Psychiatri

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Blue Cross Claim Denials Spur Opposition, Probe

By Charles Hite

A CALIFORNIA psychiatric hospital study group is putting together proposed guidelines for Blue Cross mental health benefits in the southern part of the state which are expected to serve as a nationwide model.

The California study is the latest and probably most significant development in a flurry of activity on Blue Cross mental health benefits from disgruntled policy holders and psychiatric hospital directors alarmed by an increasing cutback in claims.

Sources familiar with the controversy say that California Congressman Jerome Waldie, chairman of the House Retirement and Employee Benefits Subcommittee and the catalyst who brought about the California study, is considering holding public hearings on the issue if guidelines are not agreed upon by early summer.

The dispute over the proper scope of mental health benefits centers on the Blue Cross-Blue Shield plan for federal employees and dates back to early 1972, when a considerable number of psychiatric claims were being denied at a time Blue Cross critics predicted the FEP program would run in the red some $60 million.

The program met no such drastic results, and actually realized a gain. But mental health claims continued to be severely scrutinized. At first the increased cuts were noticed only by a few private psychiatric hospitals that treated a large number of federal employees. But the problem has gradually drawn nationwide attention, particularly since the federal employees' program, generally considered to offer the most liberal benefits, could set precedents for other Blue Cross plans, CHAMPUS (the uniformed forces dependents' and retirees' health insurance program), and even national health insurance.

The denial of mental health benefits affects not only private hospitals, but has also been noted in psychiatric units of general hospitals.

Interviews with leading psychiatric hospital directors and experts in mental health benefits reveal a consistent pattern of complaints about Blue Cross cutbacks. Typical of these are the findings in a statement by Dr. Robert Gibson, medical director of the Sheppard and Enoch Pratt Hospital near Baltimore and chairman of a special task force on the federal employees' insurance program. Among his points are:

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Election Results

THE FOLLOWING election results were released last week by the Board of Tellers at an Executive Committee meeting:

President-Elect .....
Dr. Judd Marmor 44.3%
Vice-Presidents .....
Dr. Jules Masserman 56.4%
Dr. June J. Christmas 43.6%
Secretary .....
Dr. Robert Gibson 51.2%
Treasurer .....
Dr. Jack Weinberg 51.8%
Trustee-at-Large .....
Dr. Charles Pinderhughes 47.2%
Area III Trustee .....
Runoff to be held (see page 3).
Area VI Trustee .....
Dr. Irving Philips 57.7%

The Board of Trustees' decision to change the listing of "Homosexuality" to "Sexual Orientation Disturbance" in the *Diagnostic and Statistical Manual of Mental Disorders* was upheld in the Association's first referendum.

MD Gets Jail Sentence In Privilege Challenge

A CALIFORNIA PSYCHIATRIST found in contempt by a state superior court for refusing to testify in a psychotherapy patient's civil damages suit has petitioned a U.S. District Court for a ruling in favor of absolute privilege for psychotherapist-patient therapeutic relationships. The petitioner strongly relies in his arguments on principles propounded in the recent U.S. Supreme Court rulings on abortion, which he claims affirm a fundamental right to privacy in doctor-patient relationships.

Dr. George Caesar, a Marin County, California, psychiatrist in private practice, has appealed to every level of the state court system in the last two years to keep from divulging contents of 20 psychotherapeutic sessions with a patient who was, at the time of consultation, seeking damages allegedly caused by two successive automobile accidents. He is currently in defiance of a superior court order to testify in the civil suit, and was sentenced to jail in February 1974 for contempt of court until he complies with the order. The sentence was stayed by the court pending the outcome of Dr. Caesar's petition for a writ of habeas corpus before the federal court for Northern California, and he is free on his own recognizance.

Dr. Caesar's petition challenges the constitutionality of the California Evidence Code's clause of "automatic waiver" of psychotherapist-patient privilege as applied to plaintiffs who sue on grounds of mental or emotional trauma. The petition also asks the court for further clarification of privilege provisions in the California Supreme Court's 1970 *In re Lifshutz* opinion. Dr. Caesar and his attorney, Kurt Melchior, claim that *Lifshutz* is a "superficially reasonable rule [that] has proven impossible to implement in a manner not overly restrictive of the constitutional right of privacy in this area."

At the first of many levels of litigation, the Marin County Superior Court ordered Dr. Caesar to answer a number of specific questions about the patient that Dr. Caesar thought would be psychologically harmful to the patient and detrimental to her future well-being, according to the petition. To answer these questions, he told the court, "would violate the ethics of my profession; the Hippocratic oath; and . . . the first principle of medicine, primum non nocere."

The court rested its power to compel testimony on California Evidence Code Section 1016, which says that a patient "automatically waives" the confidentiality of any ailment and may no longer justifiably seek protection from the humiliation of its exposure when that specific ailment or condition is raised in litigation. In

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GAP Sees Educator Shortage As Problem for Psychiatry

A SHORTAGE of candidates for chairmen of departments of psychiatry in the nation's medical schools is the focal point of a new study released this month by the Group for the Advancement of Psychiatry. In *Problems of Psychiatric Leadership,* GAP explores some of the reasons why nearly 30 percent of the chairs in psychiatry were vacant at the time of its inquiry.

GAP President Dr. Judd Marmor noted in releasing the report, "To the best of our knowledge up to now, no one has tried to assemble data from the field of psychiatric education that might explain this situation, involving serious educational and manpower shortages. The implications of this report are therefore of considerable importance."

The problems of departmental leadership, the report notes, took some years in the making and will take more for their solution. In laying the groundwork for their study, the GAP Committee on Therapy, which formulated the report, completed a three-year survey of 100 medical schools throughout the country.

According to the committee, "Psychiatry has grown exponentially in recent years. Many modern-day department chairmen are running big businesses that employ personnel in the hundreds and operate with budgets in the millions in execution of programs which must steadily expand in order to maintain their relative positions in the current academic scene."

Continuing, it says, "The continuing expansion of psychiatric services

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LEAA and NIMH—Collaboration Since 1968

By Jeffrey Gillenkirk

"NIMH JUST DOESN'T have the kind of money that we need for our project, so we have to go to LEAA [Law Enforcement Assistance Administration] for funds," a California researcher explained about funding for his violence center. "The Nixon Administration thought that money should go into law enforcement under the Safe Streets Act and less to mental health, and we think we should get some of that money."

Revised LEAA guidelines regarding grant funding for medical experimentation, psychosurgery, behavior modification, and chemotherapy may preclude funding of the controversial California violence center [*Psychiatric News,* April 3] but more than 350 scientific and medical research projects already funded by LEAA reflect an Administration shift to its "law-and-order" theme. While funding for mental health, drug abuse, alcoholism, and social science research administered by the National Institute of Mental Health has been dwindling consistently under the Nixon Administration's budget cuts and impoundments, LEAA's state grant and research funds have increased from $63 million in 1968 to $886 million in 1974.

Individual scientific researchers—as many as 350, LEAA recently estimated—have scrambled for millions earmarked for research in crime control and prevention, and NIMH itself has supported collaboration between mental health and law enforcement agencies and personnel, including a plan whereby LEAA could use NIMH's computer-based information system to obtain information about "relevant NIMH grants."

Informal collaboration between the agencies dates back to 1968, and the first large-scale formal action was taken in August 1970. Dr. Bertram Brown, appointed director of NIMH, at that time attended the second annual meeting of LEAA and state crim-

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Letters

Psychiatric News invites readers to send letters, preferably not more than 500 words in length. Submission of a letter implies consent for publication unless otherwise indicated. All letters are subject to customary editing to meet style, clarity, and space requirements.

Concerned Psychiatrists

WE HAVE BEEN DELIGHTED to see the recent emergence of other groups taking positions relevant to APA members. However, certain false statements about the Committee for Concerned Psychiatrists (CFCP) have been circulated by mail to the members of several district branches. The most serious falsehoods are that we: *a*) oppose long-term psychotherapy under NHI, *b*) oppose federal support of residency training, and *c*) consider "social activism the most important function of APA." We welcome dialogue but only based on an accurate representation of our positions, which are:

1) *Democratization of APA* requires a meaningful choice of candidates for all offices, continued self-scrutiny of organizational effectiveness, and increased participation of *all* members in APA affairs. The ten amendments proposed by the CFCP this year were intended as an effort to further this process. Like other groups and individuals within APA, the CFCP and its members do support the nomination and election of certain candidates. Those who accept CFCP support run on their own merits, may support positions similar to ours though not positions incorrectly attributed to us, and represent a range of views as shown in *Psychiatric News'* election issue.

2) *National Health Insurance* has long been a primary concern of the CFCP because of its potential for providing wide access to high quality mental health care. We see the critical issues as: *a)* qualifications of personnel, PSRO's, and other measures to assure quality control; *b)* equitable distribution of appropriate services to inner city, minority, poor, and rural populations; and *c*) duration of treatment with incentives for providing the highest quality care in brief spans but with longer term care supported when required. We urge strong, effective APA support for coverage of a wide variety of services including: partial care; crisis intervention; community consultation; child, adolescent, and geriatric services; group, marital, and family therapy; and provisions to include medication and catastrophic coverage.

3) *Social issues* related to public policies and social conditions affecting mental health are seen as legitimate professional concerns for APA. Such issues include confidentiality, renewed action for child and geriatric mental health, more federal funds for training and research, women's rights and sex roles generally, and racism.

In conclusion, we ask that in the future APA insist upon its usual review of the accuracy of election literature prior to authorizing use of its membership mailing lists. Also, we strongly regret the failure of *Psychiatric News* in its March 20 article on a new APA group to abide by its own policy against publication of political statements during the election. We look forward to increasingly meaningful discussion with those with different positions from ours, but deplore polarization, which can only weaken everyone's efforts.

Frederick J. Stoddard, M.D.,
Chairperson
Robert Belmaker, M.D.
Kent Ravenscroft, M.D.
Steven S. Sharfstein, M.D.
E. Fuller Torrey, M.D.
Kenneth Woodrow, M.D.
Executive Committee, Committee for Concerned Psychiatrists

[*Editors' Note: The reference in the final paragraph of the above letter to* Psychiatric News' *policy against publication of political statements during the APA election (outside the special "Election Issue") and the letterwriters' charge that* Psychiatric News *failed to abide by this policy requires clarification. The Editors determined, based on the receipt date of most ballots at APA headquarters, that the March 20 issue was not likely to reach APA members prior to their voting, due to the normally (or abnormally) long time between mailing and receipt of the newspaper. We, therefore, did in fact print in the March 20 issue an article about a new APA political group. It is still the opinion of the Editors, based on data from the APA Manpower Division, that relatively few APA members could have received the March 20 issue before voting.*]

Exorcism

SINCE THE RECENT RELEASE of the film *The Exorcist,* as one news magazine has aptly stated, "All hell has broken loose"; and it has given rise to much comment on the subject of exorcism.

It may, therefore, be of some interest to your readers to note that, exactly 200 years ago (in 1774), demonic possession and exorcism became a center of public attention and the cause of impassioned controversy in Europe, and especially in southern Germany. This arose from the activities of Gassner, a priest as well as an exorcist and healer, who, so he believed, was able to "cast out devils" in so-called nervous cases. And indeed, such was the unremitting zeal which he applied to that end, that cases of possession reached epidemic proportions.

The historical significance of this curious episode lies largely in the fact that Mesmer (1739-1815) became interested in Gassner's procedures, although he himself sought an explanation of the phenomena produced in the realm of physics, rather than metaphysics.

The impetus given by Mesmer to the development of modern psychotherapy is too well known and documented to require detailed comment. He was the first to practice a *dynamic* psychotherapy in the course of which something was "passed" directly from the therapist to the patient (who had hitherto, like an insect under a lens, been observed, and indeed treated, "at a distance").

Mesmer postulated the action of a "universal fluid" (possibly thereby foreshadowing the concept of libido) which, according to its favorable or unfavorable distribution, determined the state of health or illness. He asserted that this fluid could be stored in magnets which, when applied to the patient, would induce convulsive, and at the same time curative, attacks.

Viewed objectively with all value judgments set aside, the magnet in fact thus assumed the role of *third party* or *intermediary* in the (dual) doctor-patient relationship. Mesmer's decision to relinquish the use of the magnet would therefore seem to constitute a decisive evolutionary stage: for him, as a therapist, it implied a decision (unconscious) to confront the patient directly. He came to adopt this new approach about 1774, that is, at the very time that Gassner's activities were in full swing. Witnessing these personally, he observed that Gassner, in his method of healing, used nothing but his "bare hands"—and certainly no magnet; or in other words, that Gassner was no more aware that he was in fact practicing "animal magnetism," than that the Devil had no part in causing the ailments of the "possessed."

Whether or not Gassner's activities merely served to confirm a practical, or intuitive, decision already reached by Mesmer to abandon the use of the magnet, it remains that they were without doubt instrumental in leading him to progress from "mineral magnetism" to the practice, in Paris, of "animal magnetism," which was essentially based on a direct doctor-patient relationship.

Leon Chertok, M.D.
Paris, France

St. Elizabeths Suit

THE SUIT by APA and others against HEW, Saint Elizabeths Hospital, and the District of Columbia, including the District's Mental Health Administration, raises some questions. The suit specifically charges two APA Fellows and one APA member by name with eight "failures," and it implies that dozens of other members have also failed to provide adequate care for the patients for whom they are responsible. The gravity of these allegations naturally raises some questions that should be answered:

a) Did APA thoroughly study the mental health programs of the D.C. Mental Health Administration and Saint Elizabeths Hospital before it charged them with these failures?

b) Did APA make any effort to communicate with the members that it regarded their efforts as "failures" before dragging them into court?

c) Did APA decide to have a peer review before relying on an outside adversary group for judgment of the District of Columbia's and St. Elizabeths Hospital's programs?

It appears that the answer to all three questions is "No." Instead, the APA leadership took the word of an outside group that wanted to use APA's name and did not review the facts and issues with its members before charging them with these failures. APA even developed a press release that emphasized the names of the two APA Fellows and the member in giving this condemnation more publicity. As yet, there has been no call for an adequate evaluation and peer review of the D.C. and St. Elizabeths Hospital programs by APA.

If the APA leadership had been interested in the facts it would not have relied primarily on a single outdated and misquoted survey to form its judgment. If the APA leadership had done a study of the D.C. and St. Elizabeths Hospital programs they would have found that—like many other public facilities—they have been making progress daily in providing more adequate and humane care. Data on these matters can be provided the APA leadership when it becomes interested in the facts.

More contemptible, however, than the unjustified attack on its own members is APA's attack on the several hundred D.C. citizens who—in the tradition of Gheel—have taken the mentally ill into their homes at little financial compensation to themselves and provided a home that has care and compassion. APA's suit smears this effort with the implication that "the quality of care provided . . . is so low that the patient plaintiffs and plaintiff class would be harmed and not benefited if placed in such alternate (non-hospital) facilities."

Mental health care can continue to be improved in D.C. and everywhere else, but this effort is not helped by APA's condemning the efforts of APA members who have been willing to work in the public sector. It is not helped by APA's attacking the humane efforts of D.C. citizens who have provided homes for the mentally ill. There is much to do in the public sector everywhere and it is doubtful that anyone's own public efforts are such as to justify his picking up stones and blindly throwing them in the direction of those in the District of Columbia.

Roger Peele, M.D.
Oxon Hill, Md.

In Reply . . .

I CAN WELL UNDERSTAND how Dr. Peele feels about APA participation in a suit that includes among the named defendants valued colleagues and friends. I hope, however, he can be persuaded to see it in a different light.

The tactic of litigation is foreign to psychiatrists unfamiliar with the harsh adversarial practices of the law. Litigation has not played a major role in APA's attempted progress toward the goals stated in our bylaws: "To

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APA, Other Groups, Announce Education Conference for 1975

THE AMERICAN PSYCHIATRIC ASSOCIATION is planning a major working conference on the education of psychiatrists for June 1975 following a year of preparation. It will be administered by APA and cosponsored by the Association of Chairmen of Departments of Psychiatry, the American Academy of Child Psychiatry, and the Association of Directors of Residency Training Programs in Psychiatry. The project is directed by a steering committee of 25 under the chairmanship of Dr. Ewald W. Busse, and supported by a grant to APA from the National Institute of Mental Health.

The steering committee has divided the subject matter of the conference into seven topic areas and assigned them to seven preparatory commissions. The seven topics are: *a*) an assessment of developing social needs and issues and how these impinge on the education of psychiatrists; *b*) goals and objectives of psychiatric education restated in relation to social needs and issues; *c)* the psychiatric resident as applicant and as student, including foreign medical graduates; *d*) the content, methodology, faculty, and environment of psychiatric education; *e*) the status and function of research in psychiatry and the education of psychiatrists for research; *f*) the economics of graduate education in psychiatry; and *g*) mechanisms of quality control and evaluation in psychiatric education.

