

EDITORIAL

- The Malpractice Problem Grows** 1119
W. Andrew Dale, MD, Nashville, Tenn

ORIGINAL ARTICLES

- Long-term Loss of Warren's Shunt Selectivity: Angiographic Demonstration** 1121
Jacques Belghiti, MD; Philippe Grenier, MD; Olivier Nouel, MD; Henri Nahum, MD; François Fekete, MD, Clichy, France
After distal splenorenal shunt, collateral circulation from the portomesenteric to the gastrosplenic system developed.
- Pathogenesis of Hepatic Encephalopathy and Hyperdynamic Syndrome in Cirrhosis: Role of False Neurotransmitters** 1129
Angelo Nespoli, MD; Giuseppe Bevilacqua, MD; Carlo Staudacher, MD; Nicola Rossi, MD; Francesco Salerno, MD; Maria Rita Castelli, MD, Milan, Italy
The levels of serum octopamine and aromatic amino acids correlated with the depth of hepatic coma.
Editorial comment by Josef E. Fischer, MD, Cincinnati
- Involvement of the Nipple and Areola by Carcinoma of the Breast** 1139
Robert H. Quinn, MD, John F. Barlow, MD, Sioux Falls, SD
The high rate of nipple involvement in breast cancer increases the risk of recurrence with nipple preservation.
- Deep Veins of the Leg as Femoropopliteal Bypass Grafts** 1141
Martin L. Schulman, MD, Mohan Rao Badhey, MD, New Hyde Park, NY
The superficial femoral and popliteal veins were satisfactory graft for limb salvage, but swelling was initially quite severe.
- Reflux Gastritis Syndrome: Role of Upper Gastrointestinal Microflora** 1148
Hooshang Meshkinpour, MD; Lauri D. Thrupp, MD; Patricia Shiffler; Dana Kitts; Jaclyn Fisher, Irvine, Calif
Patients with symptoms had more colonization with bacteria but antibiotics were helpful in only a few patients.
- The Prognosis of Primary Lymphedema of the Lower Limbs** 1157
John H. N. Wolfe, FRCS, J. B. Kinmonth, MS, FRCS, FACS(Hon), London
The eventual extent of disease could be assessed within the first year.
- Extracranial Surgery for the Low-Flow-Endangered Brain** 1165
Richard H. Whitten, MD; William Gee, MD; Harry A. Kaupp, MD; Kenneth M. McDonald, MD, Allentown, Pa
Hemodynamic improvement was documented following unilateral carotid operations in patients with bilateral disease.
- Late Result of Sphincteroplasty in the Treatment of Primary Cholangitis** 1173
Tat K. Choi, MD; John Wong, PhD, FRCSE, FRACS; Kam H. Lam, FRCSE;
Thuan K. Lim, FRCSE; Guan B. Ong, DSc, FRCS, FRCSE, FRACS, Hong Kong
Sphincteroplasty is a safe and effective treatment for primary cholangitis.
- Rupture of the Corpus Caverosum of the Penis** 1176
Grannum R. Sant, MD, FRCS, Port of Spain, Trinidad
A tear of the tunica albuginea produces sudden pain, swelling, and discoloration.
- Does Peutz-Jeghers Syndrome Predispose to Gastrointestinal Malignancy: A Later Look** 1182
Dimitrios A. Linos, MD; Roger R. Dozois, MD; David C. Dahlin, MD; Lloyd G. Bartholomew, MD, Rochester, Minn
Carcinoma of the small or large intestine did not develop in any of these patients.
- Audible Interpretation of Carotid Doppler Signals: An Improved Technique to Define Carotid Artery Disease** 1185
Robert W. Barnes, MD; Lee Nix; Stanley E. Rittgers, PhD, Richmond, Va
Audible interpretation of carotid Doppler signals detected 92% of severe stenoses but only 30% of nonobstructing lesions.
Editorial comment by Calvin B. Ernst, MD, Baltimore

THE ARCHIVES OF SURGERY (ISSN 0004-0010) is published monthly by the American Medical Association, 535 N Dearborn St. Chicago, IL 60610, and is an official publication of the Association. Second-class postage paid at Chicago, IL 60610 and at additional mailing office.

