Psychiatric News

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Talkington To Revamp DB Assembly Format

DR. PERRY C. TALKINGTON, newly installed speaker of the Assembly of District Branches, told the Assembly in Miami Beach that responses to a questionnaire sent to officers and delegates of district branches indicate the need for substantial revisions in the structure of business meetings of the Assembly, area councils, and district branches. He announced as a first step in that direction a major change in the format of the Assembly meetings beginning next fall.

Dr. Talkington presented 14 areas of concern and action to the Assembly as his first official act in the speaker's post. His delineation of the Assembly's goals, he said, emerged from a review of the programs of past speakers, from suggestions by members of the policy committee, and from responses to the questionnaire sent out last year.

Dr. Talkington

The changes in business meeting format, he told *Psychiatric News* in an interview, should focus on providing "a more free-wheeling meeting with more voice for the individual." Accordingly, he plans to divide Assembly delegates into area council groups during the meetings to discuss business in the smaller sections before it is presented to the Assembly. In this way, he said, "We will have time to discuss the contents of our actions rather than approving them in a rubber-stamp fashion."

Dr. Talkington then charged the Assembly to consider a number of specific concerns:

- Area council meetings should be increased from two to three per year, he said. A request for additional funds

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Other Officers . . .

DR. JOHN VISHER was named speaker-elect of the APA Assembly of District Branches last month in Miami Beach. Dr. Visher, who has been recorder of the Assembly for the past year, is currently supervising psychiatrist of the inpatient service at Langley Porter Neuropsychiatric Institute in San Francisco. He is also clinical assistant professor in the department of psychiatry at the University of California School of Medicine and maintains a private practice.

Dr. Visher

Dr. Brunt

He has been active in district branch activities for a number of years, as area member on the policy committee, a member of the Commission on Future Planning of the Assembly, and chairman of the Assembly's Committee on Divisional Meetings.

Dr. Harry H. Brunt, Jr., is the new recorder for the Assembly. He is director of the department of psychiatry at Monmouth Medical Center in Long Branch, N.J., and was until recently medical director of Ancora State Hospital in Hammonton, N.J. He is also consultant to West Jersey Hospital and Trenton State Hospital and adjunct associate professor of psychiatry at Temple Medical School.

Dr. Brunt has been president of the New Jersey Neuropsychiatric Association and an area member of the Assembly policy committee.

Dr. John Saunders of Richmond, Va., was re-elected parliamentarian.

Area members and alternates, respectively, are:

Area I—New England: Drs. James C. Johnson and Benjamin Simon.

Area II—New York State: Drs. John P. Lambert and Oscar K. Diamond.

Area III—Middle Atlantic: Drs. Robert B. Neu and J. Martin Myers.

Area IV—North Central: Drs. Herbert Klemmer and Robert B. Muffly.

Area V—South: Drs. W. Payton Kolb and Henry B. Brackin.

Area VI—West: Drs. James G. Shanklin and Warren S. Williams.

Commission Urges Network of Children's Intervention Services

THE JOINT COMMISSION on Mental Health of Children (JCMHC), in a preview of its soon-to-be delivered report to Congress, told APA's anniversary meeting in Miami Beach that it will urge the establishment of a broad network of "Child Development Councils" as part of a multi-billion-dollar system of mental health care to provide early intervention "from conception to age 24."

At a press conference attended by Sen. Abraham Ribicoff, who sponsored legislation creating the Commission three years ago, Commission Chairman Dr. Reginald Lourie said that child care programs that do not intervene at an early age "miss the mark." He said that the Commission's recommendations would provide for effective early help during the crucial first five years of life.

Under the Commission's recommendations, Child Development Councils would be established with federal funds throughout the nation with responsibility for "ensuring that complete diagnostic, treatment, and prevention services are made available to all ch and youth in the neighborhoods which they serve." The councils would not be responsible for actually providing the services directly but would function as ombudsmen or advocates for the child services.

To coordinate the effort and to provide advocacy for the program at the highest levels, the Commission urges that the President appoint a Council of Advisors on Children and Youth to be responsible for studying problems in child development and delivery of services. It would advise the President and Congress as to the allocation of monies.

Below the national council would be State Commissions on Child Development, which would be charged with developing state plans and coordinating local activities. Local "child and youth authority" groups would work on overall operation of the Child Development Councils and the various services within the community.

The Commission urges that federal planning grants be made available in a fashion similar to those for community mental health centers. Although members of the Commission appeared reluctant at first to answer reporters' questions concerning the cost of their program, Dr. Harold Visotsky finally advanced an estimate of $6 to $10 billion per year for ten years. Sen.

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Nominations Sought

Suggestions from any member for nominees to APA offices in 1970 are earnestly solicited. See page 2 for explanation of electoral procedures under the new constitution.

Blacks Demand APA Action on Racism

By Robert L. Robinson

CHARGING THAT THE American Psychiatric Association "has been irrelevant to the social and psychological needs of black people, including its own black members," a caucus of black psychiatrists at APA's anniversary meeting presented the Board of Trustees ten demands aimed at correcting what they termed the Association's "retarded" response to racism.

At a press conference attended by more than 30 reporters representing major daily newspapers, Dr. Chester Pierce presented a list of demands which had been given several hours previously to the Board of Trustees. Drs. Lawrence C. Kolb and Raymond W. Waggoner told the reporters that the Board had expressed its appreciation for the black psychiatrists' presentation and endorsed the general spirit of reform and redress of racial inequities in American psychiatry. They pledged prompt and vigorous study and action to implement such reforms.

The black psychiatrists' "proposed resolutions" were that APA must:

- Immediately appoint a task force of black psychiatrists to determine "how APA can become more relevant to the needs of black psychiatrists and the black community."
- Increase black APA members on committees and other positions, including "the immediate appointment of five black APA councilors (now "trustees").

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RESOLUTIONS PRESENTED—Members of APA's Board of Trustees listen to a presentation of proposed resolutions by psychiatrists from the "Black Caucus," formed in Miami Beach last month to represent black psychiatrists in APA. Pictured are (l. to r.) Drs. Norman Brill, Chester Pierce (standing), Howard Rome, J. A. Cannon, Alvin Poussaint, Ewald Busse, and Charles Prudhomme.

Letters

A Chiropractor's Response

IT BEHOOVES ME TO attempt to correct some glaring deficiencies in a recent article appearing in the April issue of *Psychiatric News.*

The invitation extended to me by the American Academy of Psychotherapists was for the sole purpose of objective scientific reporting. The A.A.P. expressed a desire to gain a greater understanding of what it is that really matters in attaining good psychotherapeutic results. The object was to compare and note resemblances between the various forms of therapy, as we are all groping for the answer to the question, what gets the patient well?

Approximately one month after this presentation, an assistant editor of *Psychiatric News* wrote to the Chiropractic Institute of New York for additional information. This letter was referred to the American Chiropractic Association. Some unanimity of response was attempted. I have the complete file.

Unfortunately, your article, "Cult Expands Work in Psychotherapy," contains many misquotes and fabrications. Your readers should be advised that chiropractic hopes to establish a pattern for reciprocal relationships with other health facilities, and it was upon this foundation that I had built my presentation to the A.A.P.

Inquiry into the possible benefits that the "mental" patient may derive from the muscular relaxing techniques employed by the modern doctor of chiropractic, as well as both the theoretical and the practical explanations of such technique, was principally what this sophisticated audience responded to so enthusiastically.

Did your reporter attend the conference, or was his reporting based strictly upon second-hand information?

I have never held myself out as a chiropractor who specializes in "chiropractic psychotherapy." The "schizophrenic symptoms" case that you mention is totally foreign to me. The quote "physical tension between the shoulder blades" is either completely out of context or a deliberate fabrication.

Furthermore, I was never knowingly interviewed by a *Psychiatric News* reporter unless his approach to me was strictly *sub rosa.*

The statement, "The relief of physical symptoms could contribute to the exacerbation of the mental symptoms," is obviously in gross error, as such physical relief leads to the remission of such symptoms, not "exacerbation."

I believe that another point should be clarified. There are as many systems of psychotherapy as there are practitioners of this art, each one with his own pet theories and ideologies. This in no way negates the efficacy of the therapy, especially when the specific goal of mental rehabilitation is the objective. It therefore behooves me to defend the statement that "the exact procedures differ among chiropractors but the goals are the same." Why make a mockery of such an admission when the same divergence exists in all legitimate therapies? Indeed, who knows all the answers? What is gospel today may be discarded tomorrow, and what is considered heterodoxy today may be the orthodoxy of tomorrow.

I would like to suggest that you discuss this conference and my remarks with those psychotherapists who were in actual attendance, men whose opinion you have a high regard for—e.g., Jerome Frank, M.D., one of the panelists—and ascertain the accuracy of your reporter's critique.

Edwin H. Kimmel, D.C.
Brooklyn, N.Y.

[Psychiatric News *based the quotations on notes made by a reliable reporter who was present at the meeting. We have been advised that tape recordings of the meeting are of poor quality and have not been transcribed but that the American Academy of Psychotherapists will send us a transcript when available. This newspaper stands ready, of course, to publish a retraction and apology at any time that a transcription is available which clearly shows our account to be incorrect. Dr. Jerome Frank stated to* Psychiatric News *that he cannot recall the exact contents of Dr. Kimmel's remarks at the meeting.*]

On Preventive Medicine

YOUR EDITORIAL, "Getting a Head Start" [*Psychiatric News,* May], was well taken, and the plea that the Head Start program not be abandoned certainly has my endorsement.

In accusing "government" of operating on a "salvage basis," however, I think it might be worthwhile to point out that doctors, and especially psychiatrists, are much more guilty of such an approach than is the government. Private medicine in the past few decades has been remarkably disinterested in public health measures directed toward primary prevention. Doctors who have advised the government have often placed exclusive emphasis on therapeutic services and institutions, as if they believed that our current high level of national health was primarily attributable to the treatment of individual sick people by individual doctors. Such physicians seem genuinely unaware of the utter chaos which would still prevail were it not for pure water supply, sewage disposal, nutritional advances, immunization programs, maternal and child care, and the myriad specific campaigns stimulated by unobtrusive epidemiologists—to say nothing of increased general education of the public and the increased dissemination of general health principles.

In our own field the Joint Commission's report of several years ago not only came to the "central conclusion" that more treatment facilities for the severely mentally ill was the major "unfinished business of the mental health movement" but specifically recommended *against* an active program of preventive psychiatry.

It now appears that the Joint Commission on Mental Health of Children will try to direct major interests to the prospect of primary prevention. As I understand it, however, the APA's official stance on the Commission's report will again be to the effect that "prevention is a fine idea, but only after the treatment needs of the severely ill have been adequately met." Which, of course, will be never.

Edward G. Long, M.D.
Monroe, La.

Records of Deceased M.D.

IN CALIFORNIA, we are much aware of Dr. Joseph Lifschutz's problem with a contempt of court charge [*Psychiatric News,* April]. And we are all aware of some of the threats to physician-patient confidentiality as so well exposed by Dr. Herbert C. Modlin. Recently, I became more aware of the threat when I moved from Michigan to California and took over the office of a psychiatrist who had died in the spring of 1968. I became the custodian of his records without realizing what that position might entail.

Primarily, it involved releasing copies of the records to other physicians when a release of information was signed by the patient concerned. But there have been subpoenas directed to me on a couple of occasions. This placed me in the position of releasing information with which I was not familiar since I had no legal right to peruse the records of another psychiatrist. Furthermore, I discovered, in examining those records to which I had legitimate access, that the psychiatrist had made many personal notes which were not for public consumption, nor even for the knowledge of the patient.

I made some inquiries with my lawyer and with the directors of the East Bay Psychiatric Association concerning the surrendering of physicians' personal notes to a court, and I found that no one had any definite principles by which to guide their decisions. Dr. Lifschutz's stand, therefore, seems to be a pioneering effort in the area of confidentiality.

Most of the information on the

Continued on facing page

Open Letter to Members

APA'S NEW CONSTITUTION, as approved by 97 percent of those voting in the last election, transforms the former APA governing council into a board of trustees and guarantees that each of the six geographical areas of the Assembly of District Branches shall have at least one representative on the Board. The new electoral procedures, however, are more complex than the former ones. They should be clearly understood by all members to ensure that confusion does not frustrate the democratic intent.

To begin with, there is still a national nominating committee with the following responsibilities to be executed by no later than Oct. 31, 1969: (1) To present a slate of candidates for the offices of president-elect, two vice-presidents, a secretary, and treasurer for election in 1970. By custom the committee presents a single slate of nominees for these offices. (2) To present nominations for one trustee-at-large. By custom the committee presents two nominees for this single office. (3) To select the 1970 recipient of the APA's Distinguished Service Award given annually to a fellow or member for exceptionally meritorious service in furthering the Association's objectives and, customarily, given to one who has not previously been honored by election to high office in the Association.

APA President Dr. Raymond W. Waggoner has announced the national nominating committee for 1970 as follows: Dr. Francis Braceland, chairman, with Drs. Duncan C. Stephens, Henry F. Marasse, Harry H. Brunt, Jr., Bernard H. Hall, E. Ivan Bruce, Jr., and Ruth I. Barnard. The committee earnestly solicits suggestions for these offices and for the award from any concerned member, whether he is an eligible voter or not. (All nominees must be fellows. Any fellow or general member is eligible to vote.) Send suggestions to the undersigned at 200 Retreat Avenue, Hartford, Conn. 06103.

Besides the national committee, each of the six district branch areas will also have a nominating committee whose responsibility it will be to present to the national nominating committee by Sept. 1 a slate of two nominees and an alternate for election of one trustee. (The alternate is provided in the event that the national committee has already selected one of the two area nominees as a nominee for one of the offices for which it is responsible.)

The names of the chairman and members of the six area nominating committees are not known at this writing. But, effective immediately, any member may send suggestions for area trustees to the District Branch Office at APA headquarters. They will be forwarded to the proper committee as soon as possible.

The national committee must report its own and the area nominees by no later than Oct. 31 for publication in the November issue of *Psychiatric News.* All eligible voters should clearly understand that if they are dissatisfied with the slate of nominees, it is still possible for other fellows to be nominated to any of the offices by petition signed by 50 or more eligible voters. The petition must be filed with the secretary of the Association by no later than Jan. 21, 1970. If the petition is in order, the nominees will appear on the mail ballot sent to all eligible voters in February 1970.

In sum, the new constitution not only guarantees equitable geographical representation among the six district branch areas, but it also preserves the former constitution's provision for nomination by petition, making it relatively simple for any significant segment of membership opinion to ensure that its preferred nominee will appear on the ballot. The mechanisms are there for allowing the constant intake of fresh political currents that may be stirring in the psychiatric body politic. It is for the members to make full use of them.

FRANCIS J. BRACELAND, M.D.
Chairman
APA Nominating Committee

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APA Hits Administration's Cuts in NIMH Budget

THE AMERICAN PSYCHIATRIC Association has attacked NIMH budget cuts recommended by the Nixon administration as reflections of "a lack of understanding that can only be attributed to an administration that is fresh to the frey, unsophisticated, and unlearned in the issues at stake." If carried out, APA Medical Director Dr. Walter Barton told a Congressional committee, the cuts would seriously threaten the progress made in recent years in mental health manpower training and alcoholism programs.

The Nixon administration has recommended a $9.2-million reduction in NIMH's Fiscal 1970 budget. Mental health training and fellowships would be reduced by about $5 million and a proposed "Alcoholism Assistance Program" would be "deferred" in order to save $4 million. Coupled with the budget cuts was a proposal that restrictions be imposed on medicare and medicaid programs, which would include imposition of a 120-day lifetime limit in federal payments for patients in state and public mental institutions. All of the proposals drew APA's fire and some heated words from Mike Gorman, executive director of the National Committee Against Mental Illness.

Dr. Barton reminded the House Appropriations Subcommittee on Labor that "while cuts have threatened the NIMH before, in no instance has the Congress ever allowed support of NIMH's basic training, treatment, and research programs to be reduced." The proposed reduction in training, he said, "is surely the unkindest cut of all, if for no other reason than it is in the training area that we are confronted with the greatest need. . . . For all practical purposes," he continued, "a person who is not trained as a mental health professional in Fiscal 1970 is lost to the field. It can be argued that construction funds can be curtailed because a building can be built another day. This argument is not applicable to the training of individuals. Training cannot be postponed; it is impossible to catch up tomorrow on the training cutbacks of today."

The cuts in the alcoholism program, Dr. Barton said, come at a time when "we have hardly begun to muster the facilities, resources, and know-how" to deal with the problem. The entire national approach to alcoholism has been "all in all a sorry picture," he said. The cuts, he continued, go directly counter to the apparent intention of Congress in supporting such programs. In addition, he declared, "It is not only neither humane nor logical to continue to discriminate against persons who need psychiatric treatment [in the medicaid program], but it is also wasteful."

Mr. Gorman derided the administration's assurances that its budget recommendations for research represent an increase over last year. "This is a supposed increase of one million dollars . . . a phony increase when one studies the fine print in the administration's request." He pointed out that though the dollar amounts for research are greater this year, the funds will be used to support 100 fewer research projects, due to the increased cost of research. "Mr. Chairman," he said, "if we get any more of the 'specious' increases, we will soon be out of business."

He also attacked planned cuts in the Hospital Improvement Grants, a program, he said, that has "for some inexplicable reason been the most undernourished and underfinanced program in the entire NIMH." The Hospital Improvement Program, proposed by President Kennedy in 1963, was intended to provide funds for upgrading state mental facilities. It has received fewer funds each year since its creation. "The consequences of these cuts," Mr. Gorman said, "have been disasterous to the objectives of this program."

Also speaking against the budget reductions was Mr. Irving H. Chase, president of the Henry Thayer Company of Cambridge, Mass., who represented the National Association for Mental Health. Mr. Chase called on the federal government "to keep faith with the nation's states and communities which have planned and committed themselves to carry out this 'bold, new approach' and whose citizens have overwhelmingly expressed their willingness to foot their share of the bill."

Letters

Continued from preceding page

charts that I have sent to the court have been of little use to the examiners, but there could be cases in which the personal opinion of the psychiatrist in making his process notes could be misleading and deleterious to the patient. Of course, Dr. Lifschutz is taking a stand relative to his personal reporting in the courtroom, whereas the difficulty I have faced is connected with turning over records of a physician who is deceased. Hence, an accurate interpretation of the process notes can never be ascertained. Basically, however, the principle of confidentiality should be applicable perhaps even more so in the case of the records of a deceased physician, especially when they contain personal notes.

John C. Morris, M.D.
Oakland, Calif.

Recertification

IN THE LAST YEAR or two, there has been quite a lot of discussion about the feasibility and advisability of recertification for specialists, including psychiatrists. Most of the proposals that I have seen suggest that a psychiatrist would need to attend 150 hours of continuing study to qualify for recertification. I believe that this would not be the best method of qualifying psychiatrists for recertification.

Some psychiatrists might very well attend 150 hours of continuing study but get little or nothing from it, depending upon the quality of the courses and the enthusiasm which the doctor put into his continuing study. Other psychiatrists might attend less than 150 hours of continuing study and yet keep up with current practice very well, through discussions with other psychiatrists and other mental health workers, as well as through reading psychiatric and general medical journals. I would much prefer recertification through reexamination rather than attendance of courses. I think that the optional continuing self-examination is probably the best way for a doctor to know that he is keeping up. I hope that the voluntary self-evaluation will become available to us soon.

L. K. Berryhill, M.D.
Fort Dodge, Iowa

Charges of 'Sick Society' Called Vague, Meaningless

THE YOUNG HAVE COME to view society in terms of emotional illness with the result that the concept that society is sick has gained widespread acceptance, according to Dr. H. Stuart Hughes, Harvard University professor of history. Delivering the Benjamin Rush Lecture at APA's anniversary meeting, Dr. Hughes challenged the concept that we live in a sick society as "so vague as to be meaningless," although he agreed that "the evidence of society's malfunctioning is tangible and irrefutable."

His exceptionally well received address was essentially an examination of the social changes which have resulted in "the unusual insurgent mood of the past half decade." Although he acknowledged that the change is a complex one, he said that "a succession of tremendous shocks ushered in the change—the assassination of President Kennedy . . . , the first ghetto uprisings . . . , the escalation of the war in Vietnam—along with the apparent impossibility of rapid progress in extending equality to the blacks, produced widespread disillusionment with the legal gradualist approach." Youth's loss of faith in elected officials, he said, probably began with Sen. Joseph McCarthy. "The novelty about the senator was that quite so disreputable and loathsome a human being should have acquired such extensive, if unspecified, power."

It was youth's familiarity with psychological terms and the concept of the "illness model" of emotional disorders which brought on the idea that society is sick, he said. "By a curious convergence of opposites, both sides in the confrontation of generations detect signs of a spreading ill health; the young accuse their elders of ruthlessly dealing out death overseas and of a heartlessness equivalent to murder in their attitude toward the poor and the black at home; the parents respond with charges of moral nihilism, outrages against property, and a thirst for self-destruction through the abuse of drugs."

Dr. Hughes admitted that he finds the malfunctioning in society discouraging. "I see every reason today for feeling alienated, flipped-out, disengaged — whatever colloquialism or lofty psychological term one chooses to employ. If I were 20 years old, I would find if difficult to find a path worth pursuing. The horror of the war in Vietnam, the macabre sequence of political assassinations, the squalor and fear of the ghetto, the disappointment of the generous hopes vested in Czechoslovakia—this series of disillusioning experiences gives perfectly realistic reason for near despair."

"Sooner or later the soft voice of reason will be heard once again," he said, with the suggestion that psychiatry has much to contribute to resolving the difficulties. Yet, he said, "psychiatry faces the danger that people will ask too much of it. . . . American psychiatry, in common with the American university, is currently being asked to shoulder a burden that is quite beyond its strength to bear."

The complete text of Dr. Hughes' address will appear in the July issue of *The American Journal of Psychiatry*. The Benjamin Rush Lecture is made possible each year by Roche Laboratories.

Psychiatrist Criticizes ABPN Techniques

GOOD-HUMORED BUT SHARP criticism of the examinations of the American Board of Psychiatry and Neurology (ABPN) was presented by Dr. Alan Morgenstern of the University of Oregon Medical School at last month's annual meeting of APA. ABPN Executive Secretary-Treasurer Dr. David Boyd, discussant of the paper, responded with equally good humored and pertinent answers.

Dr. Morgenstern feels that since the board examinations were created in 1935, a great deal has changed in psychiatry, but that the "techniques for testing and certifying psychiatrists have remained relatively static." He doubts that a day of testing can achieve the test's stated goal of "identifying safe professional competency." He acknowledged that the board exams have been accepted by the profession (there were more than 8000 diplomates in psychiatry in 1968), but, he said, "We cannot be sure that acceptance of the boards proves their value."

The process of certification reflects our "credential society" and its insistence upon formalizing each stage of education, he said. He questioned the mentality of those who automatically take boards "because they are there" and feels that the examinations do not stimulate "delight in learning." He charged that some training centers can become engrossed with preparing residents to pass boards. They thus become transformed into "intellectual filling stations," with board preparation "the last chance for gas before entering the freeway."

He prefers the concept of voluntary self-examination and says (hopefully) that such procedures might make board examinations redundant.

Dr. Morgenstern feels that the actual examination questions—both written and oral—are exercises of rote and that many of them, particularly those on historical origins of various movements, are irrelevant to a psychiatrist's clinical competence. He feels that machine scoring cannot measure the quality of thought behind the answer, "a quality which is central to clinical judgment." He questions the requirement that one cannot take the exam until five years after he begins his residency and complains that requirements for passing are unclear. He also asks for feedback from the Board, advising one who has taken the test of his shortcomings and areas of weakness. He calls the oral examination a "stress interview," saying, "Mastering the stress of the examination only measures the candidate's capacity to deal with the ordeal of being examined. The examination does not mimic the emotional pressures of clinical practice." Further, he added, a large part of a psychiatrist's behavior will take place in situations that offer little stress, or a very different kind, from that produced by an examiner.

He suggests that psychiatry must liberate itself from comfortable traditions and the "dogmas of the quiet past." There has been ample time to collect experience in order to judge the examinations, and that experience ought to be put to work, he concluded.

Dr. Boyd defended Board policies and practices. Specifically, he replied that ABPN does not have the staff to send a critique of a candidate's examination to him and that it has been his experience that an unsuccessful candidate already knows why he failed. He described in some detail the way examiners are selected and trained in answer to a charge of secrecy about the process. He listed various ways in which the examinations are constantly undergoing scrutiny and readjustment, cautioning that "changes in the certifying process must come about gradually and deliberately or else a good many candidates may be injured."

Four years ago, the Board undertook a detailed analysis of the exam questions with the National Board of Medical Examiners. The Board solicits questions from experts in specific areas. Every two years a policy meeting of the directors is devoted to reviewing comments, criticisms, proposed changes in procedure, and consulting experts. "Carefully considered innovations are instituted, and plans are made for those gradual changes which appear to have validity. I do not believe that the word for Board progress is static but rather gradualism and practicality, he said." —G.P.D.

Medical Student Activism Laid To Discontent With Health Care

ACTIVIST MEDICAL STUDENT—C. Clement Lucas, president of the Student American Medical Association, addresses psychiatrists attending a student activism session.

MEDICAL SCHOOL CURRICULUM changes resulting in increased electives have provided students more time and opportunity to actively express their ideas and beliefs and they are doing so, according to C. Clement Lucas, president of the Student American Medical Association. Mr. Lucas, a medical student at the University of North Carolina, spoke on the causes of student activism and reactions to it at APA's annual meeting last month.

One of the many reasons students leave their exclusively academic role and express their feelings publicly, according to Mr. Lucas, is that students "come from communities in which there is not effective delivery of health care, a high infant mortality, and few physicians." The student enters medical school stimulated to get health care back to the people, but he is subjected to a rigorous disciplinary training, which, Mr. Lucas said, quoting Martin Gross, "changes him from a societal leader, intellectually and humanly, to a man of mediocre intellect, trade-school mentality, and incomplete personality."

Mr. Lucas believes that the medical student is "transformed into a technician with an instant recall of facts, but he is not the sensitive, effective, educated person who has compassion and believes in justice while maintaining concern for the local problems of health care." The enlightened medical student is not only concerned with educational processes that deny him his development as a total physician, he said, but he is chagrined by the medical school complex's negating its responsibility to reach out into the community to deal with health care. He sees the medical school not as a force in improving the total health care in this country but as the "establishment" which seeks to perpetuate itself by "adding another research project and another professor in order to get more funds from the government" and as "trying to institute the new division of community medicine, with no real understanding of even what the total community consists of, or what total medicine is."

Radicals' Disruption Flounders

A GROUP CALLING itself "Radicals for Mental Health" attempted disruptions of at least two scientific sessions at APA's meeting in May, but their efforts were aborted by determined opposition from attendees at the sessions.

Dr. Thomas Harper, leader of the group, attempted to read a prepared statement condemning white racism at a session on "Interracial Psychiatry" but was prevented from doing so by panelists and members of the audience. More than half of the audience walked out when he began his presentation with the words, "The psychiatric establishment is a racist, repressive class that engages in anti-therapeutic action whenever threatened in its vested interests."

Later, Dr. Harper and three other demonstrators were ejected from a session on "Military Psychiatry" after they entered the room with picket signs and interrupted the speaker. Dr. Shervert Frazier, APA program chairman, and Dr. Donald Greaves remained with the radical group for about one hour outside the meeting room listening to their complaints. The Association's position on the matter, according to APA Medical Director Dr. Walter Barton, was that ample opportunity would be given at the business session for the dissidents to speak but that disruption of scientific sessions would not be allowed.

At the business meeting, the radical group presented eight resolutions calling for *a*) a comprehensive federal health care program, *b*) APA endorsement of a high quality child care system, *c*) repeal of laws against drug use, *d*) abolition of military conscription, *e*) "an end to APA complicity with the military services as long as the war in Vietnam continues," *f*) APA's support in urging society to stop repressing our . . . youth," *g*) APA's censuring of "any psychiatric institution that resorts to political censorship and the stifling of free expression," and *h*) use of APA clerical staff and facilities.

Election of New Members Brings APA to 17,050

THE ELECTION OF 1065 new members to the American Psychiatric Association over the past year has brought the total membership to 17,050. At the Association's annual meeting held last month, 268 members were advanced from associate to general membership, and 211 members were advanced to fellowship. Also, 102 fellows were named life fellows (a fellow with 30 years' active membership), and 21 were named life members (members with 30 years' active membership not eligible for life fellowship). Eight corresponding fellows were added to the roster.

