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 (8½ 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 the 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 acknowledging 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 named. Authors are responsible for obtaining written permission from persons acknowledged by name because readers may infer their endorsement of the data and conclusions.

Technical help should be acknowledged in a paragraph separate from those acknowledging other contributions.

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.

Journals
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.

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 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.

Each figure should have a label pasted on its back indicating the number of the figure, first author’s name, and the top of the figure. Do not write on the back of the figures or scratch or mar them using paper clips. Do not bend figures or mount them on cardboard.

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

If photographs of persons are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph.

Figures should be numbered consecutively according to the order in which they have been first cited in the text. 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.

Legends for illustrations
Type legends for illustrations double-spaced, starting on a separate page, with arabic numerals corresponding to the illustrations. 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.

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.

Submission of Manuscripts
Mail the original and two copies of the manuscript in a heavy-paper envelope, enclosing all figures and floppy disks (5¼ in disks or 3½ 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.

The manuscript must be accompanied by copies of any permissions to reproduce published material, to use illustrations or report sensitive personal information of identifiable persons, or to name persons for their contributions.

Authors are responsible for keeping copies of everything submitted to the Journal.

Mail all materials to the Medical Journal Office, Henry Ford Hospital, 2921 W Grand Blvd, New Center Pavilion, Room 411, Detroit, MI 48202. For further clarification of any of these instructions, contact the Managing Editor at (313) 876-2028 or (313) 874-7105.
Announcements

**Future Meetings**
Recent Advances in International Radiology and MRI  
September 21-22, 1990  
Program Director: P. C. Shetty, MD  
This scientific course on interventional radiology and magnetic resonance imaging will cover basic and advanced literature with a special emphasis on recent advances.

HFH Diabetes Symposium: Primary Care and Subspecialty Management of Diabetes Mellitus  
October 3, 1990  
Program Director: J. David Fachnie, MD  
This course will provide state-of-the-art information about the practical management of diabetes to improve the quality of care for patients with diabetes.

Advanced Dialysis Symposium  
October 15-16, 1990  
Program Director: Nathan Levin, MD  
This symposium is designed to share innovative approaches within a practical framework to help attendees address the challenges of dialysis in the 1990s.

Clinical Perspectives on Blood Lipids  
November 2-3, 1990  
Program Director: Dorothy Kahkonen, MD  
This program will provide the latest information on hyperlipidemia and its relationship to coronary heart disease so that participants will be more adept at managing patients with elevated cholesterol levels.

Every Doc’s Pediatric Dermatology II  
November 3, 1990  
Program Director: Tor Shwayder, MD  
This program will increase the pediatric dermatology capabilities of the general practitioner and pediatrician.

Fourth Annual HFH Nutrition Symposium  
November 14, 1990  
Program Directors: J. David Fachnie, MD, and Hildreth Macy, RD  
Attendees of this program will learn about the medical, social, psychological, ethical, and legal issues that relate to care of the elderly, terminally ill, AIDS, or chemically-dependent person. Nutritional implications will be explained with reference to this background information.

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.

**Anniversary Reunion**
The reunion between staff and alumni to celebrate the 75th anniversary of Henry Ford Hospital will be held October 18-20, 1990. The scientific program begins October 18th with a welcome from William S. Haubrich, MD, Medical Association president, and Jan Rival, MD, secretary and general program chairman for the Association. A wide variety of topics will be covered in the two-day scientific program, including advances in the treatment of heart failure, management of impotence, surgical management of giant aneurysms, and the use of magnetic resonance imaging in Alzheimer dementia. Other lectures will focus on bone and mineral disease, hypertension research, obstetrics and gynecology, sports medicine and orthopaedic surgery, pediatric allergy, vascular surgery, hematology/oncology, medical intensive care, and trauma and critical care. American Medical Association Category I Credit will be granted for all scientific sessions on an hour-for-hour basis.

Exhibits and posters will be displayed outside the meeting rooms at Henry Ford Hospital. To reserve space for a display, please write to Drs. Joseph Ponka and Edward Quinn, chairmen, scientific program, Henry Ford Hospital Medical Association, 600 Fisher Building, Detroit, MI 48202-3012.

To register for the meeting and reunion, call the Medical Association at (313) 876-7333.

**Referring Physician Office**
Henry Ford Hospital’s Referring Physician Office has a toll-free Consult Line (1-800-888-4340). Physicians can call to discuss patients’ problems with a member of the senior medical staff, discuss a possible referral, arrange medically supervised transportation, or obtain general information about Henry Ford Hospital’s wide range of services.
ORIGINAL CONTRIBUTIONS AND CASE STUDIES

Computerized Literature Searching in the Ambulatory Setting Using PaperChase®
B. K. Wolffing

Variability of Quantitative Sensory Testing: Implications for Clinical Practice
J. Redmond and Others

Systemic Dissemination of Pneumocystis Carinii in a Patient with Acquired Immunodeficiency Syndrome
M. B. Amin and Others

Surgical Removal of Metastatic Renal Adenocarcinoma to the Midbrain Tectum: A Case Report
F. J. Tomecek and Others

Management of Advanced Endodermal Sinus Tumor of the Ovary with Preservation of Reproductive Function
M. L. Hicks and Others

Evaluation of the Predictive Power of Progesterone Receptor Levels in Primary Breast Cancer: A Comparison with Other Criteria in 559 Cases with a Mean Follow-up of 74.8 Months
R. A. Huseby and Others

Single Coronary Artery
G. Jingxuan and Others

Practical Value of Echo Doppler Evaluation of Aortic and Mitral Stenosis: A Comparative Study with Cardiac Catheterization
J. Bitar and Others

HFH DISTINGUISHED STAFF AND ALUMNI: A TRIBUTE
C. Paul Hodgkinson, MD
D. Porter

SPECIAL FEATURE
A Tribute to Henry Ford Hospital
J. Rival

INSTRUCTIONS FOR AUTHORS