CHANGE OF ADDRESS: POSTMASTER, send address changes to Lee A. Parent, Director, Circulation-Fulfillment Division. Notification of address change should be sent at least six weeks in advance, including both old and new address and a mailing label taken from the most recent copy. Include your new zip code number.

SUBSCRIPTION RATES: The rates for the ARCHIVES OF SURGERY are as

follows: for members of the AMA, \$1.50, included in the annual membership dues; for nonmembers, \$30 for one year, \$56 for two years in the United States and US possessions; all other countries, \$40 for one year, \$76 for two years. Special yearly price to residents, interns, and medical students in the United States and US possessions, one year, \$15; two years, \$28. Address all subscription communications to Circulation Fulfillment Department. Phone: 312, 751-6079.

ADVERTISING PRINCIPLES: Each advertisement in this issue has been reviewed and complies with the principles governing advertising in AMA scientific publications. A copy of these principles is available on request.

Instructions for Authors

Send manuscripts by first-class mail to the Chief Editor, Arthur E. Baue, MD, PO Box 7614, Kilby Station, New Haven, CT 06519. Manuscripts are received with the understanding that they are not under simultaneous consideration by another publication. Accepted manuscripts become the permanent property of the ARCHIVES and may not be published elsewhere without permission from the publisher (AMA).

In view of the provisions of *The Copyright Revision Act of 1976*, effective Jan 1, 1978, the author(s) of manuscripts, including correspondence and brief communications, will be required to sign and date the following statement: "In consideration of the American Medical Association's taking action in reviewing and editing my submission, the author(s) undersigned hereby transfers, assigns, or otherwise conveys all copyright ownership to the AMA in the event that such work is published by the AMA." We regret that transmittal letters not containing the foregoing language signed by all authors of the submission will necessitate delay in review of the manuscript.

Author Responsibility.—All accepted manuscripts are subject to copy editing. The author will receive an edited typescript rather than galley proofs for approval. The author is responsible for all statements in his work, including changes made by the copy editor.

Designate one author as correspondent and provide his address and telephone number. Order reprints at the time the typescript is returned after editorial processing. Specify address to which requests for reprints should be sent.

Manuscript Preparation.—Submit an original typescript and two high-quality copies for the entire manuscript. All copy (including references, legends, and tables) must be typed double-spaced on 21.6 × 27.9 cm (8½ × 11-in), heavy-duty white bond paper. Ample margins of at least 2.5 cm (1 in) should be provided. If a word processor is used, do not justify lines.

Refer to patients by number (or, in anecdotal reports, by fictitious given names). Real names or initials should not be used in the text, tables, or illustrations.

Titles.—Titles should be short, specific, and clear. They should not exceed 42 characters per line, including punctuation and spaces, and be limited to two lines, if possible. The title page should include the full names and academic affiliations of all authors, the address to which requests for reprints should be sent, and, if the manuscript was presented at a meeting, the name of the organization, place, and date on which it was read.

Style of Writing.—The style of writing should conform to acceptable English usage and syntax. Slang, medical jargon, obscure abbreviations, and abbreviated phrasing are to be avoided.

Informed Consent.—Manuscripts reporting the results of experimental investigations on human subjects must include a statement to the effect that informed consent was obtained after the nature of the procedure(s) had been fully explained.

Abstract.—Provide an abstract (135-word maximum) of the article, including statements of the problem, method of study, results, and conclusions. The abstract replaces the summary.