The Association named one distinguished fellow and five honorary fellows. The distinguished fellow is Dr. Seymour Kety of the department of psychiatry at Massachusetts General Hospital in Boston. He was cited for his "competent, thorough, and meticulous research in biochemical studies of psychiatric patients." He was formerly chief of the Laboratory of Clinical Science at NIMH and has been editor-in-chief of the *Journal of Psychiatric Research* since 1959. APA now has 19 distinguished fellows.

The five honorary fellows—nonphysicians who have rendered substantial service to the promotion of mental health and the advancement of psychiatry—are John W. Gardner, Ph.D.; Benjamin Malzberg, Ph.D.; George A. Newbury, LL.B.; David Shakow, Ph.D.; and Leo William Simmons, Ph.D. The addition of these five brings to 29 the number of honorary fellows of APA.

Dr. Gardner, who delivered the convocation address at the APA meeting on May 5, is chairman of the Urban Coalition. He was president of the Carnegie Corporation of New York for 12 years and served as Secretary of Health, Education, and Welfare from 1965 to 1968. He was cited as "a distinguished secretary of HEW who consistently demonstrated support for the national mental health program."

Dr. Malzberg, a statistician, was director of the Statistical Bureau of the New York State Department of Mental Hygiene from 1944 to 1956 and has continued since his retirement as a consultant. Among his contributions in mental health statistics are data on expectation of mental disease, mortality among patients with mental disease, life tables for mental patients, cohort studies of mental diseases, international and internal migration in relation to mental disease, ethnic studies in mental disease, and genetic studies in schizophrenia and manic-depressive psychoses.

Mr. Newbury, an attorney, was cited for his support of schizophrenia research, specifically as chairman of the Joint Committee on Research of the Scottish Rite Masons Schizophrenia Research Program. He practiced law for 22 years in Buffalo and then joined the Manufacturers and Traders Trust Co. in Buffalo, of which he was president from 1954 to 1962. Since retirement, he has continued as director of the bank and of a number of other enterprises. He was for 22 years chairman of the Hospital Service Corporation of Western New York (Blue Cross).

Dr. Shakow, a clinical psychologist, has since 1954 been chief of the Laboratory of Psychology at NIMH. He was cited as a "distinguished psychologist who throughout his career has worked so closely and diligently with us to come to a clear understanding of psychopathologic manifestations."

Dr. Simmons is a visiting professor of sociology and associate director of a training program in gerontology at Case Western Reserve University in Cleveland, Ohio. Since 1959 he has been professor of education in medical sociology at Columbia University Teachers College and executive officer of the Institute of Research and Service in Nursing Education. He was involved in APA's Airlie House Conference, which led to the reorganization of the Association, and his research contributions from the field of sociology were called of great importance to psychiatry.

Drug Education Bill

A BILL TO ESTABLISH federal programs to encourage more intensive education about drug abuse has been introduced into Congress. "Our educational systems must now focus attention on this extremely serious health and social problem in an intelligent and enlightening way," said Congressman Dan Clausen (Calif.), who introduced the bill.

Federal funds authorized in the bill could be used to devise and evaluate new drug education curriculums, help communities set up "drug alert" seminars, and assist local school districts in providing demonstration projects for drug abuse education, according to an article in the Mendocino, Calif., *Beacon*. The proposal would make funds available so that educators, law enforcement personnel, and community officials could participate in institutes on drug education.

APA Calls on HEW To Delay Decision On St. Elizabeths

THE APA BOARD OF TRUSTEES last month urged Secretary of Health, Education, and Welfare Robert Finch to postpone his decision to transfer federally-operated St. Elizabeths Hospital in Washington to the jurisdiction of the District of Columbia. Such a move, the Board said, could lead to "a deplorable lowering of already marginal standards" at the nation's largest federal mental hospital.

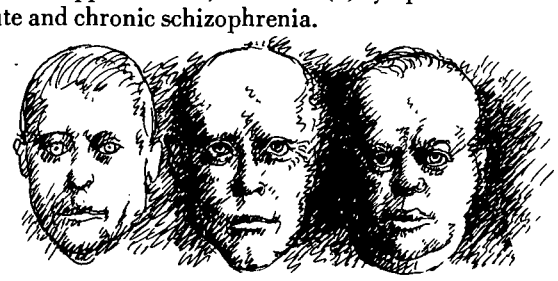
In a telegram sent from Miami Beach, APA Secretary Dr. George Tarjan called on Secretary Finch to defer the decision "at least until a new assistant secretary for health and scientific affairs has been appointed. A final decision should reflect thoughtful consideration of all medical and health factors involved. . . . St. Elizabeths Hospital should become a model of the finest psychiatric care in the world, and present plans to achieve this goal would be jeopardized by an abrupt change in status at this time."

The Nixon administration announced in April that St. Elizabeths would soon be transferred from the control of NIMH to the District of Columbia [*Psychiatric News*, May]. NIMH was given the responsibility less than a year ago of developing St. Elizabeths into "a model mental health center," a task it had only begun when the change of control was announced.

A new look at a 6-year-old drug: Taractan® (chlorprothixene)

For what symptoms?

The distinctive usefulness of Taractan emerges in its ability to relieve moderate to severe (1) anxiety and tension, (2) agitation and hyperexcitation, (3) confusion and apprehension, as well as (4) symptoms of acute and chronic schizophrenia.

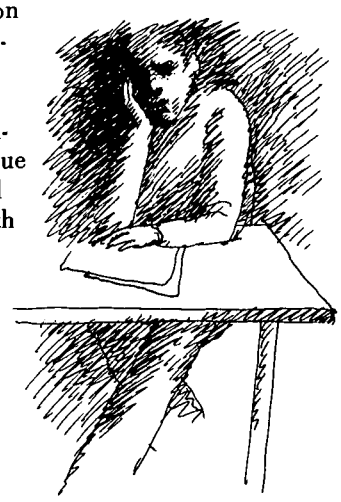


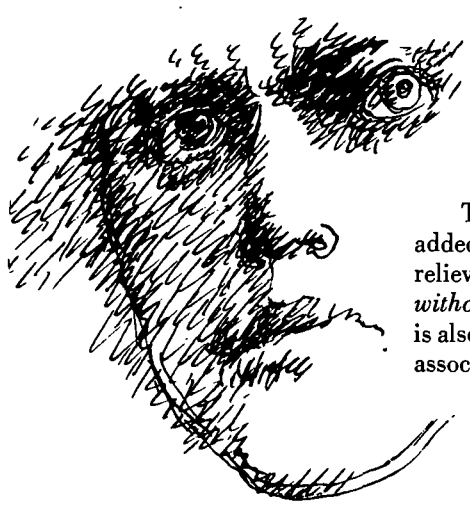
Symptoms most responsive to Taractan

moderate to severe

For which patients?

Since its introduction six years ago, clinical experience indicates that Taractan may occupy a special position as a tranquilizer of particular value in emotionally disturbed and agitated patients with moderate to severe symptoms.



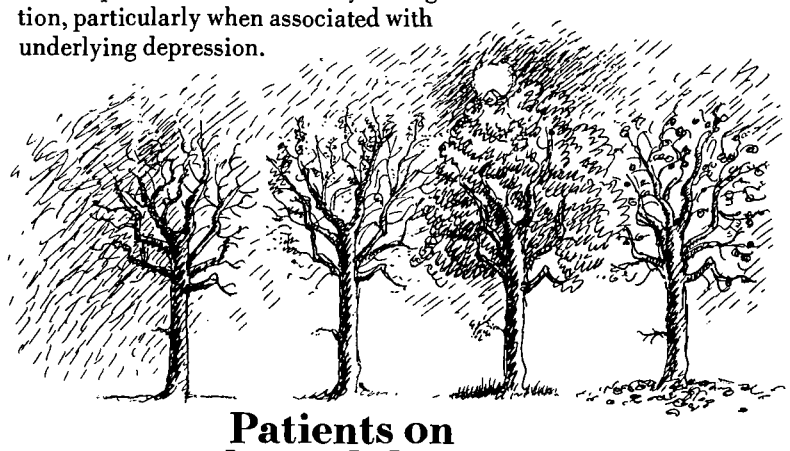


With coexisting depression

Taractan has an important added advantage. It may be used to relieve anxiety and tension *with or without depression.* And Taractan is also indicated in agitated states associated with depression.

In the elderly

Initially, Taractan should be administered in lower doses (10 to 25 mg t.i.d. or q.i.d.) to the elderly or debilitated patient. The wide range of Taractan dosage permits increase by small increments to the proper level required to control anxiety and agitation, particularly when associated with underlying depression.



As an adjunct in psychotherapy

As Taractan relieves anxiety and agitation, patients' participation in psychotherapy often improves. For private practice patients, the flexibility of dosage with Taractan is a particular advantage, since the daily dose can be increased or decreased gradually to find the most effective, well-tolerated amount. Four tablet strengths—10, 25, 50 and 100 mg—facilitate dosage titration.

Patients on prolonged therapy

Taractan is usually well tolerated and has a good safety record. The most common side effect, drowsiness, often disappears spontaneously or with slight dosage reduction. As in prolonged therapy with any drug, periodic blood and liver function tests are recommended. (See prescribing information below.)

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Moderate to severe emotional disorders, especially agitated states associated with depression, schizophrenia or neuroses.

Contraindications: Circulatory collapse, comatose states due to central depressant drugs and known sensitivity to the drug.

Warnings: Caution patients about combined effects with alcohol and other CNS depressants. As with many CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Safety in pregnancy or lactation not established; if used, weigh potential benefits against possible hazards.

Precautions: All known serious phenothiazine side effects or toxicity should be borne in mind. Use with caution with other CNS depressants (*e.g.*, anesthetics, hypnotics, analgesics) since it intensifies their central action. May precipitate or aggravate convulsive states; use extreme caution in patients with history of convulsive disorders. Follow usual precautions when treating agitated states accompanying depression; suicidal tendencies may be present and protective measures necessary. Hypotension may occur; if a vasopressor is indicated, use norepinephrine; *do not use epinephrine.* Periodic hematologic tests and thyroid examinations are advisable during prolonged administration.

Adverse Reactions: Contact dermatitis, photosensitization and hepatic dysfunction rarely encountered. Extrapyramidal stimulation occasionally seen. Other side effects reported include drowsiness, weakness, dizziness, tachycardia, postural hypotension and paradoxical agitation; also rare reports of hypokinesis, convulsions, constipation, dryness of the mouth, nervousness, insomnia, slight edema, weight gain not associated with edema, gastrointestinal reactions, (nausea, vomiting, epigastric distress), respiratory depression associated with concomitantly administered anesthetics, urinary disturbances (incontinence, urgency), and agranulocytosis; isolated cases of bile in the urine, and neutropenia; and minimal incidence of skin rashes, disturbances of accommodation and infiltration at the site of injection.

Dosage: Individualize according to diagnosis and severity of condition. Most ambulatory patients respond to small daily doses; greater sedation may occur with higher doses. Initially, use small doses; 10 to 25 mg t.i.d. or q.i.d. initially for elderly or debilitated. *Oral:* Moderate emotional and psychoneurotic disorders, 10 mg t.i.d. or q.i.d.; severe neurotic and psychotic states, 25 to 50 mg t.i.d. or q.i.d. Children over 6 years of age, 10 to 25 mg t.i.d. or q.i.d. *Parenteral:* For rapid calming effect, 25 to 50 mg I.M., up to 3 or 4 times daily. Give injection with patient seated or recumbent. If postural hypotension occurs, observe patient until weakness or dizziness passes. As soon as acute agitation controlled, institute oral medication gradually, alternating parenteral and oral doses. Use of the parenteral form in children is not currently recommended.

How Supplied: Tablets, 10 mg, 25 mg, 50 mg and 100 mg, bottles of 50 and 500. Concentrate, 100 mg/5 cc, fruit-flavored, bottles of 16 oz (1 pint). Ampuls, 25 mg (2 cc), boxes of 10. Each 2 cc contains 25 mg chlorprothixene with 0.2% parabens (methyl and propyl) added as preservatives, and pH adjusted to approximately 3.4 with HCl.

Most useful for patients with moderate to severe symptoms

Taractan® Roche® (chlorprothixene)

ROCHE

Roche®
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Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Plans Revealed For Post-Meeting Visit to Hawaii

FOLLOWING THE 1970 annual meeting of APA in San Francisco, a "Reconvened Annual Meeting" will be held from May 15 to 21 in Honolulu. The scientific program will be devoted to "Psychiatry in the Pacific Basin," with emphasis on ethnopsychiatry in the islands.

It is expected that papers will deal with the Maoris of New Zealand, aborigines of Australia, Melanesians of New Guinea, and racially mixed residents of Hawaii. The Australian-New Zealand College of Psychiatrists will be contributing some of the papers. It is hoped that papers will also be presented on psychiatry in Fiji, Micronesia, and perhaps the Philippines or Southeast Asia.

Other activities being planned for the week of the meeting include a jungle walk in Paradise Park (a sanctuary for exotic birds), a scenic motor trip, a cruise to Pearl Harbor, a visit to Sea Life Park, and a luau for participants and guests. A brochure describing travel, entertainment, and sightseeing will be mailed to APA members in the near future.

Psychiatrists wishing to present papers are asked to send a 300-word abstract (in triplicate) to Dr. George F. Schnack, P.O. Box 5263, Honolulu, Hawaii 96814, no later than Oct. 15, 1969. Dr. Schnack also requests that identification of the author be included with the abstract, including year of degree, professional organizations, status in APA, other papers presented or published, and discussants who have agreed to discuss the paper, if any. If there are co-authors, it should be indicated who will give the paper. If an author is not a psychiatrist, he should indicate his connection with psychiatry. The paper should also be classified as to the area of psychiatry it deals with: military, community, nosology, administrative, adolescent, etc. Persons who wish to be considered as discussants or who wish to propose a panel should send similar information, indicating the area of psychiatry in which they are qualified to participate as expert. Scientific sessions will be held in the mornings, Monday through Wednesday, May 18-20.

The official travel agent for the "Reconvened Meeting" is Group Travel Unlimited, P.O. Box 2198, Honolulu, Hawaii 96815. Dr. Schnack reports that although the package rates include round-trip air fare from San Francisco to Honolulu, individuals coming from other cities might find it advantageous to book their flights from their home to Honolulu, with San Francisco as a stop-over. He urges them to make arrangements through Group Travel Unlimited, so that special rates from San Francisco to Honolulu may be used if appropriate. Group Travel will also make any special travel arrangements, reservations, substitutions in the group package, and provide any information on anything other than the scientific program. Other questions should be addressed to Dr. Schnack.

1970 Annual Meeting

IN JUNE, all APA members will receive an abstract form for submitting proposals for the presentation of papers at the next APA annual meeting, to be held in San Francisco, Calif., from May 11 to 15, 1970.

500 Attend Joint Meeting On Caribbean Psychiatry

THE JOINT MEETING of the Caribbean Psychiatric Association and the American Psychiatric Association in Ocho Rios, Jamaica, attended by more than 500 psychiatrists, heard speakers call for collaborative research by national groups in the associations into the problems of drinking and alcoholism. The Caribbean group also made three prominent U.S. psychiatrists honorary members of their association, the highest award given. Named honorary members were APA's immediate past president, Dr. Lawrence C. Kolb, APA President Dr. Raymond W. Waggoner, and Dr. Bertram H. Schaffner, president of the U.S.-Caribbean Aid to Mental Health, Inc.

Papers presented at the two-day meeting dealt with proposals for cross-cultural studies of alcoholism, group delusions and superstitions in the Caribbean, suicide patterns, uncommon syndromes, and mental health programs. Attendance far exceeded original expectations.

At the meeting's opening session on May 12, Dr. Waggoner presented Certificates of Exceptional Achievement to Dr. Michael Beaubrun, president of the Caribbean Psychiatric Association, Dr. Christiaan Winkel, CPA's president-elect, and the Hon. Dr. Herbert Eldemire, Minister of Health of Jamaica. In addition to those named honorary members of CPA, Drs. John Ewing and Walter H. Wellborn, Jr., were elected corresponding fellows.

Dr. Beaubrun, who is professor of psychiatry at the University of the West Indies, is the first president of the newly formed Caribbean Psychiatric Association, which includes psychiatrists from almost every Caribbean territory except Cuba. "Despite this diversity," Dr. Beaubrun says, "there are some overall similarities and common problems which make it possible to discern the emergence of something approaching a Caribbean identity."

On the whole, he said in a background presentation for the meeting, race relations throughout the Caribbean are better than in the United States, although "the heritage of slavery has contributed to a high illegitimacy rate and loose family organization of the lower socioeconomic groups of predominantly Negro origin. . . ." He added that typical Caribbean households group around the maternal figure, a situation which, combined with the absence of male role models, "has contributed toward the personality structure of the Caribbean male and may have had adverse effects for mental health."

Dr. Schaffner organized a program in 1962 which sends volunteer psychiatrists, psychologists, nurses, social workers, and occupational therapists to the Caribbean during the summer months. Dr. Beaubrun praised the work of the program, stating that the volunteers had created "a climate of public opinion in the islands favorable to mental health activities."

New GAP President

DR. JOHN DONNELLY, psychiatrist-in-chief of the Institute of Living in Hartford, Conn., has been elected president of the Group for the Advancement of Psychiatry.

Research Controls Asked

Medical, Moral Uses of Drugs Probed

By Gail P. Dearing

AN OVERFLOW AUDIENCE of more than 500 jammed the year-old psychiatric center at Taylor Manor Psychiatric Hospital near Baltimore, Md., late in April to hear a most stimulating series of talks on "Manipulating and Controlling Human Behavior by Drugs —Present and Future." Eight internationally recognized experts probed the medical, ethical, and moral considerations of drug use in refreshingly forthright and candid presentations.

First to speak was Dr. Frank J. Ayd, Jr., a Baltimore psychiatrist and editor of "International Drug Therapy Newsletter." He described some of the arsenal of drugs already available to stimulate and counteract fatigue, ease pain, suppress or increase appetite, induce sleep or cause insomnia, enhance or suppress human sexuality, induce or suppress fertility, alert or stultify intellectual performance, improve mental and emotional illnesses or produce temporary and possibly permanent psychosis, cause synthetic mysticism, lengthen or shorten motor performance and endurance, cause or subdue aggressiveness, or produce pleasure or pain.

"In short," he said, "we now have drugs and intoxicants which can affect every facet of man and can ennoble or debase and dehumanize man. We have chemicals which enable man to change and to control individual and group human behavior."

"Society must be aware of these trends and give serious consideration to them and to their implications," he said, "before they are realities." He warned that science should not be allowed to forge ahead unsupervised simply on the justification that "what science can do, it must." We must heed the lessons of history, he said, pointing out that "whenever individuals or a society concentrated on the betterment of man's physical endowment and on the gratification and enjoyment of the senses, the individual or the society first became debased and then was destroyed.

Questions New Morality

He expressed concern for the "new morality, scientism" which holds that a man is the owner of his life and body and therefore can do as he wishes. He sees this attitude, coupled with the availability of the drugs, as leading us toward a modern-day "Fall of the Roman Empire."

Dr. Ayd cited the increasing number of drug abusers who are apathetic, academically impaired, without ambition or social involvement. "The growth of such a drug dependent population would not only destroy many potentially productive young people but also face our society with a growing burden of parasitism."

Urging control over scientific developments, he said that "the issues raised by current scientific trends can only be resolved by true value judgments. These should and must be made by responsible leaders and all citizens. They cannot and should not be made by scientists alone, for they are matters of public welfare, and to delegate to scientists alone social and moral judgments which are the right and duty of every citizen, as history warns, can be very dangerous indeed."

NIMH Director Dr. Stanley Yolles agreed, saying, "The manipulation and control of human behavior by drugs cannot in the future be left to investigators isolated in the laboratory. . . . Neither science nor law has yet learned to control the general population's self-prescribed use of these drugs."

He then described the programs of the Institute on both sides of the drug issue—in developing new drugs on the one hand and in trying to control abuse of drugs on the other. Drugs have led us to the point where we can artificially alter human behavior, he said. "It is one thing to reverse situations in an illness, but the ability to change what has been considered normal in order to improve the norm is something else again. The choices among evils, dangers, and eventual good resulting from such manipulations can and will be made; but the questions are, by whom and for what purpose?"

He stressed that we must prepare now for the crises of the future, some of which, he said, will be directly related to drugs. He characterized the drug abuse situation as a new brand of anti-intellectualism. "Psychedelic drugs are solvents of the logical, formal mind ordinarily used by intellectuals. . . . The escape represented by these drugs involves abdication of the intellect. Clear thinking, coherent logic, problem-solving—all the usual ways in which intellectuals seek to examine the world—are impossible under drugs."

Before abuse can be curbed and use can be controlled, Dr. Yolles said, research is vitally needed. "Drug abuse is a complex phenomenon in which the major interacting factors are the characteristics of the abused drug, the characteristics of the person abusing the drug, and the characteristics of the society within which the drug is abused. . . . The responsibility of the medical community at this time is to accelerate the kind of research which will yield the basic knowledge required for a more rational approach to the problem," he said, ending on a somber note: "This acceleration of research will not be sympathetically received by all."

Dr. Nathan S. Kline, director of research at New York's Rockland State Hospital, described the ways in which drugs are already used to manipulate life patterns, such as correcting symptoms and correcting potential pathology. He then listed, with documentation, probable future alterations of life patterns by drugs: *a*) prolong childhood and shorten adolescence; *b*) reduce the need for sleep; *c*) provide safe, short-acting intoxicants; *d*) regulate sexual responses; *e*) control affect and aggression; *f*) mediate nutrition, metabolism, and physical growth; *g*) increase or decrease reactivity; *h*) prolong or shorten memory; *i*) induce or prevent learning; *j*) produce or discontinue transference; *k*) provoke or relieve guilt; *l*) foster or terminate mothering behavior; *m*) shorten or extend experienced time; *n*) create conditions of *jamais vu* or *deja vu;* and *o*) deepen our awareness of beauty and our sense of awe.

"These implications already exist in a substantial number of the pharmaceuticals presently available," he said. "The real problem is not so

Continued on facing page

MD. PSYCHIATRIC FACILITY—The first birthday of Taylor Manor Hospital's new psychiatric center (above) was celebrated in April with a symposium on controlling human behavior with drugs.

Continued from preceding page

much the creation of new classes of drugs but determining who should make the decisions as to when they should be used, on whom, and by whom."

Dr. Sidney Cohen, director of the NIMH Division of Narcotic Addiction and Drug Abuse, examined the use of drugs in the context of "brain washing." Drugs are being used, and will become more capable of being used, to do just that, he said. When we alter existing attitudes, life-long beliefs, and their resulting behaviors and evaluate it for the individual's own good, we might call it psychotherapy, he said. "When aversive behavior is altered by conditioning, we call it good. But when behavior is changed in a direction of what we call bad, the term 'brain-washing' is employed." Science is perfecting such drugs, and one day there will be more effective, mind-processing, brain-washing chemicals. "We can only hope that the brain-washing drugs of the future will be used to improve man's conditions—and not to enslave him," he concluded.

Dr. Milton Greenblatt, Massachusetts' Commissioner of Mental Health, spoke of the ethical considerations involved in drug research with patients. "As science puts more and more powerful weapons into the hands of physicians, old moral issues that have always faced us are more than ever our concern," he said. He listed four basic rules that have guided him through 30 years of research: "First, do no harm. Second, relieve excessive suffering. Third, help nature overcome disease. Fourth, prolong life." He distinguished between treatment and therapy, saying that treatment sometimes relieves suffering but oftentimes makes no true contribution to the resolution of the disease. He examined the factors that influence a physician's choice of treatment: "Belief, attitude, personal predisposition, and social situations govern the handling of psychiatric patients to an extraordinary degree." He also examined the differing dispositions of cases based on whether the patient was seen first by a general practitioner or a psychiatrist, pointing out the subtle influences that determine treatment.

In research, he said, the major question to be answered is, "Who is served —science, the patient, or the researcher?" What of the patient in the research control group receiving placebo? Is it right to deny him treatment that may do him some good in order to preserve the research design? Dr. Greenblatt said he favors the type of design that divides subjects into three groups: one receiving drugs, one psychotherapy, and one a combination, for example.

He called attention to "a rising problem of our day," that of increasing social control of people's lives—"partly in the interest of treatment of illness, party socio-politically motivated, and partly demanded by the complicated forces that threaten destruction of our social system." The physician, he said, has been thrust into a role of rebuilding society. He asked how much society as a whole will move toward *control* and how much toward rational and effective *treatment* of the troubled mind.

Also on the program was Dr. Henry Brill, vice-chairman of the Narcotic Addiction Control Commission of the State of New York. Drs. Eugene Brody and Joel Elkes served as moderators of the morning and afternoon sessions of the symposium. The symposium was held to commemorate the first anniversary of the opening of the psychiatric center at the 62-year-old private hospital.

NY District Branch Names Task Force On Homosexuality

A TASK FORCE COMPOSED of seven psychiatrists has been organized by APA's New York County District Branch "to study the spread of homosexuality and to combat the confusion surrounding the subject."

Dr. Charles W. Socarides of the Albert Einstein College of Medicine, who heads the panel, said, "It has gotten to the point where homosexuality has been put forth by certain groups as a normal form of sexuality alongside heterosexuality." He went on to comment, "We believe that homosexuality is a form of emotional illness and that any attempt to glamorize it or elevate it or to condemn it as a moral offense is entirely beside the point and only clouds the issue of homosexuality as a form of illness."

The group plans to present the results of their study to the district branch in August. According to Dr. Socarides, the report will reveal the scope of the problem and the responsibility psychiatry bears to meet the challenge it presents. It will also deal with clinical factors, such as symptoms, diagnosis, and illustrative histories of selected patients, and will cover treatment procedures and offer recommendations for the control of this condition "which has reached epidemiologic proportions," according to Dr. Socarides. At all times, the study's emphasis will be that homosexuality is a medical problem, not a legal or moral one.

The other members of the task force are Drs. Irving Beiber, Robert E. Gould, Burton L. Nackenson, Kathryn F. Prescott, Stefan Stein, and Jack Terry.

Study Reveals 1 in 3 Students Abuses Drugs

THIRTY PERCENT of university students in a sample of 26,000 have used drugs illicitly in their lifetime, according to a report presented to the APA last month by Drs. James T. Barter and George L. Mizner and Mr. Paul Werme of the department of psychiatry at the University of Colorado Medical School.

Of those who have used drugs, 16 percent have taken amphetamines without a prescription, 26 percent have used marijuana, and five percent have used LSD.

The authors sent questionnaires to almost 40,000 students in nine universities, colleges, and professional schools in the Denver-Boulder metropolitan area. They received responses from 26,000, a return rate of 66 percent. Of the respondents, 7810 indicated they had used drugs.

The primary reason cited for using amphetamines was to help study or to get through exams; ten percent of amphetamine users said they did so out of curiosity. Curiosity was the primary reason cited for marijuana users, however, with 58 percent, while another 26 percent said they felt it would be a worthwhile experience for its own sake. The same reasons were cited for LSD use, but in reverse order; 44 percent felt it would be worthwhile, while 36 percent were curious. The authors feel that the 44 percent figure for LSD reflects the influence of the mystical, religious aura which has been associated with LSD use. The least popular reasons cited for drug use were "to defy those who said I shouldn't do it" and "peer group pressure."

Former Users Queried

The authors found a number of respondents who had once used drugs but had stopped: 62 percent of amphetamine users, 47 percent of marijuana users, and 60 percent of LSD users. Among former LSD users, 24 percent expressed a fear of physical or genetic harm and 18 percent feared psychological damage. Only 16 percent of marijuana users stopped from fear of legal consequences, a finding which prompted the authors to say, "We must question the deterrent effectiveness of the laws regulating the use of this drug." Twenty-five students stopped using a drug after they had been hospitalized as a result of its effects.

Asked whether drugs should be prohibited except by medical prescription, 77 percent answered yes for amphetamines, 83 percent for LSD, and only 42 percent for marijuana. On the question of abolishing all legal controls, the affirmative answers were 15 percent for marijuana, two percent for LSD, and three percent for amphetamines.

The authors found that almost all LSD users had also tried marijuana and most had used amphetamines. By contrast, 48 percent of all users had used only marijuana and 14 percent of all users had used only amphetamines. Of the total, 82 percent had used marijuana, amphetamines, or both, but not LSD. Those using more than one drug were typically heavy users.

