Editorial

Fair is Fair*

Upon reading the February 12 Detroit News article about the health of the black population, an inner city doctor had to cringe at the headline: “City’s poor and black faced with inadequate medical care.” Thanks a lot folks. A reader persistent enough to finish the article found thoughtful quotes from Drs. Vincent and Waller, focusing on some of the many social problems impacting negatively on the health of the black community. An accompanying article did feature a teenage mother who did not see fit to seek medical care during her second pregnancy. We often read about how crack and AIDS disproportionately afflict the black community, but this headline seemed to say that it is the medical care offered to the black community which is inadequate.

We inner city physicians have every right to resent that. This is our thanks for maintaining offices in the city, for seeing Medicaid patients, and for paying higher professional liability insurance premiums than our rural colleagues because Wayne County juries routinely levy large judgments against doctors. Is this our punishment: to be accused of offering our patients poor medical care? What about social environmental problems which impact upon our patients’ lives and health? What about the patients who do not come in for medical care until our only option is to patch them up, rather than to cure them?

It might be a fair accusation to suggest that all of us in the community, especially those of us who see the problems firsthand, should be more active in addressing the social problems of our patients. No doubt we could and should do more. Still, it must be realized that both the Detroit Medical Center and Henry Ford Hospital, two of the largest and finest hospital complexes in the US, are in the middle of the inner city. The surrounding population does not lack hospitals or doctors able and willing to serve them. At least a half-dozen to a dozen other fine community hospitals serve various portions of the inner city with distinction. The physicians who practice at all of these hospitals include many of the finest in the state.

Excellent medical care is available to the black community, much of it of higher quality than that enjoyed by several of the surrounding white suburbs. In order to take advantage of this care, however, members of the community have to take the responsibility to come to the doctor. Seldom is the required trip greater than 5 miles. Only those who are uncovered by any type of insurance, public or private, are truly unable to pay for this care. Only this segment of the community has a reasonable case to make for postponing or not seeking care. What about the rest? Doctors cannot force patients to seek their services.

If patients engage in unhealthy lifestyles, maintain unhealthy diets, remain sedentary, smoke, drink, or engage in other frankly self-destructive behavior, it is patronizing for us to claim that all of this is entirely the fault of someone else. While external factors may be important negative influences on these types of unhealthy behavior, and while lack of appropriate education may be a lethal handicap, patients must each take some individual responsibility for their own health. Doctors cannot do it all, nor can we fix up the consequences of all unhealthy behavior to the point where the erring patient is as good as new. We no doubt need more medical educators, teachers, social workers, jobs, properly heated dwellings, healthy food, warm clothing, and cures for numerous social ills, but let us not take the blame for all of the individual decisions made by our patients. Let us not allow commentators and payors to portray us as responsible for all costs generated by the consequences of these decisions, either. Fair is fair.

Please, let us focus on helping the black community to overcome the social barriers to their enjoying optimal health. Let us not throw stones at those members of the medical profession who spend their lives giving black patients their medical care.

Susan Adelman, MD
Vice President
Henry Ford Hospital Medical Association

Future Meetings

Medical Management & Treatment of Arthritis
September 13, 1989
Southfield Hotel and Conference Center, Southfield, MI
Program Director: Howard Duncan, MD
This program will describe the newer drugs that have entered the marketplace in the last 18 months and provide an update on all treatment modalities.

Advanced Cardiac Life Support (ACLS)
September 18-21, 1989
Program Director: Patrick C. Loeckner, MD

Advanced Concepts in Total Hip and Total Knee Revision Surgery
September 28-30, 1989
Grand Traverse Resort, Traverse City, MI
Program Director: John R. Schurman, II, MD
Program participants will learn to classify reconstructive defects, to plant the surgical reconstruction appropriately, and to perform the reconstruction technique using bone graft material and fracture fixation tools. With such education attendees should be able to improve the quality of patient care in handling reconstructive defects.

Pediatric Advanced Life Support (PALS)
November 3-4, 1989
Program Directors: Bonnie Sowa, MD, Bruce Thompson, MD
This course will provide information for recognizing the infant or child at risk for cardiopulmonary arrest, strategies for preventing cardiopulmonary arrest in these patients, and cognitive and psychomotor skills necessary to resuscitate and stabilize the infant or child in respiratory failure, shock, or cardiopulmonary arrest.

Third Annual Henry Ford Hospital Nutrition Symposium: Nutritional Implications of Organ Failure and Transplantation
November 14, 1989
Program Directors: J. David Fachnie, MD, Hildreth Macy, RD
This program will review the pathophysiology and nutritional treatment of chronic kidney, heart, pancreas, and liver failure. Transplantation of each organ will be reviewed from the standpoint of medical indications, technical aspects of morbidity and mortality, and nutritional implications.

