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# DECKER HOUSE STYLE

**BC DECKER INC**

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## INTRODUCTION

The *Decker House Style* contains details about grammar, usage, spelling, and references that are specific to BC Decker Inc. It is to be used as a guide when you are copyediting or proofreading Decker books and journals that do not follow a particular style already. If you cannot find the information you are looking for in this style guide, please refer to *The Chicago Manual of Style*, 14<sup>th</sup> Edition. For the spelling of words and medical terms, refer to *Webster's Dictionary* and *Dorland's Illustrated Medical Dictionary*, 31<sup>st</sup> Edition, respectively, which are our house dictionaries. If, for some reason, these do not provide you with the information you require, please contact your production editor.

Included in the *Decker House Style* are several pages defining the responsibilities of copy editors and proofreaders. If you have any questions regarding these, again, please contact your production editor.

## RESPONSIBILITIES OF COPY EDITORS

1. Note the DUE DATE on the material sheet. Adherence to the assigned schedule is critical. If you foresee a problem meeting the due date, please inform the production editor immediately.
2. Take stock of all manuscripts. Note the components of each (# of pages, figures, tables, references, etc) and any peculiarities, problems, and special requirements.
3. Single space the text and ensure that all text is in Times New Roman, 12 point.
4. Remove double spaces after periods at the ends of sentences.
5. Do not use two hard returns. Only one hard return is required to indicate a paragraph. Do not indent paragraphs; it is the responsibility of the desktopper to indent paragraphs where necessary.
6. Use @DOI= to indicate the digital object identifier for each article. (For more information on DOIs, see last item in Responsibilities of Copy Editors)
7. Use @CT= to indicate a chapter title in books (eg, @CT=Eyes).
8. Use @CN= to indicate a chapter number in books (eg, @CN=25).
9. Use @AT= to indicate a journal article title.
10. Use @MH= to indicate the main heading of each abstract.
11. Use @AU= to introduce the names of author(s).
12. Use @SH= to indicate a section heading in journals (eg, @SH=Original Article).
13. Use @AB= to indicate the start of an abstract within articles; use =@end AB to indicate the end of the abstract within articles.
14. Use @RRH= to indicate the right running head, if applicable (eg, @RRH=The Ocular Nerve).
15. Use @LRH= to indicate the left running head (eg, @LRH=Eyes)
16. Use @H1= or @H2= or @H3=, etc to denote heading levels (eg, @H1=Scintigraph). Remove all typeface, such as bold and italics from the headings. Type the headings in upper and lower case only (as you would with any regular title).
17. Use @EQ= to indicate an equation.
18. Use @FN= to indicate a footnote (eg, @FN=Department of Surgery, University of Illinois). Please indicate any special typeface (ie, if the type is to be italics, use italics). Place footnotes directly in the text where they are indicated. Do not place them at the bottom of the page: the desktopper prefers to relocate these.
19. Use @BL= to indicate a bulleted list. Use =@end BL to indicate the end of the bulleted list.
20. Use @BL2= to indicate a second level bulleted list with a bullet.
21. Use @BLSEC= to indicated a second level bulleted list **without** a bullet.
22. Use @NL= to indicate a numbered list where the items fall one right after the other in a vertical sequence as in a reference list. This is not necessary where the list forms part of the paragraph in a horizontal sequence, for example, (1) ear, (2) nose, and (3) throat. Use a single tab after the period if *Word* does not do this automatically. *Word's* automatic numbering is acceptable and does not need to be replaced. Use =@end NL to indicate the end of a numbered list.

23. Use @NLSEC= to indicate an unnumbered second paragraph that is part of a numbered list that is preceded in the chain by a numbered paragraph. The first word of this paragraph aligns with the first word, not the number, of the preceding numbered paragraph.
24. @NLTHIRD= to indicate an unnumbered third paragraph that is part of a numbered list that is preceded in the chain by numbered paragraph.
25. Use @NLA= a second level numbered paragraph that is numbered by a letter rather than by a numeral (eg, paragraph 1.a.). The a. aligns with the first letter of the first word of the preceding numbered paragraph, not with the number.
26. Use @ULSEC= a second level unnumbered paragraph that is part of an unnumbered list and is preceded in the chain by a first level unnumbered paragraph (@UL). This paragraph is a subparagraph of the first level paragraph.
27. Use @UL= for an unnumbered list.
28. Use @BQ= to indicate a block quotation. To end the block quote use =@end BQ.
29. Follow the journal or book style closely if a style has been established. Ask for a copy of previous issues of the journal or a copy of a book that has already been previously published from the series. If the manuscript demands any exceptions from the style sheet, discuss them with the production editor before proceeding. Maintain your own book style sheet to record how you handle certain words and situations when they first appear (eg, Do you hyphenate, make one word, or separate into two words?). Using this style sheet helps to maintain chapter-to-chapter consistency. **The style sheet must be enclosed with the manuscript when it is returned to the production editor**, as both are passed on to the proofreader.
30. Edit manuscripts for typographical, grammatical, stylistic, and factual errors. Consistency is most important. Please ensure that all headings, running heads, paragraphs, lists, tables are consistent in style!
31. Check drug names and generic names for accuracy of spelling and use (see *Decker House Style*, “Names and Terms,” for more detail). Please note on the front cover of the manuscript that you have verified the spelling of all medical terminology and chemicals.
32. Ensure that all references, figures, and tables are accounted for and are cited in order and that all legends match their assigned figures. Alert the production editor to any missing information. Also, write an author query on the manuscript. If materials are present but are not cited, cite them at the appropriate places in the text and query the author for approval. The responsibility of the accuracy of the information contained in the references belongs with the author. The copy editor should check the references for adherence to house style and query the author when there appear to be any anomalies. Do NOT check each reference in Index Medicus for accuracy of content. When in doubt, query the author.
33. Ensure that all previously published materials have copyright permission and that written patient consent accompanies any photographs where a face is fully recognizable. If permission letters are required but are not included, query the author to provide written proof of consent.
34. Check figures carefully to ensure that any arrows, dotted lines, etc, are explained in the legends. If figures are photomicrographs, ensure that stains are identified

and that original magnification is given. If anything is missing or needs clarification, query the author.

35. Track all changes.
36. Use the “Comment” option provided in *Word* under “Insert” when making author queries. Do not write queries directly in the text, as the desktopper may confuse these as being part of the text. Indicate with the following initials who the query is intended for: AU for author, PE for production editor, COMP for compositor, ED for editor.

Indicate a query to the author for the following:

- approval of significant changes to the wording. Note that some authors feel strongly about the words they have chosen to use and that what may seem to you an insignificant change may be significant to them (eg, changing the word *sex* to *gender* or *patient* to *individual* should be brought to the author’s attention for approval. If possible, suggest changes to the author and query the author to determine if the new wording is acceptable. If rewording a sentence may alter the author’s intent in any way, please query the author by asking “Au: Changes OK?” or “Au: As meant?”).
  - if you are unsure about heading levels or the placement of tables and figures
  - when oddities occur and when information, including tables or figures, is missing
  - when permission is needed to use figures and tables that are borrowed or possibly borrowed from another source. (Word the queries so as to elicit a detailed response from the author.)
32. Display fraction numbers that are not to be written out in words (ie, mixed fractions) as several characters (eg, 2 1/2 not 2½) overriding the computer’s desire to change the fraction to a single character with a note to the compositor to set the fraction as a single character.
33. Use functions and symbols that appear on the keyboard (eg, **bold**, *italics*, underline, \*, +, >, cedilla, tilde, circumflex, accent aigu, accent grave). Superscripts, subscripts, small caps, and drop caps also can be done directly without a code. (Please note that asterisks should **not** be superscripted, as they already are superscript characters.)
34. Use the shortcut keys for many special characters (eg, **CNTL SHIFT : a** gives you ä).
35. Some symbols can be added by clicking on the “INSERT” icon, then clicking on the “SYMBOL” button. Make sure that you are using the “symbol” font and NOT “normal text.” Insert the symbol you desire.
36. If you are unsure if a symbol is accurate as the author had used a different font in the original manuscript, please query the production editor.

**HOWEVER, some symbols do not translate into Quark. These include most Hebrew, Cyrillic, and Arabic letters and certain mathematical symbols and marks. The symbols that we use most frequently that don’t always translate well into *Quark* are listed in the following table. Please use the codes associated with them. If a symbol is**

not here and you are uncertain that it will translate into *Quark*, please contact your production editor.

Code Type	For
{138}	± Plus/minus
{139}	≤ Less than or equal to
{140}	≥ Greater than or equal to
{141}	ι Special character
{142}	‡ Special character
{143}	§ Special character
{144}	§ Special character
{145}	ø Special character
{146}	ć Special character
{147}	č Special character
{148}	ğ Special character
{149}	š Special character
{150}	â Special character
{151}	Å Special character
{152}	μ Mu
{156}	... Ellipsis
{157}	α Greek alpha (lower case)
{158}	β Greek beta (lower case)
{159}	γ Greek gamma (lower case)
{162}	χ Greek chi (lower case)
{163}	λ Greek lambda (lower case)
{164}	× Times Sign (math operator)
{165}	· Prime Sign
{198} or on numeric keyboard use alt 0176	° Degree sign
{199}	– Minus sign
{200}	Δ Greek delta (upper case)
{201}	ε Greek epsilon (lower case)
{202}	ψ Greek psi (upper case)
{203}	κ Greek kappa (lower case)
{204}	Σ Greek sigma (upper case)
{205}	ω Greek omega (lower case)
{206}	δ Greek delta (lower case)
{207}	ν Greek nu (lower case)
{208}	ξ Greek xi (lower case)
{209}	η Greek eta (lower case)
{210}	ι Greek iota (lower case)
{211}	σ Greek sigma (lower case)
{212}	Ω Greek omega (upper case)
{213}	Ε Greek epsilon (upper case)
{220}	⊂ Mathematical symbol for subset

{221}	Φ	Greek phi (upper case)
{222}	φ	Greek phi (lower case)
{223}	≈	Mathematical sign for “approximately equal to”
{224}	ρ	Lower case rho
{225}	π	Greek pi
{226}	θ	Greek theta (lower case)
{227}	τ	Greek tao (lower case)
{228}	ζ	Greek zeta (lower case)

- For figure number captions (number caption only), make sure you use boldface (eg, **Figure 1** Patient with Bell’s palsy.)
- For tables, please use the example that follows.