References.—List references in consecutive numerical order (not alphabetically). Once a reference is cited, all subsequent citations should be to the original number. All references must be cited in the text or tables. Unpublished data and personal communications should not be listed as references. References to journal articles should include (1) author(s), (2) title, (3) journal name (as abbreviated in *Index Medicus*), (4) year, (5) volume number, and (6) inclusive page numbers, in that order. References to books should include (1) author(s), (2) chapter title (if any), (3) editor (if any), (4) title of book, (5) year, (6) city, and (7) publisher. Volume and edition numbers, specific pages, and name of translator should be included when appropriate. The author is responsible for the accuracy and completeness of the references and for their correct text citation.

Metrication.—All measurements must be in metric units. English

units may also be given parenthetically if the measurements were originally done in English units.

Illustrations.—Use only those illustrations that clarify and augment the text. Submit illustrations in duplicate, unmounted and untrimmed. Do not send original artwork. Send high-contrast glossy prints (not photocopies). Figure number, name of senior author, and arrow indicating "top" should be typed on a gummed label and affixed to the back of each illustration. All lettering must be legible after reduction to column size. Artwork submitted for publication may be relettered to achieve uniformity of lettering style throughout the journal. Magnification and stain should be provided when pertinent. Illustrations should preferably be in a proportion of 12.7 × 17.3 cm (5 × 7 in).

An experienced medical illustrator should be employed whenever possible for the preparation of all artwork. Template lettering or preset type is preferred to hand-lettered labels. If halftone artwork with labels is submitted, affix type and leaders to a clear acetate overlay registered to the base drawing. Labels and leaders should be applied directly to the drawing board surface if the artwork consists only of line ink technique.

Illustrations in full color are accepted for publication if the editors believe that color will add significantly to the published manuscript. The ARCHIVES will pay part of the expense of reproduction and printing color illustrations, the remainder to be borne by the author or his sponsor. After deducting the ARCHIVES contribution, the author's share is \$275 for up to six square-finished illustrations that can be arranged on a one-page layout. Any additional illustrations or special effects will be billed to the author at cost. Positive color transparencies (35 mm preferred) must be submitted for an evaluation. Do not send color prints unless accompanied by original transparencies. All transparencies should be carefully packed and sent with the manuscript.

Legends.—Legends should be typed double-spaced, beginning on a separate sheet of paper. Length should be limited to a maximum of 40 words.

Photographic Consents.—A letter of consent must accompany all photographs of patients in which a possibility of identification exists. It is not sufficient to cover the eyes to mask identity.

Acknowledgments.—Illustrations from other publications must be acknowledged. Include the following when applicable: author(s), title of article, title of journal or book, volume number, page(s), month, and year. The publisher's permission to reprint should be submitted to the ARCHIVES after the manuscript has been formally accepted.

Statistical Review.—Manuscripts containing statistical evaluations should include the name and affiliation of the statistical reviewer.

Tables.—Each table should be typed double-spaced, including all headings, on a separate sheet of 21.6 × 27.9 cm (8½ × 11-in) paper. Do not use larger size paper. If a table must be continued, use a second sheet and repeat all heads and stubs. Each table must have a title.

Correspondence and Brief Communications.—The editor will be pleased to receive letters that pertain to material published in the ARCHIVES and brief communications concerning other matters of interest to its readers. Such contributions should be 250 words or less, typewritten, double-spaced, and clearly marked "For Publication." No more than two references are permitted and illustrations or tables are acceptable only when essential to the message.

News and Announcements.—Brief notices may be submitted of meetings, seminars, or symposia that are of interest to the readers of the ARCHIVES. News items of appointments, promotions, and developments in the field of surgery and related disciplines are invited.

Brief Clinical Notes.—The ARCHIVES welcomes the submission for review of Brief Clinical Notes. These are to consist of no more than 400 words, two references, and one illustration. The Synopsis-Abstract should not exceed 80 words.

Uniform Requirements.—Further details on manuscript preparation are given in the document *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* prepared by the International Steering Committee of Medical Editors. Reprints of this document are available by directing requests to this journal: Scientific Publications, 535 N Dearborn St, Chicago, IL 60610.