The core personnel of the conference will comprise the 25-member steering committee and 51 members of the preparatory commissions, including 11 residents-in-training divided with two for the third commission, four for the fourth commission, and one each for the other commissions. All initial invitees will be primarily responsible for the preparation of advance working papers and propositions for change in psychiatric education, which will be debated at the conference.

In addition to these, however, approximately 50 other educators selected by the steering committee from strategic locations and training settings throughout the country will be invited to participate in the conference itself so that its deliberations will reflect a representative cross section of psychiatric education today.

Following the conference a substantive report of the findings will be published by APA.

"Our basic objective," Dr. Busse comments, "is to formulate guidelines for the education of psychiatrists in the coming decade to render psychiatric education more relevant to the needs of a rapidly changing society and specifically more relevant to service in newly evolving delivery systems.

Clearly, Dr. Busse stated, "the initial participants in the project must be limited in number, each with an assigned task to do. But as the project proceeds we expect to involve a broad spectrum of participation by APA's district branches and their Area Councils, and by the national APA councils and task forces. It may be, for example, that the branches could organize regional meetings to consider and develop recommendations in some of the problem areas that will concern the conference. Any interested member, of course, is welcome to feed information to the preparatory commissions and suggest issues, problems, and opinions that bear on any of the topic areas."

The steering committee comprises, in addition to Dr. Busse, for the American Psychiatric Association: Drs. Jack A. Wolford, Robert J. Stoller, and Alfred M. Freedman; for the Association of Chairmen of Departments of Psychiatry: Drs. Bernard Holland, Eugene Brody, and Alan I. Levenson; for the American Academy of Child Psychiatry: Drs. Reginald Lourie, M. Jeanne Spurlock, and James P. Comer; for the American Association of Directors of Psychiatric Residency Training: Drs. Harvey Strassman, Paul Wachter, and Harvey Shein; for residents-in-training: Drs. Donna M. Norris and Everett C. Simmons; others are Drs. Lawrence C. Kolb, George W. Jackson, William B. Beach, Shervert H. Frazier, Jack R. Ewalt, David A. Hamburg, Melvin Sabshin, Julius B. Richmond, Samuel P. Martin, Howard J. Parad, Mr. Herman Hemingway, and Mrs. Dorothy Gregg.

Members of the preparatory commissions will be announced later after acceptances have been received.

Communications and requests for further information about the project should be addressed to the chairman, in care of APA headquarters in Washington, D.C.

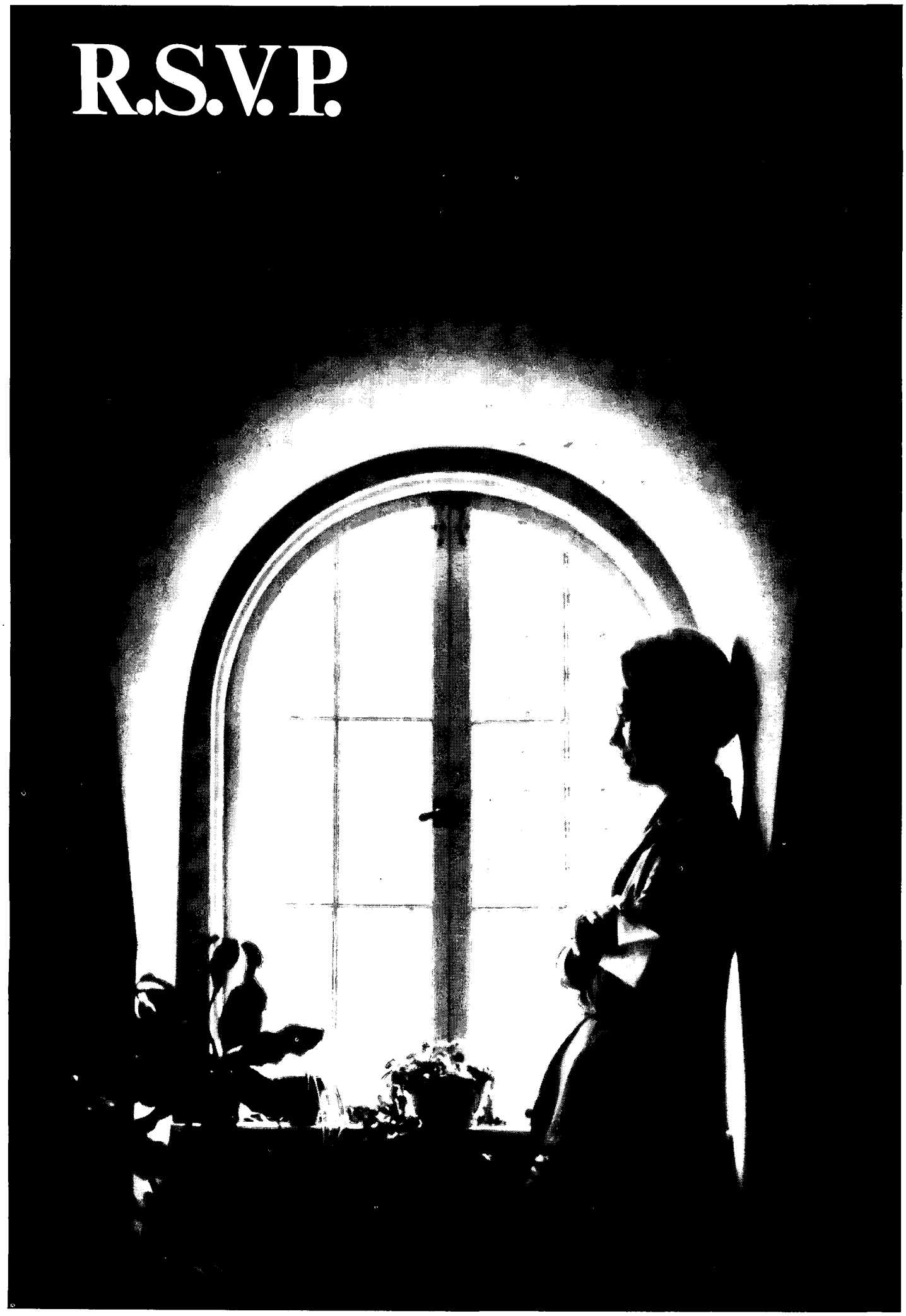
Runoff Election for Area III Trustee

BECAUSE IN A FIELD of four candidates running for trustee in Area III (Maryland, New Jersey, Delaware, the District of Columbia, and Pennsylvania) none received 40 percent or more of the vote in APA's election, there must be a runoff election between the two candidates who received the greatest number of votes, Dr. E. James Lieberman, who received 441 or 26.8 percent of the vote, and Dr. Harry Brunt, who received 437 or 26.5 percent of the vote. The other two candidates were Dr. J. Martin Myers, who received 430 or 26.1 percent of the vote, and Dr. Norman Taub, who received 296 or 18 percent of the vote.

Ballots will be mailed May 1, and all ballots must be returned and be in the hands of the Board of Tellers by May 24. Thus, it will not be possible to complete the process before the annual meeting in Detroit, and Area III's present trustee, Dr. John Nardini, will continue to serve until the election results are known at the end of May.

APA voters are referred to the "Special Election Issue" of *Psychiatric News* of February 6 for the original position statements submitted by the two candidates. If the candidates wish to modify or add to those statements, they will have the opportunity to do so in the May 1 issue of *Psychiatric News*. It is, therefore, suggested that voters hold their ballots until they have received that issue.

R.S.V.P.



She just doesn't respond to things. No interest. No energy. Discouraged.

It may be mild depression. She needs help...and she needs it now.

Counsel and reassurance may suffice. But if you decide supportive medication is indicated, Ritalin can offer prompt benefit.

Ritalin usually begins to act with the very first dose...boosts spirits and brightens mood...helps the patient get moving again. And Ritalin is generally well tolerated, even by older and convalescent patients. However, Ritalin should not be used for severe depression.

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helps the patient respond in mild depression*

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TABLETS

INDICATION
Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, FDA has classified the indication as follows:
"Possibly" effective: Mild depression
Final classification of the less-than-effective indications requires further investigation.

CONTRAINDICATIONS
Marked anxiety, tension, and agitation, since Ritalin may aggravate these symptoms. Also contraindicated in patients known to be hypersensitive to the drug and in patients with glaucoma.

WARNINGS
Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established.
Sufficient data on safety and efficacy of long-term use of Ritalin in children with minimal brain dysfunction are not yet available. Although a causal relationship has not been established, suppression of growth (*ie*, weight gain and/or height) has been reported with long-term use of stimulants in children. Therefore, children requiring long-term therapy should be carefully monitored.
Ritalin should not be used for severe depression of either exogenous or endogenous origin or for the prevention of normal fatigue states.
Ritalin may lower the convulsive threshold in patients with or without prior seizures; with or without prior EEG abnormalities, even in absence of seizures. Safe concomitant use of anticonvulsants and Ritalin has not been established. If seizures occur, Ritalin should be discontinued.
Use cautiously in patients with hypertension. Blood pressure should be monitored at appropriate intervals in all patients taking Ritalin, especially those with hypertension.

Drug Interactions
Ritalin may decrease the hypotensive effect of guanethidine. Use cautiously with pressor agents and MAO inhibitors. Ritalin may inhibit the metabolism of coumarin anticoagulants, anticonvulsants (phenobarbital, diphenylhydantoin, primidone), phenylbutazone, and tricyclic antidepressants (imipramine, desipramine). Downward dosage adjustments of these drugs may be required when given concomitantly with Ritalin.

Usage in Pregnancy
Adequate animal reproduction studies to establish safe use of Ritalin during pregnancy have not been conducted. Therefore, until more information is available, Ritalin should not be prescribed for women of childbearing age unless in the opinion of the physician, the potential benefits outweigh the possible risks.

Drug Dependence
Ritalin should be given cautiously to emotionally unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase dosage on their own initiative.
Chronically abusive use can lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during drug withdrawal, since severe depression as well as the effects of chronic overactivity can be unmasked. Long-term follow-up may be required because of the patient's basic personality disturbances.

PRECAUTIONS
Patients with an element of agitation may react adversely; discontinue therapy if necessary. Periodic CBC, differential, and platelet counts are advised during prolonged therapy.

ADVERSE REACTIONS
Nervousness and insomnia are the most common adverse reactions but are usually controlled by reducing dosage and omitting the drug in the afternoon or evening. Other reactions include: hypersensitivity (including skin rash, urticaria, fever, arthralgia, exfoliative dermatitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura); anorexia; nausea; dizziness; palpitations; headache; dyskinesia; drowsiness; blood pressure and pulse changes, both up and down; tachycardia; angina; cardiac arrhythmia; abdominal pain; weight loss during prolonged therapy. Toxic psychosis has been reported. Although a definite causal relationship has not been established, the following have been reported in patients taking this drug: leukopenia and/or anemia; a few instances of scalp hair loss.
In children, loss of appetite, abdominal pain, weight loss during prolonged therapy, insomnia, and tachycardia may occur more frequently; however, any of the other adverse reactions listed above may also occur.

DOSAGE AND ADMINISTRATION
Adults
Administer orally in divided doses 2 or 3 times daily, preferably 30 to 45 minutes before meals. Dosage will depend upon indication and individual response.
Average dosage is 20 to 30 mg daily. Some patients may require 40 to 60 mg daily. In others, 10 to 15 mg daily will be adequate. The few patients who are unable to sleep if medication is taken late in the day should take the last dose before 6 p.m.

HOW SUPPLIED
Tablets, 20 mg (peach, scored); bottles of 100 and 1000.
Tablets, 10 mg (pale green, scored); bottles of 100, 500, 1000 and Accu-pak blister units of 100.
Tablets, 5 mg (pale yellow); bottles of 100, 500 and 1000.
Consult complete product literature before prescribing.

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CIBA

The AMERICAN PSYCHIATRIC ASSOCIATION

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APA's exhibit
at the 127th Annual Meeting

featuring
"SERVICES TO MEMBERSHIP"

in

Hall "C"
Cobo Hall
Detroit, Michigan

May 5-9
Sun.-Thurs.

1:00 p.m. to 5:00 p.m.
Sun.

8:30 a.m. to 5:00 p.m.
Mon., Tue., Wed.

8:30 a.m. to 3:00 p.m.
Thurs.

Among those services displayed will be:

APA Publications*
Membership Information
District Branch Newsletter Award
Continuing Education Program
Physicians Education Project
Library and Museum Programs
Government Relations
Insurance Programs
Retirement Program
Hospital & Community Psychiatry Service
1973 Achievement Awards:
Hospital & Community Psychiatry Service

Staff members will be available to discuss services and programs.

Orders will be taken for APA publications.

**Includes periodicals, reference materials, books and pamphlets, and also APA medallions and jewlery.*

ATTENTION:
MENTAL HEALTH PROFESSIONALS

Representatives of the New York State
Department of Mental Hygiene Will Attend
The American Psychiatric Association Convention
Detroit, May 5-9, 1974

The Department has Outstanding Opportunities
For Medical And Non-Medical Administrators

Applications will be accepted for the following positions:

DIRECTOR, MENTAL HOSPITAL—$43,834

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These are management positions in the fullest sense, involving complete responsibility for program planning, policy making and the effective utilization of a facility's human and material resources.

COMPLETE INFORMATION
WILL BE AVAILABLE

BOOTH F16 A

Or may be obtained by writing:

DIRECTOR OF PERSONNEL
DEPARTMENT OF MENTAL HYGIENE
44 HOLLAND AVE.
ALBANY, NEW YORK 12208

Appeal to all Spanish Speaking Psychiatrists In the United States

The APA Task Force on Mental Health of Spanish Speaking People in the U.S. will hold an open forum at the Annual Meeting of the APA on Wednesday, May 8 from 2:00 to 5:00 P.M. at the Cobo Hall in Detroit.

Anyone wishing to submit ideas and suggestions for discussion at this open forum should submit them not later than May 1st to Pedro Ruiz, M.D., 781 East 142nd Street, Bronx, New York 10454.

Dogs Found Effective Therapy For Schizophrenic Patients

By Margaret McDonald

IT WAS SOMETHING of an accident that led the husband-wife team of Samuel and Elizabeth Corson to use dogs as part of the treatment regimen of some of their schizophrenic patients, but they now call that accident a "blessing in disguise."

Samuel Corson, Ph.D., and his wife Elizabeth, a research associate, both with Ohio State College's division of behavioral and neurobiological sciences, were doing some research with dogs and had established their "dog ward" adjacent to the laboratories and conditioning rooms at Ohio State's psychiatric hospital where they both worked.

Since the animals had not been debarked, patients could sometimes hear the dogs, a situation leading to complaints from some staff members. Patients, however, and particularly adolescents, many of whom had been uncommunicative, broke their self-imposed silences to ask whether or not they could play with or help care for the dogs.

This led the Corsons to initiate a pilot project to determine the efficacy of pet-facilitated psychotherapy (PFP).

The results of this study, reported recently at a London symposium sponsored by the British Small Animal Veterinary Association, indicate the effectiveness of PFP in conjunction with other therapies.

Used in the study were patients who had failed to respond favorably to traditional forms of therapy. Sixteen participated in the pilot project.

The dogs, and in some cases cats, were introduced to the patients either on the ward, in the dog kennels, or in the patient's bed, if he spent most of his time there. In some cases, the Corson team reported, "the patient would interact with different dogs in the kennels, so that the patient could choose a dog to suit his temperament or his particular needs at the particular time. A good deal of insight into the patient's feelings could be obtained by ascertaining what type of dog a patient chooses and by the reasons given for the particular choice."

Whenever possible videotape recordings were made of patient-therapist interactions, patient-dog interactions, patient-dog-therapist interactions, and patient-patient interactions.

Of the 16 patients utilizing pets thus far, they reported, five were studied in depth and videotape recordings were made with eight. Pet-facilitated psychotherapy was not successful in two patients, Dr. Corson said, "because these particular patients did not accept the particular pets. . . . Since we had a rather small staff, we decided not to pursue this form of therapy with these two patients." The other 14 patients showed some improvement.

"The presence of a pet on the unit has a positive effect on the other patients who observe the pet therapy," he reported. "The patients on the unit express a great deal of interest in the idea of using a pet as co-therapist. The staff respond warmly to the pet and to the idea of the pet therapy. An unexpected widening circle of warmth and approval is observed, over and above the interaction between the specific patient and pet. The pet often becomes a significant viable link of communication within the patient community as well as between the patients, the therapists, and the ancillary staff."

Dr. Corson further said that considerable experience has been gained in matching the personality and disorder of a particular patient and the type of dog with which the patient could best interact, but much more remains to be learned about this factor.

Among several case histories presented in the Corsons' paper is one about a 19-year-old psychotic patient who spent most of his time lying in bed, refusing to get up or participate in any type of therapy or activity, and remaining withdrawn and uncommunicative in individual therapy. Before starting electroshock therapy on the patient, it was decided to attempt to use a dog as part of a token reward system.