The authors saw a similarity among amphetamine and LSD users in that the percentage of users decreases as the frequency of use increases. This was not true for marijuana; 27 percent had used it 30 or more times.

Project Indicates XYY Male Falsely Labeled 'Criminal'

MALES WITH AN XYY chromosomal make-up have been falsely stigmatized as being predisposed toward violent crime, according to Dr. Gerald R. Clark, president of Elwyn Institute in Elwyn, Pa. The recent discovery of relatively large numbers of XYY males in penal institutions and hospitals for the criminally insane has resulted in "lurid" newspaper accounts of their crimes, Dr. Clark said. Those reports, he said, have led the public to see the XYY male as an exceptionally tall, mentally disturbed, violent, sexual deviate.

Dr. Clark asserted at APA's 125th anniversary meeting that the XYY male's involvement in antisocial behavior and crime may not be appreciably different from that of the average citizen and that "there is growing evidence that many XYY individuals are stable, law-abiding citizens."

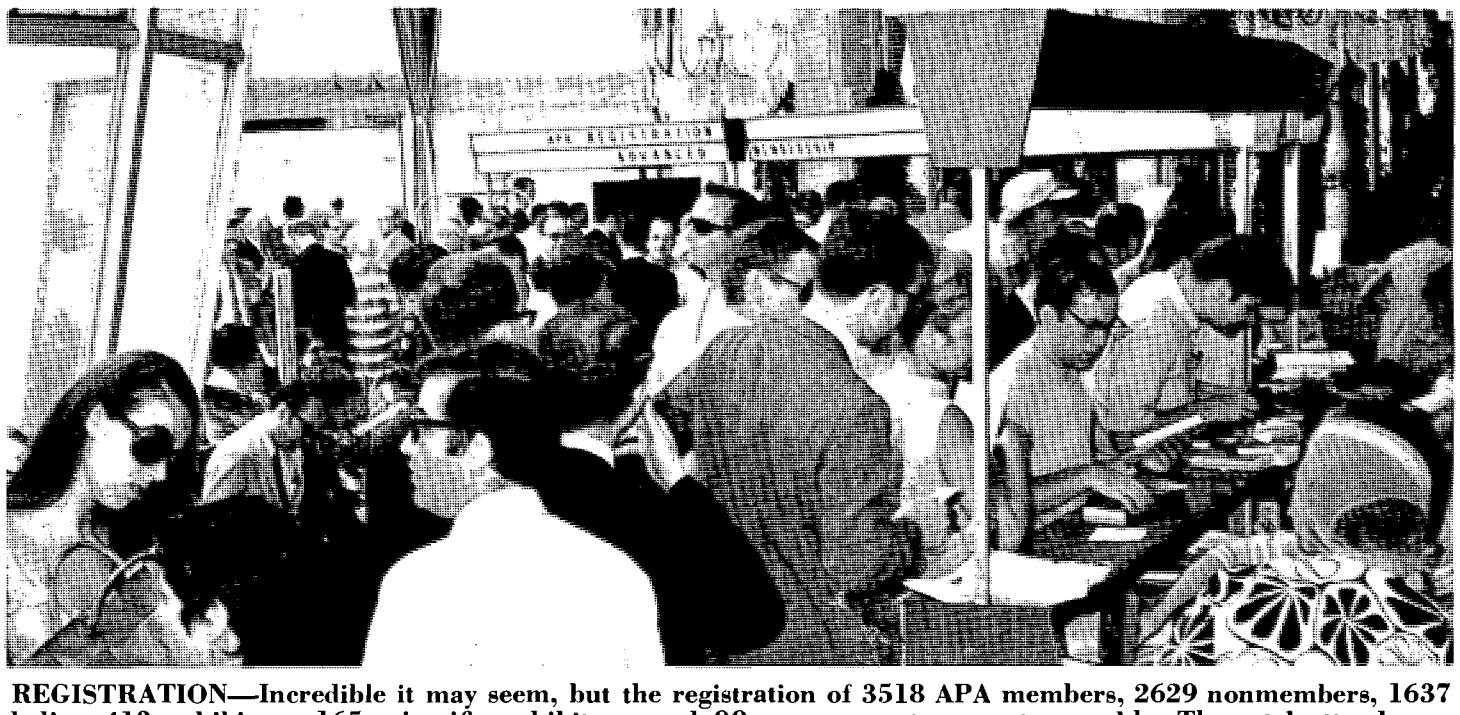
Previous findings that the XYY male was more than six inches taller than the average male led Elwyn in 1966 to initiate a study of tall males in a variety of institutions in Pennsylvania. Dr. Clark said that although results of such an early and limited study must be interpreted with caution, "Exceptional tallness appears to be a relatively consistent characteristic of the XYY male." He went on to say that it may simply be his tallness that influences the XYY male's behavioral development. He may be teased for his tallness as a youth and react with resentment and antisocial behavior. His fearsome height and build could also bias the courts or the psychiatrist to institutionalize him at a younger age than other delinquents, he said, and in an institution, there may be a tendency to transfer him more readily to a security unit.

Some defense lawyers have tried to use the chromosomal abnormality to diminish an individual's legal responsibility; however, Dr. Clark feels that such a condition by itself should not reduce responsibility. "Though difficult and in many ways unsatisfactory," he said, "evidence should continue to rest on psychiatric history, observation, and examination of the individual."

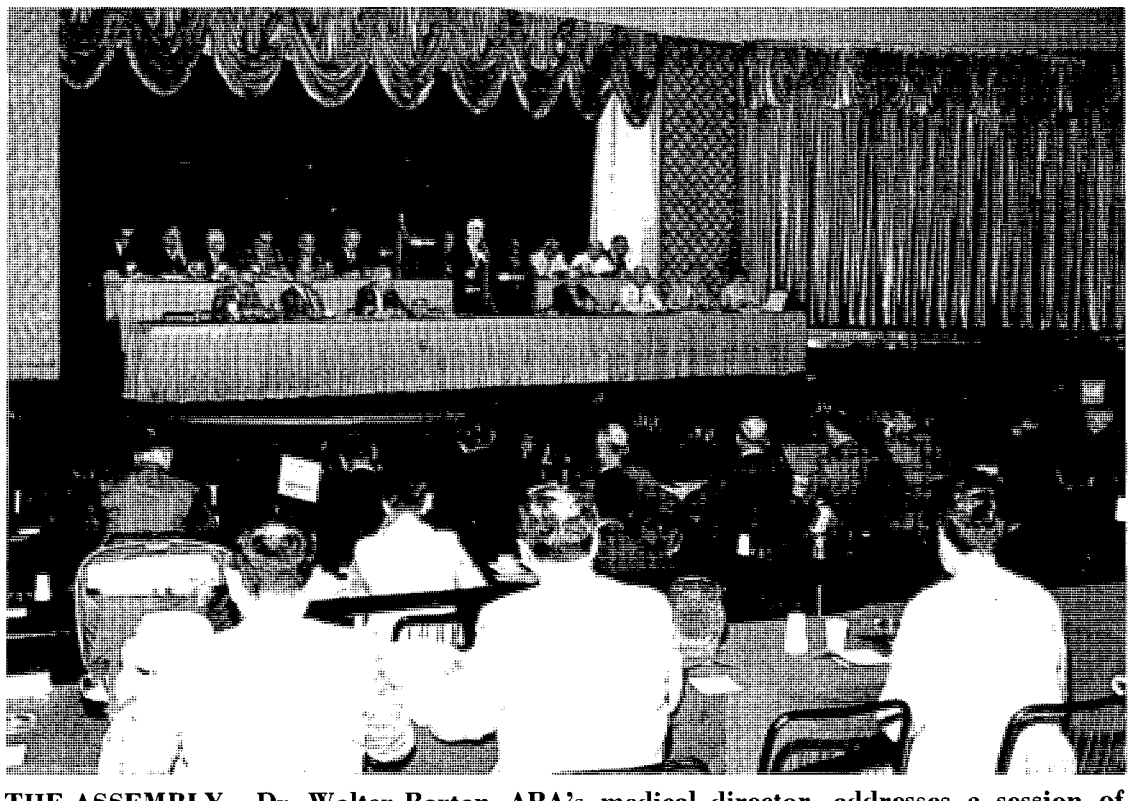
LECTURESHIP ANNOUNCED — The APA Executive Committee recently approved a solicitation of funds from APA members to support a lectureship devoted to psychiatric education in honor of the late Dr. Seymour Vestermark, pictured above. The lecturer for the first lecture, to be jointly sponsored by APA and NIMH this fall, has not been announced. Contributions may be sent to the Vestermark Memorial Lectureship, APA headquarters.

RELIGIOUS PROTEST—Members of the Church of Scientology carry some of their gospel with them as they picket APA's annual meeting in Miami Beach. But then, what respectable meeting would consider itself successful without some picketing?

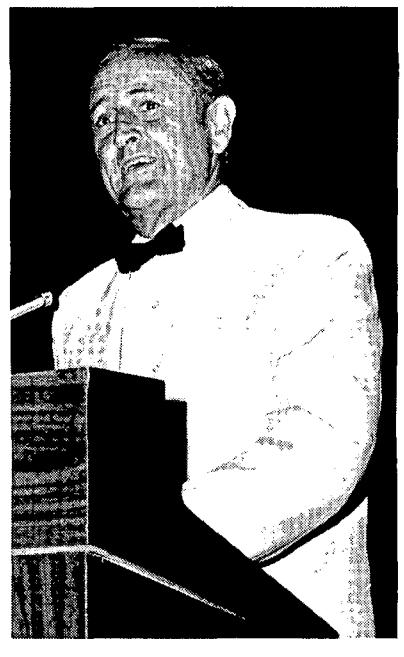
GIFT FROM THE NETHERLANDS—Dr. N. W de Smit (l.), secretary of the Netherlands Society of Psychiatry and Neurology, presents a rare lithograph of an early Dutch mental hospital to APA President Dr. Raymond W. Waggoner, as a commemoration of the APA-Netherlands joint meeting. Some 50 Netherlands psychiatrists attended the meeting in Miami Beach, a number of them presenting papers.



REGISTRATION—Incredible it may seem, but the registration of 3518 APA members, 2629 nonmembers, 1637 ladies, 413 exhibitors, 165 scientific exhibitors, and 99 press reporters went smoothly. The total attendance, 8462, makes Miami's meeting the third largest in APA's history.



THE ASSEMBLY—Dr. Walter Barton, APA's medical director, addresses a session of the Assembly of District Branches. Dr. Perry Talkington succeeded Dr. Malcolm Farrell as Speaker of the Assembly at the end of the annual meeting.



CONVOCATION ADDRESS—The Honorable John Gardner addresses the Convocation of Eligible Fellows. He was later made an honorary fellow of APA.

Photos courtesy of Geigy Pharmaceuticals.

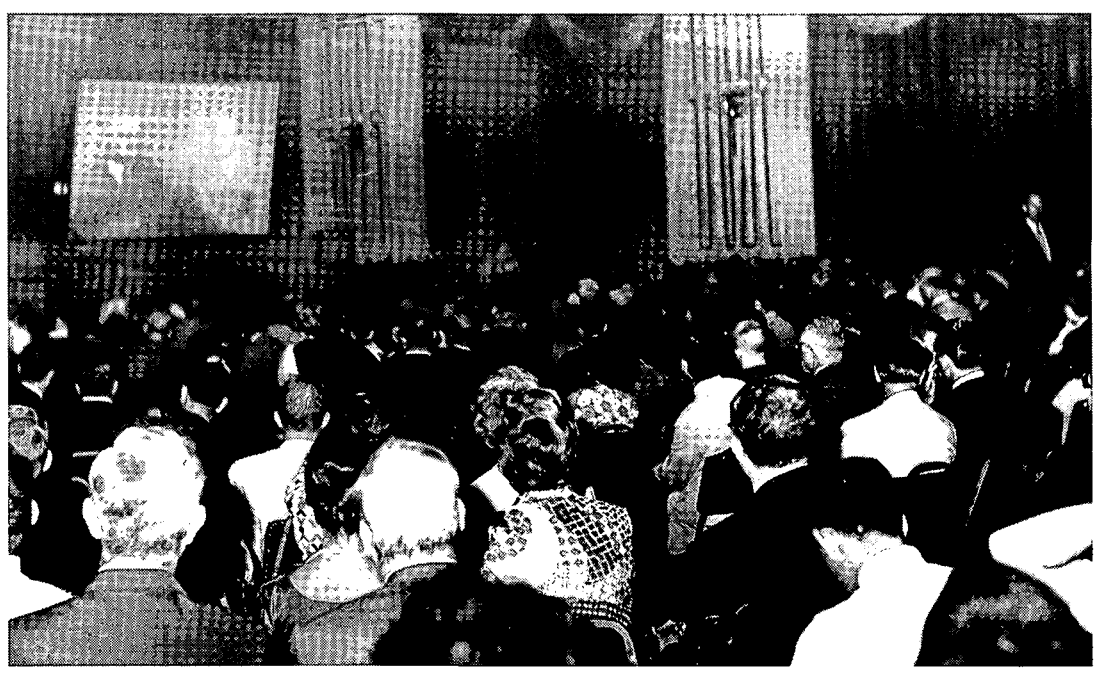
APA in Miami Beach

DELIBERATION—Several members of APA's Board of Trustees listen as Dr. Louis J. West discusses an agenda item during a brief recess. The Board met several times during the annual meeting.

SELF-ASSESSMENT SAMPLE—Almost one-third of APA members attending the annual meeting sat in these chairs and took a sample test of the self-assessment examination to be available to members next fall. More than 1100 sample tests were completed at the Office of Continuing Education for Psychiatrists booth in the exhibit area.

THE WINNER — Proud operators of the Drug Abuse Research and Education Foundation's scientific exhibit display their "Gold Award" as winner of the scientific exhibits competition. D.A.R.E. is run by volunteer young persons and seeks to educate youth and adults about drug abuse.

THE LIMBO—An immensely happy young man successfully completes his "limbo dance" at the Forest Hospital Foundation's reception for European guests of APA. A number of children attended the meeting with their parents.



CLOSED-CIRCUIT TV—A capacity audience watches a closed-circuit television presentation of a simulated examination of a candidate for certification in psychiatry, sponsored by Smith Kline & French Laboratories.

Pediatrician Cites Effects Of Medication on Neonates

THE POSSIBILITY that prenatal drugs may be detrimental to the establishment of the mother-infant relationship was raised at APA's anniversary meeting by a pediatrician who called on psychiatrists to share in research with pediatrics into the dangers of prenatal drugs. Speaking at the joint panel for APA and the American Academy of Pediatrics, Dr. T. Berry Brazelton, Harvard Medical School associate in pediatrics, warned that "a drugged mother and a depressed infant" is not a likely condition for the development of a good mother-infant relationship.

Dr. Brazelton first became interested in the effects of medication on the neonate when he observed infants who demonstrated good clinical responses for half an hour after birth but shifted rapidly into a state of relative unresponsiveness. The depressed behavior lasted from a few hours to several days in some infants. Dr. Brazelton attributes the depression of response to the transmission of prenatal drugs from the mother to the infant. He postulates that the initial responsiveness is largely due to the infant's ability "to mobilize his resources to respond to the stimulation of labor, of delivery, and of the onslaught of new environmental stimuli."

Studies Cited

He cited numerous studies indicating behavioral impairment in infants of premedicated mothers which are well-known but which have not affected clinical practice since no CNS damage has ever been demonstrated. "My concern is for the subtle effects on the early mother-infant relationship and how much it may be affected by depressant drugs," he said. In one study he conducted, Dr. Brazelton found that mothers experienced paradoxical reactions to those of their infants. "The more 'depressed' infant," he said, "was delivered by a wide-awake mother and vice versa," suggesting the possibilities of differences in tissue storage and receptivity and of the mother's protecting the infant through tissue storage. Animal experiments, he said, have indicated that "any agent which produced general activation of the central nervous system would lead to an increase in strength and, conversely, that any depressant drug might delay and reduce the strength of imprinting behavior. We are all familiar with Bowlby's concept of imprinting as it affects maternal behavior and the early mother-infant attachment."

He called for a reevaluation of the routine use of premedication and anesthesia in pregnancy and delivery "in light of its effect on early mother-infant interaction, as well as its lasting effect on the subsequent outcome of their lives together."

In another presentation at the joint panel session, Dr. Morris Green of Indianapolis, Ind., attributed infants' "failure to thrive" to "mothering disabilities," which he said are more common than supposed.

Dr. Green said that many mothers are high-risk in terms of their inability to provide appropriate nurturing care of the infant either because they do not perceive the infant's needs or do not understand the proper techniques for satisfying those needs. Among the high-risk group, he said, are mothers over 40 years of age, very young mothers, and diabetics. He listed as psychological factors predisposing the mother to "mothering disability" such factors as *a*) poor relationship with her own mother, *b*) emotional disturbance, *c*) unresolved grief, *d*) chronic marital discord, *e*) chronic medical illness, *f*) a number of children born in a short time, *g*) illegitimate pregnancy, and *f*) family illness. He stressed the importance of early recognition of a mother's disability so that measures, including psychiatric consultation, can be undertaken to prevent the infant's failure to thrive.

Dr. Green also mentioned his belief that post-partum depressive feelings are much more common than supposed and that this can contribute to disruptive mother-infant interaction.

In a discussion which followed the presentations, Dr. Sprague Hazard, a pediatrician and a member of the American Academy of Pediatrics—APA Liaison Committee, called for closer collaboration between psychiatry and pediatrics. "Our concern for psychiatric problems with mother and child is increasing," he said. "I estimate that 60 to 65 percent of my time in practice is spent working with mother and child on emotional problems. There is much our specialties can teach each other in this area."

Dr. Talkington

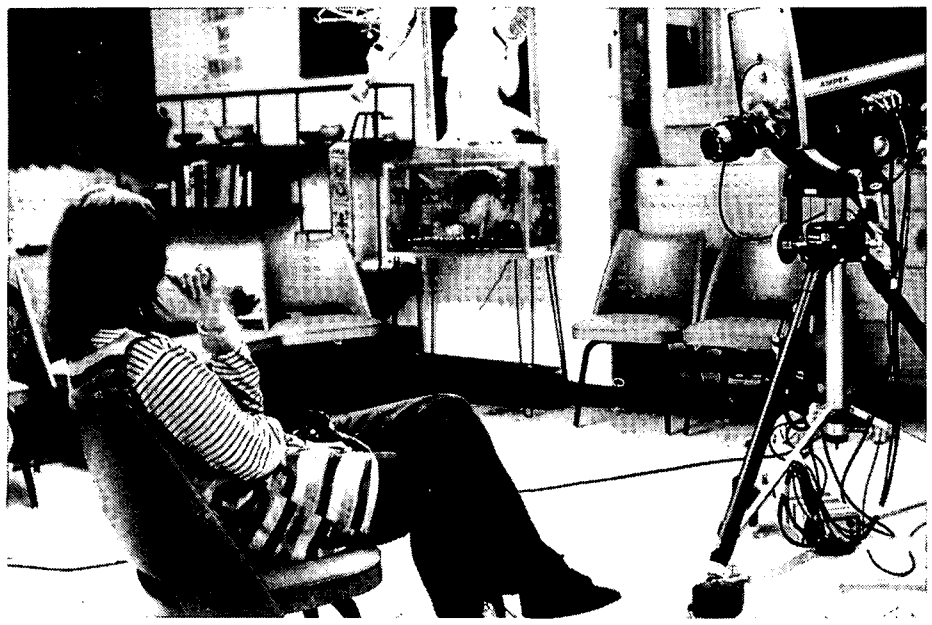
Continued from page 1

is now before the APA Board of Trustees.

- The responsibility for the study of communications problems within the Association and with the public and the government should belong to the policy committee and the district branches.
- Young and outstanding psychiatrists "must be increasingly involved in district branch planning and committee activities" and should be recommended for APA and Assembly committees and task forces.
- Membership recruitment should concentrate on psychiatric residents and psychiatrists in federal and non-federal public institutions. "We need to convince them that they are needed," Dr. Talkington said.
- District branches have a collective stake in the success of the community mental health program so great "that we dare not contemplate its failure." He urged that "if in the jurisdiction of any branch there is found a mental health center foundering for lack of community support or qualified personnel, it behooves that branch to go to its rescue with all dispatch."
- Dr. Talkington suggested that each district branch "might consider the formation of a blue-ribbon committee to approach the sources of derogatory statements [about psychiatry]" in order to improve the public image of the profession.

Dr. Talkington also discussed proposals for *a)* improving relationships between psychiatry and other mental health professions, *b*) giving priority to the ideas and actions emerging from APA's 1968 planning conference, *c)* participating in APA's self-assessment examination next fall, *d)* advocating increased insurance payments for psychiatric treatment, and *e)* elevating standards for psychiatric facilities.

New Use of TV for Drug Addicts



SELF-CONFRONTATION—An adolescent drug user talks to a television camera in a unique project described at APA's annual meeting in May. The patient will be immediately shown a playback of the video-tape and may then decide whether to erase it or to examine it with her therapist. Used at the Drug Study Unit of the Langley Porter Neuropsychiatric Institute in San Francisco, the videotape monologue has been called by Dr. Harry Wilmer, its developer, "a unique experience of self-confrontation."

Black Caucus

Continued from page 1

- Ensure desegregation of all public and private mental health facilities.
- Insist that departments of psychiatry recruit more black residents and faculty.
- Endorse the use of black psychiatrists "in leadership and planning roles in any and all programs, especially those related to black people."
- Use its influence to have black psychiatrists summoned by Congressional committees concerned with the recommendations of the Joint Commission on Mental Health of Children.
- Encourage the National Institute of Mental Health "to change its whole stance vis-a-vis the black community . . . i.e., hiring practices, funding mechanisms, use of black consultants, program development, etc."
- Provide office space and staff for the use of the black psychiatrist group.
- Deny or revoke the membership of any psychiatrist who refuses to treat black patients, maintains a segregated office, or works in a segregated or discriminatory facility.
- Hold annual meetings only in facilities that are racially integrated at all levels.

Dr. Waggoner promptly appointed the committee of black psychiatrists as suggested, with Dr. Pierce as chairman, Drs. Alvin Poussaint, Hiawatha Harris, Lloyd Elam, Charles Prudhomme, Charles Pinderhughes, and J. A. Cannon as members, and Dr. James P. Comer as consultant.

The demand of the black psychiatrists for five seats on the Board of Trustees, discussed at length at both the press conference and at the earlier Board meeting, proved among the most troublesome to deal with since trustees are elected, not appointed. The black psychiatrists avowed that APA's constitutional structure itself ought to be changed to allow for such appointment. The number of black psychiatrists in the U.S. is not known but is thought to be between 300 and 600, or two to three percent of APA's total membership of 17,000. Five seats on the board would be tantamount to a representation of about 25 percent of the membership. The black psychiatrists thought such a numerical imbalance fully justified, however, in view of the "great implications of the problem of racism in the U.S." and because it would mark an important move "to develop power at the top," the implication being that "nothing would happen" otherwise.

Clearly the matter could not be settled on the spot. Dr. Waggoner, however, suggested that through the mechanism of appointment there were several possibilities for giving the black psychiatrists access to the governing structure in ways that might seem to them sufficiently meaningful and impactful.

Another demand that could scarcely be quickly disposed of had to do with the denial of membership to any psychiatrist who refuses to treat black patients, maintains a segregated office, or works in a discriminatory facility.

Dr. Alvin Poussaint said that denying membership to psychiatrists who practice racial discrimination was only a first step toward preventing them from practicing altogether. "I would prevent them from being licensed," he said.

Dr. Kolb pointed out that the Association has a mechanism for dismissal of members who violate medical ethics, through the Ethics Committee, but, he said, "To my knowledge, there have been no complaints on this matter presented to the Ethics Committee during my term as president."

Blacks were also critical of the National Institute of Mental Health for the lack of black staff members and for its use of white consultants and evaluation teams in black projects.

Leaders of the black psychiatrists' caucus estimated that about 100 of them had participated in its organized discussions at the annual meeting. In addition, one scientific session presenting five significant papers on "white racism in America" drew standing room only attendance at the meeting (see story, page 31).

At the press conference, one of the black psychiatrists, Dr. Charles Pinderhughes, in response to a reporter's question, said that he was generally satisfied with the trustees' response to their demands.

Remaining dissatisfactions will be further considered at the first meeting of the committee of black psychiatrists, to be held at APA headquarters on June 13. Presumably the committee will present further recommendations to the executive committee of the Board of Trustees which will meet later this month.

A "sleeping pill" for the passive resister

He's fallen asleep. Passive resistance to therapy? In a way. Even when he's just drowsy, he's not receptive. Doesn't interact with the group.

He'd respond better to any kind of therapy after a good night's sleep.

Taken at bedtime, Doriden is a practical night-time sedative specifically for sleeping. Even if he must have daytime tranquilizers or related drugs, he may still need Doriden to fall asleep at night.

Doriden usually brings sleep within 30 minutes without preexcitation and keeps him asleep from 4 to 8 hours. "Morning hangover" is rare—so your patient wakes up rested and refreshed. More alert for treatment.

And...you can usually prescribe nonbarbiturate Doriden for elderly, chronically ill or hospitalized patients—including those with renal or pulmonary dysfunction.

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INDICATIONS: For night-time, daytime, and preoperative sedation, as well as during first stage of labor.
CONTRAINDICATIONS: Known hypersensitivity to glutethimide.
WARNINGS: Caution patients about possible combined effects with alcohol and other CNS depressants. Do not operate machinery, drive motor vehicle, or engage in activities requiring complete alertness shortly after ingesting drug.
Dosage of coumarin anticoagulants may require adjustments during and on cessation of glutethimide therapy.
Physical and Psychological Dependence: Physical and psychological dependence have occurred. Prescribe cautiously for patients known to take excessive quantities of drugs. Limit repeated prescriptions without adequate medical supervision. Withdrawal symptoms include nausea, abdominal discomfort, tremors, convulsions, and delirium. Newborn infants of mothers dependent on glutethimide may also exhibit withdrawal symptoms. In the presence of dependence, dosage should be reduced gradually.
Pregnancy: Use of any drug in pregnancy or lactation requires weighing potential benefits against hazards.

2/3974

PRECAUTIONS: Total daily dosage above 1 Gm is not recommended for continued administration. In presence of pain, an analgesic should also be prescribed.
ADVERSE REACTIONS: Withdraw glutethimide if a generalized skin rash occurs. Rash usually clears spontaneously 2 or 3 days after withdrawal. Occasionally, hemorrhagic or urticarial rash may occur. In recommended doses, there have been rare reports of nausea, hangover, paradoxical excitation, and blurring of vision. Rarely, acute hypersensitivity reactions, porphyria, and blood dyscrasias (thrombocytopenic purpura, aplastic anemia, leukopenia) have been reported.
DOSAGE: Individualize dosage. Not recommended for children under 12. *Night-time sedation:* 0.25 to 0.5 Gm at bedtime. Repeat dose if necessary, but not less than 4 hours before arising. *Daytime sedation:* 0.125 to 0.25 Gm t.i.d. after meals. *Preoperative sedation:* 0.5 Gm the night before surgery; 0.5 to 1 Gm 1 hour before anesthesia. *First stage of labor:* 0.5 Gm at onset of labor. Repeat if necessary.
SUPPLIED: *Tablets,* 0.5 Gm (white, scored); bottles of 100, 500, 1000 and Strip Dispensers of 100. *Tablets,* 0.25 Gm (white, scored); bottles of 100 and 1000. *Tablets,* 0.125 Gm (white); bottles of 100. *Capsules,* 0.5 Gm (blue and white); bottles of 100.
Consult complete literature before prescribing.
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Official Calls UAW Plan's First Year Successful

By Evelyn S. Myers

THE FIRST YEAR'S experience under the landmark United Auto Workers psychiatric benefit program has indicated that this kind of coverage is "economically viable." This was reported at the APA annual meeting in Miami by Melvin A. Glasser, director of UAW's Social Security Department.

Of the 1.1 million persons residing in Michigan who became eligible for outpatient psychiatric benefits in the first year the plan was in effect, 7652 received one or more services, for a utilization rate of 6.4 per 1000 eligible persons. The average number of outpatient visits was 8.5, and paid claims averaged $135.50 per patient. The maximum outpatient benefits of $400 a year was paid for only seven percent of the patients seen.

The UAW mental health benefit program, designed with the assistance of APA and the National Institute of Mental Health, was negotiated with 16 major automobile and agricultural implement firms in 1964 and became operational in September 1966. Besides the $400 outpatient benefit, the plan also provides up to 45 days of inpatient care including in-hospital physicians' services. The program covers 2.75 million employees and family members in 77 cities in 34 states. However, the study of the first year's experience under the program is based on the 1.1 million eligible persons residing in Michigan.