The manuscript table looks like this:

**Table 4 Dermatologic Disorders and Associated Malignancies**

Disorder	Dermatologic Findings	Associated Malignancies
Hypertrichosis lanuginosa	Sudden development of fine, unpigmented hair	Lung carcinoma
Acquired ichthyosis	Large polygonal white to brown scales	Hodgkin’s lymphoma
PD of the breast	Eczematous red plaques around breast nipples	Ductal breast adenocarcinoma
Muir-Torre syndrome	Sebaceous tumors	Gastrointestinal carcinoma

PD = Paget’s disease.

**Please LEAVE all table formatting as provided, unless the Production Editor specifies otherwise.**

For ALL books and journals, please tag the tables as follows:

- Use @TH= followed by the table number and table heading in upper and lower case.
- Use @TS= followed by the table subheadings in upper and lower case.
- Use @TS2, @TS3, etc. for subsequent table subheadings.
- Use @TT= followed by the table text in the table body, typed as it should be presented (upper case for first letter of first word, lower case for remaining words). Note that all entries are to be keyed horizontally, with the division of information between columns made by one single tab. When the information is complete for that level of entry, use a hard return. The keying method is shown below; however, instead of actually putting in a single tab or a hard return, we have written the function out in curly brackets for clarity. When you actually set up the table, you will have to input single tabs and hard returns.
- Use @TF= followed by the footnote text.

Add comments directed to the compositor to indicate style issues for tables. For example, if the text on the second line in a table column should be

indented, add the comment “COMP: indent text.” If there should be a straddle rule, indicate so.

Example of how you should key:

@TH=Table 4 Dermatologic Disorders and Associated Malignancies {hard return}

@TS=Disorder {tab} Dermatologic Findings {tab} Associated Malignancies {hard return}

@TT=Hypertrichosis languinosa {tab} Sudden development of fine, unpigmented hair {tab} Lung carcinoma {hard return}

Acquired ichthyosis {tab} Large polygonal white to brown scales {tab} Hodgkin’s lymphoma {hard return}

Paget’s disease of the breast {tab} Eczematous red plaques around breast nipples {tab} Ductal breast adenocarcinoma {hard return}

Muir-Torre syndrome {tab} Sebaceous tumors {tab} Gastrointestinal carcinoma {hard return}

@TF=PD = Paget’s disease.

**DOIs:** All Decker journals are now to have a digital object identifier (DOI), which is a long number that you will need to add to each article so that it can be identified on the Internet. It is tagged as @DOI=.

Example:

@DOI=DOI 10.2310/6130.2006.00001

@DOI=DOI 10.2310/6130.2006.00002

@DOI=DOI 10.2310/6130.2006.00003

The production editor will provide you with the first numbers up to the year 2006 for each journal (eg, **10.2310/6130.2006**). The last five digits of the DOI will come from the last five digits of each electronic file that the production editor provides to you for each issue (eg, JED\_2006\_00001, JED\_2006\_00002). You are to add this DOI to the very top of each article and corresponding commentary (one for both), letter and corresponding response (one for both), editorial, introduction, news section, etc, that requires one. Business information pages, instructions for authors, table of contents, editorial mastheads, ads, etc. do not require DOIs. If in doubt, contact the production editor. Include a comment to the compositor to indicate the location of the DOI number in the formatted page proofs (footnote at very bottom of first page; very small font). Please note that the DOI cannot go on any other pages.

DOIs should be provided in references if an article is in press. Please refer to reference section 10.33 of this guide for more information.

## RESPONSIBILITIES OF PROOFREADERS

1. Note the DUE DATE on the material sheet. Adherence to the assigned schedule is critical. If you foresee a problem meeting the due date, please inform the production editor immediately. Also, if you are asked to proofread a second, third, fourth edition of a book, ask the production editor if the same style for headings applies. If so, ask the production editor for a sample copy of the previous edition that you can use as a style guide.
2. If proofreading a hardcopy, use a **medium-point pen or gel pen with green ink for proofreading. Print clearly—do NOT write. Use proofreaders marks. Make all notations in the margins. Notations to the compositor should be indicated with “COMP:”; notations to the production editor with “PE:”; and notations to the copy editor with “CE:”. Notations must be circled to indicate to the compositor that they are not text to be applied. DO NOT TRANSFER AUTHOR QUERIES TO THE FIRST PAGES OR QUERY THE AUTHOR YOURSELF. THE AUTHOR REVIEWS THESE PAGES AT THE SAME TIME AS YOU DO, AND THE AUTHOR WILL NOT SEE YOUR QUERIES.**
3. Check that titles and authors' names and degrees are complete, including correct capitalization and style.
4. Check that running heads are correct. Running heads should match chapter titles exactly.
5. Check that all heading levels are correct, both logically and with attention to the design.
6. Ensure that paragraph indentations are correct throughout the proofs (ie, the first paragraph under a heading is not indented; thereafter, all paragraphs are indented).
7. Highlight **first** citations of references and ensure that all references are cited and appear in numerical order. Check that the spelling of authors' names is the same in text citations as it is in the references.
8. Flag any references cited within the text to other articles within the same journal issue or chapters within the same book so that the copyeditor/production editor can verify them when he/she reviews the final page proofs (eg, Chapter 37 in this book deals with diastemas [the proofreader needs to flag this so that the copyeditor/production editor can verify if chapter 37 actually does deal with diastemas]).
9. Check for loose text (too much spacing in words).
10. Ensure that numbers are not separated from their measures at the end of a line (eg, “3
11. mg” is wrong. Ask the compositor not to break them).
12. Make sure that hyphenated words are broken at their hyphen at the end of the line and not broken by adding another hyphen (eg, The doctor suggested that a pre-exist-
13. ing illness had caused this new disorder. Wrong. Break the line at “pre-.”

14. **Proofread 1<sup>st</sup> pages word for word against the copyedited manuscript.**
15. Highlight first citations of all tables and figures. Check that all tables and figures are cited and that all citations have a corresponding table or figure. Tables and figures should appear as close to their first citation as possible without being “ganged” on a page. As a general rule, tables and figures should be placed at the top or bottom of a column. They should never be placed after references or acknowledgments. Alert the production editor if you cannot fix the placement of the tables and figures. **IMPORTANT:** If proofreading first pages against electronically copyedited manuscripts, ensure that the production editor has provided you with a copy of the tables from the original manuscript before they were copyedited so that you can see their format. On-screen copy editors remove all formatting from tables, and they are difficult to check. Also, please note that “greater than” and “lesser than” symbols may be confused with “greater than or equal to” or “less than or equal to” symbols when changes to them have been tracked in electronically. .
16. **DO NOT COPYEDIT. If you find what you believe to be a copyediting error or oversight, mark it in pencil and alert the production editor to it with a Post-it-Note.** The production editor will determine whether they are to be applied.
17. Check spellings of words and drug names. Use *Webster’s Dictionary* or *Dorland’s Illustrated Medical Dictionary, 31st Edition* and the *Physician’s Desk Reference* or *Compendium of Pharmaceuticals* as a reference (see *Decker House Style*, “Names and Terms,” for more details).
18. When proofreading first pages against electronically copyedited pages, make sure that the desktoppers have interpreted the symbol codes correctly. If the desktopper has used the wrong symbol for the code, please indicate the correct symbol. Proofreaders should **not** use the codes.
19. Set tables in the correct style for alignment, caps, periods, italics, bold, etc.
20. Set figure numbers and legends in the correct style. Legends should match the contents of the figure. If arrows, dotted lines, etc, are mentioned, check to see that they appear in the figure. Alert the production editor with a Post-it-Note to any aspect that is missing or unclear.
21. Ensure that all references are present and follow the specific book style or journal style.
22. Check that all footnote markers appearing in the text have corresponding footnotes at the bottom of the respective columns. Ensure that footnote markers appearing in tables correspond with those appearing underneath tables.
23. Date and initial the top right corner of the first page of each chapter and return the entire package to the production editor when you have completed your proofreading.

# 1. PUNCTUATION

## COMMAS

- 1.1 Following the *New England Journal of Medicine*, we use the serial comma in a series of three or more terms with a single conjunction.

**Paneth's cells produce antibacterial peptides, digestive enzymes, and growth factors.**

- 1.2 Enclose parenthetical expressions between commas.

**The extrapulmonary problems, mainly digestive and nutritional, are now increasingly important in this patient population.**

Note: If the interruption to the flow of the sentence is slight, the commas may be omitted, but never omit one comma and leave in the other.

Place abbreviations of academic degrees and titles following a name between parenthetical commas. Junior, or the abbreviation Jr, is not parenthetical. It is restrictive and does not require a comma.

