- 2. As a resident I was asked by an attending to see a middle-aged suburban homemaker who complained of feeling tired. I don't recall any of the details of my work up until it came to examining her chest. Upon touching the skin over her sternum—eureka!—it felt just like that of the several myxedematous patients I had seen within the previous two years. With further questioning and lab studies this diagnosis was confirmed.
- 3. Some years ago my wife and children went picnicking with an in-law who said that he perspired so heavily that he dare not sit in upholstered chairs. His responses to a few questions and a brief "public" physical exam led to classic hyperthyroidism, cured by subsequent thyroidectomy.
- 4. A concerned student nurse was referred to our clinic because of persistent microscopic hematuria with red blood cell casts, diagnosed as glomerulonephritis. In my routine family history I asked about any known renal disease and she recalled that someone from Utah had come to her home in Idaho and taken urine samples from her relatives. Upon subsequently contacting the Utah group that had reported a large kindred with familial nephritis (Alport's syndrome), I learned that her family was included in the group. Affected females had a benign prognosis, hence I had very good news for her.
- 5. I've had some embarrassing losses, too! The most remarkable occurred in my navy days, while at anchor offshore. A seaman who had been on

deck came to sick bay complaining of sudden pain in his eye, as if something were in it. (It was windy on deck.) I put in a drop of fluorescein and the result was a huge stain on his cornea. Horrible! A huge corneal abrasion! This was not for me, a general internist at the time. Fortunately, there was a (permanent) hospital ship at the dock and the seaman and I promptly motored over to it and its (thankfully) ophthalmologist. Eureka! The latter promptly removed a piece of cellophane (from a cigarette wrapper) and the seaman and I (chastened) returned to our ship.

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Instructions for Pharos authors

We welcome material that addresses scholarly and nontechnical topics in medicine and public health such as history, biography, health services research, ethics, education, and social issues. Poetry is welcome, as well as photograph/poetry combinations. Photography and art may also be submitted. Fiction is not accepted. All submissions are subject to editorial board review. Contributors need not be members of Alpha Omega Alpha. Papers by medical students and residents are particularly welcome.

Submissions must meet the following criteria:

- 1. Submissions may not have been published elsewhere or be under review by another journal
- 2. Essays should have a maximum of 15 pages (approximately 5000 words), and be submitted in 12-point type, double-spaced, with one-inch margins. They should be accompanied by a covering letter, a 150-word abstract, and a title page with the word count (or page count), return address, and e-mail address. Papers exceeding the page count noted will be returned to the author. References should not exceed 20 unique items (see below).
- 3. Poems or photograph/poetry combinations should be in 12-point type, with one-inch margins, with the author's name, address, and e-mail address on the first page.
- 4. Send your submissions to Edward D. Harris, Jr. M.D., Editor of *The Pharos*, 525 Middle-

field Road, Suite 130, Menlo Park, California 94025. You may also e-mail them to: postmast er@alphaomegaalpha.org.

- 5. After peer review, comments on the manuscript will be sent to the author along with an editorial decision. Every attempt is made to complete preliminary reviews within six weeks.
- 6. The editors of *The Pharos* will edit all manuscripts that are accepted for publication for style, usage, relevance, felicity, and grace of expression, and may provide appropriate illustrative material. Authors should not purchase illustrative material because the editors cannot guarantee that it will be used.
- 7. In accordance with revised copyright laws, each contributor will need to sign an Author's Agreement, which will be sent with the edited galleys. Information on copyright ownership and re-publication of articles is detailed in the Author's Agreement.

Reference information

Authors are responsible for the accuracy of citations and quotations in their papers. Once a manuscript has been accepted for publication, therefore, the author will be required to provide photocopies of all direct quotations from the primary source material, indicating page numbers. In addition, the editors will require photocopies of all references: the title page and copyright pages of all books cited, the first and last pages of book chapters cited, and the first and last pages of journal articles cited, as well as

the Table of Contents of the particular issue of the journal in which the cited article appeared. The foregoing items will be used to verify the accuracy of the quotations in the text and the references cited, and to correct any errors or omissions.

References should be double-spaced, numbered consecutively in the text, and cited at the end in the following standard form:

Journal—Zilm DH, Sellers EM, MacLeod SM, Degani N. Propranolol effect on tremor in alcoholic withdrawal. Ann Intern Med 1975; 83: 234–36.

Book—Harris ED Jr. Rheumatoid Arthritis. Philadelphia: WB Saunders; 1997.

Book chapter—Pelligrini CA. Postoperative Complications. In: Way LW, editor. Current Surgical Diagnosis and Treatment, Ninth Edition. Norwalk (CT): Appleton & Lange; 1991: pp 25–41.

Each reference should be listed in the bibliography only once, with multiple uses of a single reference citing the same bibliography reference number. Examples are available at our web site: www.alphaomegaalpha.org.

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