Significant findings included the following:

• The majority of patients—60.7 percent—received treatment from private practicing physicians, 41.6 percent were treated in community mental health facilities (primarily child guidance clinics), and 4.9 percent in outpatient departments of general hospitals.

• While only one-third of the covered population was under 30 years of age, one-half of all users of psychiatric services during the first year were under 30. The median age of all users was 29.7 years. At the other end of the age scale, there was minimal use of the services by persons over 65. While this group represented seven percent of the eligible population, it provided only seven-tenths of one percent of the users. To explain this, Mr. Glasser commented: "Disproportionately low utilization in this group appears primarily related to lack of knowledge of availability of the benefit."

• Of all patients using the psychiatric services, 18.9 percent were treated for psychoses, 55.7 percent for neuroses, and 35.3 percent for character disorders. (Because the diagnosis for some patients changed, the figures exceed 100 percent.) Alcoholism, depression (particularly among women), marital discord, and behavior and school performance problems of children were among the most common presenting complaints.

• Among the psychotics, approximately 600 received their first treatment during the first quarter of the year and about 200 appeared during each succeeding quarter. Among the neurotics, slightly more than 1100 appeared during the first quarter and about 900 each succeeding quarter. The figures appear to indicate that there was a backlog of demand for

Continued on page 29

Insurors Blasted For 'Chaos' in Coverage Plans

ONE OF THE COUNTRY'S leading mental health spokesmen recently blasted the insurance industry's "unbelievable chaos" in its coverage of psychiatric illness and took a swipe at the American Psychiatric Association for failure to make "any real attempt to come to grips with the most fundamental institutional changes" necessary to ensure an adequate health care delivery system.

Mike Gorman, executive director of the National Committee Against Mental Illness and an honorary fellow of APA, charged that "insurance payments for mental illness continue to be largely conditioned on the geographical accident of where a patient lives. It still strikes me as utterly fantastic that, even within an individual state, varying Blue Cross plans run the gamut from no coverage for mental illness to 90 days' coverage and up." Mr. Gorman spoke at APA's anniversary meeting in Miami Beach.

He recalled how, some 15 years ago, he told a state legislature committee inquiry into health insurance that "if the insurance companies of America cannot cover the most prevalent illness in the nation in their basic policies, they really forfeit the right to the patronage of the people." Mr. Gorman suggested "that the statute of limitations has run out, and the insurance industry has forfeited this right."

Coverage for mental illness, he said, "is discriminatory and characterized by a mixed bag of deterrents . . . which illustrate graphically the industry's suspicion of the 'malingering' mental patient." He included among the deterrents high deductible clauses, high coinsurance requirements, and lifetime limitations on payments.

Mr. Gorman said that APA's efforts at arriving at an adequate health care system, as summarized in the April *Psychiatric News* account of what transpired at the APA December Planning Conference, contain little that is new. He found the current APA position supporting "usual and customary fees" for psychiatrists' services "astounding." Noting that one discussion group at the planning conference had recommended that "APA members exercise restraint in raising fees," Mr. Gorman commented that "on the basis of this revolutionary declaration, I expect you in the near future to endorse motherhood, a nine-month pregnancy, and free beer."

The answer to the problem of inadequate insurance coverage, he said, is national health insurance, which should "draw upon the rich actuarial experience of the insurance industry and . . . guarantee the patient complete freedom of choice in selecting the provider of care under traditional fee-for-service or other payment mechanisms." Mr. Gorman feels, however, that the government "must set standards for the private sector of medicine which mandate a high quality of specifically spelled out comprehensive psychiatric services, and it must insist upon negotiated fee schedules with maximum payments clearly stated."

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Free-floating anxiety has been called "the nucleus and key symptom of neurosis."[1] As the neurotic patient attempts to reduce or eliminate the extreme mental and physical discomfort of this anxiety, he may develop various defensive devices. These devices constitute many of the clinical expressions of psychiatric disorder.[1]

To subdue more severe anxiety occurring in many neuroses and in some psychoses, psychiatrists often find 25-mg Librium (chlordiazepoxide HCl) a convenient and suitable dosage strength. More than eight years' clinical experience has established the therapeutic efficacy of Librium and its relative freedom from adverse effects when given in proper maintenance dosage. In general use, the most common side effects reported have been drowsiness, ataxia and confusion, particularly in the elderly and debilitated.
(See prescribing information.)

1. Linn, L.: "Clinical Manifestations of Psychiatric Disorders," in Freedman, A. M., and Kaplan, H. I. (eds.): *Comprehensive Textbook of Psychiatry*, Baltimore, The Williams & Wilkins Company, 1967, p. 568.

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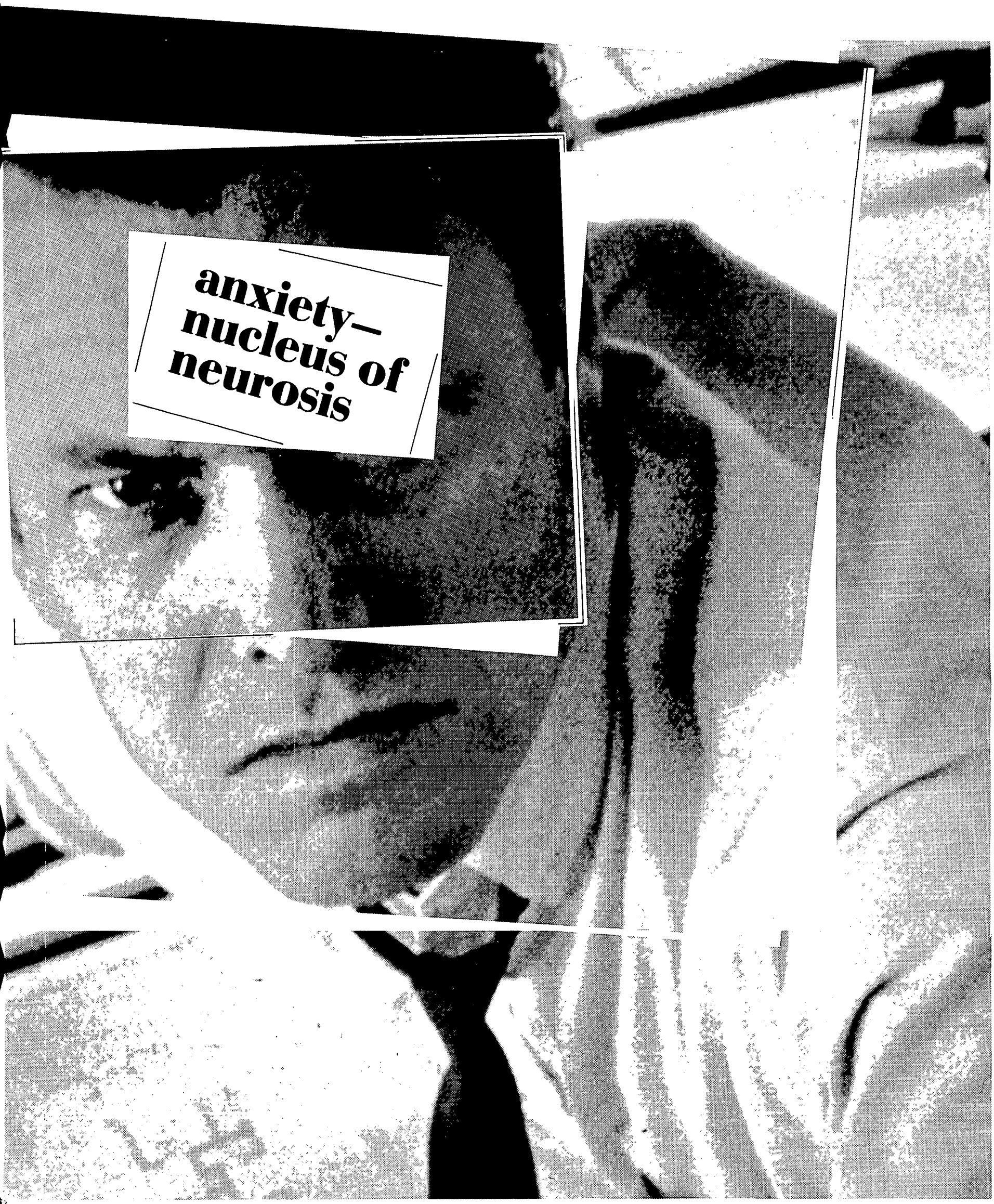
anxiety—
nucleus of
neurosis

Panel Probes Psychiatry's Role in Mental Retardation

PSYCHIATRY'S "therapeutic nihilism" toward mental retardation and attempts to define psychiatrists' role in that field were examined by a panel convened at APA's annual meeting held last month in Miami Beach. According to participants, psychiatrists too often feel that retarded persons do not fit into the psychotherapeutic model; and they also feel—incorrectly—that all retardation has an organic origin and thus cannot be helped by psychiatry. These attitudes and the reasoning behind them are simply wrong, said Dr. Norman Bernstein.

Gunnar Dybwad, J.D., offered a model for a renaissance for psychiatry in mental retardation. Among the steps he suggested were:

- Psychiatrists must recognize other disciplines' contributions and be willing to move with them on an equal footing.
- The profession must develop and espouse a positive approach to therapeutic intervention, with emphasis on infancy and early childhood.
- Psychiatry must acknowledge that mental retardation and mental illness are two distinct entities with interlocking patterns at various points. Emotional disturbance accompanying retardation is often due to preventable environmental stresses.
- Psychiatrists must speak out on the "disgraceful conditions" in institutions for the retarded.

Dr. Dybwad criticized the profession for not protesting the transfer of the federal government's division of mental retardation out of the sphere of medicine in the Public Health Service into the Social and Rehabilitation Service. Psychiatric organizations have said mental retardation belongs in medicine, he said, yet they stood idly by when it was administratively removed from medicine.

An 'Identity Crisis'

Dr. Frank Menolascino characterized psychiatry's problem regarding retardation as an identity crisis. Much of what psychiatrists have done in the field, largely as gatekeepers to institutions for the retarded, he said, can be done as well by others. Psychiatry needs to find its role. He suggested a number of steps to resolve the crisis: *a)* The psychiatrist should be a resource person, a consultant to institution administrators; *b)* Information on retardation should be presented earlier in medical school curriculums and with more emphasis in psychiatric and pediatric residencies; *c)* The psychiatrist must accept his role as a colleague of other professionals and not insist on being in charge.

One member of the audience called the problem a "jurisdictional dispute." He called APA's 1966 position statement on retardation, which urged psychiatrists to take the lead in the field of retardation, "presumptuous." Most agreed that psychiatrists have a contribution to make but must be willing to do so without regard to being the leaders.

It was also felt that care of the retarded must be shifted into the community from institutions, so that psychiatrists, as well as others, can see them. The increasing number of mentally retarded adults living out of institutions is resulting in greater need for psychiatric support, Dr. Dybwad said, yet less than one percent of psychiatrists' caseloads is devoted to mental retardation. Community facilities for the mentally ill and child guidance centers should provide, at the very least, information and referral services for the retarded. Psychiatrists in such facilities have a large role to play in diagnosis of retardation, pseudo-retardation, and concomitant emotional disorders.

Dr. Menolascino praised the work of the National Association for Retarded Children and of the American Association on Mental Deficiency. The latter, he said, has the right idea in finding an operational diagnosis and treating it, rather than quibbling about etiology.

Pa. Volunteers

MORE THAN 71,800 VOLUNTEERS in Pennsylvania gave a total of 440,416 hours to the mentally ill and the mentally retarded during the past fiscal year, according to the State Department of Public Welfare.

New Project Funded

APA To Study Poverty Programs

A ONE-YEAR FEDERAL GRANT of $100,000 has been awarded to APA to examine the current involvement of psychiatrists and other mental health professionals in the country's poverty programs. Dr. Alan Arnson has been named director of the project, which is called "The APA Project on Poverty Programs."

Dr. Arnson described the project as "a step in the direction of improving delivery of mental health services to poor people." He emphasized that it was not conceived as a research project to determine the effects of poverty on mental health. Rather, he said, his function will be to gather information on the extent to which mental health programs are working with various poverty and community action programs and to define the potential for their future involvement. "The project can act as an initial link between community groups, poverty programs, and the psychiatric profession," he said, so that members of the three groups can get together to meet their mutual needs.

Primarily, he feels the information collated will be used as a mechanism for bringing the potential for involvement to the attention of the profession, with possible implications for training programs. More specifically, he wants to identify obstacles that arise in the process of community programs and psychiatrists' joining forces.

Dr. Arnson has spent the past two years as director of the psychiatry service at a neighborhood services center sponsored by a community action group in a deprived area of Washington, D.C. Prior to that he spent three years at NIMH working in biological psychiatry and milieu therapy. He received his M.D. from Cornell University School of Medicine and served his residency at Yale.

The APA project is an outgrowth of the work and efforts of the APA Task Force on Poverty created five years ago.

Ganser Syndrome Labeled Artifact of Hasty Interview

"ASK A SILLY QUESTION, get a silly answer" may be at the heart of the Ganser Syndrome problem, according to a researcher who spoke on the issue at APA's Miami Beach meeting last month. Dr. Gustave J. Weiland of NIMH said that his investigations convince him that the Ganser Syndrome exists but that it is not what has been supposed.

Dr. Weiland conducted his study at a federal penal-psychiatric hospital where he interviewed 62 persons awaiting trial. His method consisted of asking ten simple questions ("How many noses do you have? When was the War of 1812? What is your name?"), asking for a reaction to the questions, and then repeating the questions and asking the patient to respond as if he were severely mentally ill. A normal control group consisted of correctional officers.

With two exceptions, responses of the 62 subjects to the first questions were ordinary. Thirty-five subjects refused to participate in the second series involving role-playing "either because of psychological rigidity or of a fear of displaying mental illness." Dr. Weiland reported that the responses of those who undertook to feign mental illness were silly or approximative, corresponding to the so-called Ganser phenomenon. But his real insight into the problem, he said, came from a patient who was floridly psychotic and markedly paranoid. He was one of the two patients who exhibited spontaneous Ganser responses. Significantly, they were the only patients of the 62 who were diagnosed as psychotic.

The paranoid patient, Dr. Weiland said, responded inappropriately to the simple questions, but when asked to name the President, the patient replied, "I am supposed to be here as a patient; I am not supposed to tell you the names of anyone except myself." What the patient was actually trying to say, Dr. Weiland said, is that he is ill and that the questions are irrelevant, but that he will answer them in such a way as to demonstrate his mental illness.

Dr. Weiland postulates that the Ganser phenomenon is basically an interview artifact produced by the attempt of the psychiatrist to arrive at a diagnosis in the shortest possible time by asking simple questions, combined with the conscious and unconscious desire of the patient-prisoner to convince his interrogator that he is mentally disturbed. "This 'syndrome of approximate answers' is clearly more a desperate attempt to convey inner turmoil than an attempt at simulating illness," he said. Dr. Weiland said later, in answer to a reporter's question, that the syndrome occurs most frequently among prisoners because it is in the prison setting that psychiatrists generally have the least time or desire to conduct adequate interviews and are most readily inclined "to ask silly questions."

Children's Commission

Continued from page 1

Ribicoff conceded that obtaining funds from Congress would be a struggle, but that the issue would provide an indication of whether the Nixon administration "is willing to follow through on its commitment to youth."

The Commission acknowledged that its proposals "cannot be funded and established overnight" but suggested as initial steps the formation of the federal, state, and local advisory councils; the establishment of 100 Child Development Councils, with at least one in each state; and the creation with federal money of ten evaluation centers to study the work of the first 100 councils.

Linked to the network of councils should be a "network of comprehensive, systematic services, programs, and policies," which will include mental health services, employment assistance, and environmental programs (defined by the Commission as programs to prepare children for adult roles). In addition, the Commission called for "development of an effective federal manpower policy" and increased research with a "multivariant approach."

Thirteen national organizations composed the original Commission, which later expanded to include others. The proposals come after three years' work under a $1.5-million appropriation from Congress. In its research leading to the proposals, the Commission estimated that about two percent of persons under 25 years of age are psychotic, and between eight and ten percent need psychiatric services. Dr. Cotter Hirschberg, chairman of an APA task force assigned to formulate a position statement based on the JCMHC report, said that the proposals by the Commission establish priorities for the effort as: *a)* the diagnosis and treatment of the emotionally sick child, *b)* the prevention of illness, and *c)* "the optimization of growth and capacity." He urged strong support for the proposals from APA's members.

Dr. Visotsky called the report a significant document. "It is saying in essence," he said, "America, you say you love your children—all of them. . . . Yet, when it comes to creating the kind of society in which all children stand a good chance of fulfilling their human potential, you have failed them over and over."

Dr. Joseph Bobbit, executive director of JCMHC, outlined the proposals at the press conference. Also addressing the reporters briefly was Mike Gorman, chairman of the National Committee Against Mental Illness, who declared his support for the Commission's recommendations while acknowledging that "the legislative prognosis is uncertain."

The report goes to Congress late in June.

Correction

THE "RECENTLY PUBLISHED" column in the April issue of *Psychiatric News* incorrectly listed the price of Dr. Nina Ridenour's new book, *Mental Health Education: Principles in the Effective Use of Materials,* as $3.00 (paperbound). The correct price is $3.50.

In addition, due to incorrect information supplied to *Psychiatric News,* the *Journal of Behavior Therapy and Experimental Psychiatry* to be edited by Dr. Joseph Wolpe of Temple University was wrongly called the *Journal of Behavior and Experimental Psychiatry.* The first issue of the new journal is expected in October.

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Summary of prescribing information

Indications: HALDOL (haloperidol) affords rapid control of psychomotor agitation, mania, aggressiveness, assaultiveness, hostility, hallucinations and delirium associated with acute and chronic psychoses. It has also proved effective in controlling Gilles de la Tourette's syndrome.

Contraindications: HALDOL (haloperidol) is contraindicated in comatose patients, patients severely depressed by alcohol or other centrally acting agents and in patients with Parkinson's disease. The drug should not be prescribed for children under 12 because safe conditions for use have not been established.

Warnings: Use in pregnancy—The safety of this drug in pregnancy has not been established and the possibility of risk to the mother and unborn child should be weighed against potential benefits before it is used. A case of phocomelia has been reported in which the mother received haloperidol, along with a number of other medications, during the first trimester of pregnancy (a causal relationship has not been established in this case). *Other uses*—Since decreased serum cholesterol and/or cutaneous and ocular changes have been reported in patients receiving chemically related drugs, the physician should be alert for such possibilities, even though none of these changes have been reported with HALDOL (haloperidol).

Cases of bronchopneumonia, some fatal, following the use of neuroleptics are believed to have been caused by dehydration, hemoconcentration and reduced pulmonary ventilation resulting from lethargy and decreased sensation of thirst. If these signs and symptoms appear, especially in the elderly, the physician should institute remedial therapy promptly.

Precautions: HALDOL (haloperidol) should be administered with caution in severe myocardial insufficiency and in patients on concomitant anticoagulant therapy, since interference with the effects of one anticoagulant (phenindione) has been reported in a single patient. As is the case with most major tranquilizers, HALDOL potentiates the primary effects of anesthetics and analgesics, and the CNS depressant action of barbiturates. It does not, however, potentiate the anticonvulsant action of barbiturates or other anticonvulsant agents.

Anti-Parkinson drugs used with HALDOL may have to be continued after HALDOL is stopped, since extrapyramidal symptoms may occur if both drugs are discontinued simultaneously.

Adverse reactions: Neuromuscular (extrapyramidal) reactions have been reported frequently. Usually, these reactions involved Parkinson-like symptoms which were mild to moderately severe and reversible. Other types of neuromuscular reactions (motor restlessness, dystonia, akathisia, hyperreflexia, opisthotonos, oculogyric crisis) have been reported far less frequently but were often more severe, and severe extrapyramidal reactions have been reported at relatively low doses. In general, however, these reactions are dose-related and disappear or become less severe when the dose is reduced. Administration of an anti-Parkinson drug usually results in rapid reversal.

Sporadic, generally reversible variations in liver function tests have occurred, but none was accompanied by clinical signs or symptoms of impaired liver function. The overall incidence of significant hematologic changes has been exceptionally low.

Other side effects include insomnia, restlessness, anxiety, euphoria, agitation, drowsiness, depression, lethargy, headache, confusion, vertigo, dry mouth, anorexia, constipation, diarrhea, hypersalivation, nausea and vomiting, dyspepsia, urinary retention, peripheral edema, blurred vision, diaphoresis, impotence and in a few cases increased libido. One case of photosensitivity and isolated cases of non-specific skin rash have been reported; there have been no reports of skin rashes in personnel in continuous contact with the drug. Rarely lactation and breast engorgement have been observed, while gynecomastia and mastalgia have been reported in one adolescent male concomitantly treated with benztropine. Re-

ports of tachycardia, hypotension and increased respiration have been rare. Severe orthostatic hypotension has not been reported; should it occur, supportive measures may be required. *Epinephrine should not be used,* since HALDOL (haloperidol) may block the vasoconstrictor effects of this drug.

Administration and dosage: To achieve optimal results and to avoid unnecessary side effects, dosage should be individualized on the basis of age, physical condition and severity of symptoms. The lowest recommended dosage should always be used initially and gradually adjusted upwards (in increments of 0.5 to 1 mg. every 3 days) until the desired effect is obtained. Thereafter doses should be adjusted downward to the lowest dose required to maintain improvement.

The drug should not be prescribed for children under 12 because safe conditions for use have not been established.

	Recommended adult dose range and frequency of administration	
	Range (mg.)	Times admin./day
Initial dose	1 to 2 mg.	2 or 3 times
Maximum dose*	2 to 5 mg.	2 or 3 times
Maintenance dose	1 to 2 mg.	3 or 4 times

*Daily doses greater than 15 mg. are not recommended. If side effects intervene before the desired effect is obtained, one of these courses of action may be taken: (1) reduce dose and subsequently increase more gradually; (2) temporarily discontinue drug; reinstitute at lower dose and increase more gradually; or (3) maintain or reduce dose and initiate specific measures to counteract side effects, such as administration of anti-Parkinson drugs.

Since *debilitated and geriatric patients* may be more sensitive to HALDOL (haloperidol), it is recommended that they be treated with initial daily doses ranging from 0.5 to 1.5 mg. Upward adjustment should be made gradually and maximum and maintenance doses are generally lower than those recommended for nongeriatric adults.

Supplied: Tablets – ½ mg. (white), 1 mg. (yellow), 2 mg. (pink) and 5 mg. (green). All tablets scored, uncoated and packaged in bottles of 100 and 1000. *Concentrate* – colorless, odorless, tasteless solution in 15 cc. bottles with a calibrated dropper (2 mg./cc. – approximately 0.1 mg./drop).

See product brochure before prescribing or administering.

References: **1.** Dunlop, E.: Int. J. Neuropsychiat. *3*:Suppl. 1, 87 (Aug.) 1967. **2.** Towler, M. L., and Wick, P. H.: Int. J. Neuropsychiat. *3*:Suppl. 1, 62 (Aug.) 1967. **3.** Pratt, J. P., et al.: Curr. Ther. Res. *6*:562 (Sept.) 1964. **4.** Skorodin, B.: Int. J. Neuropsychiat. *3*:400 (Oct.) 1967. **5.** Haward, L. R. C.: Clin. Trials J. *2*:135 (May) 1965.

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Analyst Says Deprivation Produces Hostile Actions

THE FRUSTRATION resulting from extreme deprivation during childhood leads to aggressive, hostile acting out, reported Dr. Gustav Bychowski of New York City at the 56th annual meeting of the American Psychoanalytic Association held last month in Miami Beach. Dr. Bychowski also said that this acting out in an atmosphere deprived of material satisfaction as well as parental love may become hostile, antisocial, and criminal. Particularly malignant, he said, is the combination of poverty and parental psychopathology.

Studies indicate that extreme deprivation has a severe impact on the development of the ego functions in the young child, such as perception, cognition, abstraction, reality testing, and language. Dr. Bychowski said the lack of proper maternal nurturing creates an unfavorable climate for the mental development of the young child.

He also said that the development of the deprived child is seriously hampered, since the child does not learn to sublimate his desires and to postpone his immediate gratifications for better ones in the future. He feels that this results in primitivization of instinctual life. Another important handicap is created by the thwarted development of the ability to love another person as such and not merely as an instrument for need gratification, he said.

A loose family structure can be observed more often in the poor, commented Dr. Bychowski. Frequent changes of parental figures deprive the child of models necessary for the development of norms of social behavior and adaptation, he said. He feels that shifting models may confuse the growing child and leave him stranded in a world which to him seems hostile and strange. Certain forms of alienation, depression, and apathy may occur under these conditions, he said.

In another paper presented at the meeting, Dr. Isidore Ziferstein of Los Angeles asserted that the process of observation introduces new variables into the psychotherapeutic process but that these variables do not invalidate the usefulness of nonparticipant observations. In addition, he believes that fewer obstacles are encountered if the presence of the observer is frankly acknowledged.

Research projects now being carried out seek to obtain, among other things, more objective reports of what actually transpires in treatment, the interaction between patient and therapist, attitudes and interventions on the part of the therapist which have a beneficial effect on treatment, and what interventions are antitherapeutic. Dr. Ziferstein participated in two such research projects, one in Los Angeles and the second at the Bekhterev Psychoneurological Research Institute in Leningrad.

In the American research project, three observers sat behind one-way vision screens to avoid disturbing the doctor and patient. In the Russian research project, Dr. Ziferstein, who was the only observer, sat in the treatment room with the patient and the therapist. He found it impossible to maintain his position of nonparticipant observer because the Russians seemed unable to tolerate a nonparticipant and tried to include him in the treatment.

Dr. Ziferstein concluded that the "rather primitive technique of observation" in the Russian project had a less disturbing effect on the therapeutic process and on the doctors and patients observed than did the "sophisticated technique" in the American project. He feels that the elaborate precautions in the American project led to paranoid elaborations, both conscious and unconscious, in patients, therapists, and observers.

In the American project, he said, one patient, knowing that she was being observed, but not knowing the identity of the observers, began to suspect everyone, even the parking-lot attendant, of being an observer. He believes the therapist was anxious because his colleagues who were observing him did not reveal to him what they thought of his work. In the Russian project, the tensions that accompany observation were more easily discharged during the therapeutic session or immediately afterward, he said, and the distortions introduced by the physical presence of the observer were openly acknowledged and were easier to take into account in the final evaluation.

Some patients in therapy 24 years

'Chronic Analysis' Defended

THE PRESIDENT of the American Academy of Psychoanalysis defended "chronic analysis" of certain patients, including spans of up to 24 years, and said that criticism of long-term analysis within the profession "often conceals some very intense fears: fears of involvement, of friction, of depth, of responsibility and long-term commitment."

Dr. Harold Kelman, in his presidential address to the Academy at its annual meeting in Miami Beach last month, spoke of his experiences in dealing with numerous long-term patients over his career. "Audiences," he said, "hearing my experiences as a chronic analyst, often imply or assert that both my patients and I are masochistic, sadistic, addicted to analysis, or all three. Also frequently mentioned were megalomania; on occasion, courage; and, rarely, humility. There is a certain truth in all these responses."

To the frequently voiced charge that extremely long-term therapy prevents the analyst from seeing more patients, Dr. Kelman replied, "By treating the few, I indirectly treated many more than I could have treated had I worked with them for shorter periods [because] my experience with these fewer long-term therapies gave me experience [which] . . . I communicated in supervisions, in teaching, in publications, in consultation with others about these patients, and in consultations with new patients."

Criticisms of long-term therapy, he said, arise from a spectrum of healthy and neurotic attitudes by students and other therapists. "I have been struck," he said, "by the absence of comment about and the startled responses to my questions regarding the

Continued on facing page

Continued from preceding page

rights of the individual and the worth of a single life. Should a patient who wants and needs analytic help be denied it because he has already had too much?"

Long-term analysis, Dr. Kelman contends, offers the therapist "unique opportunities to check on earlier diagnoses and prognoses and to observe the results of therapeutic tests in: *a*) effecting improvement and fundamental personality reorientation, *b*) maintaining the status quo, *c*) arresting an illness progression, and *d*) slowing illness progression if it continues to happen."

The American Academy's meeting was described as the first psychoanalytic meeting devoted to 'work failure,' Dr. Irving Bieber, the Academy's program chairman, commented, "I have often observed that work inhibitions are more prominent and distressing to many patients than their sexual difficulties."

