Back Matter
Instructions for Authors*

Manuscripts

This Journal will consider for publication manuscripts containing original material. We will not consider for publication a paper on work that has already been reported in a published paper or is described in a paper submitted or accepted for publication elsewhere. This policy does not usually preclude consideration of a paper that has been rejected by another journal or of a complete report that follows publication of a preliminary report, usually in the form of an abstract. Nor does it prevent consideration of a paper that has been presented at a scientific meeting if not published in full in a proceedings or similar publication.

Authors should provide a statement to the Editor about all submissions and previous reports that might be regarded as prior or duplicate publication of the same or very similar work. Copies of such material should be submitted to the Editor along with the manuscript that is to be considered by the Journal.

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. The order of authorship should be a joint decision of the coauthors. 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; and to 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, including title page, abstract, text, acknowledgments, references, tables, and legends. Use white bond paper, 8½ x 11 inches, and print only on one side of the paper.

Each manuscript component should begin on a new page, in the following sequence: title page; abstract and key words; text; acknowledgments; references; tables (each table complete with title and footnotes on a separate page); and legends for illustrations. 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 headline of no more than 40 characters 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 analytical 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.

Three to 10 key words or short phrases should be added to the bottom of the abstract page, which will assist us in indexing the article. Use terms from the Medical Subject Headings from Index Medicus when possible.

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. Other types of articles such as case reports, reviews, and editorials may use other formats. Authors should examine different issues of this Journal for examples of the various formats.

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 your selection of the observational or experimental subjects (patients or laboratory animals, including controls). Identify the methods, apparatus (manufacturer’s name and address within parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods. Provide references and brief descriptions for methods that have been published but are not well known. 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). Do not use patients’ names, initials, or medical record numbers in the text or in any illustrative material. When report-

ing 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, give details about randomization, and describe the methods for and success of any blinding of observations. Report treatment complications, give numbers of observations, and report losses to observation (such as dropouts from a clinical trial).

Put general descriptions of methods in the Methods section. When data are summarized in the Results section, specify the statistical methods used to analyze them. 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. Define statistical terms, abbreviations, and symbols.

Results—Present your results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all of the data in the tables or illustrations; emphasize or summarize important observations.

Discussion—Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including implications for future research. Relate the observations to other relevant studies. Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by your data. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

Acknowledgments

At the end of the text one or more statements should specify: 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chairman; 2) acknowledgments of technical help; 3) acknowledgments of financial and material support, specifying the nature of the support; and 4) financial relationships that may pose a conflict of interest.

Persons who have contributed intellectually to the paper whose contributions do not justify authorship may be named and their function or contribution described—for example, 'scientific adviser,' 'critical review of study proposal,' 'data collection,' or 'participation in clinical trial.' 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.

The Acknowledgment section should not include reference to those who assisted in typing or proofreading the manuscript.

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 in tables or 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 style of the examples provided, which are based on slight modifications of the formats 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.

"Unpublished observations" and "personal communications" may not be used as references, although references to written, not oral, communications may be inserted (in parentheses) in the text. Include among the references papers accepted but not yet published; designate the journal and add "in press." Information from manuscripts submitted but not yet accepted should be cited in the text as "unpublished observations."

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

Examples of correct forms of references are as follows:

Articles in Journals

1. Standard journal article (list all authors when six or less; when seven or more, list the first three followed by "et al.")

2. Organization as author:

3. No author given:

4. Type of article indicated as needed:


Books and other monographs

5. Personal author(s):

6. Editor(s), compiler as author:

7. Organization as author and publisher:

8. Chapter in a book:

9. Conference proceedings:

10. Conference paper:
   Harley NH. Comparing radon daughter dosimetric and risk models. In: Gammage RB, Kaye SV, eds. Indoor air and human health. Pro-

Tables
Type each table double-spaced on a separate sheet. Do not submit tables as photographs 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.

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 5 x 7 inches but no larger than 8 x 10 inches. 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, author’s name, and the top of the figure. Do not write on the back of the figures or scratch or mar them by using paper clips. Do not bend figures or mount them on cardboard.
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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 parentheses.