Update on Pediatric Dermatology
Fall 1989
Program Director: Tor Shwayder, MD

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

Urban Care Symposium
The symposium "Urban Health Care: Solutions for the 1990s," co-sponsored by Henry Ford Hospital, The University of Michigan, Department of Health Services Management and Policy, The University of Michigan Medical Center, and Wayne State University, College of Urban Labor and Metropolitan Affairs, will be held November 5-7, 1989, at the Westin Hotel in Detroit. Health care providers, government leaders, and public health scholars will meet to discuss the urban health care dilemma and develop strategies for adopting new models for health care financing and delivery in the 1990s.

For further information contact Ms. Nardina L. Nameth, Conference Coordinator, Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI 48202, at (313) 876-2600.

MEN-2 Workshop
The Third International Workshop on Multiple Endocrine Neoplasia Type 2 Syndromes will be held September 28-30, 1989, in Heidelberg, West Germany. Some of the papers presented at the Workshop will be published in this Journal, as were those from the previous two workshops (see Vol 32, No 4, 1984, and Vol 35, Nos 2 & 3, 1987).

For further information contact Dr. Friedhelm Raue, Medizinische Klinik, Universitat Heidelberg, Bergheimerstr. 58, 6900 Heidelberg, W Germany.

Anniversary Reunion
The reunion between staff and alumni to celebrate the 75th anniversary of Henry Ford Hospital will be held in October 1990. Drs. Edward Quinn and Joseph Ponka have accepted responsibility for the scientific program.

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 US). Physicians can call toll-free to discuss patients' problems with a member of the senior medical staff, discuss a possible referral, arrange medically supervised transportation, or to obtain general information about Henry Ford Hospital's wide range of services.
Instructions for Authors*

Prior and Duplicate Publication

This Journal will not consider for publication a paper that has been published previously or submitted or accepted for publication elsewhere. We will consider for publication a complete report that follows publication of a preliminary report. When submitting a paper, an author must make a full statement about submissions and previous reports that might be regarded as prior or duplicate publication. Copies of such material may be included with the submitted paper.

Multiple publication—that is, the publication more than once of the same study with or without changes in wording—is rarely justified.

Qualifications for Authorship

All persons designated as authors should qualify for authorship. Each author should have participated sufficiently in the work to take public responsibility for the content.

Authorship credit should be based only on substantial contributions to 1) conception and design, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and on 3) final approval of the version to be published. These three conditions must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is also not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author.

A paper with corporate (collective) authorship must specify the key persons responsible for the article; others contributing to the work should be recognized separately (see Acknowledgments).

The editor may require authors to justify the assignment of authorship.

Preparation of Manuscript

Type the manuscript double-spaced on white bond paper, 216 by 279 mm (8 ½ by 11 in) or ISO A4 (212 by 297 mm), with margins of at least 25 mm (1 in). Type on only one side of the paper. 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.

Title page

The title page should carry 1) the title of the article, which should be concise but informative; 2) first name, middle initial, and last name of each author, with highest academic degree(s) and institutional affiliation; 3) name of department(s) and institution(s) to which the work should be attributed; 4) disclaimers, if any; 5) name and address of author responsible for correspondence about the manuscript; 6) name and address of author to whom requests for reprints should be addressed (if different from the corresponding author); 7) the source(s) of support in the form of grants, equipment, drugs, or all of these; and 8) 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.

Abstract and key words

The second page should carry an abstract of no more than 150 words. The abstract should state the purposes of the study or investigation; basic procedures (selection of study subjects or experimental animals, 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.

Below the abstract, provide, and identify as such, three to ten key words or short phrases that will assist indexers in cross-indexing your article. Use terms from the Medical Subject Headings (MeSH) list of Index Medicus; if suitable MeSH terms are not yet available for recently introduced terms, present terms may be used.

Text

The text of observational and experimental articles is usually divided into sections with the headings Introduction, Methods, Results, and Discussion. Long articles may need subheadings within some sections to clarify their content, especially the Results and Discussion sections. Case reports, reviews, and editorials need other formats (examine issues of this Journal for examples).

Introduction—State the purpose of the article. Summarize the rationale for the study or observation. Give only strictly pertinent references, and do not review the subject extensively. Do not include data or conclusions from the work being reported.

Methods—Describe clearly the selection of the observational or experimental subjects and controls. Identify the methods, apparatus (manufacturer's name and address within parenthesis marks), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; and describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Ethics: When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) or with the Helsinki Declaration of 1975, as revised in 1983. Do not use patients' names, initials, or medical record numbers in the text or in any illustrative material. When reporting experiments on animals, indicate whether the institution's or the National Research Council's guide for the care and use of laboratory animals was followed.