**John Doe Jr, MD, Stella Gribbin, PhD, Alisa Allen, MD, PhD**

- 1.3 Use a comma before coordinating conjunctions (ie, and, but, or, nor, for, so, yet) that precede an independent clause. (*Consult The Chicago Manual of Style* for exceptions.)

**Pulmonary disease is the most severe form of cystic fibrosis, and the defective protein is a transmembrane chloride channel.**

**There were early reports that coumarin can pass into breast milk, but these reports have been refuted.**

- 1.4 Two independent clauses that are not joined by a coordinating conjunction may be joined with a semicolon, or they may be separated into two sentences.

**The antrum and duodenum may be further assessed in the oblique projections; the pyloric canal may best be visualized in lateral or oblique projections.**

- 1.5 In complex sentences, use a comma when the dependent clause precedes the independent clause.

**If the treatment is effective, it can be continued.**

But

**The treatment can be continued if it is effective.**

- 1.6 Where a date is expressed as a month, day, and year, the comma will follow the year as well as the day.

**The samples taken on January 18, 1993, were...**

However, the comma is omitted if the date is expressed as a month and year (**October 1998**) or as a day, month, and year (**7 September 1999**). (See also “Numbers” for additional information regarding expressions of time.)

**DASHES**

- 1.7 Following *The Chicago Manual of Style* and the *Journal of the American Medical Association*, em dashes within sentences should be set with no space on either side.
- 1.8 The em dash should be used sparingly and should be avoided in headings or titles.
- 1.9 The en dash is used principally to indicate inclusive numbers (dates, time, reference numbers, page numbers). It should be used only in figures and tables, in their citations and legends, within parentheses, and for ranges of references and pages. See individual journal/book style sheets.
- 1.10 The en dash is also used to join compound adjectives that modify the same noun:  
**chest–lower abdomen area                      eustachian tube–middle ear system**  
(However, such constructions are awkward and wearying to read. Avoid by recasting if possible.)

**HYPHENS**

- 1.11 The trend is to combine the elements of a compound word into one unhyphenated word. Nearly all compounds formed with a prefix are closed, sometimes even if the last letter of the prefix and the second word begin with the same letter (consult *Dorland’s* and *Webster’s* to confirm the spelling of these words; if the spelling is not indicated, use a hyphen):

**nonmedicinal, transsternal, hyperreflexia, microorganism**

Note that Decker now closes prefixes with open or hyphenated compounds, unless the second word is a proper noun.

**postcardiac surgery complications, prelatency period, antifactor Xa,  
antipsychotic drugs, nonsmall cell lung cancer**

But

**non-English origin** (hyphen) but **non-English-speaking people** (n-dash)

- 1.12 Hyphenate noun forms such as **follow-up, work-up, and set-up**. Do not hyphenate the verb forms:

**follow up the patient, set up the procedure, work up the schedule**

- 1.13 Hyphenate noun compounds that are used adjectivally before a noun.  
**T-cell lymphoma, T-cell antigen receptors**  
But  
**T helper cells**
- 1.14 Hyphenate adjectival usages such as **well-designed study**; however, do not hyphenate adverbial usages such as **The study was well designed.**
- 1.15 An adverb ending in “ly” followed by a participle or adjective is always open:  
**parentally administered drugs**

Note: If there is a chance of misreading, use the hyphen. For example:  
**multiply-injured patient** (when meaning a patient who has multiple injuries)

- 1.16 Use a hyphen between a number and a unit of measure that is not abbreviated when they are used adjectivally:  
**13-year-old girl**

Note these exceptions:

- Capitalized words or numerals (**non-Greek, mid-1944**)
- Homographs (**re-cover, re-create, un-ionized**)
- Prefix standing alone (**over- and underused**)
- Misleading or puzzling forms (**re-infection, co-infection**; these could be read as "rein..." and "coin..." without the hyphen)
- Numbers followed by abbreviated units of measure (**33 m distance, 20 mg tablet**)

## **OTHER**

- 1.17 Quotation marks fall outside punctuation except for semicolons and colons. Single quotation marks are used for quotations inside a quotation.
- 1.18 Square brackets are used for parenthetical material that appears within round parentheses, or for denoting editorial comments, corrections, or translations.
- 1.19 Contractions should not be used.
- 1.20 Decker does not use periods with the following Latin abbreviations:  
**ie, eg, vs, et al, etc, pm, am**

## **LISTS AND ENUMERATIONS**

- 1.21 Enumerations that run into the text may be introduced by a colon (see note below) followed by numerals in parentheses. In a simple series with little or no punctuation within each item, separation by commas is sufficient. Otherwise, semicolons are used.

**A recent study describes an interesting expression pattern: (1) negligible staining in the duodenum, (2) prominent staining along the whole villus basement membrane, and (3) staining confined to the surface epithelium in the colon.**

- 1.22 For long enumerations, it is best to use a numbered or bulleted list. Lists may be introduced with a colon, and each entry begins with a capital letter and ends without punctuation. However, full sentences should end with a period. **WHATEVER STYLE YOU CHOOSE FOR LISTS, BE CONSISTENT THROUGHOUT THE BOOK.**

**Causes of chemical neurologic disorders are as follows:**

- 1. Hypoglycemia**
- 2. Hypocalcemia, hypomagnesemia**
- 3. Hyponatremia and hypernatremia**
- 4. Pyridoxine dependency**
- 5. Inborn errors of metabolism and organic acidemias**
- 6. Drug withdrawal**

- 1.23 If the enumerated items are syntactically part of the sentence, items may also begin lowercase and carry appropriate end punctuation.

**Low cardiac output syndrome is typified by**

- 1. persistent sinus tachycardia,**
- 2. narrow pulse pressure,**
- 3. oliguria,**
- 4. poor peripheral perfusion, and**
- 5. failure of reduction of blood lactate level.**

- 1.24 Consider the appearance of the list on the page when deciding which type to use (ie, lists with many entries often look awkward with end punctuation). Most important, be consistent in the way lists are done throughout the book.

Note: Do NOT use a colon between a verb and its object or complement.

**Minimum components of the ongoing monitoring process should include (1) validating the hearing status, (2) refining the description of the hearing impairment, and (3) addressing maturational changes.**

If you wish to use a colon, reword the sentence.

**Minimum components of the ongoing monitoring process should include the following: (1) validating the hearing status, (2) refining the description of the hearing impairment, and (3) addressing maturational changes.**

Do NOT use colons between a preposition and its object.

The study consisted of 321 diabetic patients from Ontario, 225 diabetic patients from Quebec, and 119 diabetic patients from Nova Scotia.

## 2. ACRONYMS AND INITIALISMS

- 2.1 An acronym is a pronounceable word formed from the first letter or letters of a series of other words. An initialism is formed from the initial letters only of a series of words and may not be pronounceable as a word. Neither acronyms nor initialisms should contain internal punctuation. Also, they should be set in full caps:

acronym **AIDS**

initialism **MRI**

The exceptions are **BC**, **AD**, **BCE**, and **CE**, which are always set in small caps, and academic degrees, which are sometimes upper and lower case (eg, PhD, BSc).

- 2.2 Always spell out an abbreviation the first time it is used followed by the abbreviation in parentheses. If an abbreviation appears only once in the text, spell it out fully and do not use the abbreviation. You must be aware of what an acronym or initialism stands for even if you are not writing it out. This will help you avoid errors of partial expansions such as AIDS syndrome, HIV virus, and RAST testing.

**human immunodeficiency virus (HIV)**

- 2.3 Acronyms and initialisms may be used in headings *after* they have been defined in the text; they may not be used beforehand. Exceptions are common acronyms and initialisms such as AIDS, HIV, DNA, RNA, and FDA, which may be used in titles or subheadings even before they have been defined. Acronyms and initialisms that have been defined earlier in the text may be used at the beginning of sentences without spelling the term out in full.

**HIV is the cause of AIDS.**

- 2.4 No apostrophe is needed in the plural form (**ANOVAs**). When referring to the plural form of hyphenated acronyms and initialisms, pluralize the letter or number after the hyphen if it is logical.

**ICAM-1, ICAM-1s**

- 2.5 In most cases, use a definite article before an acronym or initialism that is a noun, but do NOT use a definite article before an acronym or initialism that is used adjectivally.

**The FDA approved the new drug.**

**WHO guidelines specify the procedures.**

- 2.6 Consider how an acronym or initialism is pronounced when placing an indefinite article in front of it. **An MRI** is correct; **a MRI** sounds awkward.

- 2.7 The abbreviation US is to be used only as an adjective. When talking about the noun, spell out United States.

**The US Food and Drug Administration advises...**

But

**In the United States, the number...**

- 2.8 The symbols for trademark <sup>TM</sup> and registered trademark <sup>®</sup> need not be used in running text. If the authors are inconsistent in supplying them, do not use them. The first letters of trade names must be capitalized. Consult the production editor to determine if the manufacturers' names and locations are needed beside tradenames. The decision is usually based on the commercial value of the book. Quite often dental books require this information.

**(Discus Dental, Culver City, CA)**

Note: Decker prefers to use the abbreviated two-letter form for provinces and states as specified by Canada Post and the US government.

- 2.9 The following abbreviations should not be used in running text but may be used in parentheses, tables, or figures: **ie, eg, etc, vs.** When using "eg" in parentheses, do not finish with "etc."

Incorrect: **(eg, cancer, diabetes, etc)**

Correct: **(eg, cancer, diabetes)**

- 2.10 The abbreviation "et al" should be used in references only. In the running text, it is preferable to use "and colleagues."