The Academy presented its Frieda Fromm-Reichmann Award to Dr. Norman A. Cameron of New Haven, Conn., for his work in schizophrenia.

Reformed Abortion Laws Called 'Restrictive, Stupid'

A SCATHING INDICTMENT of reformed abortion laws in this country was delivered by Dr. Harold Rosen at APA's annual meeting held last month in Miami Beach. These laws—which have been touted as "model," "liberalized," and "progressive"—are, in fact, he said, "repressive," "restrictive," and "stupid." Dr. Rosen, a Baltimore psychiatrist and long-time advocate of abortion law repeal, served as discussant of five papers presented on the subject of therapeutic abortion at the meeting. "These papers," he said, "indict—but not strongly enough—the stupidity of our state abortion statutes and our still more stupid medical practice with respect to interrupting pregnancy."

The papers dealt with experience in Colorado and California under those states' reformed abortion statutes. Among the opinions expressed was that the new laws are not really having the desired effect and that, while many women are receiving abortions on psychiatric grounds, others are being rejected, often unjustly so. They also pointed out that those who do receive approval often pay more for a legal abortion than they would for a criminal abortion in Mexico, thereby obstructing the procedure for indigent mothers, often cited as those most in need of benefit from such a law.

Two major drawbacks in the Colorado law were discussed. First, no recommendation can be made on psychiatric grounds unless pregnancy poses the danger of *permanent* impairment of the mental health of the pregnant woman, according to Dr. Rosen. He calls this "therapeutic nihilism," pointing out that a comparable law would, for instance, make appendectomies illegal. Second, the law requires all three members of the abortion board—only one of whom is a psychiatrist—to unanimously approve the abortion request. The other two members of the board "must act outside the area of their technical and professional training and competence," he said.

Dr. H. G. Whittington urged that psychiatrists not be involved in the process at all. "Psychiatry does not have the capacity to predict, with any degree of certainty, which women will experience major psychiatric illness as a result of unwanted pregnancy," he said. "We are not able to define the line between personal misery and psychiatric illness." He called the abortion committee process unconstitutional and said, "The operation of the committee itself is highly vulnerable to individual prejudice on the part of members, and the process is far from scientific or rational.

"Psychiatry is caught up in a cruel legalistic hoax that forces women to have unwanted babies, rationalized on the basis that it is all right for them to suffer because they will not become mentally ill," he said. "It is now time for psychiatry to disaffiliate itself from this practice." He expressed the hope that abortions would be covered by medical practice acts in each state, "as any other medical procedure is."

Drs. Leon Marder, Jerome Kummer, and Howard Levene each presented a paper describing their experience with the California statute. Dr. Marder presented figures on numbers of abortion requests approved and denied and outlined some of the problems the Therapeutic Abortion and Sterilization Committee in Los Angeles at the University of Southern California medical center has met and dealt with. Dr. Levene described a study he conducted of women who had had therapeutic abortions. He found that the abortion "does not in itself result in significantly noxious emotional sequelae" and did ameliorate depression in the women in his study. He cited Swedish studies of women who were refused therapeutic abortions and had their babies, which reported generally bad results for mothers and children alike. Dr. Kummer presented figures for the San Francisco area and said he felt that California's law has at least helped bring the issue out into the open, but he hopes for, and is optimistic about, complete legalization in the very near future.

Dr. Rosen described the undesirable effects on the mental health of mothers seeking therapeutic abortions caused by the procedures they are required to undergo—having to see two psychiatrists, waiting from two days to 14 weeks for a decision from the board to accept or reject their plea, and the subtle issue of whether or not the therapeutic abortion carries with it the requirement that they be sterilized. He rejects the argument of some states that they would become "abortion mills" and would not have bed space for the number of operations that would be requested. These states are able to take care of their deliveries, he said, and could similarly accommodate abortions, particularly if *all* states repeal their laws. He similarly rejected the argument that abortion is an act of murder. Such an argument, he said, "leaves me cold in a country so politically cold, so inhumanly and amorally devoid of care and concern as to allow untold tens of thousands of bombs to devastate a territory and its inhabitants ten thousand miles away." —G.P.D.

WPA Correspondents

THE WORLD Psychiatric Association has recently named Drs. Sheila A. Mann and Sidney Benjamin of Great Britain as correspondents to *Psychiatric News,* in order to provide the newspaper and APA with current information on WPA activities.

Physical Closeness Found To Trigger Violent Actions

PRISONERS ACCUSED of assault or fighting in prison were found to be hypersensitive to physical closeness to others in a study reported at the APA annual meeting by Dr. Augustus F. Kinzel from the Columbia University College of Physicians and Surgeons. These prisoners were found to have a larger body-buffer zone than nonviolent prisoners. The shape of their zones also differed.

Clinical observations at the U.S. Medical Center for Federal Prisoners showed that violent behavior was more often abruptly triggered than premeditated, and one of the most common triggering stimuli appeared to be simple physical proximity to the victim. Dr. Kinzel said that violent inmates spoke of their victims as "getting up in my face," when they were actually at conversational distances. Many preferred to keep themselves at large distances during standing interviews, and many spoke of homosexual provocation by their victims when none had occurred, he said.

Violent and nonviolent experimental groups were selected for the study. Each subject, standing in the center of a room, was approached from eight directions around his body, having been instructed to say "stop" when he felt the experimenter had come too close. The area within the eight closest distances tolerated formed the subject's body-buffer zone. The procedure was repeated weekly on each subject for 12 weeks.

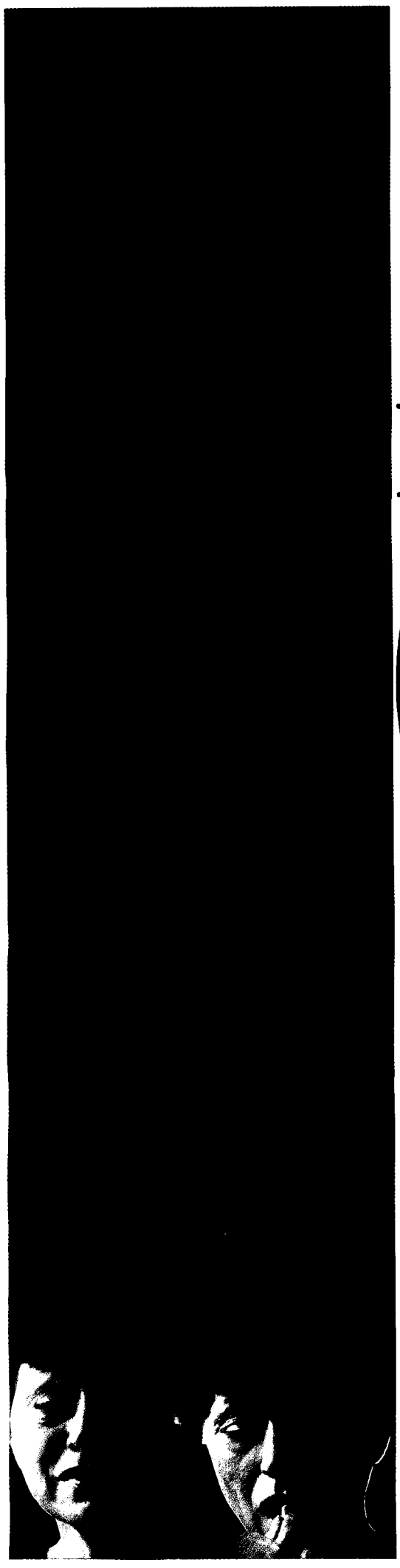
Dr. Kinzel reported that the zones of the violent group were found to be almost four times larger than the zones of the nonviolent group. The rear zones of the violent group were larger than their front zones, and the front zones of the nonviolent group tended to be larger than their rear zones. The zones of both groups decreased to one-half their original size by the end of 12 weeks, but the zones of the violent group still remained significantly larger.

Violent subjects commonly misperceived the experimenter as "rushing in" or "looming" when he slowly stepped within their large zone thresholds, according to Dr. Kinzel; these feelings were similar to their reported sensations prior to previous violence. The larger rear zones in the violent group were suggestive of homosexual anxiety, he said.

Dr. Kinzel also discussed the possible use of body-buffer zone measurements in the detection, treatment, and prognosis of violent individuals. He feels that the study pointed up the urgent need for psychophysiological data on violence so that more accurate decisions can be made, both for those afflicted with the problem and their victims.

Methadone Study

A PILOT PROGRAM using the controversial drug methadone to treat heroin addicts will be launched within a year by the District of Columbia Health Department, according to *The Washington Post.* Methadone—a cheap, synthetic narcotic that is itself addictive—will be used at first to treat a small group of criminal addicts. Funds for the program have not yet been secured but are being sought from a combination of District, federal, and private sources.



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*Mendels, J.: Comparative Trial of Nortriptyline and Amitriptyline in 100 Depressed Patients, Amer. J. Psychiat., *124*:59 (Feb. Supp.), 1968.

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In laboratory animals, anticholinergic effects of Aventyl HCl are milder than those of related antidepressants.

Indications: Depressive reactions (alone or accompanied by anxiety) associated with such presenting symptoms as depression, anxiety, tension, insomnia, restlessness, disinterest, and irritability.

Psychophysiological gastro-intestinal disorders and symptomatic reactions in childhood (e.g., enuresis).

Contraindications: Hypersensitivity to the drug; concurrent use with a MAO inhibitor or use within two weeks after the MAO inhibitor is discontinued.

Warnings: Use in convulsive or hypotensive states should be closely followed by the physician.

At present, data are insufficient to recommend the drug during pregnancy. The possibility of a suicidal attempt in a depressed patient should always be considered.

There have been rare reports of agranulocytosis, jaundice, hypotension, tremor, urinary retention, thrombocytopenic purpura, and paralytic ileus. Periodic laboratory studies are recommended.

Cardiovascular complications, including myocardial infarction and arrhythmias, have been reported occasionally with related drugs. Patients with cardiovascular disease should be given Aventyl HCl under close observation and in low dosage. This drug, like members of its group, tends to produce sinus tachycardia and to prolong the conduction time, as manifested by first-degree AV block.

Precautions: Because of its anticholinergic activity, Aventyl® HCl (nortriptyline hydrochloride, Lilly) should be administered cautiously in patients with glaucoma or a propensity for urinary retention. Use Aventyl HCl with care in conjunction with sympathomimetic or anticholinergic drugs. Epileptiform seizures or troublesome patient hostility may occur. Aventyl HCl used alone in schizophrenic patients may result in an exacerbation of the psychosis.

Concomitant use of Aventyl HCl and ECT (with or without atropine, short-acting barbiturate, and muscle relaxant) has not been thoroughly studied. If these treatments are used together, the physician should be aware of possible added adverse effects.

Patients should be warned about the possibility of drowsiness if they operate dangerous machinery or drive a vehicle. Concurrent ingestion of other C.N.S. drugs or alcohol may potentiate the adverse effects of Aventyl HCl.

Patients receiving a tricyclic antidepressant (e.g., nortriptyline) may respond poorly to hypotensive agents such as guanethidine.

Adverse Reactions: The following have been observed or reported following the use of Aventyl HCl: dryness of mouth, drowsiness, constipation, dizziness, tremulousness, confusional state, ataxia, disorientation and hallucinations, restlessness, weakness, precipitation of hypomanic or manic state, tachycardia, blurred vision, epigastric distress, sweating, peculiar taste, black tongue, fatigue, excess weight gain or weight loss, insomnia, headache, paresthesia, nausea and vomiting, adynamic ileus, rash, itching, delayed micturition, hunger sensation, flushing, diarrhea, nocturia, inner nervousness, anxiety and panic, ankle and orbital edema, hypotension, hypertension, impotence, nightmares, palpitation, numbness, peripheral neuropathy, photosensitization, extrapyramidal symptoms, and increased or decreased libido.

Habituation or withdrawal symptoms have not been reported.

Administration and Dosage: Aventyl® HCl (nortriptyline hydrochloride, Lilly) is administered orally as Pulvules® or liquid. Dosage should be individualized. The following general principles are applicable.

Aventyl HCl is preferably given in gradually increasing doses: 1 Pulvule (10 mg.) twice the first day, 1 Pulvule three times the second day, and 1 Pulvule four times daily thereafter.

If neither beneficial nor adverse effects are seen after five to seven days with 10 mg. four times a day, the patient can be given 25 mg. twice the first day, 25 mg. three times the second day, and 25 mg. four times daily thereafter.

If minor side-effects develop, reduce the dosage. If side-effects of a more serious nature or allergic manifestations develop, discontinue the drug.

For mild symptoms of a depressive nature, give 10 mg. three or four times a day; for severe depressions, 100 mg. daily.

Dosages above 100 mg. daily seem to induce no greater degree of clinical response, but side-effects may increase.

Usual Recommended Dosage

ADULTS—20 to 100 mg. daily

Pulvules: 25 mg.—1 Pulvule one to four times daily
10 mg.—1 or 2 Pulvules one to four times daily

Liquid: 1 to 2 teaspoonfuls (5 to 10 cc.) one to four times daily

CHILDREN—1 to 2 mg. per Kg. or 10 to 75 mg. daily

Pulvules: 25 mg.—Ages seven to twelve, 1 Pulvule one to three times daily
10 mg.—Ages three to six, 1 Pulvule one to three times daily
Ages seven to twelve, 1 or 2 Pulvules one to three times daily

Liquid: Ages three to six, 1 teaspoonful (5 cc.) one to three times daily
Ages seven to twelve, 1 to 2 teaspoonfuls (5 to 10 cc.) one to three times daily

Maintenance medication is necessary until it is evident that the depression cycle has run its spontaneous course. This assumption may be based upon the history of previous depressions, the removal of the precipitating factors in the environment, or a recognition that the patient is able to manage his affairs. It is advisable to continue maintenance therapy for several months after improvement.

How Supplied: Liquid Aventyl® HCl (nortriptyline hydrochloride, Lilly), 10 mg. (equivalent to base) per 5 cc., in pint bottles.

Pulvules Aventyl HCl, 10 and 25 mg. (equivalent to base), in bottles of 100 and 500. [081668A]

Mass. Psychiatrist Exposes Hospitals' Use of Blacklists

THE USE OF "BLACKLISTS" of undesirable patients by state mental hospitals was assailed last month at APA's annual meeting. Characteristics of patients who have appeared on such blacklists in Massachusetts were also described by a Boston psychiatrist.

Dr. Vernon Patch, acting director of Boston City Hospital's psychiatry service and clinical director of the College Mental Health Center of Boston, exposed the practice of a number of Massachusetts state hospitals which maintain lists of patients "who were not to be admitted, under any circumstances, to a particular state mental hospital." He said, "No one could be critical of an admission procedure that made available to the admitting psychiatrist all of the information that the hospital might have accumulated for a particular patient during previous admissions." But, he said, in some cases this information is used as an automatic reason for refusing admission to the patient. "The use of a blacklist in the public mental hospital amounts to a total denial of the concept of dynamic psychiatry, the concept that a patient can get well or that he can become more ill than he formerly was," he said. "The ethics of this procedure seem profoundly obscure."

He read a typical entry: "This patient left the hospital last admission to drink. He sabotages treatment and manipulates personnel. He is not to be admitted because we do not have the close supervision he would require. Send him to Bridgewater or to jail."

Having discovered the existence of such lists in 1966, Dr. Patch undertook to study, with the cooperation of the State Department of Mental Health, records of 93 patients whose names appeared on such a list. He found that they averaged 6.3 admissions each to a Massachusetts hospital, they were on hospital rolls for an average of 129 weeks, the average length of hospitalization per admission was about 20 weeks, and each patient averaged admission to about four different hospitals. It took the average patient a total elapsed time of 8.17 years from the time of his first admission to the time he was blacklisted.

They were definitely problem patients, Dr. Patch said, and each usually received several different diagnoses in the course of his series of admissions. The largest diagnostic category was alcoholism (more than a third), followed by personality disturbance (22 percent at first admission, 28 percent at blacklisting, and 43 percent over the course of multiple admissions). Schizophrenia was the third category with 18 percent so diagnosed at first admission, 26 percent at time of blacklisting, and 40 percent sometime during the course of multiple admissions.

Blacklisting did not keep patients out of the hospitals, Dr. Patch found. In a followup study, he found that 63 percent were readmitted to some other mental hospital during the followup period of about two years. Of the two hospitals contributing a majority of names to his study, one discontinued its blacklist; subsequently 32 patients (68 percent) were readmitted to that hospital a total of 49 times. The second hospital, which did not discontinue its blacklist, did not readmit any of the patients. However, 44 (39 percent) were admitted to other hospitals.

A Boston newspaper published a series of stories about this practice in 1968. The newpaper articles quoted a hospital superintendent as asking, "How much time should you devote to these people who have failed so many times in the past?" He characterized the patients as "problem patients who demand help and then reject it, suffering and obnoxious at the same time," and was quoted as saying that they are "a little too crazy for prison and a little too sane for the state hospital."

Upon learning of the situation, Commissioner Milton Greenblatt ordered an investigating committee to study the matter. Their report is not yet completed. Dr. Patch asserts, however, that blacklists have been maintained during the recent past in at least five state hospitals in Massachusetts. Two of the lists have covered a period of over two years and have numbered 60 to 70 patients each.

Dr. Patch suggested alternatives to the blacklist: *a*) If minimum security hospitals are required to handle some of the patients, then they should be provided; *b*) When one hospital has "had its fill of a particular patient," perhaps catchment boundaries should be dissolved to permit another hospital to try its therapeutic skills; *c*) Admission procedures should be reviewed regularly to avoid and eliminate restrictive policies. The blacklist should be eliminated "to avoid instilling bias in the mind of an admitting physician," he said, so that decisions to admit or not to admit may be based on the immediate needs of the patient rather than on some administrative decision of the past.

Discussing the paper at the meeting, Dr. S. T. Ginsberg commended Dr. Patch for "bringing this problem out in the open." Due to his efforts, Dr. Ginsberg said, "patients are being readmitted."

College MH Center

THE COLLEGE MENTAL HEALTH Center of Boston has established an extension service to provide crisis and short-term psychiatric treatment for college students temporarily in the greater Boston area during vacations, holidays, or other absences from their schools.

PTA Project Aims To Define Children's Needs

AN EFFORT to strengthen the community resources that safeguard the emotional health of children and youth has been launched by the National Congress of Parents and Teachers. Eleven million members in 46,000 local units of parents and teachers are being educated to interview their local leaders, study their schools' emotional health resources, discuss unmet needs, conduct citizen opinion surveys, and present their findings to local decision-makers. Each local unit is to enlist and use local professional advisers.

The American Psychiatric Association, the Academy of Child Psychiatry, the Joint Commission on Mental Health of Children, and other medical, psychological, social work, health, and educational professional associations serve on the National Professional Advisory Council to the project. Dr. William G. Hollister, University of North Carolina, is APA representative on the council.

The project, implemented with an NIMH grant, was developed over a five-year period and was field tested in Kansas, Connecticut, and North Carolina. State and local PTA "action teams" will utilize state agency and professional leaders, including psychiatrists, to define unmet needs and possible solutions and to help educate the parents and teachers on resources needed locally. PTA, the nation's largest voluntary parent organization, will use its 50-state network of education and leadership training resources to prepare its citizen action teams.

UAW Report

Continued from page 17

psychiatric service, especially among what were probably the most seriously disturbed patients.

• The treatment modality used most often was full-session individual therapy, used by 71.7 percent of the patients. Other modalities used were half-session therapy, 19.5 percent; group therapy, 5.7 percent; brief sessions with a physician, 9.2 percent; electroshock, 3.1 percent; day care, 0.9 percent; family counseling, 5.5 percent; psychological testing, 5.1 percent; and social service, 7.4 percent. Following the first three months there was a significant broadening of the use of services. For example, during the first quarter only 5.4 percent of patients were seen in brief sessions; this increased to ten percent or more during subsequent quarters. Similarly, social services were used by only 2.8 percent of patients in the first quarter but by about nine percent in succeeding quarters.

The inpatient utilizaton rate was 4.2 per 1000 eligible persons. These patients were hospitalized for a median of 12.6 days, and the average claims payment was $603 per patient.

The analysis of utilization data under the UAW program is part of a research project being conducted by the Michigan Health and Social Security Research Institute through an NIMH grant. Co-author of the paper with Mr. Glasser was Thomas Duggan, Ph.D., senior research consultant with the MHSSRI.

The Michigan Blue Cross and Blue Shield organizations are cooperating by providing computerized claims data for the study.

Black Panelists Examine White Psychiatrists' Racism

RACISM IN WHITE PSYCHIATRISTS is reflected in their referral practices to black psychiatrists, according to a presentation at the APA annual meeting. Drs. Phyllis A. Harrison and Hugh F. Butts, both of New York, reported the results of a survey of 42 black and white psychiatrists practicing in New York, Detroit, and Chicago.

The survey found "destructive racial attitudes" among the white psychiatrists, including the whites' fear that the black psychiatrist would be unable to cope with racial attitudes of patients. This leads, in some cases, to white psychiatrists' failure to make referrals at all. Another manifestation, the researchers said, is failure to refer because of overconcern that racist attitudes of patients will "humiliate" and "hurt" the black psychiatrist.

The researchers also found that white psychiatrists are overconcerned to accommodate the black patient's preference for a black therapist, which, in view of manpower shortages, can never be met, and which could lead to no treatment at all for many of these patients. They feel also that white psychiatrists do not accept the fact that racial prejudice is a harmful symptom, nor do they point this out to patients with racist attitudes.

Drs. Harrison and Butts concluded with recommendations that white psychiatrists tell patients honestly that their racial stereotypes do not fit doctors who otherwise are appropriate for the patient, and that such thinking only leads to more psychological troubles. They suggest that all psychiatrists get to know black people well in order to deal more effectively with prejudice as a sickness. They also believe that white psychiatrists should "take heed of the statements by black psychiatrists that they are confident of their abilities to treat patients of any color and make referrals to them when indicated by their other qualifications and interests."

In another presentation, the "white middle-class orientation of psychiatric training programs" was found to be the most influential and least discussed factor in the training experiences of five black psychiatrists. Dr. Billy E. Jones and four other psychiatrists, who have recently completed their training or will complete their training this month, believe that this orientation affected the intrapsychic conflicts of both black and white residents and influenced their perception of the training programs. They also feel that this orientation influences the training program in the areas of supervision, hospital policies and procedures, and the selection of both patient and resident.

Among their recommendations for psychiatric training programs are the following: *a*) each institution should examine its selection process and should seek more black patients in the training programs; *b*) the training programs should examine their "white middle-class orientation" and their "psychoanalytic bias" to broaden the base of psychiatric knowledge to include those black patients they are currently excluding; *c*) black supervisors should be sought out and used to train residents; *d*) white supervisors should be more attuned to the identity problem that black residents may be experiencing in the training program and be willing to deal with this issue openly; and *e*) a major commitment of resources should be made in institutions to generate new information about the effect of race and racism on emotional health and illness.

The other presenters of this paper were Drs. Orlando B. Lightfoot, Don Palmer, Raymond G. Wilkinson, and Donald H. Williams.

The discussion following the presentations was briefly disrupted by a member of the "Radical Caucus," who attempted unsuccessfully to read a statement charging psychiatry with racism (see story, page 4).

TV Violence Study

A $1-MILLION STUDY of the effects that violence on television may have on Americans will be undertaken by NIMH within the next few weeks. According to HEW Secretary Robert Finch, the chief problem will be in putting together a "balanced committee" to evaluate those effects. The funds are expected to come from NIMH's behavioral science budget, which has financed studies of race riots.

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Adverse Reactions: *Central Nervous System*—Drowsiness, especially with large doses, early in treatment; infrequently, pseudoparkinsonism and other extrapyramidal symptoms; nocturnal confusion, hyperactivity, lethargy, psychotic reactions, restlessness, and headache. *Autonomic Nervous System*—Dryness of mouth, blurred vision, constipation, nausea, vomiting, diarrhea, nasal stuffiness, and pallor. *Endocrine System*—Galactorrhea, breast engorgement, amenorrhea, inhibition of ejaculation, and peripheral edema. *Skin*—Dermatitis and skin eruptions of the urticarial type, photosensitivity. *Cardiovascular System*—Changes in the terminal portion of the electrocardiogram have been observed in some patients receiving the phenothiazine tranquilizers, including Mellaril (thioridazine). While there is no evidence at present that these changes are in any way precursors of any significant disturbance of cardiac rhythm, several sudden and unexpected deaths apparently due to cardiac arrest have occurred in patients previously showing electrocardiographic changes. The use of periodic electrocardiograms has been proposed but would appear to be of questionable value as a predictive device. *Other*—A single case described as parotid swelling.

SANDOZ PHARMACEUTICALS, HANOVER, N.J. SANDOZ 69-317

phasis on consul. & educat. svc. to com. agencies. Pvt. prac. appvd. Full-time sal. $30,000. Write: Juul C. Nielsen, MD, 686 Springline Dr., Naples 33940.

Tampa—FULL-TIME PSYCHIATRIST for AAPCC clin., 1 gen. & 1 child psychiat. Broad pgm. of com. consul., indvl., fam. & group ther. Should be bd. elgbl., Fla. lic., psychoanalytically oriented. Sal. $22-$26,000. Write or call Jerry J. Fleischaker, MD, Guidance Ctr. of Hillsborough County, 5707 N. 22nd St., Tampa 33610.

GEORGIA

Atlanta—CHILD PSYCHIATRISTS—Full-time faculty posns. each with tchng. respons. along with different possible combinations of clin. admin., pgm. planning in compre. med. care project, & ped. liaison respons. Contact Corbett H. Turner, Assoc. Prof. of Psychiatry, Acting Chief, Div. of Child Psychiat., 1317 Clifton Rd., NE, Atlanta 30329.

ILLINOIS

Danville—PSYCHIATRIST-MEDICAL DIRECTOR: Full-time posn. for com.-oriented psychiat. in progressive com.-based MH pgm. We serve 3 counties with 3 clins. Total pop. is about 150,000. Multi-purpose clins. offer opptys. for wide range of svcs. to adults & chldn. as well as consul. with staff & other agencies. Help in dvlpng. new svcs. & in compre. planning. Pvt. prac. avlbl. Local neuro-psychiat. VAH & junior college. Near Univ. of Ill. Sal. $28,000. Bd. or bd. elgbl. Write or call collect: Roger A. Hofferth, Eastern Ill. MH Clin., 808 N. Logan, Danville, Phone (217) 442-3200.

Danville—Opening for PSYCHIATRIST & GENERAL PRACTITIONER (psychiat. or ger. exper. desirable but not essential). 1611-bed GM&S & psychiat. hosp. with exc. facils. & progressive staff; equal oppty. employer. Sal: $14,409 through $25,711 according to trng. & exper. Write to Dir., VAH, Danville 61832.

Mattoon—PSYCHIATRIST, for mental health ctr. & Eastern Ill. Univ. Remainder of time open to priv. prac. consul. to referral com., etc., Psychiat. beds avlbl. in gen. hosp. Sal. $28-$35,000 Contact J. E. Johnson, PO Box 218, Mattoon.

Wheaton—PSYCHIATRIST (part-time): Du Page County MH Ctr., which is part of County Health Dept. Loc. in affluent western suburb of Chicago. Exc. pvt. prac. opptys. Need dynamic psychiat. for 20 hrs. per wk. Up to $16,000 per yr. Sal. contingent upon trng. & exper. Duties incl. diagnostic evaluations, crisis intervention, chemother., short-term indvl. ther. & group ther. May act as consultant to 45 public health nurses. Consultation & staff dvlpt. pgm. in group ther. is integral part of clin. pgm. Most of ctr.'s child & adult psychiat. staff currently have univ. appts. Write or phone—Kenneth van Doren, Exec. Dir., Du Page County MH Ctr., 222 E. Willow Ct., Wheaton 60187, phone (312) 668-6580.

INDIANA

Bloomington—PSYCHIATRIST-DIRECTOR for recently estab. com. MH clin., phase 1 of planned compre. pgm. in univ. com. of 50,000. Current staff of psychiat., psychiat. soc. wrkr., & clin. psychologist. 3 yrs. of appvd. rsdncy. min. & bd. elgbl. or cert. preferred. Sal. of $22,500 to $25,000 with 6 hrs. per week of pvt. prac. utilizing clin. facils. optional. Contact F. W. Coons, MD, 509 Hamilton Ct., Bloomington 47401.