When a wirehaired fox terrier was brought to the patient's bed, he "raised himself up on one elbow and gave a big smile in response to the dog's wildly friendly greeting," according to the Corsons, and soon volunteered his first question, "Where can I keep him?" "Then," said Dr. Corson, "to everyone's amazement, he got out of bed and followed the dog when she jumped to the floor."

In the next few days after being introduced to the dog, the patient became active in working for tokens, began noticing other patients, attended group therapy, and requested EST after noticing that it had helped other patients. He was subsequently discharged, with his psychiatrist judging the introduction of the dog to be the turning point in the course of his recovery.

"Since it is the responsibility of the psychiatric and nursing staff to shorten the hospital stay," said Dr. Corson, "it does not appear to be feasible to withhold other forms of therapy during the introduction of a new therapeutic procedure. All we can say at this time is that results appear to be very encouraging, particularly since we have selected patients who have reached a plateau of non-responding to all traditional forms of therapy. The fact that none of the patients introduced to PFP exhibited unfavorable effects or a deterioration in their condition would also support the thesis that PFP may turn out to be a significant addition to the psychotherapeutic armamentarium."

Nominations

THE FOLLOWING PERSONS were nominated for office at the recent meeting of the American Association of Directors of Psychiatric Residency Training: DR. SHERWYN M. WOODS, director of graduate education in psychiatry in the University of Southern California School of Medicine, president-elect; DR. WILLIAM VAN VEEN, director of residency training at the Louisiana State University Medical Center department of psychiatry and biobehavioral sciences, secretary; and DR. WILLIAM ZELLER, director of psychiatric education at the Institute of Living in Hartford, Connecticut, treasurer.

APA Urges Continued Support For CMHC System Funding

THE AMERICAN PSYCHIATRIC ASSOCIATION has voiced strong support for H.R. 11845 for continued support of the community mental health system, in testimony before the Subcommittee on Public Health and Environment of the Interstate and Foreign Commerce Committee and has urged the committee and the Congress to "place a top priority on this piece of legislation, so that programs around the country [will] . . . not be forced to scale down their programs."

APA Vice-President Mildred Mitchell-Bateman, testifying on behalf of the Association, said, "This excellent bill incorporates many features in community mental health which constitute a significant improvement in the legislation." These features, she said, "list comprehensive services which a center must deliver, embracing every major priority of need in mental health services within the community."

Pointing out that the Association has long favored a plan guaranteeing an appropriate range of services for children, the elderly, and alcohol and drug abusers, Dr. Mitchell-Bateman said that if centers are to provide comprehensive services, "they must establish and maintain the capability to deliver these specialized kinds of services."

Regarding national health insurance, she said that the Administration has stated that further support for CMHC's will not be required since national health insurance "will take up the slack." However, H.R. 11845 stipulates that federal funds should continue to be made available to initiate new centers until NHI is enacted to insure that all Americans have "financial access to the mental health services presently available through CMHC's. Since it is not known at this time when a national health insurance program will be enacted, and what services such a program will provide, we would respectfully suggest that the language be broadened to insure sufficient funding for initiation grants and consultation and education services even after passage of national health insurance."

Dr. Mitchell-Bateman also stressed the importance of providing follow-up care through community mental health centers for patients discharged from state mental health facilities. This provision, she said, "must be made an unequivocal mandate in the legislation." She also said that state mental hospitals should at least be required to notify the centers of the release of patients.

The formula proposed in the bill concerning the governing body, that at least one-third of the members shall be individuals who are not providers of health care services, "represents a reasonable proportion of consumers. The Association agrees that consumer participation guarantees an element of community interest and participation."

She further stated that the elements of quality assurance, confidentiality, and public accountability contained in the bill "are essential in providing quality services and the maintenance of confidentiality—the cornerstone of psychiatric treatment."

The Association is also in harmony with the bill's provision that the center will enter into cooperative arrangements with HMO's for the provision through the center of mental health services for members of the organization who are also residents of the center's catchment area, to the extent that this is practicable. "Although this will be desirable and practical in many cases, and would avoid duplication of services, this section should not be altered to any other form since there will clearly be many cases when this type of linkage would make it difficult for the HMO subscriber to obtain mental health services."

The bill also prohibits professionals who provide services to patients through the center from providing these services to the patients except through the center. "We agree with the principle expressed, but believe that health professionals should be able to provide services to CMHC patients in such cases where the center cannot provide the type and extent of services clearly indicated from a psychotherapeutic standpoint, and in such cases only with the specific approval of the director of the center and review of such cases by center authority."

The Association also supports the bill's proposed authorization levels, which are at a level consistent with the authorizations of past years and "compatible with the continued growth of the network."

"This renewal legislation," Dr. Mitchell-Bateman told the committee, "incorporates many significant improvements in the requirements and operation of CMHC's and provides the necessary authority to prevent vital federal supports from lapsing."

Dr. Mitchell-Bateman is director of the department of mental health of West Virginia.

Drug Users

A STUDY of 50 patients admitted to the Colorado Psychiatric Hospital has concluded that the drug abusers among them—approximately 40 percent of the admissions—"apparently were less disturbed" and showed "less underlying pathology" than the non-abusing patients in the group. While the drug users had "extremely chaotic and unhappy lives," according to the four researchers, "they had fewer functional psychotic diagnoses, shorter hospitalizations, and 'healthier' mean MMPI profiles than non-abusers." According to the researchers, "Abusers were in the hospital because of drug abuse; their other problems in living could have been treated out of the hospital." They said that about 20 percent of the hospitalizations would not have occurred had it not been for drug use. They found that the schizophrenics used drugs sparingly and did not use prescription stimulants more than twice per month. The neurotics, however, "used a few drugs as much or more than the drug-necessitated admissions." Patients with character disorders, or those whose drug use prompted hospitalization, used drugs significantly more than other patients just prior to admission. The report, by Drs. Thomas Crowley, David Chesluk, Stephen Dilts, and Robert Hart, appears in the January issue of the *Archives of General Psychiatry*.

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Planning Committee Schedules Next Conference for March 1975

THE PLANNING COMMITTEE (Dr. Alfred M. Freedman, chairman) has scheduled the next APA planning conference for March 13-15, 1975. Basically the conference will address itself to identifying the major issues and priority of concerns that impinge critically on the profession today and how to increase membership involvement in developing policies and strategies for coping with them. The Planning Committee is determined to involve as many members and components of the Association as possible in preparing for the meeting, and to this end proposes the following steps:

a) To begin with, members of District Branch Area Councils, delegates to the Assembly of District Branches, and the presidents-elect of district branches, all of whom will meet in Detroit in May, are requested to come to their meetings with suggested plans for eliciting an input into the conference from branches across the board.

b) After Detroit, and by no later than September 15, all district branches are requested to submit a formal statement to their Area Councils on any aspects of the conference theme they wish.

c) The Area Councils are requested to hold "open forum" meetings on or about the first week in October to consider the district branch reports. Funds will be made available to the Area Councils to assist with meeting and reporting expenses (but not individual hotel and travel expenses).

d) After the Councils meet they are requested to prepare a final report for the Assembly of District Branches, which will meet November 1-3.

e) The Reference Committee of the Board, meeting in June, is requested to initiate procedures for involving the eight national APA Councils and their components in the preparation of advance working documents for the conference.

f) The Planning Committee will also ask selected experts to prepare advance working papers on some of the major issues to be considered by the conference.

g) The net products of the branches, the Councils, and the experts will be considered by the Board at its meeting in December, at which time a final agenda for the conference will be formulated.

h) Those who are invited to attend the final conference in March will be reimbursed for their travel but not their food and lodging.

MH Research

WHILE ALL THE ANSWERS behind mental illness are not yet known, research can produce them, according to Harvard researcher Dr. Seymour S. Kety, writing in *MH*.

"All in all, I am more encouraged about the prospects for research and its contribution to the major mental illnesses than I have ever been before," he says.

However, he cautions against looking for the "spectacular breakthrough," adding that the public can shortchange itself by insisting that relevance that it can appreciate take precedence over the criteria available in competent scientific review.

Letters

Continued from page 2

improve the care, treatment, and rehabilitation of the mentally ill, emotionally disturbed, and mentally retarded."

But recent experience has shown two things. First, litigation is a powerful if blunt weapon that can affect our goals for the better or the worse. Second, if APA does not provide guidance and leadership in litigation, change will more likely be destructive, and psychiatrists may be held *personally* accountable for money damages. Thus, APA must be involved both for professional reasons and for reasons of self-interest.

It is against this background that APA joined in the lawsuit that Dr. Peele finds objectionable. That litigation, it is hoped, will establish that the District of Columbia must provide good treatment alternatives for those who do not require confinement at St. Elizabeths. APA does not intend to demean the work of psychiatrists at St. Elizabeths or the families who have offered their homes for foster care. We are satisfied, however, that much more must be done and that human and financial resources to do more must be provided, both in the District and elsewhere.

The statutes in the District of Columbia allow a strong case to be made that the law requires those resources be provided. It is hoped that an important precedent can thus be set expanding the growing legal mandate of the right to treatment.

This, then, is a crucial test case, and hopefully other directly involved members of APA will take it with the same grace that Bert Brown, also a named defendant, has displayed. Speaking before NAMH, he said: "One finally finds the answer to schizophrenia. My professional self has sued my political self. And I will find myself testifying sincerely on both sides."

I hope Dr. Peele will recognize that the other side does exist.

Alan A. Stone, M.D.
Cambridge, Mass.

IN A GUEST EDITORIAL in *Psychiatric News* of February 20, entitled "APA's Lawsuit," Dr. Alan A. Stone endorses the decision of the APA Executive Committee to become a plaintiff against St. Elizabeths Hospital in Washington, D.C. He goes on to state that "legal formalities may make it necessary to include psychiatrists among the named defendants. . . ."

Regardless of the intent of the committee, it is plain that the APA physicians will be suing St. Elizabeths' physicians. For one physician to become adversary to another in a nonscientific legal action is a highly destructive action, no matter how constructive the purpose. It breeds mistrust in the profession, offers a spectacle to the public which implies that physicians are more biased than scientific, and, thus, cannot resolve their differences, and it is probably medically unethical. It also helps scapegoat just those physicians Dr. Stone agrees are caught in a ". . . legal and political crossfire."

If the committee disagrees with the medical practices of the St. Elizabeths Hospital medical staff, the differences should be directly discussed with them. If irreconcilable, they should be independently evaluated by mutually

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agreed upon medical consultants, whose recommendations should be followed.

We must resolve our own problems in our own house. Any physician who becomes adversary in any way in a legal action will soon discover that he is being manipulated by the law, rather than serving it.

I teach psychiatry and law at Columbia University, and am chairman of the Task Force on the Right to Treatment of the American Academy of Psychiatry and the Law. I hope you find my comments of value.

Augustus F. Kinsel, M.D.
New York, N.Y.

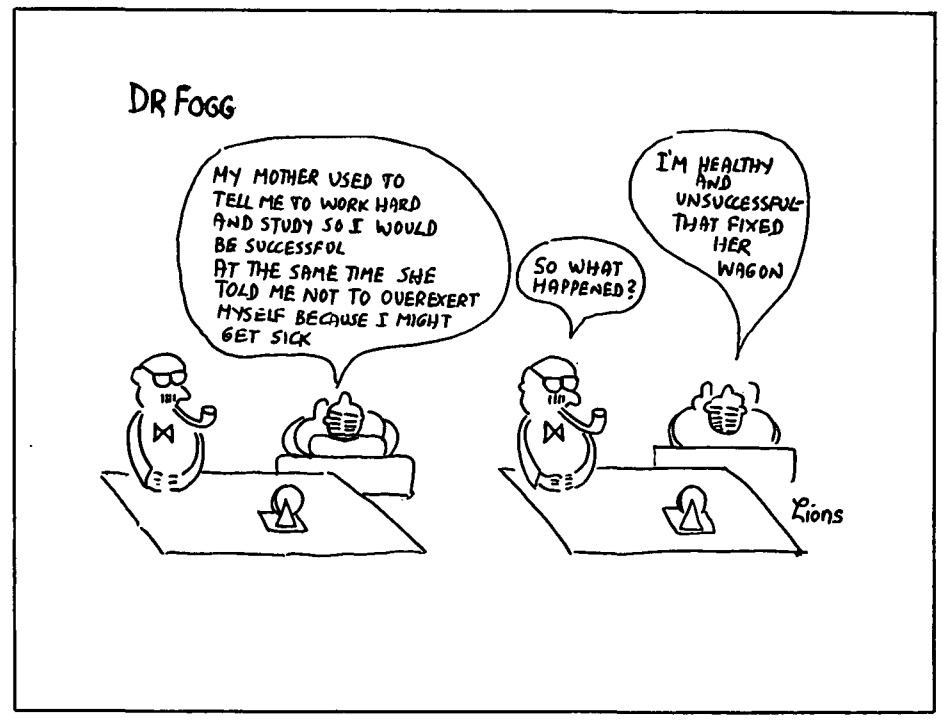
Internship

I AM A THIRD-YEAR RESIDENT in psychiatry at Yale University. I entered my psychiatric training without an internship and found my experiences as a resident challenging, rewarding, as well as validating my choice of not having taken a regular medical internship.

I would strongly recommend that prior to any changes in the current policy regarding internship requirements [*Psychiatric News,* February 20], not only chairmen of departments be consulted but also we residents who could share with the Residency Review Committee our thoughts, perceptions, and experiences on the matter.

The avenues to becoming a psychiatrist are many, the internship route being just one of them. I would, therefore, suggest that it continue to be so on an optional basis.

Eliot Sorel, M.D.
New Haven, Conn.



NIMH Reaffirms Commitment To Minority Group Concerns

NIMH DIRECTOR Bertram S. Brown reaffirmed NIMH's commitment to minority group mental health programs recently in welcoming researchers and community representatives to a conference on current mental health issues in the Asian-American community.

A major problem discussed by the conferees was what was called a myth that Asian-Americans are self-sufficient and do not need social services. This widely-held belief tends to be reinforced by Asian-Americans who fear the stigma of mental illness, according to the researchers. As a result, they may not seek treatment until they are seriously ill.

Sponsored by the NIMH Center for Minority Group Mental Health Programs, the meeting provided an opportunity for Asian-American representatives of community organizations to exchange information and research reports with four Asian-American scientists whose programs are funded by the Center.

K. Patrick Okura, executive assistant to the director of NIMH, chaired the meeting and stressed the need for Asian-Americans to overcome their "silent minority" image and to actively seek solutions to their problems.

Mr. Okura's view was supported by Dr. Stanley Sue, assistant professor of psychology at the University of Washington. Dr. Sue, who surveyed 18 mental health facilities in the State of Washington between 1970 and 1973, found that although Asian-Americans make up two percent of the state population, only .06 percent used the mental health facilities. More than 50 percent of those who did seek help did not return after their first visit as compared to 33 percent of the white clients, and those who did use the facilities were more severely disturbed than members from other groups.

Dr. Bertram S. Brown, director of the National Institute of Mental Health, is shown addressing the recent conference held by NIMH on mental health programs for minority groups. Dr. Brown reaffirmed NIMH's commitment to minority programs.

Dr. Sue suggested that if Asian-Americans are not mentally healthier than other Americans, their under-utilization of mental health facilities may be due to language barriers, fear of stigma, and the tendency to maintain the stereotype that Asian-Americans are more self-sufficient and less needy than others. The high drop-out rate suggests that even when Asian-Americans did seek help, their needs were not met and, according to Dr. Sue, a new type of mental health program may be indicated.

The under-utilization of all social services by Asian-Americans in the Sacramento area was discussed by Dr. Ivy Lee, assistant professor of sociology at the Sacramento State College. Dr. Lee is carrying out a demographic and attitudinal survey and has found that a large number of those interviewed were unaware of services offered in the community. She also found a significant correlation between those who knew of helping organizations and those who used them, and that people were more apt to seek help when they had heard about the service from more than one source. Further, it appeared to Dr. Lee that information about available services was not reaching the neediest Asian-Americans. Other significant factors contributing to under-utilization, said Dr. Lee, were cultural attitudes that stressed "taking care of your own" and the stigma of mental health problems.

Finally, Dr. Bok-Lim Kim, assistant professor of social work at the University of Illinois, gave a progress report on her survey of Asian-Americans in the Chicago area, and Lemuel Ignacio, project director of the Asian-American Mental Health Federation, ended the conference on the optimistic note of reporting progress in organizing the nine regions throughout the nation, which comprise the federation. The federation was funded by the NIMH Center of Minority Group Mental Health to facilitate the programs and priorities developed at the first national Asian-American Mental Health Conference held in San Francisco in 1972. At that time, representatives from NIMH and other government agencies met with members of Asian-American communities from all over the country to discuss mental health issues and needs.

Correction

Psychiatric News reported in its March 20 issue that manuscripts from the library of Alfred Adler had been donated by his son, Dr. Kurt A. Adler, to the Library of Congress. It should have been noted in that report that the manuscripts were donated jointly by Dr. Kurt Adler and his sister, Dr. Alexandra Adler. The Editors regret the omission.