### 3. DISTINCTIVE TREATMENT OF WORDS

#### TITLES AND HEADINGS

- 3.1 The first line of the first paragraph under each title or heading should *not* be indented. The first line of all paragraphs thereafter should be indented. The copy editor should not indicate the indents when copyediting; however, the proofreader should ensure that paragraphs are indicated correctly.
- 3.2 Like all text, titles and headings should be concise, informative, and grammatically correct. Omit such redundancies as "The Use of," "Effect of," "A Report of." Single-word headings that deal with anatomy require articles (**Abdomen** becomes **The Abdomen**). You do not need to add the article with plural forms (**The Eyes** should be **Eyes**).
- 3.3 Capitalize the first and last words and all nouns, pronouns, adjectives, verbs, adverbs, and subordinating conjunctions (eg, if, because, as, that). Use the lowercase for articles, coordinating conjunctions (ie, and, but, or, for, nor, so, yet) the "to" in infinitive, and prepositions, regardless of length, unless they are the first or last words of the title or subtitle.
- Low-Molecular-Weight Heparin versus Heparin  
Thromboprophylaxis after Major Trauma**
- 3.4 If the title contains a hyphenated compound, always capitalize the first element. If a prefix or suffix is involved, do not capitalize the second part of the word unless it is a proper noun or proper adjective:
- Intra-arterial, Vaso-occlusive**
- 3.5 Em dashes should not be used in titles. If the title requires punctuation to introduce a subtitle, use a colon instead.
- 3.6 Short forms (abbreviations, acronyms, or initialisms) should be avoided in titles; however, they may be used in headings once they have been defined in the text.
- 3.7 The introduction of a chapter should not have the heading "Introduction." This should be understood and seems redundant.

#### AUTHOR NAMES AND AFFILIATIONS

- 3.8 In articles and book chapters, authorship is indicated by a byline, which appears immediately below the title. Each book and journal has its own requirements as to how the byline should appear, but in most instances, they will require the authors' full names (first and last spelled out, middle initial[s], if any) and their academic degrees. Supplementary information such as institutional affiliations and mailing addresses are needed for biographic footnotes.

- 3.9 If authorship is attributed to a study group, it may be designated by its corporate name, and the individual members may be listed in a footnote or an appendix. In some cases, at least one person's name should accompany the group name (**Elkin R. Jarvis, MD, for the NSAID-Associated Ulcer Treatment [ASTRONAUT] Study Group**). Consult the production editor of each publication for specific requirements.
- 3.10 Acknowledgments in journal articles should follow the individual journal style sheet. In books, acknowledgments, if they apply to a specific chapter only, should be placed as a footnote before the references in the chapter. Indicate to the formatter to place a three-quarter rule above the footnote to separate it from the text.

## SUBHEADS

- 3.11 Subheads are used to facilitate understanding and to signpost the flow of the discussion from the general to the specific. Most medical and scientific works will benefit from at least one level of subhead. Only the most complicated of texts will require more than three levels. Most Decker books should have no more than five heading levels. Heading levels one and two (H1 and H2) should be centered and separated from the paragraph by one line of space. Heading levels three to five (H3, H4, and H5) should run into the text. The copy editor needs to designate the level only and should not indicate how it should look as this is the desktopper's responsibility. The proofreader needs to ensure that the desktopper has applied the heading levels consistently throughout the text.
- 3.12 Use at least *two* subheads of the same level under a main head. Logic dictates that a topic that cannot be divided into more than one subtopic cannot justify subheads. For example, if a study of drug compliance in a patient population discussed the difference between male and female patients, then under the main head "Drug Compliance in Patients" you might use the subheads "Male Patients" and "Female Patients"; however, if all the patients in the study were male, the latter subhead would be inapplicable and the former subhead would be redundant. "Drug Compliance in Male Patients" would be an effective heading.

## CAPITALIZATION

- 3.13 In most nonmedical and nonscientific usages, we follow Chapter 7, "Names and Terms," in *The Chicago Manual of Style*. It should clarify when you should capitalize personal names, foreign names, titles and offices, academic degrees and honors, nationalities, place names, words derived from proper names, associations and conferences, and calendar and time designations.
- 3.14 When starting a sentence with a chemical term, follow these examples:  
**5-Fluorouracil may be used for the treatment of solid tumors.**  
**N-Acetyl-L-cysteine has been shown to exert cancer-protective mechanisms.**

But

**pH is used to determine acidity and alkalinity.**

### **ITALICS**

- 3.15 In text, use italics only in the following instances: (1) titles of books, newspapers, pamphlets, films, television and radio programs, journals (including their abbreviations), works of visual art, long poems, plays, online media, and software; (2) references to genus and species and genes (see “Names and Terms”); (3) names of spacecraft, aircraft, ships, and trains, and (4) with discretion, to lend emphasis to a word or phrase. Do not italicize foreign terms commonly used in biomedical literature, such as “**in vitro**,” “**in vivo**,” and “**a priori**.”

### **SPELLING**

- 3.16 Unless otherwise specified, use American spelling:  
**tumor, neurologic, traveler, catheterize, sulfur, pediatrics**

Consult *Dorland's* and *Webster's Dictionary* for the correct spelling of words and medical terms. NOTE: *Dorland's* now recommends using arabic numbers when referring to diabetes types (eg, type 1 diabetes).

### **WEB SITE ADDRESSES**

- 3.17 When providing a Web site address (note spelling of Web site) in the text, precede the address with “<” and end the address with “>.” A period will follow “>” if the address is at the end of the sentence.

You can access the free online tour at <<http://www.oed.com/tour/>>.

Note: For Web site addresses in references, see “Electronic Material,” in “Reference Style for Books and Journals.”

### **WORD DIVISION AND END-OF-LINE BREAKS**

Words are divided into syllables, and if in doubt where to break a word, check *Webster's Dictionary*. However, since not all syllable breaks are acceptable as end-of-line breaks, these guidelines should assist proofreaders.

- 3.18 In general, most words are divided according to pronunciation.

<b>demo/cracy</b>	<b>aurif/erous</b>
<b>knowl/edge</b>	<b>symp/toms</b>
<b>sphinc/ter</b>	<b>dos/age</b>
<b>car/diac</b>	<b>pa/tient</b>

- 3.19 Words in which the syllable has a silent “e” are never divided.

<b>aimed</b>	<b>helped</b>	<b>hooked</b>
--------------	---------------	---------------

**climbed      vexed      passed**

3.20 Word endings that are monosyllabic are never divided. Examples include

**/ceous      /geous      /sion**  
**/cial      /gion      /tial**  
**/cion      /gious      /tion**

**fa/cial never faci/al**

**junc/tion never junct/ion**

3.21 Do not start a new line with a final syllable that has only a liquid sound (ie, le).

**conver/tible      pos/sible**  
**en/titled      prob/able**

Not

**conver/tible      possi/ble**  
**entit/led      proba/ble**

3.22 Hyphenated compound words should break only at the hyphen.

**court-/martialed      poverty-/stricken**

3.23 Compound words not requiring a hyphen should break at the natural syllabic breaks.

**esophago/gastric      scinti/scan**  
**trans/abdominal      para/esophageal**

3.24 Divide before the “ing.”

**certify/ing      giv/ing      progress/ing**  
**chang/ing      learn/ing      reveal/ing**

Note these exceptions:

- when the final consonant is doubled, in which case the added consonant is carried over

**occur/ring      dab/bing**  
**recur/ring      trip/ping**

- when the verb ends in a liquid sound, one or more of the preceding consonants are carried over with the “ing”

**chuck/ling      han/dling**  
**dwin/dling      twin/kling**

3.25 Make an effort not to break personal names, but if necessary, the break should occur after the middle initial.

**Frederick L./Anderson**  
**F. L./Anderson**

3.26 Make every effort to keep numbers intact, but if necessary, they may be broken after a comma, never after a decimal point.

**1,499,000      \$25,223.00**

3.27 Never separate abbreviations when used with numerals

**25 kg          350 g          6:30 am**

3.28 An abbreviated genus name should not be separated from the species name.

***H. influenzae*          Not          *H. /influenzae***

## 4. NAMES AND TERMS

### DIAGNOSTIC PROCEDURES

- 4.1 Use the name of the procedure (**radiography**) unless the product of the procedure is specifically referred to (**radiograph**). Images obtained by radiography for diagnostic purposes are properly called radiographs or x-ray films. *Do not use x-ray as a synonym for radiograph.*
- 4.2 Computed tomography is a CT scan, not a CAT scan. A tomogram is not a CT scan, and they should not be confused. Use ultrasonography unless referring to the examination (**ultrasound examination**). The product is a **sonogram**.
- 4.3 Electrocardiography and electroencephalography are procedures; electrocardiographs and electroencephalographs are the instruments used to perform these procedures; electrocardiograms (**ECGs**) and electroencephalograms (**EEGs**) are the products of the procedures. Note that ECGs, EEGs, CT and MRI scans, and x-ray films are "pictures" and therefore are evaluated as normal or abnormal, not negative or positive.

### CHEMICAL TERMS AND DRUG NAMES

- 4.4 For some generic terms, use of Greek letters is optional. Ordinarily, when the Greek prefix is followed by a hyphen and the specific term, that prefix should be given as the letter ( $\beta$ ), for example, and not written out. For chemical terms, use of Greek letters is almost always preferred. Consult *Dorland's*.

**$\alpha$ -tocopherol                   $\alpha$ -adrenergic**

- 4.5 If a term with a Greek prefix is used in a title, subtitle, heading, or to begin a sentence, use the Greek letter rather than the spelled-out word. Do not capitalize the letter; the first non-Greek letter following the prefix should be capitalized. See journal style sheet for exceptions.