Indianapolis—HOSPITAL SUPERINTENDENT: Experd. psychiat. bd. cert. or elgbl. with ability to integrate large state hosp. into growing com. MH pgm., to serve as regoinal MH authority. US citizenship & Indiana lic. req. Sal. & allowances. $30,500. For further info., contact: William F. Sheeley, MD, Com., Dept. of MH, 1315 W. 10th St., Indianapolis 46202.

Marion—PSYCHIATRIST, SURGEON, GENERAL PRACTITIONER. 1518-bed predominantly psychiat. VAH, located in East Central Indiana. Special pgms. in psychiat. & ger. rehab.; alcoholic trtmt. unit. Active M&S svcs. Fam. rental units at reasonable rates usually avlbl. on hosp. grounds. 30 days of leave ann.; retirement; health, life ins. plans; & other bnfts. Can pay moving expenses. Sal. dep. on quals. Lic. any state req. Equal oppty. employer. Contact Chief of Staff, VAH, Marion 46952.

IOWA

Clarinda—PSYCHIATRISTS: Up to $32,400. Write or call collect: J. R. Gambill, MD, Supt., MH Inst., Clarinda 51632. (712) 542-2161.

Decorah — PSYCHIATRIST-MEDICAL DIRECTOR. For posn. of MEDICAL DIRECTOR of small MH ctr. in scenic NE Iowa in pleasant college town of 7,000. Duties will incl. supvn. of ther., consultation, admin., & providing leadership in planning pgm. to meet MH needs of com. with emphasis on trtmt. & consultation. Bd. of dirs. eager for expansion of psychiat. svcs. in this area. Wrk. with staff of soc. wrkr. & psychol. & part-time nurse. Benefits: Terms of employment flexible on full-time or part-time with pvt. prac. Approx. 4 weeks vacation per yr. Med. & ins. coverage. Sal., open. Quals.: Ability & int. in dvlpng. comprehensive MH pgm. Ability & int. in consulting with other svc. oriented agencies within com. We feel this can be exciting & int. challenging for right person. If you wish further info. regarding this posn., please call collect or write to Dr. Philip R. Hastings, Med. Dir., Northeast Iowa MH Ctr., 300 1/2 W. Water St., Decorah 52101. Tel. (319) 382-3649.

Independence—This ad is dir. toward a top-notch CLINICAL DIRECTOR at state or VAH who feels he has not reached his full potential from economic or professional standpoint. How about joining progressive MH pgm. that meets both these criteria. We are 350-bed progressive state hosp. Full-time psychiat. staff of 26 incl. 11 psychiat. rsdnts. in our 3 yr. appvd. rsdncy. pgm. JCAH fully accrtd. Assoc. with univ. med. & psychiat. ctr. Unit sys. Specializing areas in alcoholism, ger., screening ctr. & OPD. New mod. 50-bed chldn.'s unit, fully staffed. Com. oriented tchng. hosp. with accrtd. pgms. in pastoral counselling, affil. nursing & others. In ne Iowa—50 min. by jet to Chicago. Near 2 large cities with cultural advantages incl. nearby univ. 3 bedroom, 2 bath house avlbl. at moderate rental which will be tax-empt. Ann. sal. to $32,400 to right man. Cost of interview defrayed for serious applic. Write: Selig M. Korson, MD. Supt. MH Inst. Independence 50644.

Mason City—Looking for urban-oriented location compl, with hunting, fishing, golf, & highly rated public school sys.? Mason City wants-needs flexible innovative PSYCHIATRIST to help implement expanding pgm. incl. pvt. & hosp. prac., & prvtly. inc. locally financed MH ctr., contemplating movement in dir. of compre. care. Join superior quality staff consisting of 2 psychiats., 4 psychologists, & 3 psychiat. soc. wrkrs. Your respons. can incl. consul., public educat., inpt.-OP evaluation & trtmt., plus chance to pursue indvl. ints. Eclectic approach. You will need to be bd. qual. & elgbl. for Iowa lic. Sal. competitive & commensurate with exper. Mason City is prosperous com. of 30,000 people with altitnde of 1100 ft. & mean ann. temp. of 44 degrees ann. rainfall of 30.5". City has 22 parks, & trade area of 220,00 people. Also incl. are 3 motion picture theatres, com. theatre, area symphony orchestra & nationally recognized art museum, & churches of 24 denominations. Educat. facils. incl. 2-yr. area com. college 1 public & 1 parochial high school. Mason City High School rates in upper 5% of all schools judged by standardized tests. 60% of its grads. attend college. Clear Lake (pop. 6000) 7 mi. away offers exc. yr.-round living & recreation. Contact: R. M. Powell, MD, Medical Arts Ctr., 1312 4th St., SW, Mason City 50401. Tel. (515) 424-3155.

Oskaloosa—WANTED: PSYCHIATRIST AS MEDICAL DIRECTOR for MH ctr. serving multicounty unit. Full-time preferred; staff incl. full-time psychologist & soc. wrkr. Good financial & com. support. Located in friendly, progressive college town. Prefer bd. cert. or elgbl., with some clin. exper. & int. in child psychiat. Sal. to $25,000 dep. upon exper. Write South Central MH Ctr., Mahaska Hosp. Bldg., Oskaloosa 52577.

Waterloo—WANTED: PSYCHIATRIST avlbl. March 1, 1969, who is int. in working with well integrated pvt. clin team, which consists of 4 psychiats, 3 of whom are bd. cert., 2 Ph.D. clin. psychologists & 8 psychiat. soc. wrkrs. Ample hosp. facils. are avlbl. in modern 30-bed psychiat. unit at Allen Hosp., which is local gen. hosp. (Allen Hosp., which is local gen. hosp. (Allen is planning on adding 30 more psychiat. beds.) St. Francis has new 150-bed hosp. with 22-bed psychiat. unit. Posn. entails work in 2 hosp. psychiat. units, both of which are acute intensive trtmt. facils., & consultative & psychother. work in our office downtown. Our approach is eclectic, pragmatic & varied according to needs of patient. Nearby com. area has pop. of 100 thousand with drawing area of approx. 500 thousand. This is rapidly growing com. There is local state univ., business college, & exc. public school sys. Com. is culturally active. There are several fine golf courses avlbl. as well as water skiing, fishing, & many enjoyable parks are accessible. Applic. must have had at least 3 yrs. of trng. appvd. by ABP. Partnership is prepared to pay $20,000 yr. initial sal., provide ample chances for advancement & oppty. to join partnership. Write: Northeastern Psychiat. Clin., 610 First National Bldg., Waterloo 50703.

KANSAS

Newton—PSYCHIATRIST for progressive pvt. nonprofit ctr. providing compre. svcs. through contracts with 3 counties. Current staff: 4 psychiats., 4 psychologists, 7 psychiat. soc. wrkrs. plus 70 others. Can negotiate for combination of respons.: OP, inpt., day hosp., church & human relations project, com. consultation, research. Can employ at different levels of exper., range $24,000 to $31,500. Lo-oppty. for dir. participation in pgm. dvlpmt. Location near Wichita & 2 hrs. by car from Topeka. Write: Elmer Ediger, Admin., Prairie View MH Ctr., Newton 67114.

Wichita—PSYCHIATRIST—Posn. in div. of MH, Wichita Sedjwick County, Dept. of Com. Health. Expansion to comprehensive ctr. planned in next yr. Bd. elgblty. & elgblty. for Kan. lic. procurement. Sal. range from $23,940 to $27,020. Duties flexible. For more detailed info. contact G. L. Porter, MD, Dir, of MH, c/o Dale Richmond, Personnel Dir, Room 407 City Bldg., Wichita 67201.

Wichita—STAFF PSYCHIATRIST POSITION in rapidly expanding com. MH clin. Expansion to compre. ctr. planned next yr. Must be elgbl. for Kan. lic. procurement. Sal. range from $24,000 to $27,000 dep. on quals., with numerous fringe bnfts. Part-time pvt. pract. encouraged. Respons. quite neg.; com. consul., clin. research, OP, Suicide Prevention Svc. For more detailed info., contact G. L. Porter, MD, Sedgwick County MH Clin., 1900 East 9th St., Wichita 67214.

KENTUCKY

Harlan—PSYCHIATRIST—Bd. elgbl.—Med. Dir. To participate in beg. compre. com. MH-MR pgm. in southeastern Ky. 1 hr. from Knoxville, Tenn. 2 hrs. from Lexington, Ky. Sal. $30,000 with fringe bnfts. Contact: Ted Vaughn, Com. Coordinator, Upper Cumberland Regional MH-MR Bd. Inc., PO Box 701, Pineville, Ky. 40977.

Manchester—PSYCHIATRIST, full-time, bd. elgbl., will participate as chief of staff of inpt. psychiat. unit in dynamic com. mental health-mental retardation pgm. Psychiat. will also work on mobile clin. team & partial hospitalization. Will be under supvn. of psychiat.-exec. dir. Pisn. avlbl. July 1, 1969. Exc. oppty. to dvlp. com. mental health-mental retardation pgm. in heart of Appalachia at Corbin, Ky. Contact: Mrs. Doris N. Brown, Pgm. Coordinator, Southeastern Ky. Regional Mental Health-Mental Retardation Bd., Inc., Manchester 40962. Tel.: 598-5172.

Manchester—PSYCHIATRIST, full-time, bd. cert. or bd. elgbl. to participate as exec. dir. of dynamic compre. com. mental health-mental retardation pgm. in eastern Ky. Posn. avlbl. July 1, 1969, sal. to $30,000 dep. on exper. Generous fringe bnfts. & moving expenses, retirement, vacation, sick leave. Professional conference fees. Oppty. to help dvlp. truly compre. mental health-mental retardation pgm. in heart of Appalachia at Corbin, Ky. Contact: Mrs. Doris N. Brown, Pgm. Coordinator, Southeastern Ky. Regional Mental Health-Mental Retardation Bd., Inc., Manchester 40962. Tel.: 598-5172.

Maysville—PSYCHIATRIST-DIRECTOR, bd. cert., or bd. elgbl. for new com. MH-MR ctr. serving 5 county region. Pleasant river town of 20,000 only 65 mi. from Cincinnati. Good schools & com. college. Sal. to $30,000 dep. on quals. WRITE: Comprehend, Inc., Box 630 Maysville 41056. Ky. leads nation in field of com. mental health.

MAINE

Augusta—PSYCHIATRIC SERVICE DIRECTORS, incl. Research & Educat. Sal. up to $23,426 (plus 10% extra for longevity). Bd. cert. & other exper. needed. Housing & other maintenance options, full civil svc. bnfts. Potential for part-time pvt. prac. Lic. (or early elgblty. therefore) essential. Also opptys. for less exper. psychiats. at lower sals. with similar bnfts. Equal oppty. employer. John C. Patterson, MD, Supt., Augusta State Hosp., Augusta.

MARYLAND

Jessup—STAFF PSYCHIATRIST—246-bed state mental hosp. for psychiat. evaluation & trtmt. Desirable suburban location midway Baltimore, Md. & Washington, D. C. Posn. reqs. Md. lic. or reciprocity elgblty. & compl. of appvd. psychiat. rsdncy. Exc. personal bnfts. incl. retirement & ins. Housing avlbl. on hosp. grounds. Sal. range—$18,000-$21,-000 dep. on quals. & exper. Send resume to: John M. Hamilton, MD, Supt., The Clifton T. Perkins State Hosp., Dorsey Run Rd., Jessup 20794.

Rockville—LIMITED NUMBER THIRD-YEAR PSYCHIATRIC RESIDENCES OR FOURTH YEAR & FIFTH YEAR FELLOWS avlbl. July 1, 1969, for trng. & exper. in psychoanalytically-oriented psychother. of adult & adoles. patients. In addn. to carefully supvd. psychother. of small case load, we offer trng. & exper. in group psychother., milieu ther., ward admin., psychother. plus drug ther., & in research for those whose ints. lead them to learn or work in these areas well as in intensive psychother. 3rd yr. stipend $11,000; other levels dep. on age & exper. Contact: John P. Fort, MD, Clin. Dir., Chestnut Lodge, 500 W. Montgomery Ave., Rockville 20850; Phone (301) 424-8300.

MASSACHUSETTS

Full-time posn. as CLINICAL DIRECTOR with oppty. for pvt. prac. in small psychoanalytically-oriented pvt. hosp. 15 mi. from Boston. Emphasis on intensive psychother. with indvl., couple and fam. ther. Prefer psychiat. with particular int. in inpt. trtmt. Flexible pgm. approach to use one's initiative talent and ingenuity. Must have or be elgbl. for Mass. lic. Modernized 4-bedroom home in quiet country surroundings avlbl. Posn. open July 1, 1969 or sooner, if desired. Sal. to be discussed. Reply in confidence to Box P106, *Psychiatric News*.

Boston Area (Georgetown)—Posn. avlbl. for STAFF PSYCHIATRIST in small, pvt. psychiat. hosp. Lic. to prac. medicine in Mass. req. Sal. arranged according to trng. & exper. Oppty. is also given for pvt. prac. in this area. Write: Box 156, Georgetown 01830.

Brockton—STAFF PSYCHIATRIST. Bd. cert. or bd. elgbl. for modern 1000-bed Dean's Committee psychiat. hosp. Well-staffed with physicians & supporting disciplines. Greater Brockton area (pop. 165,000). Sal. $16,946 to $25,711 dep. on quals. (These sals. are due to be increased by 9% in July). Unit Sys., small patient load, high turnover rate, tchng. & research. New pgms. in alcoholism, incentive thers., & out-placement Lecture pgm. & in-svc. trng. Research opptys. No night, weekend, or holiday duty. Exc. fringe bnfts. 30 min. to Boston, 1 hr. to Cape Cod. Good schools, housing, recreation (seashore & mts.). Cit., lic. (any state) req. Write or phone: William R. Corcoran, MD, VAH, Brockton 02401. Equal oppty. employer.

Taunton — Wanted: PSYCHIATRIST RESIDENTS & STAFF. Immed. openings in appvd. hosp. offering 1st yr. trng. with inpts., OP dept., & com. psychiat. Unfurnished quarters for rent. Sal.: $10,168-12,945 per yr. Must be ECFMG or lic. in US & internship. Pgm. appvd. for exchange visitors. Apply to W. Everett Glass, MD, Supt., Taunton State Hosp., Taunton 02780.

Wakefield—Wanted: PSYCHIATRIST as CHIEF & MEDICAL DIRECTOR for establ. MH ctr. under Mass. Dept. of MH. Location—within 30 mi. of Boston. Quals: Bd. of Psychiat. (member or bd. qual. or bd. elgbl.). Sal.: commensurate with exper. Min. approx. $20,000 yr. Please contact E. G. Cloutier, MD, Region IV Admin., 595 North Ave., Lakeside Office Park (Door 6), Wakefield 01890.

Waltham—SENIOR PSYCHIATRIST—To head up Admission Svc. Unit in conjunction with com. MH ctr. svcs. Hosp. is fully appvd. & located in pleasant suburban country setting, 11 mi. & 20 min. from downtown Boston & Cambridge, Mass. Sal. range is $13,907 to $19,219 dep. on exper. & bd. cert. Foreign grad. must have ECFMG. Write: William F. McLaughlin, MD, Supt., Metro. State Hosp., Waltham 02154.

MICHIGAN

Eloise—FELLOWSHIP IN COMMUNITY PSYCHIATRY: Wayne County Gen. Hosp. Psychiat. Div. ctr. appvd. for 3-yr. psychiat. rsdncy trng. located in ctr. of Detroit metro. area, announces fellowships in com. psychiat. Yr. of study incl. clin. trng. & exp. in com. fields at Univ. of Mich. & Ann Arbor. On-site clin. trng. is provided in number of agencies located in Detroit metro. area which offer trtmt. & consul. svcs. for emotional, behavioral, material & learning problems. Exper, also incl. active involvement with Detroit Public School Sys., Suicidal Prevention Ctr.-Detroit Psychiat. Inst., & Neighborhood Svc. Organizations of Detroit & Wayne County. Research pgms. & pilot studies may be dvlpd. by Fellow. Trng. pgms. would provide oppty. for Fellow to participate in policy-making decision & plans & to act as consul. for pgm. dvlpmt. Applic. must have satisfactorily compl. 3-yr. appvd. rsdncy. pgm. He must be elgbl. for temporary lic. in state of Mich. Fellows are selected from all applics. on basis of overall quals. & recommendations received. Stipend for 1-yr. fellowship, $20,672. Opptys. for posns. in rapidly growing com. pschiat. pgms. throughout metro area & state are avlbl. up compl. of pgh. Applns. now being accepted for July 1, 1969. Write to Sidney B. Jenkins, MD, FAPA, Dir., Psychiat. Div., Wayne County Gen. Hosp., Eloise 48132.

Eloise—PSYCHIATRISTS: Openings avlbl. in dynamic, com.-oriented pg. in metro. Detroit for psychiats. who have compl. as appvd., 3-yr. rsdncy. in psychiat. Affil. with Univ. of Mich. & Wayne State Univ. Opptys. for challenging & unique exper. Sal.: $20,672-$25,264. Attractive fringe bnfts. Elgblty. for Mich. temporary lic. req. Contact: Sidney B. Jenkins, MD, Dir. Psychiat. Div., Wayne County Gen. Hosp., Eloise 48132.

Monroe—Bd. cert. or elgbl. CHILD PSYCHIATRIST is needed immed. on full-time or part-time basis for Monroe County Mental Hygiene Clin. Our Clin. has been in operation under PA 54, state of Mich., since July 1, 1967, & is supported by very cooperative MC MH Bd. We feel we are well accepted by com. & by all physicians of local Med. Society. Ceiling of basic sal. for this posn. is $30,000 per yr. adjustable to academic quals. & exper. There also addnl. fringe bnfts. Pvt. prac. in off-time duty is encouraged. Monroe is growing. prosperous rsdntl. city located bet. Toledo, Ohio & Detroit, within approx. 25-30 mi. Professional cooperation has been establ. with state hosp. at Ypsilanti, Psychiatric Unit at Univ. of Mich. Hosp. in Ann Arbor, & with several pvt. psychiat. units in hosps. in Detroit & Toledo area. For addnl. info. &/or appln. for this posn., address Francis Ivanichek, MD, 610 N. Macomb St., Monroe 48161 or phone (313) 242-7800.

Northville—PSYCHIATRIC RESIDENCIES: Appvd. 3-yr. com-oriented dynamic pgm. in metro. Detroit area. Univ. assns. Tchng. staff of bd. men, psychoanalysts, professors, outstanding visiting lecturers. Active research. Modern physical plant. Sal. $10,-666; $11,185; $12,132, 5-yr. career pgm. $12,155 to $21,942. Liberal Civil Svc. bnfts. Write: Dir. of Educat. & Research, Northville State Hosp., Northville 48167.

Traverse City—PSYCHIATRIC RESIDENCIES: We offer nothing but exc. psychiat. trng. in stimulating, well organized pgm. located in culturally advantaged com. Appvd. psychiat. trng. Traverse City State Hosp., Mich. Dept. of MH. 3 & 5 yr. pgms. Sal., 3 yr. pgm.: $10,669; $11,191; $12,131. 5 yr. pgm.: $12,152; $14,031; $16,328; $21,944; $23,093. NIMH-GP stipends avlbl. Located in Mich.'s serene, scenic recreation area on Grand Traverse Bay. Contact Dr. Paul E. Kauffman, Dir. of Trng., Traverse City State Hosp., Traverse City 49684. Equal oppty. employer.

Traverse City—PSYCHIATRISTS—Bd. cert. or bd. elgbl. in accrtd. progressive 2000-bed mental hosp. with appvd. psychiat. rsdncy. trng. pgm. Ideal living in active resort com. located in Mich.'s serene, scenic water—wonderland. Sal. $21,945-$30,464, dep. on quals. (Sal. rates effective July 1, 1969) Unparalleled fringe bnfts. Contact M. Duane Sommerness, MD, Supt., Traverse City State Hosp., Traverse City 49684. Equal oppty. employer.

Ypsilanti—CHILD PSYCHIATRY POSITIONS—Avlbl. at York Woods Ctr. This is rsdntl. facil. for 120 chldn. & adoles. New & dvlpng. pgm. focusing on svc., trng. & research with multi-disciplinary staff of 130 incl. 4 child psychiats. Serves as trng. pgm. in child psychiat. for rsdnts. in gen. psychiat. & as chldn.'s div. for Ypsilanti State Hosp. Active affil, is carried on with univ. child psychiat. trng. pgm. Faculty appts. are possible dep. on quals. Sals. to $29,000 dep. on quals., trng. & exper. Contact William E. Kirk, MD, Dir., York Woods Ctr., Box A, Ypsilanti 48197.

Ypsilanti—PSYCHIATRIC RESIDENCIES: Comprehensive MH ctr. serving SE Mich. Affl. with Dept. of Psychiat., Univ. of Mich. Rsdnt's. trng. & exper. incl.: acute mentally ill; com. psychiat.; indvl., fam., & group psychotherapy; forensic psychiat.; psychosomatic med.; etc. Masters degree may be obtained. 3-yr. starts $9,876. $12,000 grants avlbl. elgbl. physicians in prac. 4 + yrs. Brochure on request. Write: Dir. of Trng., Dept. 3, Box A, Ypsilanti 48197.

MINNESOTA

Virginia—PSYCHIATRIST. Unique oppty. for pvt. prac. & com. MH consultation in aggressive area of over 100,000 people. Stable economy backed by mining investments of over 100 million. Exc. schools, kindergarten through junior college. Fee paid consultation to Federal comprehensive MH ctr. Referral resources incl. 5 group practices encompassing 100 physicians & 12 specialists. Two regional hosps. totalling 500 beds, 5 & area hosps. Wide-open oppty. for pvt. prac. Recreation unlimited, yrround. Contact Dir., Range MH Ctr., Box 1188, Virginia 55792.

NEW JERSEY

Belle Mead — PSYCHIATRISTS—The Carrier Clin. Presently a 120-bed JCAH appvd. pvt. hosp. is expanding to 200 beds. Loc. 8 mi. from Princeton. Size of staff permits ample time for both inpat. & OP psychother. during normal working hrs. All psychother. is on pvt. basis. Ther. fees are in addn. to basic sal. of $17,000-20,000, thus enabling invdl. to earn from $30,000 to $45,000, plus desirable fringe bnfts. Ongoing active research pgm. should be attractive to anyone int., though not mandatory. 3-yr. appvd. rsdncy. req. Rsdnts. compl. 3rd yr. of trng. who intend to obtain boards may apply. Please contact: Robt. S. Garber, MD, Med. Dir., The Carrier Clinic, Belle Mead.

Flemington—SECOND PSYCHIATRIST in com. MH ctr. for pop. 70,000; bd. cert. or bd. qual. full-time posn. Univ.-affil. med. ctr. 50 mi. NYC & Phila. Posn. multispecialty geographic full-time staff, tchng. & clin. respons. & appt. on univ. faculty. Exc. sal. plus unusual incentive pgm., dep. on tchng. respons. & faculty appt. Contact: Colin Fox, MD, or A. E. Fletcher, Hunterdon Med. Ctr., Flemington (201) 782-2121.

Hammonton—STAFF PSYCHIATRISTS—STAFF PHYSICIANS. Modern psychiat. complex near Phila.-NY area with interdisciplinary approach to patient svcs. & decentralized organization. Ann. sal. to $23,800 dep. upon quals. Exc. low cost staff housing & full range of bnfts. Fully appvd. rsdncy. trng. pgm. in psychiat. Write John R. K. Smith, MD, Med. Dir., Ancora Hosp., Hammonton 08037.

Paramus—CHILD PSYCHIATRIST—Com. MH ctr. with 30-bed inpt. child unit (opening in 1 yr.), OP clin. & court referred juvenile facil. Exc. staff. Oppty. for professional growth & innovation. Sal. competitive. Loc. 15 mi. from NYC. Min. reqs.: NJ lic. or elgblty. & 3 yr. appvd. rsdncy. with at least 1 yr. therein of child psychiat. Apply: Jerome D. Goodman, MD. Dir.—Chldn's Psychiat. Svc., Bergen Pines County Hosp., Paramus 07652.

Trenton—Openings expected in July for CLINICAL PSYCHIATRISTS at historic Trenton State Hosp., Trenton, NJ. Active full complement rsdncy, trng. pgm. with univ. affils. Own Neuropathology & Forensic Depts. Easy access to NY, Phila., & Shore areas. Housing & other exc. fringe bnfts. Sal. up to $23,057 dep. on quals. Write M. H. Weinberg, MD, Med. Dir.

NEW MEXICO

Albuquerque—Bd. cert. or elgbl. CHILD PSYCHIATRIST for outstanding pvt. prac. oppty. Write Theodore J. Goldbloom, MD, 2807 San Mateo Blvd., NE, Albuquerque 87110.

NEW YORK CITY AND AREA

BOARD CANDIDATES IN NYC AREA—Weekly neurol. course slanted toward oral exams will provide supvn.

in examining neurol. patients plus review of basic neurol. sciences. Now organizing, so when writing please indicate exam. date assigned. Write Box P140, *Psychiatric News*.

DIRECTOR OF PSYCHIATRY: Jewish Child Care Assn. offers experd. child psychiat. with admin. & supvry. background oppty. to head diversified psychiat. svc. & clin. with functions of consul., tchng., & trng., & trtmt., covering rsdntl. trtmt. ctrs. (Einstein College of Med. affil.) group rsdncs. & foster home facils. for youngsters from birth through their 20's. Staff is of top caliber & agency has many resources to implement milieu & ther. planning. Min. of 20 hrs. Sal. & liberal fringe bnfts. to be discussed. Mrs. Ada Slawson or Mr. Irving Rabinow. Jewish Child Care Assn., 345 Madison Ave., NYC 10017. Tel.: (212) 689-7900.

PSYCHIATRIC RESIDENTS at Manhattan Med. School Tchng. Gen. Hosp. Psychodynamically oriented 3-yr. appvd. pgm. with exper. in indvl. & group psychother. as well as organic thers.; Rsdnt. rotate through com. psychiatry, child psychiatry, neurology, psychosomatic medicine, emergency service, etc. Intensive personal supvn. Large full-time tchng. staff. Stipends between $6750 and $8000 per annum. Write: Box P37, *Psychiatric News*.

CHILD PSYCHIATRY FELLOWSHIPS, appvd. by ABP&N & AAPCC for 2 yrs'. trng. in child psychiat. Supvd. trng. in psychoanalytically-oriented ther. for chldn., adolescents & parents. Openings for Jan. 1, July 1 & Sept. 1, '69. Stipends avlbl. up to $12.500. For info. write: Burton P. Pfeffer, MD, Dir., Clin. for Chldn. & Adolescents, Postgraduate Ctr. for MH, 124 E. 28th St., NYC 10016.

FELLOWSHIPS—The Postgrad. Ctr. for M.H. offers a ltd. no. of qualfd. psychiatrist's trng. leading to cert. in psychother. & psychoanalysis. Accepted candidates are granted scholarships which pay for didactic courses, clin. seminars & supvn. For info. & appn. write: Lewis R. Wolberg, MD Med. Dir., Postgraduate Ctr. for M.H., 124 E. 28th St., N.Y.C. 10016.

PSYCHIATRIC RESIDENTS at midtown Manhattan 600-bed Univ. affl. gen. hosp. Dynamically oriented pgm. emphasizing invl. supvd. psychother. as well as expanding comprehensive com. psychiatry projects. Exper. in child psychiatry, neurology & research. 45-bed inpat. unit for short term intensive ther. 3 yr. accrtn. Req.: MD degree & 1 yr. appvd. internship. Write Box 1058, *Psychiatric News*.

NEW YORK CITY PSYCHIATRIC RESIDENCY TRAINING: Limited no. of 3rd. yr. posns. avlbl. July 1, 1969, in AMA-appvd. 3 yr. pgm. Hillside Hosp. is dynamically-oriented, 200-bed voluntary hosp. with clin., trng. & research pgms. Intensive psychoanalytically-oriented psychother. of adult, adolescent & child OP's. Electives pgm. incl. child psychiat., research, com. psychiat., day hosp. & tchng. Comprehensive didactic pgm. with staff & consultant psychoanalysts. 4th & 5th yr. fellowship in child psychiat. avlbl. 3rd yr. stipend: $11,000. Blue Cross-Blue Shield, Major Med., Group Life, & Professional Liability ins. provided, plus sick leave & 4-week vacation. Garden apt. rsdnce. on grounds. Apply: H.B. Esecover, MD, Dir. of Rsdncy Trng., Hillside Hosp., PO Box 38, Glen Oaks, NY 11004.