Child Psychiatrists to Meet in Philadelphia

PROFESSOR SERGE LEBOVICI of Paris, president of the International Psychoanalytical Association, heads a long list of world famous psychiatrists, psychologists, and other mental health specialists scheduled to participate in the Eighth International Congress of the International Association for Child Psychiatry and Allied Professions, to be held in Philadelphia, July 28-August 2.

The theme of the congress is "The Vulnerable Child," focusing on psychiatric risk and mastery factors in childhood and adolescence. Symposia will be held in regard to the child as an individual, the child and the family, the child and the school, and the child and the community. Simultaneous translations will be provided in English, French, and Spanish.

Dr. E. James Anthony, president of the association, said that the five-day conference, which was last held in Israel in 1970, will feature professional meetings and lectures, symposia, discussion groups, visits to mental health facilities for children, educational exhibits and films, sightseeing tours, and special events. It is coming to the United States for the first time.

Pre-congress tours of leading child mental health centers in Boston, New Haven, Washington, and Baltimore are being scheduled, he said.

Dr. Lebovici will discuss "The Children's Clinic in the Community" as the Gerald Caplan Lecturer. More than 100 prominent leaders in the field of child and family mental health have agreed to participate in the congress. Among them are Dr. Tol Asuni, Africa's leading child psychiatrist; Professor Alan D.B. Clarke of England, an expert on mental retardation; Reimer Jensen, a child psychologist from Copenhagen; Dr. Joseph Marcus, a research child psychiatrist from Israel; and Dr. John Spiegel, APA's president-elect.

One of the highlights of the congress will be the "Great Pioneers" panel, to be chaired by Dr. Peter Neubauer, president of the Association for Child Psychoanalysis, and featuring Drs. Peter Blos, Bruno Bettelheim, Rudolf Ekstein, Erik Erikson, Margaret Mahler, and Fritz Redl.

All professional papers are being arranged through Dr. Albert Solnit, of the Yale Child Study Center in New Haven, Connecticut. Reservation forms may be obtained from Dr. Herman D. Staples, Congress Organizing Committee, P.O. Box 1974, Philadelphia, Pa. 19105.

Summer Institute

THE INTERNATIONAL Committee for Adlerian Summer Schools and Institutes will hold the Rudolf Dreikurs Summer Institute July 28-August 11 at the Leeuwenhorst Congress Center near the North Sea in Holland. Further information is available from Edna Nash, Secretary-Treasurer, ICASSI, 302-2020 Bellevue Ave., West Vancouver, B.C., Canada.

APA Schedules Joint Meeting in '75 With Australians

THE AMERICAN PSYCHIATRIC ASSOCIATION and the Australian and New Zealand College of Psychiatrists will hold a joint meeting May 11-16, 1975, in Melbourne, Australia, following the APA annual meeting in Anaheim, California. Following the meeting a series of symposia will be held at many of the medical schools in Australia and New Zealand. The trip will extend for 17 days, permitting visits to the major cities in the area. Departure will be Friday, May 9, and return to the United States Monday, May 26.

The program committee is requesting abstracts from APA members who may wish to present papers. The Melbourne meeting will focus on transcultural psychiatry, urban and social anthropology, as well as topics of general psychiatric interest. Medical school symposia will deal with topics such as feeding disorders, violence, community mental health, anxiety, studies of body image, and sleep disorders. Abstracts will be accepted until August 15, and should be sent to Dr. Floyd Cornelison, 1025 Walnut St., Philadelphia, Pa. 19107.

Following the Melbourne sessions there will be a visit to Canberra, Australia's capital, and Sydney, its major city. In Sydney psychiatric meetings will be held at the city's two medical schools. Sightseeing, including a visit to the Sydney Opera House, is planned.

Following these meetings, if arrangements can be made, APA members and spouses may choose to visit northern Australia with psychiatric meetings to be held in Brisbane and on the Great Barrier Reef, followed by a tour of Fiji. Others may choose to visit South and North Islands of New Zealand. This will include psychiatric sessions at the medical schools. There will also be sightseeing of the mountains of South Island and the Maori country and geysers of North Island.

At APA's Detroit annual meeting, Travel Planners of San Antonio, Texas, will have an exhibit booth at which members may acquire information materials about the joint meeting and may pick up forms for submitting program abstracts. Inquiries about the program should be addressed to Dr. Cornelison. Travel information may be obtained from Travel Planners, Box 32366, San Antonio, Tex. 78216, or from Dr. Alfred Auerback, Chairman, Planning Committee, 450 Sutter St., San Francisco, Calif. 94108.

New Antidepressant

A NEW DRUG, Trazadone, seems to have antidepressant and tranquilizing actions with practically no side effects and without interfering with other drugs administered to "somatic" patients, Dr. Mauricio Knobel, assistant professor of psychiatry at the University of Buenos Aires, told the International College of Psychosomatic Medicine. In an experiment with 100 selected cases, Trazadone proved to be useful in shortening treatments and improving mood and social capacity in the 68 patients who completed the experiment, he said. In the 32 other cases, physicians did not continue to give the drug, and Dr. Knobel described their failure to do so as an example of "evident resistance to the psychological approach in medicine." Some doctors "even admitted that they noticed some improvement in their patients," he said. The article is reported in *Hospital Tribune.*

Doxepin Rated Better Than Combination for Anxiety-Depression

DOXEPIN proved more successful in treating depression in a group of neurotic patients with mixed anxiety and depression than a combination of amitriptyline and chlordiazepoxide, in a double-blind study conducted in Helsinki. In addition, the effect on the psychic status of the patients, and their anxiety was more favorable with the use of doxepin.

The study, conducted by B. Trappe, treated 30 patients, 21 males and nine females, as outpatients at the Haaga Rehabilitation Institute of the Central Mental Hospital of Helsinki. They were given coded capsules containing either 25 mg. of doxepin or 25 mg. of amitriptyline with 10 mg. of chlordiazepoxide. The daily dose varied from three to 12 capsules for an average of four weeks. Fourteen patients received amitriptyline-chlordiazepoxide, and 16 patients were given doxepin. Prior to treatment the patients had been drug free for one week.

The anxiety rating scale developed by Hamilton was employed. The total scores describing the overall situation were calculated and the changes in the global state, depressivity, anxiety, and somatic symptoms were determined using the t-test.

In anxiety, according to Trappe, the scores of the patients treated with doxepin decreased with 54.8 percent and the scores of those treated with amitriptyline-chlordiazepoxide with 28.0 percent. In depression the scores of doxepin-treated patients decreased with 58.97 percent, he said, and the scores of those treated with amitriptyline-chlordiazepoxide with 8.82 percent. He said the results of somatic symptoms were not statistically significant.

"When treated with doxepin, patients suffering from neurotic complaints and depression and anxiety [had] results [that] exceeded those obtained with amitriptyline-chlordiazepoxide," he said. "Side effects were slight and easily controllable."

The study was reported in *Psychiatria Fennica 1973.*

New Test Developed To Rate Organicity

A NEW PSYCHOLOGICAL TEST for differentiating between brain damage and psychiatric conditions has been developed by Dr. Gerald Goldstein, research psychologist, and a team of researchers at the Topeka, Kansas, Veterans Administration Hospital. The patient is given the task of locating the position of two black squares in mixed blocks of alternating black and white squares. It is based on the fact that effective and rapid search of the visual field for an object requires close integration between visual and motor brain mechanisms, according to Dr. Goldstein. He said the test has proved 94 percent accurate in differentiating between brain damaged and normal persons and 79 percent accurate in differentiating between brain damage and psychiatric illness. Dr. Goldstein, along with Drs. Philip M. Remmick, Robert B. Welch, and Carolyn H. Shelly, report their findings in the December 1973 issue of the *Journal of Consulting and Clinical Psychology.*

Blue Cross

Continued from page 1

o Claims denied on the basis the policy does not cover "milieu" therapy. Dr. Gibson complains Blue Cross seems to have no clear-cut idea of what milieu therapy is in psychiatric care. He notes patients are being denied claims on the basis of milieu therapy as a custodial or social control mechanism, even though a patient concurrently receives drug therapy, individual and group psychotherapy, family therapy, and other specific treatments.

In 1972 the federal Blue Cross-Blue Shield plan inserted in the pamphlet describing its coverage a clause that "milieu or milieu therapy (confinement in an institution primarily to change or control environment)" would be excluded.

o Claims denied upon review of records by nurses who decide whether hospitalization is justified and whether a treatment appears to be primarily milieu therapy. Dr. Gibson believes it "totally unacceptable" that such decisions are made by non-psychiatrists because of the complexity of clinical judgment.

o Administrative procedures for denial of claims often create severe hardships. Denials are often retroactive, Dr. Gibson asserts, often as long as two or three months after treatment has begun. Appeal processes are cumbersome, and there is often a lack of communication between the local and national offices.

Dr. Gibson's task force has been collecting benefit-denial data from a wide range of private psychiatric hospitals, has held meetings with representatives of Blue Cross to open up communications, and has been in touch with members of Congress. One of these members was Congressman Waldie, who was instrumental in bringing about the California study.

Because of his chairmanship of the subcommittee overseeing the federal employees' insurance program, Congressman Waldie carries more clout than most representatives. His staffers have expressed particular concern over the Blue Cross mental health cutbacks since more than 80 percent of all federal employees are covered by its plan.

They feel a recently enacted ordinance granting the Civil Service Commission the power to overturn denials of benefits will have little effect since the commission has characteristically not pursued the interests of the federal employee. They express alarm at the stringent attitude taken in cutting back claims and hope the California study group can come up with beneficial guidelines.

"There is a legitimate question about the discretion of Blue Cross in this area," says congressional staffer Bruce Gwinn. "The cuts place into real doubt what validity the contract has, because at any point the company has the power to redefine the type of therapy a patient is receiving. . . . One month they may allow it, the next month they may say it's milieu therapy."

A bold face block in the federal employees' benefit pamphlet reads, "The fact that a physician may prescribe, order, recommend, or approve a service or supply does not, of itself, make it medically necessary or make the charge an allowable expense, even though it is not specifically listed as an exclusion."

Congressional staffer Don Terry agrees that "milieu therapy means a lot of different things to a lot of different people." He adds, "The experience I've had is that after ten to 14 days in the hospital, even though the policy calls for 360-day benefits, a claim will be stringently reviewed and ultimately denied by Blue Cross" in mental health benefit areas.

Mr. Terry maintains, "This has a devastating effect on the insured . . . but also has an adverse effect on the way psychiatrists are treating their patients. . . . If the policy says 365 days and doesn't mean it, the insured would be better off if it said 30 days and meant it."

Mr. Terry helped set up the California study to see if some guidelines could be drawn up in the mental health area. He brought together officials from Southern Blue Cross with representatives of the California Hospital Association and the National Association of Private Psychiatric Hospitals, which agreed to set up a committee to formulate the guidelines.

The committee met last week to review materials from Dr. Gibson and other sources, as well as to appoint a small working group to outline the committee's task more precisely. The committee plans to pass along its recommendations on nervous and mental health benefits to national Blue Cross officials and Congressman Waldie's subcommittee in hopes they can be used for the federal employee insurance package.

Mr. Terry says the subcommittee "will be very aggressive and insistent" that the guidelines be applied to the federal employees' plan.

Dr. Gibson reported that Sheppard and Enoch Pratt Hospital has affected some change in the way claims are handled by Blue Cross in Maryland. In an effort to solve problems about confidentiality, the hospital provides specific items of information relevant to claims review each month rather than comprehensive notes and entire charts. Blue Cross has appointed a panel of psychiatric consultants to review particularly complicated claims where denial is under consideration and has trained a Sheppard Pratt medical records analyst to review claims internally before they go to the insurance company.

But Dr. Gibson noted that such a relationship was the exception rather than the rule in the nearly four score Blue Cross plans across the country. Requests for a patient's entire medical record still pose severe problems of confidentiality, he said, even though a patient may have signed a blanket release. Most patients, Dr. Gibson maintained, have little idea of the amount of information requested. Retroactive denials, he said, still leave patients facing a cumbersome review process.

The exclusion of milieu therapy, Dr. Gibson added, is still "perplexing." In a letter to Mrs. L. F. Carpenter, contract administration director of the Blue Cross federal employees' program, Dr. Gibson noted that much of the reasoning in its exclusion "is by analogy with medical problems which may be inappropriate.

"Psychiatric hospitals have for many decades been developing a body of theory and practice about the therapeutic application of the environment—that is, the milieu," he wrote. "This is quite different from the usual surgical and medical hos-

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pital where the milieu is a rather incidental element of treatment which may have little influence on the outcome of treatment and certainly is not a major therapeutic modality. The exclusion when milieu is the primary treatment leads to many ambiguities. To some extent all patients are sent to a psychiatric hospital because they need the specialized environment of the hospital in order that treatment can be carried out. This does not mean milieu therapy is primary but in most cases it must be considered as a prerequisite."

Mrs. Carpenter could not be reached for comment.

Dr. Gibson said the possibility of a class action lawsuit for milieu therapy denials had been discussed but no such move is foreseen in the near future. He added that several patients are considering bringing independent lawsuits.

Dr. John Donnelly, a member of the special task force and chief psychiatrist of the Institute of Living in Hartford, Connecticut, says his hospital has had a "complete lack of success" in obtaining from Blue Cross officials any information on decisions with regard to coverage for hospitalization provided by the federal employees program for patients admitted to the Institute of Living.

In a letter to the Civil Service Commission outlining his problems, Dr. Donnelly writes, "It appears to us that the guidelines used and interpreted by the Federal Blue Cross are unrelated to the need for hospitalization in a psychiatric hospital; that the information provided to potential subscribers to the FEP Blue Cross program is misleading; and that, as a consequence of unjustified delays, patients are burdened with outstanding hospital bills and the psychiatric hospital exposed to considerable amounts in bad debts."

APA Deputy Medical Director Donald Hammersley is scheduled to meet with Mrs. Carpenter this week to discuss mental health insurance benefits. Joining him will be economist Louis S. Reed and Evelyn S. Myers, coordinator of psychiatric insurance coverage for APA, both of whom, with Patricia Scheidemandel, wrote the book *Health Insurance and Psychiatric Care: Utilization and Cost.*

Joint Commission Announces New Child Facility Standards

THE ACCREDITATION COUNCIL for Psychiatric Facilities (AC/PF), a program of the Joint Commission on Accreditation of Hospitals (JCAH), announced in March the publication of its new standards for psychiatric facilities serving children and adolescents.

Entitled the *Accreditation Manual for Psychiatric Facilities Serving Children and Adolescents,* the standards are designed for nationwide use by inpatient, partial-day, and outpatient facilities interested in measuring the quality of care and services they provide.

Jack White, program director of AC/PF, said, "We believe that most facilities will welcome a program that reveals the levels of care and services they're delivering, especially when compared to a set of nationally approved standards. It's true our surveys will point out, in detail, those changes that must be accomplished before accreditation can be achieved. But we don't intend to be arbitrary or harshly judgmental because we know change doesn't always happen overnight. Our program is consultative and educational; it is meant to encourage excellence, not discourage it because of an emphasis on a pass/fail mechanism."

In general, to achieve accreditation, the facility must be a psychiatric facility with a governing body, its own administration, and a mental health professional staff. Its primary function must be the assessment and/or treatment and rehabilitation of children and adolescents with emotional and/or behavioral disorders and/or deviations or disturbances in their development. There must be psychiatrists or other physicians who assume medical responsibility for all patients under the care of the facility. In facilities that primarily serve children, psychiatric responsibility should rest with a child psychiatrist. In facilities that serve adolescents, psychiatric responsibility should rest with a child psychiatrist or other psychiatrist who has training or experience and demonstrated competence in the care and treatment of adolescents. In any facility where medical responsibility for these patients rests with physicians other than psychiatrists, such physicians should have training or experience and demonstrated competence in caring for children and/or adolescents.

Mr. White said, "In addition to publishing the standards, we intend to begin surveying a number of facilities which have sought an early involvement in the program. In fact, we are now in need of more surveyors."

He explained that surveyors must be child psychiatrists, eligible for certification or board certified and must possess both clinical and administrative experience. They are needed for full-, half-, or quarter-time work. (Additional information is available from the Accreditation Council for Psychiatric Facilities, JCAH, 875 North Michigan Avenue, Chicago, Illinois 60611, phone: (312) 642-6061.)

The Joint Commission's Accreditation Council for Psychiatric Facilities, formed in 1970, is comprised of individuals appointed by the American Psychiatric Association, American Academy of Child Psychiatry, American Association on Mental Deficiency, American Association of Psychiatric Services for Children, American Hospital Association, Association of Mental Health Administrators, National Association of Private Psychiatric Hospitals, National Association of State Mental Health Program Directors, and National Council of Community Mental Health Centers.

CMHC Handbook

HEW's Alcohol, Drug Abuse, and Mental Health Administration has issued a 133-page publication, *Guidelines for a Minimum Statistical and Accounting System for Community Mental Health Centers,* available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, for $1.60 a copy.