**$\beta$ -Amylase                   $\alpha$ -Fetoprotein in Viral Hepatitis**

- 4.6 Drugs should be identified by their generic (nonproprietary) names instead of their trade (proprietary) names. Where different brands of the same product are being compared, use of the trade names is appropriate. The symbols <sup>TM</sup> and ® are not required in running text; however, you must use upper- and lowercase for the trade name.

Useful resources for the identification and spelling of names include *Dorland's*, the *Physician's Desk Reference (PDR)*, *Billups*, and the *American Drug Index*. If the publication is meant for Canadian readers, Canadian nomenclature may be preferred, in which case, consult the *Compendium of Pharmaceuticals (CPS)*.

## GENUS AND SPECIES

- 4.7 The genus name must be written in full when first mentioned in the text. Subsequently, it can be abbreviated. Do not abbreviate the genus name if it is not followed by the species name.  
***Yersinia pestis* is the causative agent of plague. Classically, *Y. pestis* isolates are uniformly susceptible to the antibiotics active against gram-negative bacteria.**

- 4.8 If subsequent reference is to a different species of the same genus or a different genus with the same initial, the genus name is not abbreviated.  
***Pasteurella pfaffii*, *Pseudomonas septica*, and *Pseudomonas cepacia***

- 4.9 Italicize genus, species, and subspecies names when used in the singular. Do not italicize or capitalize a genus name when used in the plural.  
***Mycobacterium chelonae* but mycobacteria**

- 4.10 Capitalize the genus name in the singular or abbreviated form. Species and subspecies (even though they may be proper adjectives, eg, *S. californica*) are never capitalized. In titles and headings, plurals of genus names are capitalized.  
**Currently, the chief drug-resistant nosocomial pathogens include *Staphylococcus aureus* and coagulase-negative staphylococci.**

Note that in italicized titles or headings, genus and species names should appear in normal face.

- 4.11 The abbreviation "sp" (plural: "spp") is a standard biologic designation for species, and it is used when the genus is certain, but the species is not determined; sp and spp are not italicized in text.  
***Shigella* sp, *Campylobacter* sp**
- 4.12 The genus name when used in the singular without any reference to the species must be written in full, with a capital, and italicized.  
**He was infected by a *Mycobacterium*.**

## EPONYMS

- 4.13 Capitalize eponyms but not the common nouns associated with them. Consult *Dorland's* as to use of the apostrophe. If an article is used before the name of the syndrome, test, etc, an apostrophe should *not* be used.
- 4.14 Capitalization of eponymous terms that have become common adjectives (**eustachian, fallopian**) will depend on the usage in *Dorland's*.

## DISEASE NAMES

- 4.15 Words derived from eponymic names of diseases are usually not capitalized.  
**Addison's disease** but **addisonian**  
**Parkinson's disease** but **parkinsonism**
- 4.16 Disease names derived from the names of organisms are not capitalized or italicized.  
***Schistosoma* infection results in schistosomiasis.**

## GENES

- 4.17 All human genes, including pseudogenes (but NOT oncogenes or tumor-suppressor genes), are to be all uppercase Latin letters. They may be followed directly (with no space) by an arabic number that designates corresponding loci. Genes should be italicized. Greek letters are represented by roman letters (ie,  $\alpha$  is A,  $\beta$  is B, etc)

***PGM1, ADH2, AFP***

The locus for some genes may be designated by a single-letter suffix.

***LDHA, LDHB, LDHC***

NOTE: Human leukocyte antigen genes are an exception and use a hyphen.

***HLA-A, HLA-B***

ALSO NOTE: There is no such thing as *p53* gene anymore! It is now *TP53*.

Please query the author every time you make this change to confirm. If the author insists on *P53*, then leave it (but note the uppercase *P* must remain an uppercase *P*. Finally note that the gene *HER2/neu* is also the same gene as *ERBB2*.

Query the author to confirm that the subject matter is genes if it is not clear from the text and also to confirm that you have presented them correctly. (Production Editors should refer authors to the Web site below if there is a question as to how the genes should be presented in the text.)

- 4.18 Alleles should be limited to an optimum of three characters using only capital letters or arabic numerals. The allele designation should be written on the same line as gene symbol separated by an asterisk (eg, *PGM1*\*1, the allele is printed as \*1). When only allele symbols are displayed, an asterisk should precede them.
- 4.19 Oncogenes are represented by three lowercase characters in italics. These may be preceded by a "c" or "v" in **roman type** indicating whether the origin was chromosomal or viral. Regarding tumor suppressor genes, follow the author's style. ***abl, myc, ras; c-abl, v-ras, c-K-ras***
- NOTE: The protein products of the oncogenes use the same 3-letter term in roman type with an initial capital letter (Abl, Myc, Ras). Remember that any gene expression is an oncogene or a protein.
- 4.20 Mouse genes can use upper- and lowercase italicized letters and hyphens. Follow the author's style for these genes.

***B2m, nmd, Lamb1-1***

For more information on genes, please refer to the following Web site:

<<http://www.gene.ucl.ac.uk/nomenclature/> URL>.

## 5. NUMBERS

### EXPRESSING NUMBERS

- 5.1 Cardinal numbers under 10 are generally written out in text. When referring to dosage, age, measurement, percentage, and time, always use numerals. Numbers 10 and above are not written out except as the first word of a sentence.

**Ten patients were prescribed 4 mg twice per day for 3 weeks.**

Ordinal numbers should be written out in text.

**The tenth patient received the placebo.**

- 5.2 Combinations of numerals and written-out numbers should be avoided. Use numerals in instances where statistical data are described.

**Our institution's experience with ERF involved 14 patients, 12 males and 2 females. Initial deployment of SEMS was a success in 8 patients; the 6 failures were due to distal obstruction.**

- 5.3 Use a comma in numbers with four digits and more:

**2,000; 20,000**

- 5.4 Use roman numerals when referring to World War I and World War II and when referring to monarchs, popes, certain vehicles, personal names, and such:

**King George V, Sir Isaac Thorncroft III**

- 5.5 Use arabic numbers for chapter numbers.

Note: Consult *Dorland's* to determine the current expression of numbers with diseases and staging or grades of diseases.

### TIME

- 5.6 Use the following examples as guides when dealing with numbers and elements of time.

**The patient was in her twenties.**

**In the 1970s, the use of this drug was discontinued.**

**A 4-year-old child presented with abdominal pain.**

**This procedure works well for children ages 2 to 8 years.**

- 5.7 Note that numerals are used to indicate specific periods of time (**seconds, months, years**), whereas numbers under 10 are written out when describing more general periods of time (**decades, centuries**). Spell out references to particular centuries.

**The practice was commonly used for four centuries.**

**Many technologic developments took place during the twentieth century.**

- 5.8 Time of day is indicated by "am" and "pm." Do not use o'clock time, such as 6 o'clock.

**The drug was injected at 6:00 am.**

### **NUMBER/WORD**

- 5.9 Use a hyphen between a number and a unit of measure that is not abbreviated when they are used adjectivally.

**a 13-year-old study**

But

**This study is 13 years old.**

**a 20 mg tablet**

### **UNITS OF MEASUREMENT**

- 5.10 Units of measurement can be abbreviated when quantified:

**20 mg; 12 mL**

- 5.11 For clarity and brevity, use the slash and unit abbreviations for combined units of measure within the text and also within parentheses, tables, and figures:

**20 mg/kg/h**

See "Mathematics in Type" for preferred abbreviations.

## 6. MATHEMATICS IN TYPE

### NUMBERS AND SYMBOLS

- 6.1 There is a space between a number and a unit of measurement:

**20 mg**

Exception: 10°C.

- 6.2 When a range is given, the unit is not repeated (between 10 and 20%, 5 to 8 mg, from 2 to 4 days, [note that the word “to” is used in text and not the “N” dash]). See specific journal style sheets for exceptions.

Exception: 10° to 20°C

### UNITS OF MEASUREMENT

See “Numbers” for general rules.

- 6.3 Within a book, authors should use the same units of measure. The *Système International*, which is an expansion of the metric system, is the preferred choice. The following abbreviations are preferred and are used to indicate singular and plural amounts (see *The Chicago Manual of Style* 14.40 to 14.49 for more detail).

Celsius	C	centi	c
day	d†	deci	d
each/every	q	Fahrenheit	F
gram	g	hour	h†
kilo	k	liter	L*
meter	m	micro	μ
milli	m	millisecond	ms
minute	min†	mole	mol
month	mo	nano	n
pico	p	pound	lb
second	s†	year	yr†

\* Uppercase “L” is used when referring to liter.

† Use abbreviations of time in running text only when statistical or dosage information is being provided that combines units of measures with the slash.(eg, 20 mg/kg/h) . Otherwise, spell out the unit of time (eg, The physician prescribed 300 mg three times a day for 4 days). Abbreviations of time may be used in tables, figures, and parentheses for brevity.

Note the following:

- Blood pressure is written using a slash (**135/90**).
- Pulse can be written as follows: **56 bpm** (beats per minute).

- One unit of pressure is mm Hg. Please note that a space should appear between mm and Hg.
- Gauge is spelled out in full.

## PERCENT

- 6.4 Use the percent sign in scientific and technical copy in the text and parentheses. There is no space between the numeral and the percent sign.

## PERCENTAGE

- 6.5 Always check percentages to ensure that they are accurate and that they add up to 100%.

**2 of 203 (0.5%)** (Check to see that 2 of 203 is really 0.5%.)

*Incorrect: 12% reacted to the drug, 85% had no reaction, and 8% were lost to follow-up)*

If the total is more or less, query the author.