RESIDENCY APPLICATIONS ARE BEING ACCEPTED for trng. in fully appvd. 3-yr. pgm. in psychiatry at Harlem Hosp. Ctr. under the auspices of Dept. of Psychiatry, Col. of Physicians & Surgeons, Columbia Univ. Trng. offered in dia. & intensive trtmt. of acute & chronic psychiat. illness on inpat. & OP svcs. under supvn. of psychoanalytically trnd. psychiatrists; in psychiat. consultation to the gen. hosp. & com. soc. agcys.; & child psychiatry. Courses in relevant basic sciences. & clin. subjects are given in addn. to tchng. through indvdl. supvn. & preceptorship; emphasis placed on tchng. of comprehensive psychiat. care. Stipends: $8,750 to $9,750 plus living out allowance of $1,500 per yr. Write: E. B. Davis, MD, Dir., Dept. of Psychiatry, Harlem Hosp., 530 Lenox Ave. N.Y.C. 10037.

Bronx—Albert Einstein College of Med., Dept. of Psychiat. Applns. are invited for STAFF PSYCHIATRIST posn. to serve in new model com. MH ctr. which serves catchment area pop. of 180,000 in NYC; avlbl. July 1969. Posn. carries appt. on faculty of Albert Einstein College of Med. Reqs.: 3 yrs. accrtd. rsdncy.; ECFMG or state lic. Reply sending detailed vit. to Jack F. Wilder, MD, Asst. Prof. in Psychiat., Albert Einstein College of Med., Bronx 10461.

Brooklyn — PSYCHIATRIST — Lic. in N.Y. state; compl. 3 yrs. accrtd. rsdncy. to do psychother. in com. oriented clin. $20 per hr. Contact: Interboro Psychiatric Center, 487H Forbell St., Brooklyn 11208. Tel.: 277-4114.

Manhattan — PSYCHIATRIST — Lic. in NY State; Compl. 3 yrs. rsdncy., for psychother. in pvt. clin. $20 per hr. Hrs. arranged to suit. Contact: West Side Med. Ctr., 35 W. 92nd St., NYC 10025. Tel.: 749-5637.

Manhattan & Brooklyn — FULL-TIME POSITIONS AVAILABLE IN EXPANDING PSYCHOTHERAPY CENTERS. provide psychiat. svcs. to subscribers of H.I.P. work with chldn., adolescents & adults. Emphasis on brief psychotherapy with some inpt. & supv. respons. Sal. open. Req.: (1) Bd. cert. or elgbl.; (2) NY state med. lic., Contact: Franklin C. Cohen, CSW, Admin. Dir., Mental Health Services Program, H.I.P. of Greater NY, 625 Madison Ave., NY 10022. Tel.: PL 4-1144, Ext. 395.

Queens-Brooklyn — Busy psychiat. with multiple com.-oriented psychiat. activities req. FULL-TIME JUNIOR ASSOCIATE int. in long range assn. There is outstanding potential for capable, motivated, hardworking psychiat. Applic. must have NY state lic. & compld. accrdt. rsdncy. Write Box P84, *Psychiatric News*.

Hempstead, L.I.—PSYCHIATRIST, part-time, to do diagnostic evaluations of chldn. &/or psychother. with adults, adolescents, or chldn. Remuneration $20 to $25 per diagnostic, dep. upon trng. & exper. Write Robert L. Marcus, MD, Dir., Psychiat. Svcs., Hempstead Consultation Svc., 230 Hilton Ave., Hempstead, NY 11550.

Manhasset, L.I. — PSYCHIATRISTS to work with adults or chldn. part-time, days, evenings, or Saturdays. N.Y. State lic. req. Write: No. Nassau Mental Health Ctr., 1691 Northern Blvd., Manhasset 11030, or call (516) MA 7-7535.

Port Chester—STAFF PSYCHIATRIST. 3 yrs. accrtd. exper. req. Oppty. for advanced trng. treating pvt. patients with intensive psychother. in structured ther. com. atmosphere; hosp. is accrtd.; much supvn. & conferencing; staff-patient ratio 1 to 5; NYC very close. Sal. open & commensurate with exper. Oppty. for pvt. prac.; tchng. appt. avlbl. Write: Alexander Gralnick, MD, Med. Dir., High Point Hosp., Port Chester 10573.

Staten Island—THIRD & FOURTH YEAR APPROVED FELLOWSHIPS in child psychiat. at psychoanalytically-oriented clin. openings beg. July & Sept. 1969, assoc. with new proposed 30-bed North Richmond Com. MH Ctr. Curr. incl. broad tchng. pgm., special exper. in child psychiat., indvl. supvn. 3rd yr. incl. chldn. & young adults. 4th yr. incl. chldn. trng only—preference for 4th & 5th yr. given to 3rd yr. fellows. Nationally known consultants in psychoanalysis offer personal supvn. Sal. open. US citizen or 1st papers needed. NY State lic. or elgblty. req. Address: Richard M. Silberstein, Dir., Staten Island MH Society, 657 Castleton Ave., Staten Island 10301.

Westchester County—Part-time & full-time posns. for GENERAL PSYCHIATRISTS & CHILD PSYCHIATRISTS in com. MH clins. Consul., tchng., in-svc. trng. avlbl. Oppty. for pvt. prac. 30 min from NYC. Liberal fringe bnfts. Sal.: child psychiat. 23,300 with increment to $25,000 after 1 yr. gen. psychiat. $22.210; part-time prorated. NYS lic. req. Contact: Milton Reisner, MD, Dir. of Psychiat., Westchester Com. MH Bd., County Office Bldg., White Plains, NY 10601. Tel.: (914) 949-1300, Ext. 652.

Westchester County — Growing psychiat. group needs addnl. member. Prac. incl. work with schools & pvt. patients of all ages. Applic. should be bd. cert. or elgbl., preferable with some exper. trtng. chldn. This is exc. oppty. for psychiat. int. in group prac. on long-term basis: Write Box P104, *Psychiatric News*.

NEW YORK STATE

Amsterdam — DIRECTOR MH Clin. Montgomery County. Rural area with nearby industry. Pop. 27,000; catchment 60,000. 30 mi. from med ctr. Applic. must meet state reqs. & have state lic. Oppty. for pvt. prac. Sal. open. Please contact: Thomas J. Weyl, MD, 191 Guy Park Ave., Amsterdam 12010.

Canandalgua—PSYCHIATRISTS & PHYSICIANS int. in psychiat. 1600-bed predominantly psychiat. VAH, loc. in beautiful Finger Lakes resort area, 25 mi. from Rochester. Hosp. is affil. with Univ. of Rochester Med. School. Active med. & surgical svcs. Sal. dep. on quals. & increases periodically. Fringe bnfts. & promos. are exc. 30 days ann. leave & 15 days of sick leave. Retirement, health & life ins. plans, & other fringe bnfts. Can pay moving expenses. Lic. in any state req. Equal oppty. employer. Contact Dir. or Chief of Staff, VAH, Canandaigua 14424.

Elmira—PSYCHIATRIST, bd. elgbl. or cert. Dir. of com. MH svcs. in county of 100,000. Multi-discipline clin. in operation at present to be coordinated with dynamic 300-bed state hosp. to be compl. in 1972. Posn. full or half-time, to dir. MH bd., coordinate MH svcs., plan future pgms. Sal. approx. $25,000 full-time, fringe bnfts. Contact R. O. Anderson, MD, Dir., Chemung County MH Clin., 425 E. Market St., Elmira 14901.

Liberty—DIRECTOR for well establ. county MH clin., 48,000 pop., located in heart of famous Catskill resort area, 90 mi. from NYC. Bd. elgbl. or qual. in NYS, sal. neg. Call or write E. T. Condon, Chairman, Sullivan County MH Clin., PO Box 248, Liberty. (914) 292-8770.

Ogdensburg—PSYCHIATRIST. American bd. cert. & NY lic. $27,500. House avlbl. looks across St. Lawrence River & newest international bridge to Canada. Less than 60 mi. to Ottawa, 2 hrs. by train to Montreal, Dvlpng. rsdncy. trng. at McGill Univ., Montreal. Apply Dir., St. Lawrence State Hosp.. Ogdensburg 13669.

Ogdensburg—100% open door psychiat. hosp. on attractive site on bank of St. Lawrence River, has openings for PSYCHIATRISTS, CHILD PSYCHIATRIST, OTHER PHYSICIANS, PSYCHOLOGISTS, OCCUPATIONAL THERAPISTS & other disciplines. Less than 60 mi. to Ottawa, 2 hrs. by train to Montreal. Sal. range for psychiat. $20,654, to $27,500. Physicians must have lic. of any state of US or LMC of Canada. Write: Dir., St. Lawrence State Hosp., Ogdensburg 13669.

Poughkeepsie-Dutchess County—PSYCHIATRIST, ASSISTANT DIRECTOR, with int. in planning & dvlpng. com. psychiat. pgms. in MH clin. that is part of new compre. MH ctr. ½ time, $12,500 with oppty. for addnl. posn. in adjacent county, or pvt. prac. Write S. R. Watsky, MD, Dir., Dutchess County MH Clin., 230 North Rd., Poughkeepsie 12601.

Rhinebeck—FELLOWSHIPS IN CHILD PSYCHIATRY. Appvd. by AAPCC & ABP&N. Supvd. trng. in psychoanalytically oriented ther. for emotionally disturbed chldn. & parents. Newly built, up-to-date facils. in pvt. residential ctr. loc. in beautiful area 90 mi. from N.Y.C. Team approach trtmt., extensive pgm. in research. Broad balanced caseload of chldn. & fams. in our OP dept. Fellows will follow work of our group home in N.Y.C. and observe normal prelatency chldn. at Dept. of Child Study of Vassar Col. in Poughkeepsie. Affins. with St. Vincents Hosp., Albany Child Gdnce. Ctr., & other hosps. & insts. (for mentally retarded, physically handicapped, juvenile delinquents & others). Trng. in child psych. may start prior to basic psych. Exchange visitors elgbl., but must have ECFMG certificate. Sal. $5,000-$10,000, plus allowance for living expenses. Write: Geo. Mora, MD, Med. Dir., The Astor Home for Chldn., Rhinebeck 12572.

Rochester—PSYCHIATRIC RESIDENT: Fully appvd. 3-yr. psychiat. rsdncy. at Rochester State Hosp. This hosp. is closely affil. with Rochester MH Ctr. & its pgm. is integrated with Univ. of Rochester School of Med. It offers compre. exper. in gen. psychiat. & incl. trng. in child psychiat. & neurol. All didactics are given by full-time staff members of Dept. of Psychiat. at Strong Memorial Hosp., Univ. of Rochester. Hosp. is located in city of Rochester, state of NY & is within easy access to various cultural & recreational areas in Rochester & Upper NYS. Stipend is from $10,000 to $14,000. ECFMG req. Write: Dr. Guy M. Walters, Rochester State Hosp., Rochester 14620.

Utica—COMMISSIONER OF MENTAL HEALTH. Starting sal. $20,360 to $24,624. To serve as admin. of com. MH pgm. in Oneida County, NY State & will be respons. for discharge of such duties as are prescribed by law. Reqs.: Lic. physician in NY State; lic. psychiat. in NY State; must have some exper. in MH work. Write: James S. D'Agostino, Commissioner of Personnel, Oneida County Dept. of Personnel, 200 Mary St., Utica 13501.

Woodbourne, Beacon, Stormville areas—NEW YORK STATE NARCOTIC ADDICTION CONTROL COMMISSION has full or part-time openings to provide psychiat. svcs. for resident addicts in rehab. ctrs. in Mid-Hudson River Valley area. Exceptional oppty. to supplement pvt. prac. in areas with minimal psychiat. coverage, or to beg. long-range association with dynamic, challenging, total-approach rehab. pgm. Bd. cert. or elgbl. Write Asst. Commissioner, S. Seymour Joseph, MD, Dept. P-22, 1855 Broadway, New York, 10023.

NORTH CAROLINA

Durham—DUKE UNIVERSITY—RESEARCH FELLOWSHIPS IN PSYCHIATRY. Psychiats. who have compl. 3 yrs. of appvd. clin. trng. are elgbl. for research trng. appt. in one of following areas: behavioral ther., soc. psychiat., neuropharmacology, behavioral neurophysiology, & psychophysiology. NIMH stipends with dep. allowance & supplement. Write: Ewald W. Busse, MD, Chairman, Dept. of Psychiat., Duke Univ. Med. Ctr., Durham 27706.

Raleigh — PSYCHIATRISTS—2400-bed state psychiat. hosp. with unit sys. & rsdncy. trng. pgm. 2 staff vacancies. Sal. range: STAFF PSYCHIATRIST $18,420-$23,472. UNIT DIRECTOR $21,312-$27,180. Contact R. L. Rollins, Jr., MD, Supt., Dorothea Dix Hosp., Raleigh 27602.

Salisbury — PSYCHIATRIST: 1000-bed predominantly NP hosp., desirable Piedmont Area, NC. Sal. up to $23,075, dep. on quals. Lic. any state. Ann. leave 30 days, exc. retirement, health, life ins. plans, & other bnfts. Can pay moving expenses. Equal oppty. employer. Write Personnel Officer, VAH, Salisbury 28144.

Winston-Salem—PSYCHIATRIST, Bd. qualf. in child psychiatry & elgbl. for N.C. med. lic., with int. in com. psychiatry, to replace retiring med. dir., in well establ. child gdnce. clin. in urban area; affiltd. with Bowman Gray School of Med. of Wake Forest College. Clin. expanding to 2 teams. Member clin. of AAPCC. Sal. dep. on qualfs. Write: George Frankl, MD, Dir., Child Gdnce. Clin. of Forsyth County, Inc., Reynolda, Winston-Salem 27106.

OHIO

Bellaire—PSYCHIATRIST, bd. elgbl. or cert., to establ. dept. of psychiat. in well-establ. (16 yrs.) group of specialists & gen. practitioners providing broad, integrated personal & Com. health svcs. Democratic, academic, harmonious professional atmosphere. Int. in com. psychiat. nec. Group has strong supporting soc. svc. staff & is committed to trng. & utilizing paramed. personnel. Starting sal. in range of $30,000 or higher dep. on trng., exper. & personal quals. Generous vacation, study time, retirement & other fringe bnfts. One day per week avlbl. for tchng., research at nearby med school. Outstanding cultural, recreational & educat. opptys. Write to Jack L. Paradise, MD, Med. Dir. Bellaire Med. Group, 4211 Noble St., Bellaire 43906.

Brecksville—PSYCHIATRIST for mod., active, inpt. & OP hosp., Cleveland-Akron area. Lic. any state. Nondiscrimination in employment. Will assist in preparing for specialty bd. 30 days vacation. Other exc. fringe bnfts. Sal. $18,000 to $23,000. Liberal promos. Will pay moving expenses. Apply to: VAH, Brecksville 44141.

Cleveland—CLEVELAND PSYCHIATRIC INSTITUTE, fully appvd. 3-yr. pgm., also appvd. for veterans' bnfts. Compre. psychiat. tchng. & research facil. with 260 beds. Stipends: $8,736-$10,400 or $13,104-$14,352 for physicians with 4 yrs. exper. in non-psychiat. prac. Apply: F. A. Lingl, MD, Supt., 1708 Aiken Ave., Cleveland 44109. Tel.: (216) 661-6200.

Cleveland—RESIDENCIES FOR 1969-70. Fully appvd. pgms. in adult & child psychiat. at Univ. Hosps. Beg. stipend $7,500; higher for special pgms. Write: J. Patrick Duffy, MD, Univ. Hosps., Cleveland 44106.

Cleveland—Compre. psychiat. trtmt. ctr. with 170-bed inpt. unit, OP dept., day hosp., night hosp., & large rsdncy. pgm. seeking 2 PSYCHIATRISTS to serve as CHIEFS OF SERVICE of inpt. & OP units. Ctr. is state operated, loc. in attractive Shaker Heights district, near med. school & cultural ctr. Pgms. affil. with Case-Western Reserve Univ.; several of our staff serve on faculty. Exc. oppty. for psychiat. with new ideas, seeking congenial atmosphere for ther. innovation research, tchng. & com. work. Ann. sal. in low 20's with reg. increases. Ample oppty. for pvt. prac. outside of 40 hr. work wk. Contact A. E. Mako, MD, Supt., Fairhill MH Ctr. 12200 Fairhill Rd., Cleveland 44120. Tel. collect (216) 421-1340.

Columbus — PSYCHIATRIC CRIMINOLOGY — Newly establ. trtmt. & research ctrs.; posns.: admin., clin., & research—pgms. dvlpng. for psychiat. consul, classification, & ther. in state prisons. Also specialized insts. for short-term & longer-term ther. Emphasis is on interdisciplinary team approach & upon therapeutic impact of milieu. Innovation, experimentation, research—full-time or part-time. Openings for doctors of all levels of psychiat. trng. & exper. Contact: Lowell K. Cunningham, MD, Commissioner, Div. of Psychiat. Criminology, Dept. of Mental Hygiene & Correction, State Depts. Bldg., Columbus 43215.

Northfield—OPEN POSITIONS FOR LICENSED OR UNLICENSED PHYSICIANS & PSYCHIATRISTS in state hosp., ½ hr. from Public Sq., Cleveland, Ohio. Sal. dep. ou quals. Contact: Donald J. Kellon, MD, Supt., Hawthornden State Hosp., Box 305, Northfield 44067, Tel 1M 7-7131.

Sandusky—MEDICAL DIRECTOR OF GUIDANCE CENTER, bd. cert. or elgbl. psychiat. Progressive pgm. incl. trng. & consul. for com. professionals for 100,000 pop. Staff of 5 with admin. dir. New bldg. adjacent to inpt. unit. Privileges for inpt. care & pvt. prac. located in exc. area for boating, fishing, hunting. Sal.: $21,500-$25,000. Reply to: C. F. Lavender, MD, 1609 Willow Dr., Sandusky 44870.

OKLAHOMA

Tulsa—PSYCHIATRIST—Posn. in com. psychiat. clin. evolving into compl. MH ctr. Dynamic pgm. Involved staff. Sal. open & competitive. Frank Hladky, MD, Dir. Tulsa Psychiat. Foundation, 1620 E. 12th, Tulsa 74120.

OREGON

Portland—PSYCHIATRIST-DIRECTOR for Delaunay Inst. for MH, independent non-profit OP clin. supported by UGN & state funds. Oppty. of dvlp. pgm. Faculty appt. assoc. with posn. Trng. pgm. avlbl. Exc. cultural & educat. advantages. Located in beautiful Pacific Northwest city. Sal. $25,000 with fringe bnfts. Contact Mr. Wally Preble, Chairman, 1001 SW 10th, Portland.

PENNSYLVANIA

Norristown—PSYCHIATRIC RESIDENCIES-NORRISTOWN STATE HOSPITAL. 1st, 2nd, & 3rd yr. rsdncs. currently avlbl. in 3-yr. eclectic trng. pgm. fully appvd. by AMA & ABP&N. Extensive clin. trng. supvn. & preceptoring by both cert. psychiats. & psychoanalysts. Med. school affils.; varied exper. in com. & forensic psychiat., in alcoholic, group, & fam. trtmt. as well as ger., day & night trtmt. units. Valuable & extensive psychoanalytically-oriented exper. in child, adoles., & adult OP, indvl. psychother. at hosp. & nearby affil. AMA & AAPCC appvd. com. MH clin. with opptys. to enter rsdncy. in child psychiat. Extensive neurol. trng. over 3-yr. rsdncy. with 4th & 5th yr. weekly courses in psychiat. & neurol. for bd. prep. Research exper. & trng. with Arthur P. Noyes Research Foundation. Rsdnc. may beg. anywhere between July & Jan. Beautiful suburban location 30 mi. from cultural Phila. Housing & maintenance avlbl. Sals. are to be substantially increased by July 1. Current sals. are $10,954 for 1st yr. rsdnts. with Penna. lic.; 2nd yr. $11,501; 3rd yr. $12,075. Without Penna. lic. 1st yr. $8,580; 2nd yr. $9,011; 3rd yr. $9,454. For further details & info. call or write Peter Glowacki, MD, Dir. of Trng. & Educat., Norristown State Hosp., Norristown 19401. Phone (215) 275-9700 Ext. 235.

Norristown—CHILD PSYCHIATRY FELLOWSHIPS: 2 yr. pgm. appvd. by ABP&N & AAPCC, dynamically-oriented, focus on indvl. diagnosis & trtmt. through close indvl. supvn., case conferences, didactic seminars, literature review, observation. Oppty. for trng. in inpt., learning disability, com. consultation, alternate trtmt. approaches. Trng. pgms. in gen. psychiat., soc. work psychology. NIMH stipends plus supplement. Suburban Phila. loc. Apply: Sidney I. Altman, MD, Dir., Montgomery County MH Clins. Inc., 1122 Powell St., Norristown 19401.

Pottstown—CHIEF PSYCHIATRIST (bd. cert. or bd. elgbl.) for full-time posn. in rapidly growing MH ctr. in process of dvlpng. compre. MH pgm. 40 mi. from Phila. Exc. oppty. to dvlp. psychiatric pgm. in gen. hosp. as part of compre. pgm. Good supporting staff. Applic. should be int. in com. psychiat. approach with emphasis on multidiscipline psychiat. team work. Sal.: open. Write: Earl R. Hinkle, Chairman, Personal Committee, Pottstown Area MH Ctr., 1314 High St., Pottstown 19464.

Scranton—PSYCHIATRIST OR PHYSICIAN with psychiat. exper. for small mental hosp. or MH clin. Metro. area in northeastern Penna. Beautiful resort area close by. Full-time or exc. oppty. for part-time & pvt. prac. Write P.O. Box 88, Scranton 18411.

Spring City—WANTED: PHYSICIANS (gen. prac., ped., psychiats., & neurol.) for full-time staff appts. in large resdntl. trtmt., trng. & research ctr. for mentally handicapped. To provide med. care & trtmt. for mentally retarded rsdnts. with opptys. for academic-research projects in mental retardation, neurol., ped., & psychiat. Inst. is loc. 30 mi. from Philadelphia where 5 med. schools & many colleges could be consulted in research activities. Reqs. Pa. lic. or elgblty. Applic. with ECFMG certs. will be considered. Sal. range: $14,657-$22,678—dep. on quals. & lic. CONTACT: Supt., Pennhurst State School & Hosp., Spring City 19475.

PHILADELPHIA

PSYCHIATRIC RESIDENCY POSITIONS avlbl. 3-yr. appvd. pgm. relating to Med. Ctr., State Hosp., VA Hosp., Pvt. Mental Hosp., & Com. MH Ctr. Stipend range $11,000-$14,000. Info., brochure, appln. write Floyd S. Cornelison, Jr., MD. Prof. & Head. Dept. of Psychiat., Jefferson Med. College, 1025 Walnut St., Phila. Tel.: (215) WA 3-3370.

PSYCHIATRIST—FULL-TIME OR PART-TIME—Assist dir. in establ. ther. team of Penna. Hosp. Catchment area unit (60 beds), being formed at Phila. State Hosp. Oppty. for involvement in com. MH ctr. at Penna. Hosp., & tchng. appt. at Univ. of Penna. Duties incl. supvn. of ther. teams consisting of psychiat. rsdnts., psychologist, nurses, soc. wrkrs., MH wrkrs., occupational, recreational & industrial thers., psychiat. aides & indigenous wrkrs. Also respons. for selection & care of 60 patients. Ample oppty. for dvlpmt. of special ints. Our purpose is to operate intensive psychiat. trtmt. unit, using multidisciplinary approach, aimed at returning patients to com. Desire bd. elgblty. in psychiat. & exper. in group psychother. Req. Penna. lic. Sal. open based on exper. & quals. Write or call A. James Morgan, MD, Dir., Penna. Hosp. Unit, Phila. State Hosp., 14000 Roosevelt Blvd., Phila. 19114. OR 3-8800, Ext. 649.

Two 2nd yr. level slots have been vacated for 1969-70 by rsdnts. leaving for Berry Plan svc. One 1st yr. posn. open. This is unusual oppty. for broad based child psychiat. clin. trng. around core of exc. preparation in dynamic child psychiat. Extensive & exc. supvn. by large & highly qual. senior staff, thorough didactic pgm. & rich clin. resources in pleasant atmosphere with exc. staff esprit. Stipends are comparable to area levels. We invite you to speak to current rsdnts. as well as staff. Med. school & hosp. base. Bd. appvd. Apply Herman S. Belmont, MD, Prof. & Head, Child Psychiat., Hahnemann Med. School & Hosp., 249 N. Broad St., Phila. 19102.

RESIDENCY-CHILD PSYCHIATRY—2 yr. fully appvd. ABP&N (basic psychiat. also fully appvd. 3 yr), academically & analytically oriented. 1000-bed gen. hosp. Dir. & supvrs. cert. child psychiat. & child psychoanalysis Trng. builds on knowledge of normal dvlp. through observations & on extensive indvl. diagnosis & ther. exper. with full range childhd problems Through integrated affln. work with psychoses, mentally defective & organically damaged chldn. & also work in school sys. Quarter time spent compre. ped. pgm. Oppty. for research. Close proximity psychoanalytic trng. facils. 5 weekly conferences. Sal. $7,000 to $12,000 + dep. on yr. Apply: Harold Kolansky, MD, Acting

Chairman. Dept. of Psychiatry, Albert Einstein Med. Ctr., York & Tabor Rds., Phila, 19141.

PSYCHIATRIC RESIDENCIES at 1st, 2nd & 3rd. yr. levels in 3-yr. trng. pgm. fully appvd. by AMA & APP&N. Situated in large, modern, 1000-bed merto. med. ctr. Inpt. work in "open" progressive care gen. hosp. unit with rich variety of acute clin. cases; active OP clin. with high proportion of neurotic patients; rich exper. with med. surgical & ped. patients. Indvl. supvn. by analytically trnd. bd. cert. senior psychiats. emphasized throughout 3-yr. pgm. Oppty. for dvlpmt. of indvl. research & com. ints. Personal analysis encouraged. Child psychiat. incorporated in adult trng. in all 3 yrs. in assn. with appvd. child psychiat. pgm. Supvn. of indvl. child & adoles. patients by bd. cert. child psychoanalysts. New high-rise apt. bldg. for house staff. Can be coordinated with appvd. child psychiat. pgm. For 4 or 5 yr. pgm. Sal. $7,000 to $12,000 + dep. on yr. Also NIMH "gen. prac." fellowship avlbl. Write: Harold Kolansky, MD, Acting Chairman, Dept. of Psychiat., Albert Einstein Med. Ctr., York & Tabor Rds., Phila. 19141.

PSYCHIATRIC RESIDENCY POSITIONS avlbl. 3-yr. appvd. pgm. relating to Med. Ctr., State Hosp., VA Hosp., Pvt. Mental Hosp., & Com. MH Ctr. Stipend range $11,000 to $14,000. Info., brochure, appln. write Floyd S. Cornelison, Jr., MD, Prof. & Head, Dept. of Psychiat., Jefferson Med. College, 1025 Walnut St., Phila. Tel.: (215) WA 3-3370.

CHILD PSYCHIATRY FELLOWSHIPS: Comprehensive 2-yr. trng. in all phases of child psychiat. leading to bd. cert. & competence in prac. Theory & technique taught through indvl. supvn., didactic lectures, conferences, & seminars. Indvl. & group therapy for chldn. & parents from wide range of socio-economic backgrounds. In addn. to pgms. for patients in 6-18 yr. age groups, there are facils. for pre-school age child which incl. nursery therapeutic groups, lic. kindergarten & 1st grade for emotionally disturbed chldn. & therapeutic summer day camp. 2nd yr. of trng. is tailored to needs & plans of trainee. Concomitant trng. pgm. for psychologists, soc. workers & therapeutic educators. Psychoanalytic orientation elghty. for Pa. lic. req. Stipends competitive. Write Herbert H. Herskovitz, MD, Phila. Psychiat. Ctr., Phila. 19131.

PSYCHIATRIC RESIDENCIES (1st yr.) at Phila. Psychiat. Ctr., Ford Rd. & Monument Ave., Phila. 19131. Appvd. by AMA & ABP&N for 3 yrs. clin. & didactic trng. in psychiat., as preparation & qual. for Bds Trng. pgm. under dir. of Beryl Jaffe, MD. Inpt. exper. in 150-bed hosp., treating only acute psychotic & psychoneurotic patients, analytically-oriented, under supvn. of full-time Senior Supvrs. OP exper. primarily in intensive dynamic ther. with neurotic patients. Cases controlled with indvl. psychotherapeutic supvn. beg. 1st yr. Rsdnts. also offered exper. in adolescent inpt. & day care pgms., in com. MH ctr. pgm, group & fam. therapies. Affln. for neurology & psychosomatic med. Our child psychiat. inst. provides trng. for gen. rsdnts. & rsdnts. in child psychiat. For further details write for brochure & appln. to Beryl Jaffe, MD. Dir. of Rsdnt. Trng.