Company Claims New Computer Methods Will Aid Drug Studies

A NEW CONCEPT in pharmaceutical research reportedly could lead to products effective in the treatment of inflamatory disorders, such as arthritis and asthma, as well as depression, anxiety, and schizophrenia.

While the traditional approach to pharmaceutical research starts with the "blind" creation of a compound, and almost "random experimentation" as to how these compounds can be pharmacologically useful, the Nelson Research and Development Company of Irvine, California, claims it uses new analytical "tools" developed in the past decade. These include molecular modeling, computer analysis of the structure and function relationships of chemicals, and the use of drug receptors isolated from animal tissues. In this way, according to the company's president Dr. Eric Nelson, the reaction of the drug at the site where it is to be effective is determined "before actually synthesizing the compound."

Nelson Research has signed licensing agreements with a number of companies here and abroad, and claims to have brought several compounds to the point where they offer distinct promise of becoming products, according to Dr. Nelson. "Some of these compounds have potential in areas of extreme interest to the medical community: treatment of inflammation and glaucoma."

The company also plans to seek similar compound design successes in the development of new compounds for the treatment of mental disorders; and study of new diagnostic techniques to provide improved, low-cost tests for early detection of disease.

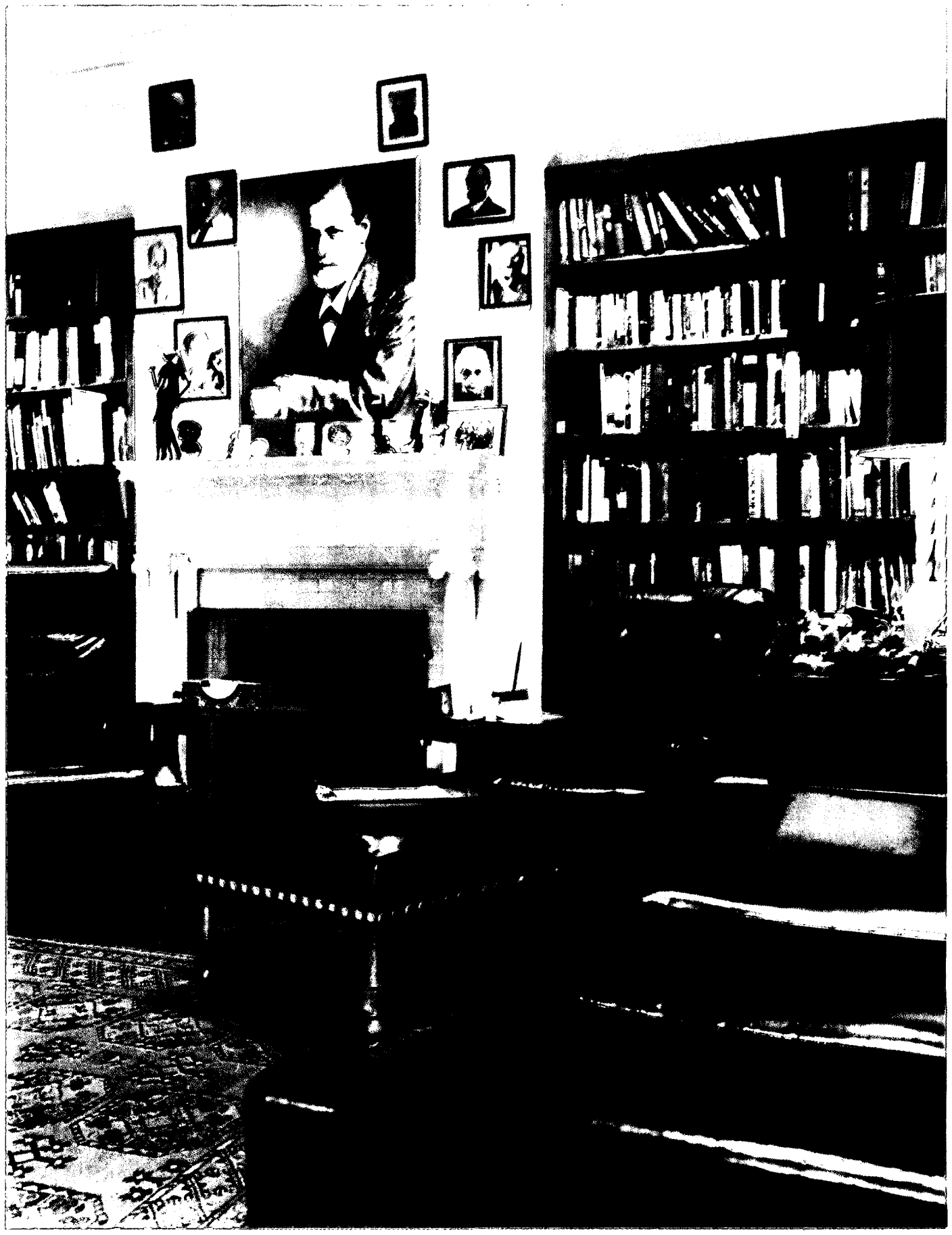
Abortion Position

THE MASSACHUSETTS PSYCHIATRIC SOCIETY, INC., an APA district branch, recently voiced opposition to proposed Constitutional amendments that would reverse the 1973 Supreme Court decision recognizing abortion as a matter of private choice.

"We recognize the complexity of the moral issues, and because of their very complexity regard it as essential that the responsibility for the decision be an individual one," the society said in its position statement.

"Medicaliy, abortion should be dealt with as an elective medical procedure, in which the patient's choice is primary and the physician acts on his own principles and best medical judgment. Psychiatrists see their role as consultants, when elected by the patient, or when recommended by the physician."

The statement reflects "only a further evolution of positions" taken by APA and recognizes "the accumulation of medical evidence that the availability of legal abortions has reduced maternal and infant morbidity and mortality rates, and has not resulted in increased psychiatric morbidity. In our concern with the preventive aspects of mental health, we recognize and weigh heavily the prevention of psychiatric morbidity in unwanted children, the avoidance of developmental interference from adolescent motherhood, and the prevention of much psychological distress for both men and women from the fear of unwanted children."



recovery room

APA Opposes Bills On Psychosurgery, Fetus Studies

THE EXECUTIVE COMMITTEE of APA's Board of Trustees has approved an interim statement on human experimentation which takes exception to provisions of two bills now pending in Congress.

The bills, now being discussed by House-Senate conferees, are H.R. 10403, the "Protection of Human Subjects Act," and Title II of H.R. 7724, the "National Biomedical Research Fellowship and Traineeship Act of 1973."

The statement approved by the Executive Committee supports the establishment of a National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research with broad professional and public representation.

But APA opposes a provision for the commission to undertake a two-year study of psychosurgery and make recommendations for policies indicating appropriate circumstances for psychosurgery. It also opposes a section that prohibits the Department of Health, Education, and Welfare from conducting or supporting research or experimentation in the United States or abroad on a living human fetus or infant, whether before or after induced abortion, until institutional review boards have been established and the commission has set policies in the area.

The interim statement claims such measures "would impose a moratorium on valid and vital research activities in mental health, and threaten a research vacuum which could set the mental health field back for many years to come."

The commission itself, and not congressionally passed legislation, should establish the areas of concern in experimentation, the statement concludes.

The statement was approved by the Executive Committee until a task force can be appointed to study the matter further.

Modern Founders' Gift

THE MODERN FOUNDERS of APA have contributed two historical documents to APA's Library, according to a joint announcement by APA Medical Director Walter E. Barton for the Association, and Drs. Henry P. Laughlin and Robert J. Mearin for the Modern Founders. Dr. Laughlin was organizer and first chairman of the Founders and Dr. Mearin was its longtime secretary-treasurer.

The gifts to the library are historical documents of the 1800's. The first is the 1852 Dorothea Dix memorial to the legislature of the State of Maryland. The other is an original 1848 report of the Maryland Hospital.

The Modern Founders of APA were organized in 1954 from a nucleus of substantial earlier contributors to the Association, many originally recruited by Robert L. Robinson, APA's director of public affairs. Originally, the group helped underwrite the cost of APA's headquarters in Washington. By 1964, some 100 persons belonged to Modern Founders.

According to Drs. Laughlin and Mearin, the contribution of the documents to APA marks the Founders' final accomplishment. Its last transfer of funds was made to the Association in 1963.

Names of the Modern Founders are engraved on brass markers in the APA medical director's office.

APA and Government Relations—A Modest Investment Pays Off

By Dr. Hayden H. Donahue

A Guest Commentary

LESS THAN FOUR YEARS ago our Association established a Government Relations Office in its headquarters in Washington under Caesar Giolito, as part of the Division of Public Affairs. That relatively modest investment has paid some handsome dividends. It has enormously enhanced the Association's capacity to assume leadership in mental health advocacy with the federal government. Prior to 1970 APA's congressional relations had largely been confined to pleading for more funds for the National Institute of Mental Health. But now it is a whole new ballgame.

During the past year, for example, APA has played a vital part in a number of important areas, such as the successful campaign to include basic mental health benefits in legislation on health maintenance organizations, the pursuit of a successful suit against the federal government for the release of $126 million impounded mental health funds, the establishment of a timetable for release of those funds, and the making of important inroads in the Administration in the inclusion of mental health benefits under its national health insurance plan.

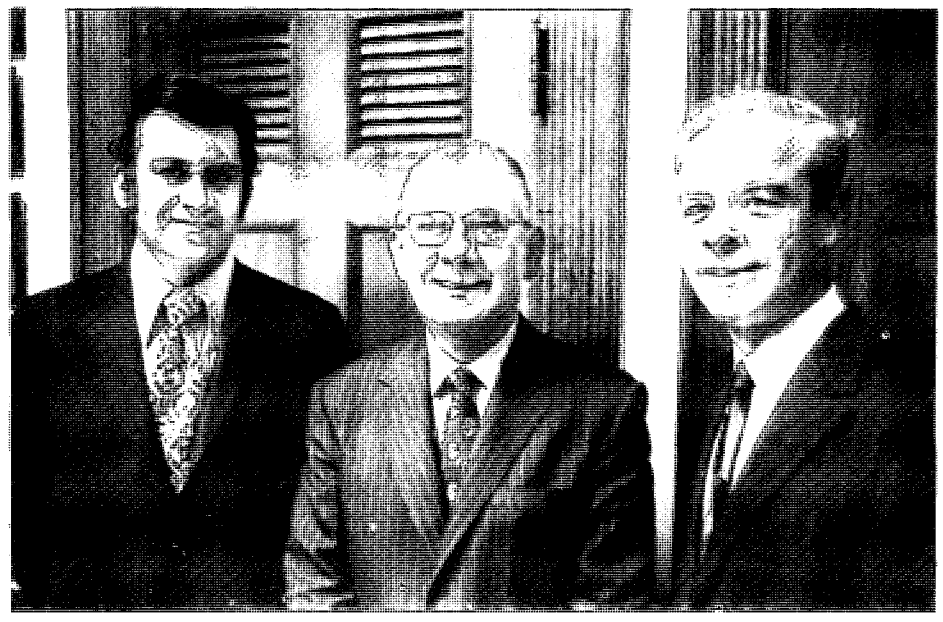
Following the example of the central office, district branches have generally been motivated to follow a more dynamic approach in local and state legislative matters. As a result, more legislation on inclusion of mental health insurance benefits is being stimulated by Association members throughout the country.

APA, together with the National Association for Mental Health, was the prime mover in the suit against the Administration to release more than $126 million in impounded funds for Fiscal 1973 in training, research, and alcoholism. Many in the memtal health field had believed that the release of these funds was a dead issue since the extent of the impoundments did not fully come to light until after the expiration of the fiscal year, when all unobligated funds are returned to the Treasury. Nevertheless, a quick consensus of the Executive Committee of the APA Board of Trustees, initiated by APA President Alfred M. Freedman and by APA Medical Director Walter E. Barton, marked the first time in APA's long history that it had ever been a plaintiff in a lawsuit.

APA's Office of Government Relations assumed an active role in this suit, enlisting a number of national associations to join as plaintiffs.

Before the federal court of the District of Columbia rendered a decision on the suit, the President announced that he was releasing the impounded funds. At the same time he signed the Fiscal 1974 appropriations bill for the Department of Health, Education, and Welfare. Shortly thereafter, HEW announced that it would release impounded funds over a period extending through Fiscal 1976, and began the process of "riffing" over 200 positions in the new Alcohol, Drug Abuse, and Mental Health Administration, principally in NIMH, one of the three institutes in ADAMHA. The federal court was suggesting that the case was "moot," since the Presidential announcement had accomplished the goal of the plaintiffs. However, the attorney for the plaintiffs decided to press for a decision, since the HEW plan for releasing money in phases would not meet the objective. The court decided in favor of the plaintiffs, and ordered the Administration to release all of the funds as quickly as administratively feasible. A high level meeting with officials of HEW and the mental health field brought agreement to a timetable for release of the funds.

One of the questions raised was whether the mental health field could absorb this amount of money, if, in the meantime, the mental health programs were stripped down. APA was already in the preliminary process of considering another suit to save the administrative capacity of NIMH through the proposed cuts in personnel, when the Administration announced that the personnel cuts would not be made.



APA Chief of Government Relations Ceasar A. Giolito (left) is shown on a visit with Representative Wilbur A. Mills, in the company of Dr. Robert Gibson, APA secretary.

When first established over three years ago, as a part of APA's Division of Public Affairs, headed by Robert L. Robinson, the Office of Government Relations was immediately beset by a crisis situation—the phasing out of the psychiatric residency program by the federal government. The office wasted no time in enlisting the efforts

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of the district branches, the chairmen of departments of psychiatry, and the directors of residency training, in an effort to educate the Administration and the Congress in the dire implications of such a precipitous action. During that period, the newly formed office also formed and implemented the efforts of a new National Coalition for Mental Health Manpower, an organization now blossoming under the efforts of Dr. Joseph Noshpitz, president of the American Academy of Child Psychiatry.

Within a few weeks, a famed syndicated columnist reported that APA had launched a "massive" lobbying campaign to retain public funds for the training of psychiatrists. Following an intensive examination by the IRS to determine the extent of the resources APA was employing for its lobbying efforts, APA received a clean bill of health.

It was during this period that one of the basic strategies employed by the Administration, that of impoundment of appropriated funds, became visable and operative, and continued to be one of its most effective weapons in determining policy. When the Congress decided to continue the psychiatric residency training program, through convincing APA testimony presented by Dr. Alfred Stunkard, and aided and abetted by the effective educational campaign conducted by the Office of Government Relations, the Administration inadvertantly betrayed its intent to impound the funds. Quick action by APA's central office, a hastily assembled visit to the White House by the chief of government relations, and the Administration decided not to impound the funds—the saving of more than $15 million for the training of psychiatrists. In releasing the funds, an official of the Office of Management and Budget rigidly stated that the Administration had not abandoned its intent to phase out this program. Three years later, APA is still waging this battle with the Administration.

Clearly, this continues to be a period of austerity because of the Administration's approach to federal mental health programs. The Association was shocked by the Administration's first bill on national health insurance, when it provided that physicians' services would be covered, *except* those provided by psychiatrists. This position was revised following many visits by the Association with a procession of HEW officials, and formally announced by HEW Undersecretary Frank Carlucci when he stated that "the exclusion of mental health in national health insurance was not only bad medicine, but also bad economics."

The major effort, which continues, in advocating equal coverage for mental illness in national health insurance is beginning to show results. A general receptiveness of Congress toward equal coverage for the mentally ill is being demonstrated in changes in this direction in a number of congressional bills.

One of the more successful educational efforts of the Government Relations Office was the achievement of the inclusion of mandated mental health efforts in HMO's. Leading proponents of the bill in Congress claimed that it was futile to attempt to achieve mandated mental health benefits, especially since the bill was being watered down at every turn. Although the effort failed in the House, in spite of extensive educational efforts by the Office of Government Relations all the way to mark-up of the bill in the House, the effort did finally bring fruit in the Senate-House conference.

Through Fiscal 1973, the Congress became increasingly frustrated over the Administration's new and extensively used weapon of impounding appropriated funds. Inadequate congressional will to override a succession of Presidential vetoes, and the deterioration of cooperation between the three branches of government brought about a situation most aptly described by NIMH Director Bertram S. Brown at the Third Institute on Government Operations, as "trixaphrenic," aptly translated by a district branch legislative representative as a "complete immobilization and dissociation of the three branches of government with no immediate cure in sight."

In due course it became apparent to citizen constituencies that the courts would have to intervene to enforce congressional decisions. The Congress itself became busy with legislation, not yet passed, which would place Congress itself in a position to either approve or disapprove Presidential impoundments.

Greater Involvement

APA realized that greater political involvement would be required through its members, especially at a time when basic changes in the health delivery system are in the offing. With the approval of the Board of Trustees and the Assembly, a legislative representative was appointed in each of APA's district branches with the Government Relations Office as their chief staff support. Two consecutive institutes on government operations were conceived and run by the Government Relations Office, using the format of orientation and education in the legislative process. Shortly thereafter, the Association created an Ad Hoc Committee for the Legislative Network, consisting of the six area leaders of the legislative representatives, and the chairmanship to which I was appointed.