## LESS THAN/GREATER THAN/EQUAL TO

- 6.6 All operational signs (eg, >, <, ≤, =) are acceptable for use in the text and should always be used in parentheses, tables, and figures. These symbols should be preceded and followed by a space.

## DEGREES

- 6.7 Use the symbol when dealing with temperature and angles. Write out "degree" when it is not quantified.

## FRACTIONS

- 6.8 Fractions are written out in text and are hyphenated (**more than two-thirds of the drug regimen**). Mixed numbers are not written out (2½ or 2.5) unless they begin a sentence. Copy editors should advise formatters to set fractions as a single character (they are less confusing to read). On-screen editors should display the fraction numbers as several characters (eg, 1/2 not ½) overriding the computer's desire to change them to a single character with a note to the compositor to set the fraction as a single character.

- 6.9 Note that although "one-third" is singular, subject-verb agreement must consider the antecedent to the verb.

**One-third of patients brush their teeth after every meal.**

## RATIOS

- 6.10 Ratios are acceptable in text.

**The ratio of men to women in the study was 2:1.**

## MONEY

- 6.11 Always specify the currency (see *The Chicago Manual of Style* 8.26 to 8.29 for currencies other than US). **\$400.00 (US)**

## STATISTICS

- 6.12 In tables and parentheses,  $N = 295$  (upper case, italics) means that 295 is the size of the population in a study;  $n = 85$  (lower case, italics) means that 85 is the size of the sample in the study. Verify these against the text to make sure that they have been used correctly. Both are italicized.
- 6.13 Following *The Chicago Manual of Style*, the preferred symbol for probability is  $p$  and the preferred symbol for correlation is  $r$ . Both are lower case and italicized.
- 6.14 Decimal fractions in text should be preceded by a zero (**0.25**, not **.25**) except for quantities, such as probabilities, which can never exceed 1.00 ( $p = .05$ ).
- 6.15 For your information, "SD," "SE," and "CI" are abbreviations for standard deviation, standard error, and confidence interval, respectively. The abbreviations are acceptable in text, parentheses, tables, and figures. These abbreviations do *not* need to be defined in the footnote.
- 6.16 Statistics such as "**3/18 cases**" in the text or parentheses should be expressed as "**3 of 18 cases**." The slash is acceptable in tables and figures only.

## EQUATIONS

- 6.17 Equations should be introduced with a statement followed by a colon. They should be separated from the text by a line space above and below the equation and indented on both sides.

**The formula to calculate the NNT or NNH from a study follows:**

$$1/(X-Y)$$

Note: *The Chicago Manual of Style* recommends the use of punctuation with equations if ambiguity will result without it.

## 7. TABLES, FIGURES, AND FOOTNOTES

### GENERAL

- 7.1 Tables and figures should be numbered sequentially in the order in which they appear in the text. The first letter of the words "Table" and "Figure" is capitalized, and the words table and figure should be written in full in books (some journals abbreviate "Fig.").

**See Table 1 below. This is shown in Figure 3.**

No longer indicate the chapter number in the table or figure label. When cross-referencing another figure or table in a chapter, state the chapter number and the figure/table number as in this example:

**See Table 1 in Chapter 5.**

- 7.2 When a figure is cited in the text in parentheses, the word figure should be written in full (eg, **Figure 12**). Parts of figures should be written as uppercase letters of the alphabet (eg, Figure 12A). After a table or figure has been referred to once in the text, subsequent citations in parentheses should be preceded by "see" (eg, **see Table 5**). Both figures and tables should be cited in the text in parentheses at the end of a sentence before the period.
- 7.3 Table titles are in upper- and lowercase and are set above the body of the table. The style for headings will be decided by the author or the desktopper (regular font vs italics vs bold, etc). Do not format tables.

**Table 5 Dietary Triggers**

Avoid Completely	Diminish	Use
Eggs	Red meat	Chicken
Cheese		Fish
Whole milk		Skimmed milk
Ice cream		Vegetables

- 7.4 Figure captions and legends are placed beneath the figure. Parts may be indicated by uppercase letters of the alphabet, which are italicized if they precede the legend and set in roman type inside parentheses if they follow the legend. The legends are followed always by a period.

**Figure 3 A, Equipment for acoustic measurements of hearing aid interference.**

Or

**Figure 1 A good patient-doctor relationship is based on trust and leads to more effective therapy (A).**

- 7.5 Always add the word "original" to magnification information for photomicrographs (**X200 original magnification** [use multiplication symbol]). Also, identify the stain used. If this information is not provided, request it from the author.

## FOOTNOTES

- 7.6 Footnotes should be followed by a period. Footnotes follow legend text.
- 7.7 For biographic footnotes to bylines and in tables, the following symbols are used as reference marks in the following order:  
\* (asterisk), † (dagger), ‡ (double dagger), § (section mark), || (parallels), ¶ (paragraph symbol), # (number sign)  
When more symbols are needed, these may be doubled and tripled in the same sequence.
- 7.8 Footnotes for levels of probability are referenced by asterisks only and may be set on the same line:  
**\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .**
- 7.9 If a table title is very long, leave only the most important information in the title and provide the rest of the information as a footnote.
- 7.10 Abbreviations used in the table should be included in a footnote and must be placed in alphabetical order. They can appear on one line, separated by semicolons. No reference markers are required. The end of the listing of these abbreviations should be followed by a period.  
**CR = complete remission; MST = median survival time; NSC = nonsmall cell.**
- 7.11 If a figure has been taken directly from another source, a source note should follow directly after the figure legend: "Reproduced with permission from..." If the article from which the figure is taken is among the references, provide the first author's last name and initials (or if there are only two authors, both authors' last names and initials connected by "and") followed by et al, then the reference number. If it is not among the references, please provide a full reference. If the permission form has not been enclosed with the manuscript, the copy editor must request that the author provide a copy of the permission and alert the production editor.  
**Reproduced with permission from Hacker NF et al. <sup>82</sup>**

**Reproduced with permission from Halson LV and Smith RP.<sup>91</sup>**

- Exception: No permission is needed for tables borrowed from other sources (use “Adapted from...” ) or for information taken from the public domain.
- 7.12 If the table or figure has been adapted from the original source or from several sources that are included in the reference list, the source note may read “Adapted from ...” Cite the references by first author name and initial(s) and “et al” followed by the reference number(s). Permission is not needed.

**Adapted from Hacker NF et al<sup>20</sup>; Podratz KC et al<sup>82</sup>;  
Malfetano J et al<sup>83</sup>; Cavanagh D et al.<sup>84</sup>**

- If the references cited in the table have not yet been cited in the text and will not be cited in the following text, number the new table references after all the text references have been numbered. In other words, if the last reference in the text at the end of the chapter is 50, then the new reference cited in table 1 will be 51. A new reference cited in table 2 would then be 52, and so on.
- 7.13 Footnotes are presented in the following order below the table or figure:
1. Source information
  2. General notes that apply to the whole table, including definitions of abbreviations
  3. References markers
  4. Level of probability
- Note that source information is followed on a separate line by general notes, which in turn are followed on a separate line by the references markers, then by the level of probability on another separate line.

See *The Chicago Manual of Style*, 12.46.

## **HEADINGS**

- 7.14 Table numbers, titles, and headings should be consistently left aligned or centered, depending on the specific style.
- 7.15 Spanner heads should be centered over a straddle rule and the heads to which they pertain.
- 7.16 If several heading levels are needed, cut-in heads may be used. The desktopper will determine the style for the tables.
- 7.17 Capitalization of headings follows the rules set in “Distinctive Treatment of Words.” Please note that capitalization does not apply to unit abbreviations that appear in headings.

- 7.18 If all the numbers in a column of a table have the same units, it is preferable to place the units within the heading rather than repeat them in each entry of a column.

### **ALIGNMENT WITHIN THE TABLE**

- 7.19 *Horizontal:* Ensure that each cell lines up with the stub to which it applies. If the stub occupies more than one line, align one-line cell entries with the last line of the stub. If cell entries are more than one line, align the first lines of the stub and cells. Entries of more than one line should have indented run-in lines. Note: Copy editors please direct the desktopper to graduate the color within the table to distinguish subject matter (ie, if table in blue, blue should be strongest at the beginning, gradually fading by the end of the table).
- 7.20 *Vertical:* Left alignment is used for text (with indented run-in lines); numbers are aligned by place value; if mathematical signs are used between numbers, the columns should be aligned by the mathematical sign.
- 7.21 Empty cells should be indicated by centered em dashes, according to style.

## 8. DOCUMENTATION

### REFERENCES TO OTHER CHAPTERS WITHIN THE SAME BOOK

- 8.1 References to other chapters or subheadings within the same book should follow these examples. Note that the first word in the parentheses is lowercase if it is part of the sentence.

**These studies demonstrated an association between tobacco smoke and lung cancer (see Chapter 1, “Smoking and Lung Cancer”).**

Or

**That association was made in an earlier study by Watt (see “Liver Function Test and Fatty Meal” in Chapter 6, “Cholecystography”).**

Cross-references to specific sections of a book, such as the foreword, preface, introduction, contents, appendix, glossary, bibliography, part, and index, are set in roman type, without quotation marks, and in upper- and lowercase:

**(See the Appendix for this information.)**

Or

**(See *teeth* in the Glossary.)**

Note: The subject matter is italicized in this case.

(IMPORTANT: Copy editors and proofreaders need to highlight cross-references and flag them for the production editors.)