FULL-TIME POSITIONS in newly formed & dynamically oriented comprehensive com. m.h. under auspices of Phila. Psychiat. Ctr. Pgms. involving inpat., OP partial hosp., tchng. & consultative functions are coordinated to provide continuity of service & trtmt. to pats. Full-time staff of psychiatrists, psychologists, soc. wkrs., nurses. & com. aides are involved in team approach to com. psychiatry. Ample oppty. for planning & implementation of special pgms., dvlpng. new trtmt. approaches & techniques, research & tchng. For further info write: Louis C. Alikakos, MD, Dir., Phila. Psychiatric Ctr., Ford Rd. & Monument Ave., Phila. 19131.

CHILD PSYCHIATRY. 2 yr. fellowship pgm. of Hahnemann Med. College. Bd. appvd. Core of pgm. is exper. in indvl. therapy under skillful supvn. by at least 3 indvl. supervisors weekly, all outstanding child psychiats. & child psychoanalysts. Tchng. staff in numbers of 50. Pgm. incl. trng. in OP, inpt., comprehensive ped. psychiat., learning disability, & emergency consultation & care. Regular seminars on child dvlpt., psychopathology, technique, basic sciences, ped. neurology, field resources & literature; cont. cases. clin diagnosis & disposition conferences, exper. in alt. therapy approaches & team approach. Com. MH ctr. resources enrich trng. Applic. invited to speak to current rsdnts. Fringe bnfts. Apply E. B. Kaplan, MD, Trng. Dir., 4th Floor, 210 N. Broad St., Philadelphia 19102.

CHILD PSYCHIATRY FELLOWSHIPS—at one of largest chldn's. OP clins. in Phila. area, appvd. by AAPCC & ABP&N through affln. with Inst. of the Pa. Hosp. Intensive supvd. trng. in spycho-analytically oriented ther. for childn. & both parents in childn's & adolescents unit (ages 6-19) & preschool unit (chldn. under 6). Comprehensive trng. pgm., seminars on child dvlpt., psychopathology, continuous case conferences, didactic lectures by noted guests, group psychother., interdisciplinary team approach, field visits. Active participation in ctr's. group psychother., research & m.h. education pgms. Oppty. to observe chldn. in normal nursery school; participation in pediatric, acute & residential pgms. Stipends: NIMH stipends, plus supplement Apply: Bertram A. Ruttenberg, MD, Dir. of Training, The Child Study Center of Phila., 110 N. 48th St., Phila. 19139.

SOUTH CAROLINA

Columbia—CHILD PSYCHIATRY FELLOWSHIP—The William S. Hall Psychiat. Inst. is now accepting applns. for its recently appvd. 2-yr. fellowship pgm. in child psychiat. Applns. for trng. to beg. July 1, 1970 must be received before Nov. 1, 1969. Pgm. is staffed by 3 full-time child psychiats. & 3 part-time consultants in child psychiat. & by adequate support in psychology & soc. wrk. to insure compre. multidisciplinary diagnostic evaluation & trtmt. for chldn. & adoles. Sal. ranges from $12,623 to $15,002. For further info. contact Dr. Robert E. Bell, Jr., Chief, Child Psychiat. Svc., William S. Hall Psychiat. Inst., Drawer 119, Columbia 29202.

TENNESSEE

Oak Ridge—PSYCHIATRIST needed to help implement trtmt. pgm. in new com, ctr. located in one of great research ctrs. in world. Inpt. & day hosp. svcs. as well as OP & consultation clins. offer unusual oppty. for broad prof. growth. Oak Ridge has outstanding school sys. and is close to major univ. with whom it shares extensive educat exchange pgms. Med. & cultural ctr. of region, Oak Ridge enjoys one of South's highest standards of living. Sals. are competitive & commensurate with exper. Liberal leave & fringe bnfts. are offered. Contact: Exec. Dir., 84 New York Ave., Oak Ridge 37830.

TEXAS

El Paso—El Paso Guidance Ctr. is undergoing staff expansion & is seeking 2nd CHILD PSYCHIATRIST at sal. up to $22,000 yr. with fringe bnfts. which incl. personal ins., hosp., maj. med. soc. sec. & retirement. Current staff consists of psychiat. dir., 2 full-time clin. psychologists, 3 full-time psychiat. soc. wkrs., 1 part-time clin. psychologists & 2 part-time psychiat. soc. wrks. This is bicultural com, loc. on Rio Grande river across from city of Juarez, Old Mexico, which has pop. of 365,000, while El Paso itself has pop. currently of 325,000. Int. child psychiats. or fellows in child psychiat. are invited to inq. further from Chester L. Reynolds, MD, Dir., El Paso Guidance Ctr., 1501 North Mesa, El Paso 79902.

Fort Worth—PSYCHIATRIST wanted for pvt. clin. & 26-bed hosp. Intensive & aggressive therapy pgms. with bd psychiats. Substantial oppty. Send resume to: Bernard Dolenz, MD, Fort Worth Neuropsychiatric Center & Hosp., 1066 W. Magnolia, Fort Worth 76104.

Houston—PSYCHIATRIST with clin. orientation &/or exper. with intensive care patients. 2 posns. avlbl. One in gen. OP clin. & one in 78-bed short-stay acute intensive care hosp. using milieu ther. Located in Texas Med. Ctr. near med. school, nursing school, grad. school. & several nationally known hosps. Affil. with nursing school, med. school, & grad. school. Int. & dynamic pgm. incl. tchng. & research. Must have Texas lic. or be elgbl. for same. Sal. open—based on quals. Write to: William M. McIsaac, Dir., Texas Research Inst. of Mental Sciences, 1300 Moursund, Houston 77025.

Temple — PSYCHIATRY RESIDENCIES—Openings for 1st yr. rsdnts. in new appvd. pgm. in large multispecialty clin.-hosp. with exc. facil. & strong int. in educat. Rsdnts. rotate through inpt., OP, neurol., child psychiat., com. MH ctr. & VAH svcs. Supplementary lectures & extensive supvn. Write: Educat. Dir., Scott & White Memorial Hosp., Temple 76501.

VIRGINIA

Petersburg—CLINICAL DIRECTORS VACANCY: $18,700 to $21,400 . . . MENTAL HOSPITAL CHIEF OF SERVICE: $17,900 to $20,500 . . . MENTAL HOSPITAL STAFF PHYSICIAN: $17,150 to $19,600 . . . MENTAL HOSPITAL JUNIOR PHYSICIAN: $15,000 to $16,400. Exc. promotional opptys., liberal vacation, & retirement pgm. Many other state bnfts. Apply: Dr. M. H. Kibbe, Supt., Central State Hosp., PO Box 4030, Petersburg 23803.

Petersburg—PSYCHIATRIC RESIDENCIES avlbl. at fully accrtd. hosp. Fully appvd. 3-yr. pgm. affil. with Dept. of Psychiat., Med. College of Va. Balanced didactic-clin. trng. providing exper. in inpt., OP, adoles., forensic, neurol., & other svcs. Close supvn. Starting sal.: $11,472. For info. & appln. blanks, write Dr. Helju Sormus. Dir. of Trng., Central State Hosp., PO Box 4030, Petersburg 23803.

Richmond—CHILD PSYCHIATRY RESIDENCIES—VIRGINIA TREATMENT CENTER FOR CHILDREN. AMA & AAPCC appvd. Dual apprvl. with Med. College of Va. Diversified pgms. (chldn. & adoles.), with OP, inpt., day care, Field Unit, ped. liaison, & com. child guidance clin. Stipends competitive. Applns. invited. Douglas F. Powers, MD, Dir., 515 N. 10th St., Richmond 23219.

Staunton—WANTED: PSYCHIATRIST-DIRECTOR for OP mental hygiene clin. loc. in Staunton, in heart of beautiful Shenandoah Valley, Am. sal. based on 40-hr. week $20,000 if applic. has compl. rsdncy. trng. Addnl. $500 if bd. elgbl., addnl. $500 if bd. cert. Please address inqs. to Dr. Hiram W. Davis, Commissioner, Dept. of Mental Hygiene & Hosps., PO Box 1797, Richmond, Va. 23214.

WASHINGTON

PSYCHIATRIC RESIDENTS: Small, unitized state hosp. located 70 freeway mi. from Seattle or Vancouver, BC. 3-yr. fully accrtd. pgm. 2nd yr. spent at Univ. of Wash. affil. pgm in OP & child psychiat. 2 yrs. spent on acute admission & trtmt. units where caseload is small (6-10), ther. intensive (4-6 weeks), & Com. contacts & followup case are extensive. 3rd-yr. may incl. 1/5 time in com.-based preventive work. Full daily didactic schedule. 3 hrs. of supvn. weekly. Low rental housing avlbl. on campus. Ample leave time. Sal. $10,800, $11,400 & $12,000, in 1st, 2nd, & 3rd yrs., respectively. GP, NIMH stipends also avlbl. at $12,000 per yr. All 8 posns. filled for past 4 yrs. Contact: Saul M. Spiro, MD, Dir. of Educat. & Rsdncy. Trng., Northern State Hosp., Box 309, Sedro-Woolley 98284, for info. on 1969 openings.

Tacoma—WANTED: Bd. elgbl. PSYCHIATRIST with Wash. lic. for MEDICAL DIRECTOR of active growing com. MH clin. in city of 175,000 in challenging process of dvlpng. com. MH ctr. Full-time, or possibility of ¼ time devoted to pvt. prac., tchng. or consul. Sal. competitive & open to neg. Reply to Dr. W. H. Fisher, Pres., Board of Trustees, Com. MH Clin. of Tacoma-Pierce County. 115 South 38th St., Tacoma 98408.

WEST VIRGINIA

Opening for Bd. elgbl. or cert. PSYCHIATRIST for pvt. OP clin. City 25,000-35,000 pop. Sal. open with attr. fringe bnft. plan. Contact Box 1041. *Psychiatric News.*

WISCONSIN

Appleton—PSYCHIATRIST needed to join group of 4 young, dynamically-oriented psychiats. We are seeking assoc. to join group which consists of 4 indvl. pvt. pracs. with shared office expenses. Surrounding Fox Valley area is progressive com. of 100,000, with several exc. colleges, & wide range of recreational facils. Exc. open-door 50-bed psychiat. unit avlbl. in one of com.'s modern gen. hosps. Inqs will be kept confidential. Int. applics. send resume to Appleton Psychiat. Assoc., 610 E. Longview Dr., Appleton 54911.

La Crosse — PSYCHIATRIST WANTED — Gundersen Clin. Ltd., La Crosse, Wis. 55-man multispecialty group with adjacent 375-bed hosp. New clin. bldg. under construction. Psychiat. would join psychiat. dept. with 3 other psychiats. In addn., there is oppty. for com. psychiat. respons. on part-time basis, if desired. Gundersen Clin. Ltd. is in progressive com., with expanding univ. & pvt. college. Pop. 50,000. Cultural & recreational facils. Beautiful setting, good schools. Exc. pension pgm., no investment req. Svc. corp. organization. Write: R. B. Rasmus, MD, Chairman, Personnel Committee, Gundersen Clin. Ltd., 1836 South Avenue, La Crosse 54601.

Madison—PSYCHIATRIST for assoc. with gen. psychiat. group in pvt. prac. In new specially designed psychiat. bldg. Financial arrangements flexible & open with guaranteed sal. Possibility of joining on equal basis after 12 mo. Many fringe bnft. avlbl. Located in beautiful univ. town with 5 lakes. Contact: R. Link, MD, 5534 Medical Circle, Madison 53711.

Madison — APPROVED AMERICAN OR CANADIAN TRAINED PSYCHIATRISTS for intensive trtmt. ctr. in Madison, which has pop. of 170,000 & is capitol city & home of Univ. of Wis. Posn. may incl. tchng. psychiat. rsdnts., med. students & appt. to clin. faculty of univ. Research time avlbl. on quals. & exper., with $900 (ann.) increase after 6 mo. Elgbl. for ann. increase each yr. thereafter. Progressive fringe bnfts. Wis. lic. req. Send resume to Dr. W. J. Urben, Supt., Mendota State Hosp., Madison 53704.

Madison—20 kids (adoles. yrs. & younger) seek father (CHILD PSYCHIATRIST) to dir. their trtmt. Already have lovely mother (head nurse), kind uncle (master soc. wrkr.), many aunts & uncles (staff nurses, child care wrkrs.). 3 tchers. treat them well & OT & RT make it fun. Offer love, tears, & up to $25,806 per yr. Write L. A. Ecklund, MD, 301 Troy Dr., Madison 53704, Equal oppty. employer.

Milwaukee—Psychiat. Clin. & Univ. Med. School & pvt. non-profit psychiat hosp. affl. SEEKS PSYCHIATRISTS male & female to join present staff of 10 full-time psychiat. practicing & tchng. with psychodynamic approach. 125-bed hosp. with inpt. & OP pgms. Patients incl. all ages except chldn. Actively structured adolescent pgm. with school & day-care facils. on grounds. Trtmt. involves indvl. group & fam. psychother. & judicious use of drugs & ECT. Opptys. for tchng. rsdents. med. students & nursing students. Pvt. prac. group arrangement offers liberal sals. as well as attractive fringe bnfts. Cert. analysts avlbl. for personal analysis. Write Box P80, *Psychiatric News.*

Milwaukee—STAFF PSYCHIATRISTS for 92-bed non-profit hosp. in Milwaukee. Staff incl. gen. psychiats., psychologists, soc. wrkr., OT & RT. Active pgm. of indvl., group & fam. ther., drug & ECT. Patents, male & female adults from age 16. Pvt. prac. privileges. Good referral source. Liberal sal. & bnfts. Personal analysis avlbl. in com. Write Box P112, *Psychiatric News.*

Milwaukee — PSYCHIATRIST, MEDICAL DIRECTOR; admin. exper. preferred but not nec., bd. cert. Oppty. tchng. nursing students. Organize pgm. in 92-patient non-profit psychiat. hosp. Pvt. prac. privilege, good referral source in expanding med. com. Liberal sal. & bnfts. Write Box P113, *Psychiatric News.*

Reedsburg—PSYCHIATRIST—Full-time for posn. in compre. MH ctr. Variety of duties in progressive, flexible, well-staffed ctr. New OP & inpt. bldg. Med. Dir. posn. possible to qual. person. Ctr. serves vital, growing 3-county area with many scenic & recreational attributes New univ. ctr. in area. 40 mi. to Madison; 100 mi. to Milwaukee. Qual. person can neg. attractive financial arrangement. Write or call collect: T. C. Fix, ACSW, Exec. Dir., Counseling Ctr., Reedsburg 53959, phone (608) 524-4391.

Sheboygan—PSYCHIATRIST—Needed in city of 50,000 pop., on shore of Lake Mich., north of Milwaukee. Beautiful, air-conditioned office, open psychiat. ward in gen. hosp., consultations avlbl. at progressive MH clin. Efficient secretary anxious to fill appt. book. Contact: Edward E. Houfek, MD, 417 Security Bank Bldg., Sheboygan 53081.

Tomah—PSYCHIATRISTS: Immed. openings, 950-bed modern neuropsychiat. hosp. Starting sal. $20,000 plus, dep. upon quals., supplemented by attractive bnfts.: retirement, life & health ins., liberal leave sys. Living quarters provided at nominal charge. Equal oppty. employer. Contact Chief of Staff, VAH, Tomah 54660.

Wausau—Exc. oppty. for PSYCHIATRIST int. in com. psychiat. in expanding com. MH ctr. Wide variety of com. pgms. 23-bed psychiat. unit in gen. hosp. & 150-bed county mental hosp. Com. is planning compre. MH ctr., inpt. capacity of 200. Serves pop. area of 120,000 in beautiful north central Wis. Architects already wrkng. on pgm. Posn. may be part-time or full-time with sal. range $15,000 to $30,000. Exc. oppty. for part-time pvt. prac. & other psychiat. contracts. Write Richard Bartholomew, MD, 311 South Second Ave., Wausau 54401.

Winnebago—Winnebago State Hosp.—Posns. avlbl. for qual. PSYCHIATRISTS in modern unique state hosp. with focus on acute trtmt. (chronic patients cared for in Wis.'s county hosp. sys.). Staff-patient ratio 1 to 1, 650 patients. 22 physicians with 9 of 13 psychiats. bd. cert. (5 out of 5 recently passing bds. & willing to help psychiats. with preparation for bds.). July 1, 1969 ann. sals. to: STAFF PSYCHIATRISTS—$22,806; CHIEF OF SERVICE—$24,606 plus $1,200 to above sals. for bd. elgblty. & another $1,200 for bd. cert. Com. consul. prac. & pvt. prac. encouraged. 40 hr. work wk. Hosp. 2 mi. north of Oshkosh, Wis. (100 mi. north of Milwaukee & 50 mi. south of Green Bay). Pop. 60,000. Exc. school sys. Heart of lake country with exc. recreational & cultural opptys. Call collect or write T. J. Kelly, MD; Clin. Dir., Winnebago State Hosp. or R. K. Baker, MD; Asst. Clin. Dir., Winnebago 54985. (414) 235-4910.

Winnebago—The Winnebago State Hosp. in Wis. offers compre. trng. pgm. for FIRST-YEAR PSYCHIATRIC RESIDENTS. Pgm. is appvd. in affil. with Univ. of Wis., Madison, School and Med. psychiat. facils. Inst. is organized along lines of autonomous svcs. where continuity of care is assured. Chldn.'s Unit, Adoles. Svc., Alcoholic Trtmt. Ctr. & Ger. Psychiat. Svc. all contribute to round out truly compre. exper. Involvement is one of first compre. county MH pgms., other com. psychiat. projects, prospect for closed circuit TV, research opptys., all contribute to make this truly worthwhile. Wis.'s unique county hosp. sys., seldom equalled level of organization of state's MH pgms. are all too well known to warrant further mention. In addn., loc. of inst. in heart of Fox River Valley, close to Lake Winnebago & all its fishing, sailing & other opptys. not mentioning Packerland in nearby Green Bay, should truly move you to write immed. for further info. Sal. $12,400 to start. Contact Dr. George Lysloff, Dir. of Trng. & Research, Winnebago State Hosp., Winnebago 54985, or better yet, call collect (414) 235-4910. Equal oppty. employer.

REGIONAL

Midwest — Neuropsychiat. hosp. on Med. Ctr. Campus of Big Ten Univ. has budget for modest expansion of psychiat. svcs. Looking for bd, elgbl. PSYCHIATRISTS with basic clin. ints.: (a) to expand research ward or audio-visual educat.; or (b) to spend majority of time in either undergrad. (med. students & other disciplines) or psychiat rsdncy. pgm.; or (c) to work in OP clin., follow-up reviews, or day care hosp. Candidate should have compl. formal rsdncy. trng., have had some clin seasoning, & have int. in tchng., research, or com. consul. Write Box P134, *Psychiatric News* giving curr. vit. & outlining personal ints. & aspirations.

Midwest—PSYCHIATRIST—Midwest; suburban com., 450-bed JCAH Gen. Hosp. Major expansion pgm. recently compl. incl. 31-bed psychiat. unit which has half-time med. dir. Unit is psychother. & milieu oriented. Oppty. for med. school affil.; 3 smaller hosps. within 20 mi. Exc. oppty. to establ. pvt. prac. in growing com. with progressive hosp. & med. staff. 2 colleges, 2-yr. Univ. branch, exc. public & parochial school sys., symphony orchestra, 20 min. drive to metro. ctr. Write Box P123, *Psychiatric News.*

Midwest—PSYCHIATRIST (with bd. or bd. elgbl.) who is int. in research of clin. neurophysiology, psychopharmacology, & experimental drug trials in large midwest city. Full-time Univ. appt. & fringe bnfts. Section is primarily research-oriented with some tchng., no svc. duties. Sal. $20,000 up. Starting date July 1, 1969. Write Box P128, *Psychiatric News.*

New England—PSYCHIATRIST to be DIRECTOR of com. MH clin. in New England seacoast city, & to plan & dvlp. inpt facil. Sal. & fringe bnfts. neg. Proximity to univ. ctrs Tchng posns avlbl Write Box P135, *Psychiatric News*

Southeast—Applics. being received for posns. of ASSISTANT SUPERINTENDENT, CLINICAL DIRECTOR, DIRECTOR OF TRAINING & RESEARCH, & CHIEFS OF SERVICE at southeastern state hosp that is expanding its psychiat. svcs. Also several posns. open for STAFF PSYCHIATRISTS. Sals. commensurate with trng. & exper. Reply should incl. full info. on trng., posns. held, plus references. For higher grades bd. cert. desired. Write Box P130, *Psychiatric News.*

FOREIGN

CANADA

PSYCHIATRIST needed for OP clin. in Toronto & to assist in planning of projected 30-bed pvt. psychiat. hosp., and financial assistance offered to student in psychiat. in return for svc. after compl. of trng., by the Salem Christian Sanitarium Assn. Please apply to Sec.-Treasurer, Reverend John VanHarmelen, RR # 8, London, Ontario.

Nova Scotia—TWO PSYCHIATRIST req. as addnl. staff at Cape Breton MH Clin., Sydney, Nova Scotia. Area pop. 176,000 (largely industrial). Substantial sal. Pvt. prac. appts. in addn. Good living conditions. Ample & convenient recreational facils. College in area. Address all inqs. to Dr. C. A. MacDonald, 278 George St., Sydney.

POSITIONS WANTED

Opening for 2 PSYCHIATRISTS to take over adult pvt. prac. Must be bd. elgbl. or cert. Any dynamic orientation with special int. in psychother., indvl. & group. Present prac. covers gen. psychiat. incl. all aspects of acute, short-term hosp. Incumbent desires to restrict prac. Apply singly or come with friend. Send all pertinent info, with original inq. (Mod. office & hosp. with establ. & expanding facils. MH ctr. affil. avlbl. Many varied professional opptys. Upper midwest US. Rural urban. Com. of 80,000) Many recreational opptys. Good housing, good schools, convenient air & highway transportation. Immed., or by July 1, 1969. Write Box P121, *Psychiatric News.*

CHILD PSYCHIATRIST, 34, bd. elgbl., work chiefly with adoles. & college youth, seeks academic posn. with tchng. emphasis: Columbia AB; Univ. of Pgh., MD; adult psychiat. rsdncy. at Univ. of Ill., & child psychiat. at Harvard. Exper. incl. college MH, com. MH incl. court & school consul., drug dependency clin. Write Box P125, *Psychiatric News.*

Mature PSYCHIATRIST, lic. NY, taking bd. exam., wide exper. in pvt. prac., clin. & hosp. with all age groups seeks NYC area or LI group affil. or part-time posn. Reply Box P131, *Psychiatric News.*

PSYCHIATRIST, bd. cert. or qual., to assoc. in combined pvt. Com. MH facil. & indvl. prac. Rewarding potential for highly qual. member of trtmt. team. Write Box P136, *Psychiatric News.*

PSYCHIATRIST, bd. elgbl., 20 yrs. exper., indvl., group, fam. ther., sensitivity trng., seeks posn. in consul., tchng., research 15-20 hrs./wk., NYC or easy commuting. Write Box P137, *Psychiatric News.*

PSYCHIATRIST, 42, seeks posn. in pvt. clin. or group prac. Bd. cert., univ. trnd., eclectic orientation, some personal analysis. Have tchng., admin. & clin. exper. Most recently in OP clin. & day ctr. Natl. bds., lic. in Md. & DC. Reply Box P138, *Psychiatric News.*

Univ. Dept. of Psychiat. seeks faculty member to be in charge of small inpt. unit for short-stay patients. Supvn. of rsdnts. & tchng. of med. students in clin. setting. Some pvt. prac. plus research opptys. within stimulating environment of large & active Dept. of Psychiat. Psychoanalytic trng. avlbl. Send resume of exper. to Box P139, *Psychiatric News.*

PSYCHIATRIST, 32, scientific type, seeks research posn., orientation behavior, ext. clin. exper. but no research exper., leaving Army Sept. 69. Write Box P141, *Psychiatric News.*

ASSOCIATE WANTED for active gen. psychiat. prac. in suburban com. 20 mi. from NYC. Good oppty. for rewarding full-time prac. in short time for ambitious young man. Write Box P142, *Psychiatric News.*

MISCELLANEOUS

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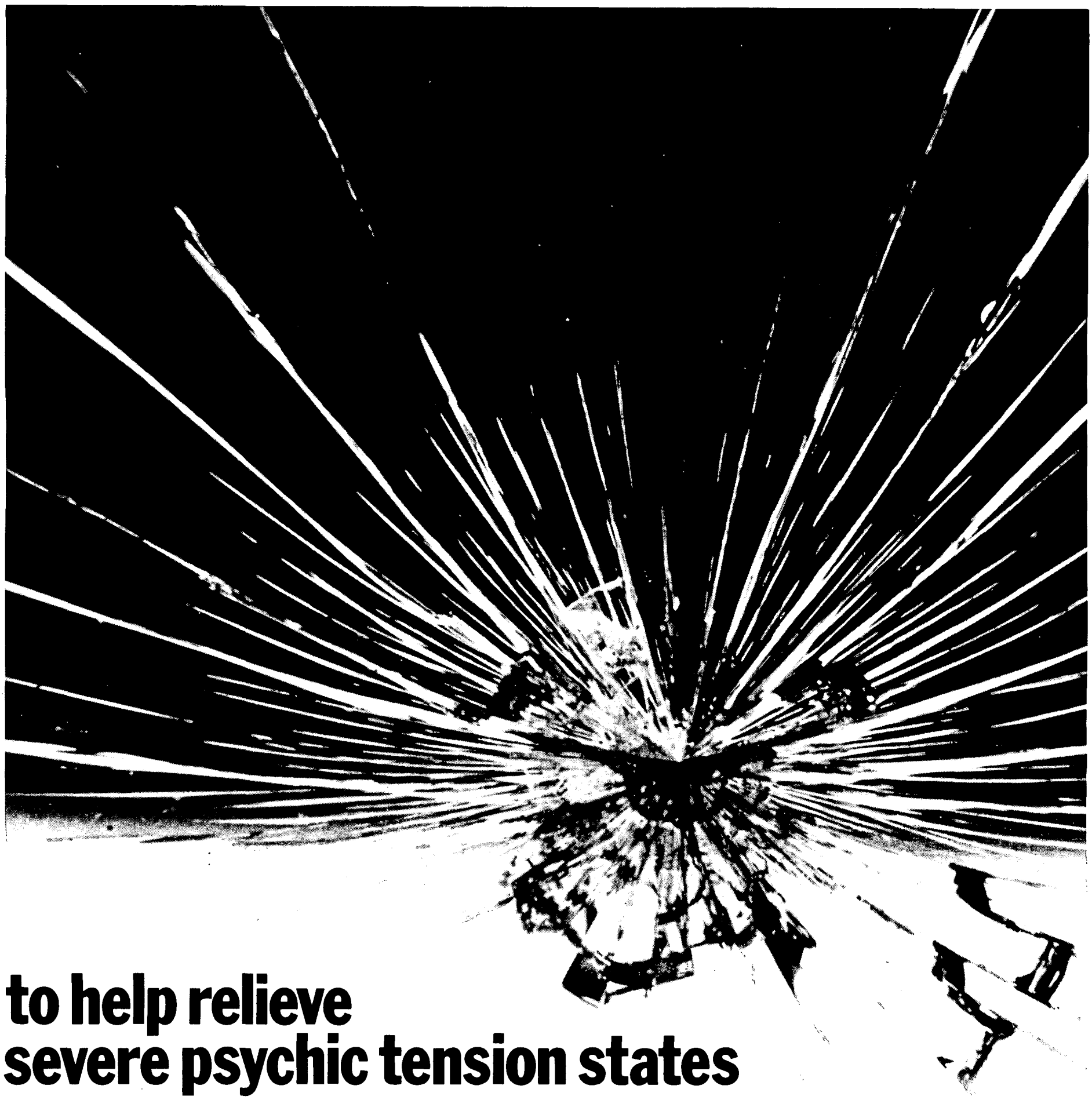

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Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms have occurred following abrupt discontinuance. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation, have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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