academic degree(s); name of department(s) and institution(s) to which the work should be attributed; disclaimers, if any; name and address of author responsible for correspondence about the manuscript; name and address of author to whom requests for reprints should be addressed, or statement that reprints will not be available from the author; and the source(s) of support in the form of grants, equipment, drugs, or all of these.
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: *, †, ‡, §, ††, †‡, ‡‡, †§, †‡‡, ‡§. These symbols are doubled, if necessary. Identify statistical measures of variations such as SD and SEM.

Omit internal horizontal and vertical rules.

Cite each table in the text in consecutive order.

If data from another published or unpublished source are used, 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, radiographs, 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.

A label on the back of each figure should indicate the figure number, authors' names, and the top of the figure. Do not write on the back of the figures or mount them on cardboard, or scratch or mar them using paper clips. Do not bend figures.

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

When photographs of persons are used, the subjects must not be identifiable, or written permission for use must accompany the photograph.

Cite each figure in the text in consecutive order. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Permission is required, regardless of authorship or publisher except for documents in the public domain.

For color illustrations, supply color negatives or positive transparencies and, when necessary, accompanying drawings marked to indicate the region to be reproduced; in addition, send two positive color prints to assist editors in making recommendations. Illustrations will be published in color only if the author assumes the extra cost.

Legends for illustrations
Type legends for illustrations double-spaced, starting on a separate page with arabic numerals corresponding to the illustration. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain internal scale and identify method of staining in photomicrographs.

Abbreviations
Use only standard abbreviations. Consult the following three sources for additional standard abbreviations:


Avoid abbreviations in the title. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

In most countries the International System of Units (SI) is standard or is becoming so. Report measurements in the units in which they were made. Journals may use these units, convert them to another system, or use both.
Announcements

Future Meetings
Seminar and Workshop on Laser Bronchoscopy
April 24-25, and October 9-10, 1986
Program Director: Paul A. Kvale, MD
Designed for pulmonologists and thoracic surgeons, this course provides the practitioner an opportunity to become skilled in the use of CO2 and YAG lasers. Enrollment is limited.

Considerations in Home Parenteral Antibiotic Therapy
May 21 or June 4, 1986
Program Director: Louis Saravolatz, MD
This program is targeted for family and general practitioners, general internists, pediatricians, orthopedic surgeons, physician assistants, and nursing home directors and administrators. The program will increase awareness of the need for home parenteral antimicrobial chemotherapy, discuss new antimicrobials and their potential advantages over established agents in home therapy, and review the efficacy and safety of home parenteral antibiotic chemotherapy.

Scientific Meeting: HFH Ophthalmology Alumni Reunion
June 6-7, 1986
Program Director: Leslie Fisher, MD
All ophthalmologists will be interested in attending this meeting.

Primary Care Medicine Series—Part III
September 13, 1986
Program Director: William Rutt, MD
Designed for general internists, family physicians, physician assistants, and clinical nurse specialists, this seminar focuses on common problems encountered in adult general medicine, with emphasis on office management.

Cardiology for the Primary Care Physician
September 1986
Program Director: Charles Webb, MD
All cardiologists and primary care physicians will find this course useful.

Carcinoma of the Breast
September 1986
Program Director: Beatrice L. Madrazo, MD
The interdisciplinary approach to treatment will be presented. All primary care physicians will find the program informative and useful.

Gastroenterology Update
September 1986
Program Director: Surinder K. Batra, MD
This course is designed for the primary care physician and will stress advances as well as accurate diagnostic tools and management.

Workshop in Modern Dissection Techniques of Bone Biometals and Bioplastics
October 6-11, 1986
Program Director: Manuel Dujoynoy, MD
Designed for neurosurgeons and orthopedic surgeons, this course explores current concepts in boneworking through lectures, conferences, and clinical procedures on video. Surgeons will participate in hands-on workshops with advanced pneumatic instrumentation and will be furnished sufficient materials and advice necessary for any special procedure.

Infections in the Diabetic
October 7, 1986
Program Director: Louis Saravolatz, MD
Endocrinologists will find this course informative and useful.

For further information on these meetings, contact the Office of Medical Education, Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI 48202; (313)876-3073.

Referring Physician Office
Henry Ford Hospital’s Referring Physician Office has a 24-Hour Consult Line (1-800-662-8242 in Michigan, 1-800-521-7946 in the USA). Physicians can call toll-free to discuss patient problems with a member of the senior medical staff, to discuss a possible referral, arrange medically supervised transportation, or to obtain general information about Henry Ford Hospital’s wide range of services.

Manuscript Award Winners for 1985
First-place winner in the annual manuscript awards program for house officers is David J. Kastan, MD, HO IV in Diagnostic Radiology, for the paper “Digital Radiography: A Review” (Henry Ford Hosp Med J 1985;33:88-94). Second-place winner is John E. Brunner, MD, Fellow, Division of Endocrinology and Metabolism, for “Central Pontine Myelinolysis in a Patient with Adrenal Insufficiency” (Henry Ford Hosp Med J 1985;33:45-7). Both authors received cash prizes for their efforts.

For information on the 1986 manuscript competition for the best manuscript written by a house officer or fellow at Henry Ford Hospital, contact the Managing Editor, 2015 Education & Research Building, 2799 W Grand Blvd, Detroit, MI 48202 (876-2028).

Errata
The first paragraph in the section “Age and Sex” in the paper entitled “Orbital Metastasis with Enophthalmos: A Review of the Literature,” by David M. Reifler, MD (Henry Ford Hosp Med J 1985;33:171-9) should read:

The age of the patient was included in 19 of the 25 cases reviewed. The average age was 59.5 years with a range of 41 to 78 years (Table 1). Over two-thirds of these cases occurred in the 60 to 70 age group with a peak occurrence in the early sixties (Fig 1).

In the article entitled “Immunocytologic Methods in the Diagnosis of Orbital Tumors” by David M. Reifler, MD, Sudha R. Kini, MD, John S. Kennerdell, MD, Andrew Dekker, MD, and Leslie J. Fisher, PhD (Henry Ford Hosp Med J 1985;33:180-4), the footnote referring to Dr Kennerdell is incorrect. It should read that Dr Kennerdell is from the Department of Ophthalmology and Neurology at the University of Pittsburgh School of Medicine.
ORIGINAL CONTRIBUTIONS

High-Frequency Ventilation: Current Status 51
J. Popovich, Jr, MD

Psychocardiologic Perspectives of Coronary Artery Disease 56
R. Ketai, MD

CASE REPORTS

Intussusception of the Appendix and Endometriosis 61
R. E. Sonnino, MD
M. R. Ansari, MD

Anti-HLA Antibodies Complicating Infectious Mononucleosis with Thrombocytopenia and Neutropenia 65
W. L. Kupin, MD
M. Sawdyk, MD

Catamenial Hemoptysis: A Case Report 68
P. S. Harkaway, MD
M. S. Eichenhorn, MD

Postinfarction Papillary Muscle Rupture: A New M-Mode Echocardiographic Sign 70
D. S. DasGupta, MD
I. A. D'Cruz, MD

EDITORIALS

DNR—A God-Like Decision 73
D. Gade, MA

The EC-IC Bypass Study: Does it Answer the Question? 75
F. G. Diaz, MD, PhD
J. I. Ausman, MD, PhD

INSTRUCTIONS FOR AUTHORS 78

ANNOUNCEMENTS 80