The Third Institute on Government Operations, held in Washington, D.C., in March, produced over 300 individual visits to United States congressmen and senators by their constituents.

Dr. James L. Cavanaugh, Jr., legislative representative of the Illinois District Branch described the institute as "a major innovative effort of the American Psychiatric Association to carry personally the message of mental health to Capitol Hill." In submitting his report on the institute, which was in accord with the general reporting, he stated, "Though I believe that the APA central office has been effective in targeting certain congressional groups for significant input, which has resulted in positive advances for the mentally ill and the profession, it is clear that the strategy of developing the legislative representatives of the district branches of APA into the catalysts for action in an attempt to educate Congress on a grass roots level is the most sophisticated strategy that currently could be developed."

The American Psychiatric Association is clearly coming of age in the field of mental health politics. The potential this Association has for effective political action is great, and has yet to see its full maturation. It behooves us all to get behind this most auspicious effort.

Confidentiality

Continued from page 1

effect, the California Supreme Court ruled *In re Lifshutz,* " 'intrusion' into the patient's privacy remains essentially under the patient's control."

Dr. Caesar's patient, by raising the condition of emotional trauma in her civil damages suit, therefore, came under the provisions of Section 1016. Dr. Caesar and his attorney claim that this rule violates the fundamental principle of physician-patient privacy, due process, and equal protection of the laws.

The petition questions the suitability of *In re Lifshutz* to any case such as this one. That California Supreme Court decision attempted to narrow the scope of Section 1016 by specifying that "disclosure can be compelled only with respect to those medical conditions the patient-litigant has 'disclosed . . . by bringing an action in which *they* are in issue'; communications which are not directly relevant to those specific conditions do not fall within the terms of Section 1016's exception and therefore remain privileged."

Dr. Caesar points out that this opinion requires trial courts and lawyers to determine which communications are privileged and which are not—"medical considerations which both the California and the U.S. Supreme Court have recognized to be beyond the competence of lawyers and judges," he says. "The unfortunate fact is that today, as before *Lifshutz,* the patient-litigant is forced by California Evidence Code Section 1016 to make full disclosure of psychotherapeutic communications or to forego his right to seek legal redress in the courts."

Testimony sought from Dr. Caesar concerns psychotherapeutic communication between him and the patient shortly after she was involved in two successive automobile accidents. This consultation was for therapy, he testified, not diagnosis, and could not be divulged without violating patient confidentiality. The patient's attorney contracted another psychiatrist to evaluate his client for trial purposes, "so that we would avoid this problem of having the treating psychiatrist be the one who is going to be on trial. . . ."

The other psychiatrist's deposition was taken by the court, but Dr. Caesar was nevertheless ordered by the court to testify about his patient. According to the petition, "Dr. Caesar made a thorough effort to comply . . . by answering many questions concerning his psychotherapist-patient relationship, . . . including his initial diagnosis of the patient as suffering from a moderate to severe depression."

He refused to answer many of the court's questions partly on the following grounds: "Unlike other physicians . . . the relationship between the patient and the psychiatrist cannot be separated from the treatment itself. It is an integral part of that treatment. If a neurosurgeon must report his objective findings in a case . . . his relationship with the patient may suffer, but the physical treatment given the patient will not be affected.

"But if a psychiatrist does the same thing, the treatment will be damaged, or destroyed, because the patient's trust in his doctor will be impaired by the disclosures, and this trust is an integral part of the therapeutic effect of the relationship on the patient."

According to Kurt Melchior, attorney for Dr. Caesar and counsel for Dr. Joseph Lifshutz in his likewise protracted proceedings, "The judge appreciated the medical concern, but said that he had to follow the letter of the law. The judge specified that *Lifshutz* was concerned with physician-patient communication that transpired ten years before the incident that led to litigation. This case is concerned with a doctor who treated plaintiff for a condition which she attributes to an accident that just occurred."

The court, therefore, determined that Dr. Caesar's testimony would be c'early relevant to the case, and ordered him to testify. *"Lifshutz* just didn't go far enough to protect the physician-patient privilege," Mr. Melchior complained.

Dr. Caesar has exhausted all available state remedies, his petition notes, leaving him only his federal remedies. In a memorandum in support of a petition for writ of habeas corpus before the northern California federal court, he claims that Section 1016 represents a state intrusion into the privacy of the psychotherapeutic relationship and is unjustified by any compelling state interest. It also constitutes a violation of due process and equal protection of the laws by forcing only the psychotherapy patient-plaintiff to choose between "case and cure."

"The conditioning of access to the courts upon the waiver of the right to privacy in psychotherapy is . . . c'early unconstitutional," the memorandum states in reference to the section. "It violates the First, Fifth, and Fourteenth Amendments."

Dr. Caesar's memorandum relies strongly on the recent opinions of the U.S. Supreme Court on the matter of abortion (*Roe v. Wade; Doe v. Bolton*). "In the abortion cases," the document reads, "the United States Supreme Court has also recognized the fundamental right to privacy in doctor-patient relations."

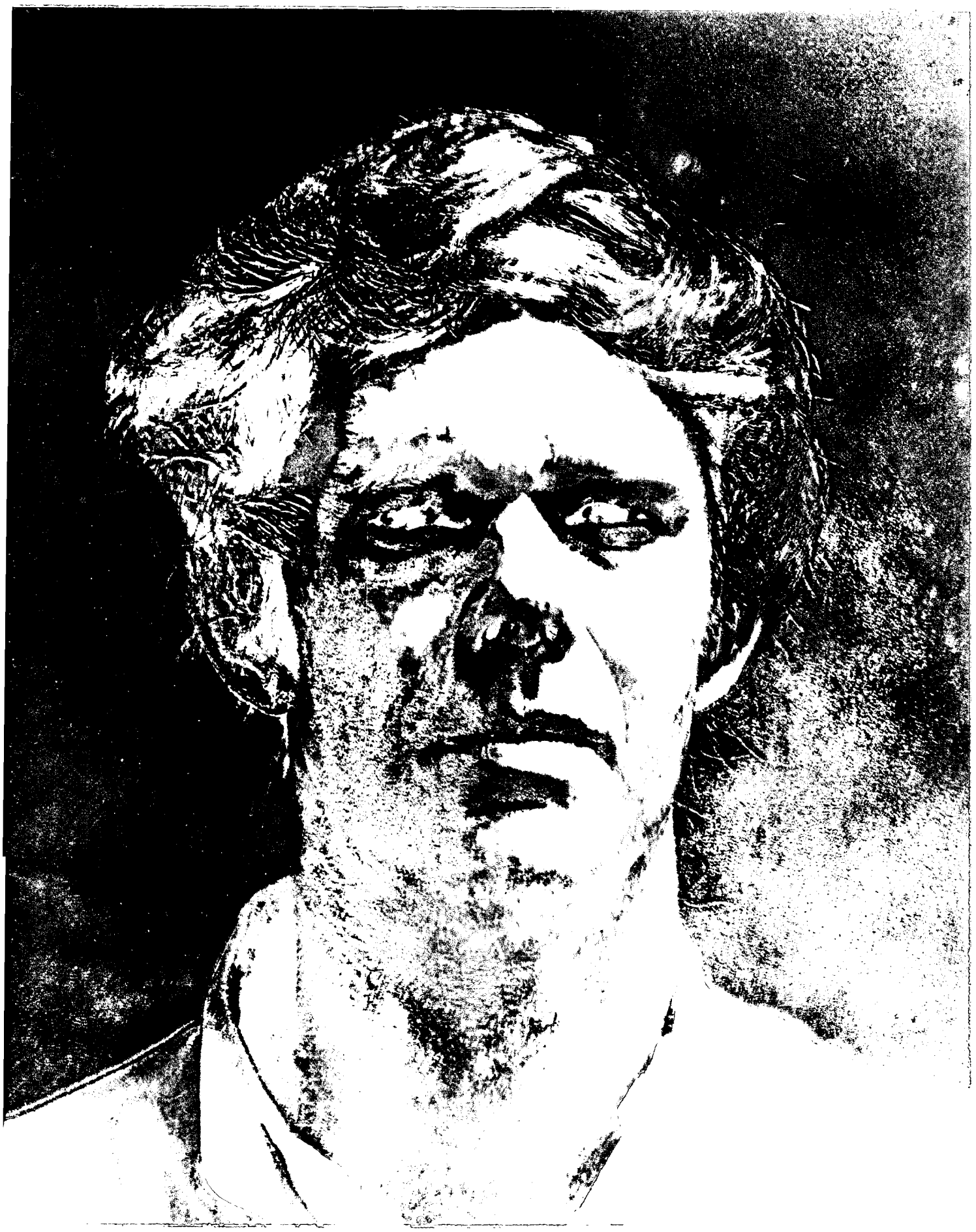
Although "the abortion cases . . . both involved the physician-patient relationship in the context of other specialties and were thus not specifically directed to the particularly urgent need for intimacy in the psychotherapeutic relationship, . . . the logic of [them] applies even more forcefully to the instant situation. State intrusion into the psychotherapeutic relationship poses even greater dangers and burdens upon the exercise of the right of privacy than do similar intrusions into other physician-patient relations."

As a final point, Dr. Caesar concludes that "state interest in protecting against fraudulent claims and securing the greatest possible amount of evidence concerning matters in litigation can equally well be satisfied by much less restrictive means; namely, the use of diagnosing, as opposed to treating, psychiatrists [for court testimony]."

Appointment

DR. HUGH BUTTS has been appointed director of the Bronx State Hospital, affiliated with the Albert Einstein College of Medicine.

IN PSYCHOTIC STATES



Before prescribing, see complete prescribing information, including dosage and symptoms and treatment of overdosage, in SK&F literature or *PDR*.

Indications
Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

Effective: For the management of the manifestations of psychotic disorders.

Possibly effective: To control excessive anxiety, tension and agitation as seen in neuroses or associated with somatic conditions.

Final classification of the less-than-effective indications requires further investigation.

Contraindications: Comatose or greatly depressed states due to C.N.S. depressants; blood dyscrasias; bone marrow depression; liver damage.

Warnings: Caution patients about activities requiring alertness (e.g., operating vehicles or machinery), especially during the first few days' therapy.

Use in pregnancy only when necessary for patient's welfare.

Precautions: Use cautiously in angina. Avoid high doses and parenteral administration when cardiovascular system is impaired. Antiemetic effect may mask signs of toxic drug overdosage or physical disorders. Additive effect is possible with other C.N.S. depressants. Prolonged administration of high doses may result in cumulative effects with severe C.N.S. or vasomotor symptoms. If retinal changes occur, discontinue drug. Agranulocytosis, thrombocytopenia, pancytopenia, anemia, cholestatic jaundice, liver damage have been reported.

Adverse Reactions: Drowsiness, dizziness, skin reactions, rash, dry mouth, insomnia, amenorrhea, fatigue, muscular weakness, anorexia, lactation, blurred vision. Neuromuscular (extrapyramidal) reactions: motor restlessness, dystonias, pseudo-parkinsonism, persistent tardive dyskinesia.

Other adverse reactions reported with Stelazine (trifluoperazine HCl, SK&F) or other phenothiazines: Some adverse effects are more frequent or intense in specific disorders (e.g., mitral insufficiency or pheochromocytoma).

Grand mal convulsions; altered cerebrospinal fluid proteins; cerebral edema; prolongation and intensification of the action of C.N.S. depressants, atropine, heat, and organophosphorus insecticides; nasal congestion, headache, nausea, constipation, obstipation, adynamic ileus, inhibition of ejaculation; reactivation of psychotic processes, catatonic-like states; hypotension (sometimes fatal); cardiac arrest; leukopenia, eosinophilia, pancytopenia, agranulocytosis, thrombocytopenic purpura; jaundice, biliary stasis; menstrual irregularities, galactorrhea, gynecomastia, false positive pregnancy tests; photosensitivity, itching, erythema, urticaria, eczema up to exfoliative dermatitis; asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions; peripheral edema; reversed epinephrine effect; hyperpyrexia; a systemic lupus erythematosus-like syndrome; pigmentary retinopathy; with prolonged administration of substantial doses, skin pigmentation, epithelial keratopathy, and lenticular and corneal deposits. EKG changes have been reported, but relationship to myocardial damage is not confirmed. Discontinue long-term, high-dose therapy gradually. NOTE: Sudden death in patients taking phenothiazines (apparently due to cardiac arrest or asphyxia due to failure of cough reflex) has been reported, but no causal relationship has been established.

Supplied: Tablets, 1 mg., 2 mg., 5 mg. and 10 mg., in bottles and Single Unit Packages of 100; Injection, 2 mg./ml.; and Concentrate, 10 mg./ml.

Manufactured and distributed by SK&F Co., Carolina, P.R. 00630, under Stelazine® trademark license from SmithKline Corporation.

'Stelazine' effectively manages the manifestations of psychotic disorders by:

Controlling hyperactive behavior

Reducing hallucinations and delusions

Activating withdrawn patients

STELAZINE®

brand of

TRIFLUOPERAZINE HCL 5 mg. tablets

Depressive Disorder Identified as Fatal Hereditary Disease

A NEW, FATAL hereditary disorder causing sudden, severe mental depression and symptoms similar to parkinsonism has been discovered in a British Columbia family, according to the March 22, 1974, issue of *Medical World News*. Characterized by a significant deficiency in the amino acid taurine, the disease shows an autosomal dominant inheritance. Six members in one family have died of the condition over three successive generations, according to Dr. Thomas L. Perry.

The most recently affected patient was perfectly well until age 50 when he suddenly began to withdraw socially, became severely depressed, developed sleep disturbances, and began to lose weight rapidly. In the later stages of his illness he showed a loss of facial expression, held his head and trunk stiffly, and a fine tremor appeared when his hands were outstretched. Neither L-dopa nor amantadine were found to relieve these parkinsonian-like symptoms, according to Dr. Perry. He said the patient died of respiratory failure six years after the disorder appeared. Two brothers of the patient and the other family members who had been affected by the disease in previous generations apparently ran similar courses.

Dr. Perry, who is professor of pharmacology at the University of British Columbia in Vancouver, said the only unusual findings at autopsy were evident in the substantia nigra, where there was depigmentation, a loss of neurones, and gliosis. The brain was otherwise normal. Laboratory tests were almost entirely normal except for the presence of steatorrhea and markedly increased amounts of neutral fat in the stools.

Dr. Perry said that blood samples and cerebrospinal fluid obtained a week before death also showed normal amino acids except for substantially lowered taurine. "These were far and away the lowest taurine levels we have ever seen in an adult," he said.

Amino acids in the brain were also normal except for taurine, which again was below the norm in all the areas examined. "The putamenglobus pallidus, caudate nucleus, frontal cortex, occipital cortex, and cerebellum all showed taurine measurements substantially less than comparable regions in ten neurologically normal adults, ten subjects with Huntington's chorea, and one parkinsonism patient," according to the article.

"We don't know if the taurine deficiency has caused this disease," Dr. Perry said, "but it is tempting to speculate that it has. There is a good body of evidence now to suggest that taurine may serve as an inhibitory synaptic transmitter or an inhibitory modulator of synaptic transmission in the brain and retina."

He said the taurine deficiency might have evolved from an inability to absorb taurine from the intestinal tract or glomerular fluid. In effect, these patients could be "leaking" taurine from their brains and bodies.

Dr. Perry views his findings as an important cue for other physicians, particularly psychiatrists. "I hope that this will encourage others to make more serious attempts to look for biologic causes in patients with severe mental illness."

Psychiatry Seen as Paradigm for Future Medical Practice

PSYCHIATRY AT ITS BEST is a "paradigm for the general medical practice of the future," an APA trustee asserts in the December 15 issue of the *Lancet*. According to Dr. Leon Eisenberg, at a time when "Soviet colleagues label dissidents as paranoids with 'reformist delusions' and in which many of our practices are still in search of evidence," criticism against psychiatry must be heard and answered.

"The fact that psychiatry can be abused," he says, "does not make psychiatry an abuse." He says the best way to assess psychiatry's present practices is to survey the changes in patterns of patient care over the past two decades. "In the U.S., the resident state and county mental hospital population has declined to half its former size, this despite an increase in admissions as well as readmission," reflecting, he believes, the dramatic decline in the average length of hospital stay per patient and the shift toward care in the psychiatric unit of the general hospital.

Such progress, he says, could not have been possible without the use of antipsychotic, antidepressant, and prophylactic agents, although these agents "are no passport to a brave new world free of psychosis. They often fail and they exact too heavy a toll of toxicity." Neither does he feel that resocialization is invariably effective. "Indeed, the burgeoning enthusiasm for community psychiatry carries with it danger of serious error if we close our mental hospitals entirely and thrust into communities ill prepared to receive them those severely disabled by unremitting mental ailments."

However, more important than the gains in the psychosocial and psychopharmacological treatment of psychoses is the expansion "in our research capability and in the knowledge base of our specialty, which together provide the leverage for progress to come."