### REFERENCES TO OTHER PUBLISHED MATERIAL

- 8.2 References are a list of works cited in the text. They should be numbered according to the order of their appearance in the text. Identify references in the text, tables, and legends by arabic superscript numbers. Generally, these should be placed after the period at the end of the sentence. However, sometimes circumstances require that references be cited within a sentence, and these should be placed *inside* colons, semicolons, and em dashes.
- 8.3 “Additional Readings” includes works cited as well as those not cited. They are listed in alphabetical order and are not numbered.
- 8.4 Three authors and “et al” is sufficient for an entry. If there are only four authors, list all four.

- 8.5 En dashes should be used between inclusive page numbers. Common numbers are not repeated:  
231–5
- 8.6 Use the following examples as guidelines for placement of “Jr” and roman numerals:  
**White AR Jr      Smith AB III**  
Note that Jr is restrictive; therefore, no comma is used between the initials and Jr.
- 8.7 If a journal carries continuous pagination throughout a volume, the month and issue number are omitted. (If the page numbers are high [250-80] then continuous pagination is likely; if you are unsure, leave the month and issue number in the reference.)
- 8.8 Personal communications are not included in the reference list; they are to be cited directly in the text in parentheses as follows:  
**(J. Wolfe, personal communication, June 1988)**
- 8.9 For the correct citation of Web site addresses, refer to the Decker style for References, under Electronic Material. Note that references with Web addresses require the abbreviated month, day, and year the site was last accessed. This is required because the information may change after that time.

## 9. USAGE

### COMMONLY CONFUSED TERMS

9.1 Below is a list of commonly confused terms. Make sure that you use the terms correctly.

- biopsy** This noun is often used, erroneously, as a verb. Observations are made on the biopsy specimen, not on the biopsy itself.  
Incorrect: **The mass was biopsied.**  
Correct: **A biopsy of the mass was performed.**
- CD-ROM** Being an initialism-acronym, it should appear in full caps.
- classic, classical** A patient may present with classic symptoms. The latter is appropriate in literary, historical, or cultural contexts only.
- compare to/with** Two things are “compared to” or “likened to” each other when a single striking similarity (or dissimilarity) is observed; things are “compared with” one another to examine in detail similarities or differences.  
**We compared these studies on patients using beta-blockers with those on patients using calcium channel blockers.**  
But  
**We compared his action to that of his father.**
- compose, comprise, consist** Comprise is a transitive verb meaning to “consist of,” “be composed of.” The whole comprises the parts; the parts compose the whole. Avoid “is comprised of.”
- diagnose, identify** A condition or disease is diagnosed; a pathogen is identified.
- different than, different from** The right usage is “different from.”
- dilation, dilatation** Although it seems this is becoming interchangeable, “dilation” is usually the act of dilating or stretching, whereas “dilatation” is usually the condition of being dilated or stretched. When in doubt, use “dilatation.”
- disk, disc** Disk is the preferred spelling in anatomic nomenclature and for the abbreviation of computer diskette. However, compact *disc*.

<b>due to/owing to</b>	<p>These terms are not the same. "Due to," which is synonymous with "attributable to," is an adjective and must be associated with a noun or pronoun. It should not be used in place of owing to, because of, on account of. A good rule of thumb is to use "due to" with forms of the verb "to be."</p> <p style="text-align: center;"><b>His hearing loss was due to chronic noise exposure.</b>  <b>Owing to time constraints, we tested a limited range of low modulation.</b></p>
<b>dose, dosage</b>	<p>A dose is the quantity administered at one time or the total quantity administered. Dosage is the regulated administration of doses and is usually expressed in terms of a quantity per unit of time.</p> <p style="text-align: center;"><b>A dose of 0.3 mL of dihydroergotamine was administered intravenously.</b>  <b>The dosage of indomethacin was increased to 50 mg three times a day.</b></p>
<b>examine, evaluate</b>	<p>Patients are <u>examined</u>; conditions or diseases are <u>evaluated</u>.</p>
<b>follow, observe</b>	<p>A case is <u>followed</u>; a patient is <u>observed</u>. Either a case or patient may be followed up.</p>
<b>negative, normal</b>	<p>Do not confuse tests with their findings. Examinations and most laboratory tests are neither negative nor normal. The observations, results, or findings from examinations and tests are normal or abnormal. Cultures, tests for microorganisms, tests for specific reactions, and reactions to tests may be positive or negative.</p>
<b>orient/orientate</b>	<p>Orient means to adjust or adapt according to recognized facts or to change one's physical position. Orientate means to face or turn towards the east.</p>
<b>psychological</b>	<p>Never eliminate "al" from this word when used as an adjective (Note: "<i>al</i>" is to be eliminated in all other similar compound words (eg, psychological testing but biologic studies, neurologic examination)).</p>
<b>regime, regimen</b>	<p>"Regime" most commonly pertains to forms of government and social system; "regimen" is commonly used to refer to a regulated system of diet, exercise, and such.</p>
<b>relation, relationship</b>	<p>"Relation" is an aspect or quality (as resemblance) that connects two or more things or parts as being or belonging or working together or as being of the same kind (eg, the <i>relation</i> of time and space); "relationship" is the state of being related or interrelated between the variables.</p>

**therapy, treatment** Therapy for a disease or condition; treatment of a disease or condition.

**transplant  
transplantation** Both words can be used to refer to the procedure of grafting tissues; however, one should be used consistently throughout an article or chapter.

**utilize, use** "Use" is preferred.

**while** Do not use in place of "although" or "whereas" as it may result in confusion.

## PRONOUNS

9.2 He/She:  
English lacks a third-person singular pronoun that covers both male and female. This often creates problems in descriptions of treatment regimens: "**a patient may present to (his/her) physician....**" If an author has made a decision to use male, female, or plural pronouns and does so consistently, leave the pronouns as they appear in the manuscript. If the author has used a combination of pronouns ("he/she" and/or "they"), try to recast the sentence to the plural form.

9.3 Authorial "I":  
In multiauthored books, when the author of a chapter is describing his own experience, he should do so in the first person. (**I subsequently prescribed to his patient 75 mg of indomethacin by slow release twice daily.**) However, when more than one author is involved, the experience of the team/department/institution can be described in the first person, using "we," "our," and such.

## ABBREVIATIONS

9.4 The following abbreviations are commonly used (see *Dorland's*, Appendix 1, for additional abbreviations).

bid (twice daily)	tid (three times daily)
q4h (every 4 hours)	q4h (every 4 hours)
qh (every hour)	qhs (every night at bedtime)
hs (at bedtime)	hd (at bedtime)
ac (before meals)	pc (after meals)
PO (by mouth)	IV (intravenously)
IM (intramuscularly)	SQ (subcutaneously)

## SENSITIVE USAGE

- 9.5 Be aware of sensitive words that may, for example, be seen as racist or sexist. Use a neutral term that is currently acceptable and does not change the message of the text. Avoid using outdated medical terms such as “mentally retarded” or “handicapped.” Ensure that the author’s descriptions of cases do not contain irrelevant details, especially of a personal nature. The following terms are suggested when referring to specific racial groups: black, white, Native American/Canadian, Asian, Latin American. (Note that Native American/Canadian refers to all people native to America/Canada including Alaskans, Hawaiians/ Inuit. American Indian/Canadian Indian is more restrictive and may be preferred in certain situations.)

Below is a list of additional suggested alternative terms you should use:

Instead of	Use
man	people, humans
mankind	humanity, society
the common man	the average person
man in the street	people in general
manning the desk	staffing the desk
manpower	workforce, staff
man made	manufactured, synthetic
poor countries	developing countries
chairman	chair
fireman	firefighter

## 10. REFERENCE STYLE FOR BOOKS AND JOURNALS

Number references consecutively in the order in which they are first mentioned in the text. Identify references in the text, tables, and legends by arabic superscript numbers. Decker prefers that citations be placed after the period at the end of the sentence (eg, **Cask.<sup>90</sup>**). However, if necessary, citations also may be placed after the comma or before a colon or semicolon (eg, **Cask<sup>90</sup>**; or **Cask,<sup>90</sup>** or **Cask<sup>90</sup>:**)

The Decker style for references requires that the first three authors be listed followed by et al. If there are only four authors in total, list all four.

Use a hanging indent on the second line of the reference.

For a complete list of reference examples, please visit our Web site:  
<http://www.bcdecker.com/BCDecker/Doc/House%20Style.doc>

### ARTICLES IN JOURNALS

Abbreviate the titles of journals according to the style used in *Index Medicus*. For journals not listed in *Index Medicus*, abbreviate their names in a style similar to *Index Medicus* and note them on your style sheet so that they are used consistently throughout the book or journal.

#### 10.1 Standard journal article:

Lin FY, Ho VA, Khiem HB Jr, et al. The efficacy of a *Salmonella typhi* Vi conjugated vaccine in two to five-year-old children. *N Engl J Med* 2001;344:1263–9.

Threlfall EJ, Hampton MD, Ward LR, Rowe B. Application of pulsed field gel electrophoresis to an international outbreak of *Salmonella agona*. *Emerg Infect Dis* 1996;2:130–2.

Note that in the *Lancet*, occasionally roman numerals are used:

*Lancet* 1969;i:8–14.

*Lancet* 1976;ii:761–5.

As an option, if a journal carries continuous pagination throughout a volume (as many medical journals do), omit the month and issue number.

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124:980–3.

#### 10.2 Organization as author:

The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. *Med J Aust* 1996;164:282–4.

#### 10.3 No author given:

Cancer in South Africa [editorial]. *S Afr Med J* 1994;84:15.