Statistics: Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid sole reliance on statistical hypothesis testing, such as the use of P values, which fails to convey important quantitative information. Discuss eligibility of experimental subjects, details about randomization, and the methods for any blinding of observations. Report treatment complications, numbers of observations, and losses to observation such as dropouts from a clinical trial.

References for study design and statistical methods should be to standard works rather than to papers where designs or methods were originally reported. Specify any general-use computer programs used.

**Results**—Specify the statistical methods used to analyze the data. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Do not repeat in the text all the data in the tables.

**Discussion**—Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat material presented in the Introduction, but summarize the results as necessary to clarify and emphasize the implications of the findings. Relate the observations to other relevant studies, and link the conclusions with the goals of the study. Avoid making statements and conclusions not supported by the data, avoid claiming priority, and do not allude to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Be certain that your recommendations are appropriate.

**Acknowledgments**

An appendix should specify: 1) contributions that need acknowledgment but do not justify authorship, such as general support by a laboratory director or a departmental chairman; 2) acknowledgments of technical help; 3) acknowledgments of financial and material support; and 4) financial relationships that may pose a conflict of interest.

Persons who have contributed intellectually to the paper but whose contributions do not justify authorship may be named and their function or contribution described, for example, “scientific advisor,” “critical review of study proposal,” “data collection,” or “participation in clinical trial.” All such persons must have given their permission to be acknowledged and should be reported as such. Be certain that your recommendations are appropriate.

**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 within parenthesis marks.

Use the style of the examples below, which are based on the format used by the US National Library of Medicine in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Consult List of Journals Indexed in Index Medicus, published annually as a separate publication by the Library and as a list in the January issue of Index Medicus.

Avoid using abstracts as references; “unpublished observations” and “personal communications” may not be used as references, although references to written, not oral, communications may be inserted (within parenthesis marks) in the text. Include among the references papers accepted but not yet published; designate the journal and add “in press” (within parenthesis marks). Information from manuscripts submitted but not yet accepted should be cited in the text as “unpublished observations” (within parenthesis marks).

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

Examples of correct forms of references are given below.

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1. Standard journal article (list all authors when six or less; when seven or more, list only first three and add et al):
   

2. Corporate author:
   

3. No author given:
   

4. Journal supplement:
   

5. Journal paginated by issue:
   

**Books and other monographs**

6. Personal author(s):
   

7. Editor, compiler, or chairman as author:
   

8. Chapter in a book:
   

9. Published proceedings paper:
   

10. Monograph in a series:
    

11. Agency publication:
    

12. Dissertation or thesis:
    

**Other articles**

13. Newspaper article:
    
    Shaffer RA. Advances in chemistry are starting to unlock mysteries of the brain: Discoveries could help cure alcoholism and insomnia, explain mental illness. How the messengers work. Wall Street Journal 1977 Aug 12:1(col 1), 10(col 1).

**Tables**

Type each table double-spaced on a separate sheet. Do not submit tables as camera-ready line art unless extremely lengthy. Number tables consecutively in the order of their first citation in the text, and 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 standard deviation and standard error of the mean.

Do not use internal horizontal and vertical rules.

Be sure that each table is cited in the text.

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

The use of too many tables in relation to the length of the text may produce difficulties in the layout of pages. Examine issues of this Journal to estimate how many tables can be used per 1,000 words of text.

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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 127 by 173 mm (5 by 7 in) but no larger than 203 by 254 mm (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. Titles and detailed explanations belong in the legends for illustrations, not on the illustrations themselves.

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Units of Measurement

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, liter) or their decimal multiples.

Temperatures should be given in degrees Celsius. Blood pressures should be given in millimeters of mercury.

All hematologic and clinical chemistry measurements should be reported in the metric system in terms of the International System of Units (SI). Alternative or non-SI units may be added in parenthesis marks.

Abbreviations and Symbols

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

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Mail the original and two copies of the manuscript in a heavy-paper envelope, enclosing all figures and floppy disks (5 ¼ in disks or 3 ½ in minidisks) in cardboard to prevent bending during mail handling. Be sure to specify on the disk label the word software program used.

Manuscripts must be accompanied by a covering letter that must include 1) information on prior or duplicate publication or submission elsewhere of any part of the work; 2) a statement of financial or other relationships that might lead to a conflict of interest; 3) a statement that the manuscript has been read and approved by all authors; and 4) the name, address, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the edited manuscript. The letter should give other information that may be helpful to the editor, such as the type of article the manuscript represents and whether the author(s) will be willing to meet the cost of reproducing color illustrations.

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