He believes the greatest unmet challenge in child psychiatry and pediatrics is developmental attrition. "There is," he says, "no more telling illustration of the interaction between biological and social forces in producing psychopathology; there is no area of psychiatry that raises more profound moral questions about the nature of contemporary society." The prevention of developmental attrition and the design of early learning environments "optimal for the psychobiological characteristics of the individual child are the major thrusts ahead for child psychiatry."

Finally, regarding psychiatry's role in the future, Dr. Eisenberg says that the professionalization of medicine, while resulting in enormous advances, has exacted a "considerable price in the divorcement of what the physician sees as his job from what the patient seeks of him." Comprehensive evaluation and effective therapeutic planning, however, require the physician to be as knowledgeable about the psychosocial as he is about molecular biology. "Psychiatric practice deals with human distress in a context that must include the psychosocial as well as the biological. . . . In so far as psychiatry is successful in clarifying the psychobiological bases of health and illness, that knowledge will pass into the domain of the generalist, and the psychiatrist will join other specialists in the secondary and tertiary cadres of the health system."

LEAA-NIMH

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inal justice planning agents in Colorado Springs.

"This was a meeting of considerable interest to the Administration and the nation," Dr. Brown wrote to all state and territorial mental health authorities in an October memorandum. "[It was] attended by President Nixon, Attorney General Mitchell, Messrs. Ehrlichman and Haldeman, and other key members of the White House staff. An important new note was struck at this meeting—a note of cooperation and collaboration between governments, departments, and disciplines. It was in the spirit of collaboration that I was invited to address the conference, and it is in that same spirit that I am writing to apprise you of the areas for future joint ventures involving the mental health and law enforcement systems."

Dr. Brown noted that both LEAA and NIMH were sponsoring service programs for drug addicts, information and education campaigns about drug abuse, and research in the area of dangerous drugs. Programs aimed at the processing and rehabilitation of juvenile offenders are also an area of mutual concern, he said, as is the prevention of crime and mental illness. The decriminalization of alcoholism was also discussed, although no state or federal jurisdiction has yet decriminalized an offense that currently takes up the most law enforcement time with the worst results.

'Promote Sharing'

"Know your state criminal justice planning agency (list enclosed)," Dr. Brown urged NIMH regional personnel. "Promote sharing on a statewide level of statistics and epidemiologic data which can be useful to both the mental health and criminal justice systems. Many of the people served by our program are also 'clients' of the LEAA programs . . . and identification of areas of mutual concern could lead to a variety of kinds of collaborative efforts, such as joint program planning; exchange of state plans; joint training efforts; sharing of information, statistics, and epidemiologic data; and joint funding of projects."

LEAA's administrator in 1970, Jerris Leonard, notified his field offices of NIMH's funding in the areas of drug abuse, alcoholism, and community mental health centers. "In FY 1972," Mr. Leonard wrote, "these activities have been appropriated $76,892,000, $68,297,000, and $180,639,000, respectively. LEAA recognizes the necessity for coordination with other governmental entities maintaining programs which affect the criminal justice system."

Following the conference in Colorado Springs, an LEAA-NIMH Liaison Committee was established under the direction of Dr. Frank Ochberg. Three subcommittees were subsequently formed: Information, Drug Abuse, and Alcoholism.

In May 1971, the Information Subcommittee "arranged a plan whereby LEAA could use NIMH's computer-based information system to obtain information about relevant NIMH grants," according to a February 1974 memorandum prepared by Saleem Shah, Ph.D., chief of NIMH's Center for Studies of Crime and Delinquency. "However, this plan was never implemented to any significant extent because LEAA later developed its own National Criminal Justice Reference Service to serve the information needs of criminal justice and related agencies."

"It was hoped," Dr. Shah writes in retrospect, "that such contacts and discussions might lead to a variety of collaborative efforts . . ., but regional and state collaboration has been spotty and in some instances even nonexistent," Dr. Shah reported. "The centralized LEAA-NIMH Liaison Committee and its various subcommittees have not met for over two years."

With the same general objectives in mind, a formal agreement was signed in May 1973 by both agencies to provide technical assistance by mental health professionals on behalf of planning and operational state and local criminal justice agencies. LEAA allocated $15,000 for consultation fees. It was agreed that NIMH would absorb all of the costs except travel and per diem expenses.

Although LEAA funded about 350 projects involving some medical experimentation, behavioral modification, or chemotherapy, NIMH reviewed none of them. The first medical proposal scheduled to be reviewed by an NIMH board was Dr. Louis Jolyon West's Center for the Study and Reduction of Violence. That proposal has confronted such vehement public and scientific opposition that it has not reached the stage of NIMH review, so LEAA-NIMH cooperative ground still lies fallow.

"Well, Bert Brown's error lies not in commission but in omission," said a New York medical researcher whose alcoholism research project was halted in 1973 because of Administrative impoundment of funds. He declined to be identified for fear of prejudicing future fund requests. "While Nixon was slashing mental health research funds and impounding alcohol state formula grants, NIMH was pledging cooperation with an agency that reflects the government's obsession with law and order."

"It's a matter of misguided priorities," he asserted.

Dr. Brown, in a telephone interview with *Psychiatric News,* said that he saw no conflict of interest in using criminal justice money for mental health projects, or vice versa. "There are many areas of mutual concern between the agencies, and many ways that cooperation could facilitate the job we have to do."

Nor did he see a conscious effort on the Administration's part to divert money from mental health. "It's not so much a question of mental health money being diverted into criminal justice; we just realized that criminal justice had so many millions of dollars, and rather than see it go into more guns and helicopters and tear gas for local law enforcement agencies, we thought it would be worth our while to get some of these funds for human services. We wanted to alert our local commissioners that criminal justice money was available for juvenile delinquency studies, forensic services on psychiatric wards, counseling and correctional programs, drug abuse, and more."

Dr. Hayden Donahue, the mental health commissioner of Oklahoma,

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who has converted $1.5 million of LEAA funds into a statewide juvenile delinquency service program designed to divert offenders from the criminal justice system, feels more than comfortable with the arrangement.

"No, there is not a conflict of interest in a physician taking criminal justice money and putting it to use. This is all out in front, and besides, if you maintain yourself as a physician at all times, you have no problems."

Consulting Role

The NIMH-LEAA technical assistance agreement stipulated that NIMH would serve in a consulting role, but LEAA would have the final say over what programs, and what aspects of certain programs, would be funded by them. Scientists answered to LEAA, not NIMH, the agreements show.

Admitting that it has no expertise to evaluate, monitor, or implement programs of medical experimentation, behavior modification, or chemotherapy, LEAA recently announced the cessation of funding for such programs. NIMH collaboration on this level will probably halt as well, although it never did get off the ground.

Collaboration on a regional and local level is still pursued by both agencies. In Connecticut, an alcoholism advisory board consisting of representatives of LEAA's and NIMH's regional offices have coordinated research and program implementation efforts on a statewide basis. The advisory board has also jointly sponsored a statute in the Connecticut legislature that would decriminalize alcoholism if passed.

In Seattle, mental health grant applications in the field of drugs and alcohol are given to LEAA for review, according to NIMH memoranda.

And in California, joint planning, funding, and review efforts for research projects, including a center for the study and reduction of violence at UCLA, continue. Efforts to plan and obtain funding for that controversial project will be covered in the next issue of *Psychiatric News*.

Acupuncture Analgesia Linked To Prolonged Synapse Inhibition

FINDINGS by Chinese physicians suggesting that a neurological mechanism is at least partially implicated in the production of analgesia by acupuncture, that the activation of specific receptors is required, and that the basic effect is a prolonged synaptic inhibition occurring at several sites in the central nervous system are reported in the special "China Report" of the Canadian medical delegation to China.

According to the preliminary data of Professor Chang Hsiang-tung, who is investigating the basic mechanisms underlying the analgesic action of acupuncture at the Institute of Physiology in Shanghai, acupuncture analgesia may be induced in infants and animals and is, therefore, unlikely to have a significant hypnotic or autosuggestive component, the Canadians report.

Also, blockade of cutaneous nerves by local anesthesia does not affect the analgesic effect of needles inserted to the prescribed depth (i.e. intramuscular), say the Chinese researchers. However, intramuscular administration of local anesthetic with sparing of the cutaneous nerves abolishes the response.

A Chinese study of the distribution of various types of muscle receptors in the tibialis anterior in relation to the effectiveness of needle insertion sites in the production of analgesia suggests that the deep pressure receptors may be involved, says the Canadian group.

In animal experiments, they report, the Chinese have attempted to identify cells within the central nervous system which respond characteristically to obtain full stimulus. The criteria being used are: *a*) prolonged discharge of the neurons following a single noxious stimulus, *b*) a long latency of response, *c*) lack of adaptation to repeated stimulation, and *d*) attenuation of the response by such analgesic agents as morphine.

Cells satisfying these criteria have been located by the Chinese in Rexed's lamia V of the spinal cord and in nuclei centralis lateralis et parafascicularis thalami, and others are being sought in brain stem nuclei and in the cerebral cortex.

Totality of Effect

It is probable, the Canadian report continues, that the Chinese may locate other sites and that "the totality of the effect produced is due to summation at each level, perhaps not so that no afferent information is related to 'consciousness' but at least so that the pattern of the incoming signals is so altered that the interpretation is entirely altered—thus, a skin incision is felt as 'hot' but not as 'painful.'"

Further, since acupuncture analgesia has a 20-minute induction period and a recovery period of more than 60 minutes, Chinese researchers hypothesize that an unknown humoral mechanism may also be involved, since these phenomena are not easily explained in conventional neurophysiological terms.

Another question the Canadian delegation brought up concerned the role of the subcutaneous needles, which in clinical practice are often inserted close to the line of incision and activated electrically. "From subjective experiments performed upon themselves, says the Canadian report, "the scientists of the Institute of Physiology believe that this technique, which does not derive from the classical teachings, depends upon a different mechanism. They agree that some analgesic action is produced in the immediate vicinity of the subcutaneous needles, but feel that it is likely due to direct effect upon the sensory endings rather than to a central neurological mechanism."

From their observations, the Canadian delegation concluded that acupuncture is unquestionably effective for the prevention of pain in a variety of surgical procedures, that it is not "some form of witchcraft or hypnosis," that there is a place for it in Canadian medical practice, and that plans should be made "for its early inclusion in the armamentarium" of Canadian physicians.

Dr. G. Gingras chaired the Canadian delegation to China.

Annual Meeting Panel Discussions

The following morning and evening discussions will be offered at APA's Detroit annual meeting.

TUESDAY, MAY 7 7:30 A.M.

Morning Panels

Role of Assessment in the Teaching of Psychiatry *Moderator: Norbert Enzer, M.D. (F); Panelists: John M. Schneider, Ph.D. (I), Teresa Bernardez-Bonesatti, M.D. (M), Constance Ripstra, M.A. (I), Terry Stein, M.D. (MT), Arnold Werner, M.D. (M), Sumer Verma, M.D. (M)*

Residency Training: A Unified or Block Approach? *Moderator: John S. Strauss, M.D. (M); Panelists: Edgar Draper, M.D. (F), Edward Jay Hornick, M.D. (F), Donald G. Langsley, M.D. (F), Lyman C. Wayne, M.D., Ph.D. (F), Bernard Bandler, M.D. (F)*

Recovery Helps Patient Cooperate with Psychiatrist *Moderator: Hanus J. Gross, M.D. (F); Panelists: Douglas Goldman, M.D. (LF), Ronald M. Chen, M.D. (F), Earl Solon, M.D. (M), Phil Crane (I), Mrs. Treasure Rice (I)*

The Red Death: Indian Suicide Styles in the Southwest *Moderator: Thomas E. Bittker, M.D. (M); Panelists: Robert Bergman, M.D. (M), James H. Shore, M.D. (M), Jack Ellis, M.D. (A), Carl Hammerschlag, MD. (M), Kent Ware, Jr., J.D. (I)*

Structure and Spontaneity in Group Psychotherapy *Moderator: Donald A. Shaskan, M.D. (LF); Panelists: Edward L. Pinney, Jr., M.D. (F), Aaron Stein, M.D. (F), Cliifford J. Sager, M.D. (F), Hyman Spotnitz, M.D. (LF)*

Private Psychiatric Practice: A Challenge in 1974 *Moderator: Rodrigo A. Munoz, M.D. (M); Panelists: Thomas Flanagan, M.D. (M), Peter D. Birkett, M.D. (M), W. Warren Garitano, M.D. (M), Glen Pittman, M.D. (M)*

Vocational Rehabilitation Works: Therapy . . .? *Moderator: Thomas J.H. Craig, M.D. (M); Panelists: Barbara Korn, M.S. (I), Deborah Greenblatt, M.S. (I), Michael Ginsburg, M.S. (I), Susan Eichen, M.D. (I), Robin Stone, M.S. (I)*

Headstart Therapeutic Nursery in a Medical School *Moderator: Marshall D. Schechter, M.D. (F); Panelists: Fran Morris, M.A. (I), Eric Dlugokinski, Ph.D. (I), Sally Johnston, M.Ed. (I), Betty Wagner (I)*

Availability and Utilization of Day Hospitals *Moderator: Marion Z. Goldstein, M.D. (M); Panelists: Frederic K. Kratina, M.D. (A), James Finkelstein, M.D. (M), Teresa Boria, M.D. (M), Pedro Ruiz, M.D. (M), Jack F. Wilder, M.D. (F)*

Use of Bible and Spiritual Concepts in Therapy *Moderator: Norvell Louis Peterson, M.D. (M); Panelists: George P. Dillard, M.D. (M), Alice Dean Kitchen, M.D. (M)*

Multidisciplinary Aspects of Alcoholism Treatment *Moderator: Donald P. Breneman, M.D. (I); Panelists: John F. Delaney, M.D. (M), Marjorie Tavoularis, M.D. (M), Kenneth Ramsey, M.S.W. (I), Stephanie Rendos, R.N. (I)*

The Problem-Oriented Record: Ombudsman in a CMHC *Moderator: Richard P. Kluft, M.D. (M); Panelists: Herbert Diamond, M.D. (M), Anthony F. Santore, A.C.S.W. (I), Lee Yudin, Ph.D. (I), Linda Abraham, N.S.W. (I)*

Teaching of Forensic Psychiatry *Moderator: Robert L. Sadoff, M.D. (F); Panelists: Jonas R. Rappeport, M.D. (F), Seymour Pollack, M.D. (F), Ames Robey, M.D. (F), Dennis Koson, M.D. (MT), Cdr. James W. Thrasher, MC, USN (M)*

Community Mental Health Programs for Adolescents *Moderator: Michael Fishman, M.D. (F); Panelists: Thomas R. Argust, M. Div. (I), Howard Bernstein, Ph.D. (I), Murray Bilmes, Ph.D. (I), Richard E. Maxwell, A.C.S.W. (I), Grace G. Steinberg, M.D. (M)*

Present Psychiatric Roles and Residency Training *Moderator: Melvin A. Scharfman, M.D. (F); Panelists: Herbert Pardes, M.D. (M), Douglas B. Carter, M.D. (M), Kay H. Blacker, M.D. (F), William A. Frosch, M.D. (F)*

Methods for Enhancing Continuity of Care *Moderator: M.B. Ahmed, M.D. (M); Panelists: William Goldman, M.D. (F), William Hart, M.D. (F), Charles Windle, Ph.D. (I), Orlyn Zehr (I)*

Marijuana and Social Behavior: What Can We Expect? *Moderator: Marc Galanter, M.D. (M); Panelists: Albert Carlin, Ph.D. (I), Reese T. Jones, M.D. (F), Jack H. Mendelson, M.D. (F), Richard Stillman, M.D. (A)*

Federal Mental Health Reorganization Implications *Moderator: Robert L. DuPont, M.D. (M); Panelists: Morris Chafetz, M.D. (F), Roger Egeberg, M.D. (I)*

West Point: Substance and Process *Moderator: Francis E. Conrad, M.D. (A); Panelists: Richard C. U'Ren, M.D. (M), Capt. John S. Barry, MC, USA (I), Capt. Frank C. Warman, MC, USA (I)*

The Resident Experience: Problems, Pleasures *Moderator: Elissa P. Benedek, M.D. (F); Panelists: Christine Bieniek, M.D. (I), Anne M. Seiden, M.D. (A), Gail Barton, M.D. (M), Richard Gode, M.D. (I)*

TUESDAY, MAY 7 8:00 P.M.