- 10.4 Article not in English:  
(Note: National Library of Medicine translates the title to English, encloses the translation in square brackets, and adds an abbreviated language designator.)  
Ryder TE, Haukeland EA, Solhaug JH. Bilateral infrapatellar seneruptur hos tidligere frisk kvinne. Tidsskr Nor Laegeforen 1996;116:41–2.
- German capitalized nouns are to remain capitalized in the title:  
Lowitzsch K. Visuell evozierte Potentiale (VEP) bei der Multiplen Sklerose. Akt Neurol 1982;9:170.
- 10.5 Volume with supplement:  
Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994;102 Suppl 1:275–82.
- 10.6 Issue with supplement:  
Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. Semin Oncol 1996;23(1 Suppl 2):89–97.
- 10.7 Volume with part:  
Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid in non–insulin dependent diabetes mellitus. Ann Clin Biochem 1995;32(Pt 3):303–6.
- 10.8 Issue with part:  
Poole GH, Mills SM. One hundred consecutive cases of flap lacerations of the leg in aging patients. N Z Med J 1994;107(986 Pt 1):377–8.
- 10.9 Issue with no volume:  
Turan I, Wredmark T, Fellander–Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. Clin Orthop 1995;(320):110–4.
- 10.10 No issue or volume:  
Browell DA, Lennard TW. Immunologic status of the cancer patient and the effects of blood transfusion on antitumor responses. Curr Opin Gen Surg 1993:325–33.
- 10.11 Pagination in roman numerals:  
Fisher GA, Sikic BI. Drug resistance in clinical oncology and hematology. Introduction. Hematol Oncol Clin North Am 1995 Apr;9(2):xi–xii.
- 10.12 Type of article indicated as needed:  
Enzensberger W, Fischer PA. Metronome in Parkinson's disease [letter]. Lancet 1996;347:1337.

Clement J, De Bock R. Hematological complications of hantavirus nephropathy (HVN) [abstract]. *Kidney Int* 1992;42:1285.

10.13 Article containing retraction:

Garey CE, Schwarzman AL, Rise ML, Seyfried TN. Ceruloplasmin gene defect associated with epilepsy in EL mice [retraction of Garey CE, Schwarzman AL, Rise ML, Seyfried TN. In: *Nat Genet* 1994;6:426–31]. *Nat Genet* 1995;11:104.

10.14 Article retracted:

Liou GI, Wang M, Matragoon S. Precocious IRBP gene expression during mouse development [retracted in *Invest Ophthalmol Vis Sci* 1994;35:3127]. *Invest Ophthalmol Vis Sci* 1994;35:1083–8.

10.15 Article with published erratum:

Hamlin JA, Kahn AM. Herniography in symptomatic patients following inguinal hernia repair [published erratum appears in *West J Med* 1995;162:278]. *West J Med* 1995;162:28–31.

10.16 Special Issue of Journal (previously published issues combined and published as special issue)

Alexopoulos GS, Silver JM, Kahn DA, et al. Treatment of agitation in older persons with dementia. A special report. [Special Issue] *Postgrad Med* 1998;April:1–88.

## **BOOKS AND OTHER MONOGRAPHS**

(Note: German capitalized nouns are to remain capitalized in the title.)

10.16 Personal author:

Ringsven MK, Bond D. *Gerontology and leadership skills for nurses*. 2nd ed. Albany (NY): Delmar Publishers; 1996.

10.17 Editor, compiler as author:

Norman IJ, Redfern SJ, editors. *Mental health care for elderly people*. New York: Churchill Livingstone; 1996.

10.18 Organization as author and publisher:

Institute of Medicine (US). *Looking at the future of the Medicaid program*. Washington: The Institute; 1992.

10.19 Chapter in a book:

Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. *Hypertension: pathophysiology, diagnosis, and management*. Vol 1. 2nd ed. New York: Raven Press; 1995. p. 465–78.

- 10.20 Chapter with no authors listed:  
Greene FL, Page DL, Fleming ID, et al, editors. Renal pelvis and ureter.  
In: AJCC cancer staging manual. 6th ed. New York: Springer-Verlag; 2002. p. 361–5.
- 10.21 Conference proceedings:  
Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology.  
Proceedings of the 10th International Congress of EMG and Clinical  
Neurophysiology; 1995 Oct 15–19; Kyoto, Japan. Amsterdam:  
Elsevier; 1996.
- 10.22 Conference paper:  
Bengtsson S, Solheim BG. Enforcement of data protection, privacy and  
security in medical informatics. In: Lun KC, Degoulet P, Piemme TE,  
Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World  
Congress on Medical Informatics; 1992 Sep 6–10; Geneva,  
Switzerland. Amsterdam: North-Holland; 1992. p. 1561–5.
- 10.23 Scientific or technical report:  
Issued by funding/sponsoring agency:  
Smith P, Golladay K. Payment for durable medical equipment billed during  
skilled nursing facility stays. Final report. Dallas (TX): Dept. of  
Health and Human Services (US), Office of Evaluation and  
Inspections; 1994 Oct. Report No.: HHSIGOEI69200860.
- Issued by performing agency:  
Field MJ, Tranquada RE, Feasley JC, editors. Health services research: work  
force and educational issues. Washington: National Academy Press;  
1995. Contract No.: AHCPR282942008. Sponsored by the Agency  
for Health Care Policy and Research.
- 10.24 Dissertation:  
Kaplan SJ. Post-hospital home health care: the elderly's access and  
utilization [dissertation]. St. Louis (MO): Washington Univ.; 1995.
- 10.25 Patent:  
Larsen CE, Trip R, Johnson CR, inventors; Novoste Corporation, assignee.  
Methods for procedures related to the electrophysiology of the heart.  
US patent 5,529,067. 1995 Jun 25.

#### **OTHER PUBLISHED MATERIAL**

- 10.26 Newspaper article:  
Lee G. Hospitalizations tied to ozone pollution: study estimates 50,000  
admissions annually. The Washington Post 1996 Jun 21;Sect. A:3  
(col. 5).

- 10.27 Audiovisual material:  
HIV+/AIDS: the facts and the future [videocassette]. St. Louis (MO):  
Mosby–Year Book; 1995.
- 10.28 Legal material:  
Public law:  
Preventive Health Amendments of 1993, Pub. L. No. 103–183, 107 Stat.  
2226 (Dec. 14, 1993).
- Unenacted bill:  
Medical Records Confidentiality Act of 1995, S. 1360, 104th Cong., 1st  
Sess. (1995).
- Code of Federal Regulations:  
Informed Consent, 42 C.F.R. Sect. 441.257 (1995).
- Hearing:  
Increased Drug Abuse: the Impact on the Nation's Emergency Rooms:  
Hearings Before the Subcomm. on Human Resources and  
Intergovernmental Relations of the House Comm. on Government  
Operations, 103rd Cong., 1st Sess. (May 26, 1993).
- 10.29 Map:  
North Carolina. Tuberculosis rates per 100,000 population, 1990  
[demographic map]. Raleigh: North Carolina Dept. of Environment,  
Health, and Natural Resources, Div. of Epidemiology; 1991.
- 10.30 Book of the Bible:  
The Holy Bible. King James version. Grand Rapids (MI): Zondervan  
Publishing House; 1995. Ruth 3:1–18.
- 10.31 Dictionary and similar references:  
Stedman's medical dictionary. 26th ed. Baltimore: Williams & Wilkins; 1995.  
Apraxia; p. 119–20.
- 10.32 Classical material:  
The Winter's Tale: act 5, scene 1, lines 13–16. The complete works of  
William Shakespeare. London: Rex; 1973.

#### **UNPUBLISHED MATERIAL**

- 10.33 If the journal has not been published as yet:  
Wise J. Breast feeding safer than mixed feeding for babies of HIB mothers.[In  
preparation]
- Or
- Wise J. Breast feeding safer than mixed feeding for babies of HIB  
mothers.[Submitted]

Or

Wise J. Breast feeding safer than mixed feeding for babies of HIB mothers. 2003. [DOI number]

10.34 Pharmaceutical package inserts

Wyeth-Lederle customer service information to the American Society of Health-System [package insert]. January 2002.

**ELECTRONIC MATERIAL**

10.35 Journal article in electronic format:

Centers for Disease Control and Prevention. Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR [Serial online] 1999;48(RR-12):1–37. <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4812a1.htm> (accessed Apr 19, 2001).

10.36 Books on CD-ROM:

Winchester DJ, Winchester DP. Breast Cancer: Atlas of Clinical Oncology [book on CD-ROM]. Hamilton (ON): BC Decker Inc; 2002.

10.37 Journal on CD-ROM:

Gershon ES. Antisocial behavior. Arch Gen Psychiatry [serial on CD-ROM]. 1995;52:900–901.

10.38 Web Site

Hoffman DL. St John's Wort. 1995. Available at:  
<http://www.health.net/library/books/hoffman/materialmedica/stjohns.htm> (accessed July 16, 1998).

Note: For Web sites it is important to add the last accessed date as information changes frequently.

10.39 Monograph in electronic format:

CDI, clinical dermatology illustrated [monograph on CD-ROM]. Reeves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd ed. Version 2.0. San Diego: CMEA; 1995.

10.40 Computer file:

Hemodynamics III: the ups and downs of hemodynamics [computer program]. Version 2.2. Orlando (FL): Computerized Educational Systems; 1993.

\*Instead of indicating [In press] now, we indicate the DOI number of the article, as the article should be provided on the Internet before it is printed. If the author has not provided the DOI, please query the author for it. If the author does not provide it at that point, then use [In press].