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

Submission of Manuscripts
Mail two copies of the manuscript in a heavy paper envelope, enclosing all figures and computer disks (5½" disks or 3½" minidisks) in cardboard to prevent bending or other mishap during mail handling. Be sure to specify on the disk label the word software program used (i.e., WordPerfect 5.0, WordStar Professional 5.0, XyWrite III+) as well as the hardware used (i.e., IBM PC, IBM PC-compatible, Macintosh).
Manuscripts must be accompanied by a covering letter signed by all coauthors. This must include 1) information on prior or duplicate publication or submission elsewhere of any part of the work as defined earlier in this document; 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, that the requirements for authorship as previously stated in this document have been met, and that each coauthor believes that the manuscript represents honest work; 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 galley proofs. 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) can contribute to the cost of reproducing color illustrations.
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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**

14th Annual Alumni Meeting, Department of Ophthalmology
May 31-June 1, 1991
Program Directors: Leslie J. Fisher, PhD, and David D. Bogorad, MD
This meeting will include evaluations on new ophthalmological techniques and state-of-the-practice information on ophthalmological subjects.

Otolaryngology Resident Research Presentation Day
June 7, 1991
Program Director: Vanessa Schweitzer, MD
Otolaryngology residents will present scientific papers on basic science or clinically relevant research topics to an audience of their peers for educational purposes and for competition for scientific merit. Information on innovative basic science projects in otology and sinusosal disease will be provided, along with an overview of the Henry Ford Hospital experience in areas of head and neck cancer, particularly laryngeal and parotid neoplastic disease.

Association of Professional Sleep Societies Annual Meeting
June 15-19, 1991
Toronto, Ontario, Canada
Program Director: Thomas Roth, PhD
This meeting will present indications and treatment approaches to sleep apnea and other sleep disorders, provide information on neurochemical and neurophysiological mechanisms in normal sleep, describe the role of circadian rhythm physiology in sleep disorders medicine, and discuss the technical aspect of sleep studies.

Second Annual Anesthesiology Symposium
August 23-25, 1991
Program Director: Fathy S. Gabriel, MD
This symposium will provide information on new techniques in cardiovascular anesthesia, patient management, and new monitoring advances in pharmacology of postoperative care.

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 Health Care Symposium II**
The Urban Health Care Symposium II will be held June 3-4, 1991, at the St. Regis Hotel in Detroit. Topics to be addressed include policy and financing initiatives, private sector initiatives, and the urban hospital as a catalyst for change. Case studies will be presented as well as panel discussions led by nationally recognized leaders in government and health care. For further information and registration details contact Donna Trudell, Conference Coordinator, Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI 48202, at (313) 876-2963.

**Referring Physician Office**
Henry Ford Hospital’s Referring Physician Office has a 24-Hour Consult Line (1-800-999-4340). 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 obtain general information about Henry Ford Hospital’s wide range of services.
Vertebral Compression Fractures at the Onset of Acute Lymphoblastic Leukemia in a Child
M. B. Oliveri, MD
C. A. Mautalen, MD
C. A. R. Fuchs, MD
M. del Carmen Romanelli, MD

Disturbances in Lipid Metabolism Associated with Chylothorax and its Management
M. J. McKenna, MD
J.-W. Chiu, PhD
D. M. Kahkonen, MD

ORIGINAL CONTRIBUTIONS AND CASE STUDIES
Chronic Pancreatitis Progressing to Duodenal Obstruction in the Absence of Classic Symptoms
J. R. Condit, Jr. DO
D. K. H. Wong, MD

Measurement of Left Ventricular Ejection Fraction Using Gated \textsuperscript{99m}Tc-Sestamibi Myocardial Planar Images: Comparison to Contrast Ventriculography
D. A. Parker, MD
R. L. Lloret, MD
F. Barilla, MD
L. Douthat, RN
M. Gheorghiade, MD

NUTRITIONAL ISSUES
Nutrition Support of HIV+ Patients
J. T. Dwyer, DSc, RD

INSTRUCTIONS FOR AUTHORS