Evening Panels

Dialogue on Alcoholism *Moderator: John A. Ewing, M.D. (F); Panelists: Jack H. Mendelson, M.D. (F), Robert A. Moore, M.D. (F), E. Mansell Pattison, M.D. (F), Lionel P. Solursh, M.D. (I), Keith S. Ditman, M.D. (F)*

What Is Obscene? Prurient Appeal and Social Value *Moderator: Richard Green, M.D. (F); Panelists: Stanley Fleishman, LL.B. (I), Diane Settlage, M.D. (I), Robert Athanasiou, Ph.D. (I), Stanley Fitch, Ph.D. (I)*

Citizens and Professionals: Current Intercourse *Moderator: Miguel A. Leibovich, M.D. (M); Panelists:* Irving H. Chase (I), *Fred Frankel, M.B., D.P.M. (F), William Goodson, M.D. (M), Roosevelt F. Langford (I))*

Human Services Approach to Child Mental Health *Moderator: Abraham Heller, M.D. (F); Panelists: Raquel Cohen, M.D. (F), Judge Justine Wise Polier (I), Prof. William C. Morse (I)*

Research on Electroconvulsive Therapy *Moderator: Paul H. Blachly, M.D. (F); Panelists: Max Fink, M.D. (F), John Exner, M.D. (I), Duane Denney, M.D. (M), David Impastato, M.D. (LF), James J. Strain, M.D. (M)*

Interface Between Government and Community *Moderator: Milton Greenblatt, M.D. (F); Panelists: Joseph J. Baker, M.D. (F); Senator Alan Cranston (I), Donald A. Schwartz, M.D. (F), Lawrence Allman, Ph.D. (I), Howard Wallach, M.D. (M)*

Psychiatry, Race, and the South *Moderator: Kim A. Keeley, M.D. (M); Panelists: Harold W. Jordan, M.D. (M), Robert S. McCully, Ph.D. (I), DeWitt C. Alfred, Jr., M.D. (M)*

Women's Studies in Psychiatric Education *Moderator: Anne M. Seiden, M.D. (A); Panelists: Peter Barglow, M.D. (F), Pauline Bart, Ph.D. (I), Malkah T. Notman, M.D. (M), Martha Kirkpatrick, M.D. (F)*

Mental Health Services for Asian Americans *Moderator: Kwo-Hwa Tseng, M.D. (M); Panelists: Aristotle Alexander, Ph.D. (I), Albert Gaw, M.D. (M), Milton H. Miller, M.D. (F), K. Patrick Okura, M.A. (I), Lindbergh S. Sata, M.D. (M)*

Effects of Mass Entertainment on Adults *Moderator: Roderic Gorney, M.D. (F); Panelists: Jules Masserman, M.D. (LF), Roy Menninger, M.D. (F), Aaron Stern, M.D. (F)*

Blacks, Cities, and Psychiatry, 1974: Survival in 1984 *Moderator: James P. Comer, M.D. (M); Panelists: Alvin F. Poussaint, M.D. (F), Alfred Cannon, M.D. (F), Hiawatha Harris, M.D. (F)*

Community Healers and Community Psychiatry *Moderator: Joseph Westermeyer, M.D., Ph.D. (M); Panelists: Enrique Araneta, Jr., M.D. (A), John Langrod, M.A. (I), George M. Phillips, M.D. (F), Pedro Ruiz, M.D. (M), Richard A. Ruzumna, M.D. (M), Philip Singer, Ph.D. (I)*

Impersonality and Intimacy in Sexuality *Moderator: Robert E. Becker, M.D. (M); Panelists: Edward T. Auer, M.D. (F), John S. Kafka, M.D. (F), Rebecca Z. Solomon, M.D. (F), Harold I. Lief, M.D. (F), Robert Ryder (I)*

The Psychosocial Treatment of Schizophrenia *Moderator: Louis B. Fierman, M.D. (F); Panelists: Robert Cancro, M.D. (F), Leo Berman, M.D. (F), Lane Ameen, M.D. (F), Betram P. Karon, Ph.D. (I), Loren R. Mosher, M.D. (M)*

Metapsychiatry: The Interface Between Psychiatry and Mysticism *Moderator: Stanley R. Dean, M.D. (F); Panelists: Bernard Glueck, Jr., M.D. (LF), Thelma Moss, Ph.D. (I), Lawrence L. LeShan, Ph.D. (I), E. Fuller Torrey, M.D. (M), James Beal (I), Shafica Karagulla, M.D. (I)*

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Ego Formation in Absence of Body Parts *Moderator: Robert Long, M.D. (M); Panelists: Pietro Castelnuovo-Tedesco, M.D. (F), David Freedman, M.D. (F), Cecil Mushatt, M.D. (F), Robert Stoller, M.D. (F), John Rainer, M.D. (F)*

Rehabilitation: Community Psychiatry's Challenge for the Seventies *Moderators: Nathan S. Kline, M.D. (F), June Jackson Christmas, M.D. (F); Panelists: Jose Llinas, M.D. (F), Alan McLean, M.D. (F), Dr. James Garrett (I), Bertram Black, M.S.W. (I)*

Workshop on Consequences of Unwantedness *Moderator: Stephen Fleck, M.D. (F); Panelists: Ethel Ginsberg (I), Dorothy Lewis, M.D. (M), Mary Mercer, M.D. (F)*

PSRO Guidelines for Norms Criteria and Standards *Moderator: Lucy D. Ozarin, M.D. (F); Panelists: Michael J. Goran, M.D. (I), Morris Kleinerman, M.D. (LF), Donald G. Langsley, M.D. (F), Charles E. Meredith, M.D. (F), Rudolph G. Novick, M.D. (LF)*

Psychiatry and Religion: New Task for the Seventies *Moderator: Abraham N. Franzblau, M.D., Ph.D. (F); Panelists: Angelo D'Agostino, S.J., M.D. (F), Edgar Draper, M.D. (F), Merritt H. Egan, M.D. (M), Emanuel M. Honig, M.D. (F), Ana Maria Rizzuto, M.D. (M)*

Models in Psychiatry *Moderator: Michael A. Sperber, M.D. (MT); Panelists: Miriam Siegler, M.D. (I), John Clancy, M.D. (F), Paul Huston, M.D. (LF), Thomas Englehardt, Jr., M.D. (I)*

Clinical Records: New Roles, Goals, and Methods *Moderator: W.P. Mazur, M.D. (M); Panelists: Joseph R. Novello, M.D. (MT), Ralph S. Ryback, M.D. (M), Ivan W. Sletten, M.D. (F), J.L. Stinnett, M.D. (M), Howard Williams, M.D. (F)*

Strategy for Mental Health Planning in Developing Countries *Moderator: Tsung-yi Lin, M.D. (CF); Panelists: Tolani Asuni, M.D. (I), Fikre Workneh, M.D. (I), Engseong Tan, M.D. (I), Carlos Leon, M.D. (CF), Michael Beaubrun, M.D. (DF)*

Homosexuality: Where Do We Go from Here? *Moderator: Kent E. Robinson, M.D. (F); Panelists: Robert L. Spitzer, M.D. (F), Ronald Gold (I), Richard Pillard, M.D. (M), Frank Kameny, Ph.D. (I), Barbara Gittings (I)*

WEDNESDAY, MAY 8 7:30 A.M.

Morning Panels

Psychohistory in Near-Eastern Studies *Moderator: Jerome D. Frank, M.D. (F); Panelists: John E. Mack, M.D. (F), John C. Racy, M.D. (M), Rita R. Rogers, M.D. (F), Vamik D. Volkan, M.D. (F), Norman Hzkowitz, Ph.D. (I)*

Seven Dead Infants: A Forensic Case Study *Moderator: Jonas R. Rappeport, M.D. (F); Panelists: Ronald Kelley, M.D. (M), Dietrich Blumer, M.D. (M), Charles G. Bernstein, J.D. (I), W. Emmet Wilkinson, Jr., M.D. (M))*

Unified Mental Health Services in New York *Moderator: John A. Talbott, M.D. (F); Panelists: A. Anthony Arce, M.D. (F), Natalie E. Chassler, M.S.W. (I), June Jackson Christmas, M.D. (F), Eugene B. Feigelson, M.D. (M), Stuart L. Keill, M.D. (F)*

Comprehensive Aftercare: A County-Wide Model *Moderator: Jack A. Morgenstern, M.D. (M); Panelists: Allen Sherrow, M.D. (M), Harold Bussell, M.S.W. (I), Daneen Irving, M.S.W. (I), Betsy Kelly, M.N. (I)*

Emerging Alcohol Treatment Programs *Moderator: Donald W. Morgan, M.D. (M); Panelists: Kenneth E. Nelson, M.D. (M), John Flynn (I), John F. Greden, M.D. (M), James A. Robinson (I)*

A Treatment Plan for "Autistics": Long Island, '74 *Moderator: Bertram Pepper, M.D. (F); Panelists: Betty VanWitsen, Ed.D. (I), Kenneth Kaufman, Ph.D. (I), Mary B. Hagamen, M.D. (F), Lewis Kurke, M.D. (F)*

"Decentralized" Services and the General Hospital *Moderator: S. Dale Loomis, M.D. (F); Panelists: Alex Spadoni, M.D. (F), Robert Arnot, M.D. (F), Thaddeus Kostrubala, M.D. (M), Dixon F. Spivy, M.D. (M)*

Roles of the Psychiatrist in the Mental Health Area *Moderator: Leon Salzman, M.D. (F); Panelists: Yasuhiko Taketomo, M.D. (M), C. Christian Beels, M.D. (M), Robert M. Daly, M.D. (M), David Weiser, M.D. (I)*

Training Health Professionals in Death and Dying *Moderator: John E. Fryer, M.D. (M); Panelists: E. Mansell Pattison, M.D. (F), Doris Howell, M.D. (I), Kenneth Spilman (I)*

Techniques in Building Community Programs *Moderator: James H. Rumbaugh, M.D. (A)); Panelists: Paul D. Ellsworth, O.T.R., M.P.H. (I), Thomas T. Bellino, Ph.D. (I), Edward Robinson, M.D. (I), John Griffith, Ph.D. (I)*

Ethics in Public Mental Health Services *Moderator: Roger Peele, M.D. (F); Panelists: Eugene A. Hargrove, M.D. (F), Jefferson McAlpine, M.D. (M), John H.L. Marshall, M.D. (M), Horace F. Greene, M.D. (M), Irving Schneider, M.D. (F)*

The Spanish-American Client Problems and Perspectives *Moderator: Pedro Ruiz, M.D. (M); Panelists: James Finkelstein, M.D. (M), Luis R. Marcos, M.D. (M), Manuel Trujillo, M.D. (I), William Vazquez, M.S. (I), Milton Wilner, Ph.D. (I)*

The Team: Acceptance and Resistance *Moderator: L. Douglas Lenkoski, M.D. (F); Panelists: Troy Smith (I), Dr. John Dulin (I), Norm Graham (I), Daniel S.P. Schubert, M.D. (M), Sheldon I. Miller, M.D. (M)*

Emergency Room Psychiatry in the Inner City *Moderator: David W. Kennard, M.D., Ph.D. (M); Panelists: Mark A. Amdur, M.D. (I), Carol A. Creamer, M.A. (I), John J. Schetz, M.D. (I), Edward N. Tuder, M.D. (I), Clarence B. Geary, M.D. (M)*

Recent Clinical Developments in Schizophrenia *Moderator: Robert Cancro, M.D. (F); Panelists: Leonard L. Heston, M.D. (M), Steven Matthysse, Ph.D. (I), Loren R. Mosher, M.D. (M), Garfield Tourney, M.D. (F)*

Effects of Drug Efforts in a Non-Health Agency *Moderator: David P. Kraft, M.D. (I); Panelists: Scott H. Nelson, M.D. (M), Morton Shaevitz, Ph.D. (I), Cruz Acevedo (I)*

The Pregnant Therapist *Moderator: Carol C. Nadelson, M.D. (F); Panelists: Malkah T. Notman, M.D. (M), Elissa P. Benedek, M.D. (F), Ellen Berman, M.D. (I), Eugene Paum, M.D. (F)*

Interdisciplinary Team in Problem-Oriented Practice *Moderator: W.P. Mazur, M.D. (M); Panelists: Norma Stephens, A.R.T. (I), Jean Brown, R.N. (I), Ruth Price, M.S.W. (I), Mary Lou Chappelle, R.D. (I), Abdul Basit, Ph.D. (I)*

Family Involvement in Adolescent Hospital Therapy *Moderator: Jackson R. Day, M.D. (M); Panelists: Derek H. Miller, M.D. (F), Gene M. Abroms, M.D. (F), Marshall S. Cherkas, M.D. (F), Robert E. Gould, M.D. (F)*

Psychiatric Residency: The Chief Residents' View *Moderators: Adolf Pfefferbaum, M.D. (MT), John Howard Valentine, M.D. (MT); Panelists: Five chief residents in psychiatry*

THURSDAY, MAY 9 7:30 A.M.

Morning Panels

Drug-Altered Awareness: Marijuana and Alcohol *Moderator: Richard Stillman, M.D. (A); Panelists: Robert Petersen, Ph.D. (I), William Rickles, Jr., M.D. (A), Walton Roth, M.D. (M), Herbert Weingartner, Ph.D. (I), Roger E. Meyer, M.D. (M)*

Use of Consumer Feedback in Mental Health Settings *Moderator: M.B. Ahmed, M.D. (M); Panelists: William Goldman, M.D. (F), Sharland Trotter (I), Myron Koltuv, Ph.D. (I), Jack F. Wilder, M.D. (F)*

Urban 24-Hour Mental Health Emergency Services *Moderator: Jack A. Morgenstern, M.D. (M); Panelists: Allen Sherrow, M.D. (M), Hans Stroo, M.D. (M), Richard Burhenne, M.A. (I), Jack Moore (I)*

Recent Research in Schizophrenia: Special Report 1973 *Moderator: Loren R. Mosher, M.D. (M); Panelists: Roy Grinker, Jr., M.D. (F), Eric Schopler, Ph.D. (I), John G. Gunderson, M.D. (M), David Rosenthal, M.D., Ph.D. (I), Jack Durell, M.D. (F)*

Penile Prothesis Implant: Psycho-Social Issues *Moderator: Milton Greenblatt, M.D. (F); Panelists: Harold I. Lief, M.D. (F), Alice S. Rossi, Ph.D. (I), Jamie Corvalan, M.D. (I), Mary Ann P. Sviland, Ph.D. (I)*

Psyche and Soul: Working with the Parish Clergy *Moderator: Dana L. Farnsworth, M.D. (F); Panelists: Norman A. Clemens, M.D. (F), Edgar Draper, M.D. (F), James J. Gill, S.J., M.D. (A), Richard E. Hicks, M.D. (M), Randall Mason, S.T.M., Ph.D. (I)*

A Design for Change in a State Mental Hospital *Moderator: Ernest Kovacs, M.D. (I); Panelists: C. Christian Beels, M.D. (M), Judy Fleischer, M.A. (I), Larry Brown, Ph.D. (I), Alice Bacon, R.N. (I), Bill Anderson (I)*

Skyriver Community Development Project *Moderator: Joseph D. Bloom, M.D. (M); Panelist: Tim Kennedy (I)*

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Meeting Panels

Continued from page 33

The Politics of Methadone *Moderator: Jacob Schut, M.D. (M); Panelists: Peter G. Bourne, M.D. (M), Robert Newman, M.D. (I), Vernon D. Patch, M.D. (F), Mrs. Billie Joe Thurmond (I)*

Early Child Care Alternatives *Moderator: Malkah T. Notman, M.D. (M); Panelists: Jo Ann Fineman, M.D. (M), Michelle Seltzer (I), Carol C. Nadelson, M.D. (F), Mary C. Howell, M.D., Ph.D. (I)*

Drug Abuse Consultation in the General Hospital *Moderator: Marc Galanter, M.D. (M); Panelists: Joyce Lowinson, M.D. (M), Edward C. Senay, M.D. (M), Harold L. Trigg, M.D. (F), William F. Wieland, M.D. (M)*

Progress Report on Minority Group Mental Health Programs *Moderator: K. Patrick Okura, M.A. (I); Panelists: Lemuel Ignacio (I), Juan Acevedo (I), Charles Geboe (I), James Ralph, M.D. (M), Bertram S. Brown, M.D. (F)*

Weed System in Psychiatry: Modification Versus Orthodoxy *Moderator: W.P. Mazur, M.D. (M); Panelists: R.L. Grant, M.D. (F), B.M. Burdick, M.D. (M), M. Johnson, M.D. (F), R. Longabaugh, Ph.D. (I), R. Fowler, M.D. (M)*

Psychiatrists and Future Shock *Moderator: Robert L. Williams, M.D. (F); Panelists: James R. Harris, M.D. (F), Marvin E. Perkins, M.D. (F), George F. Wilson, M.D. (MT)*

The Psychiatrist as Internist *Moderator: Zigmond M. Lebensohn, M.D. (LF); Panelists: Jess V. Cohn, M.D. (LF), M. Ralph Kaufman, M.D. (LF), Bernard C. Holland, M.D. (F), Robert S. Daniels, M.D. (F), John Romano, M.D. (LF)*

Psychiatric Continuing Education: Specific Aspects *Moderator: James Naiman, M.D. (F); Panelists: Robert E. Froelich, M.D. (M), Donald H. Naftulin, M.D. (F), Chester M. Pierce, M.D. (F)*

The Impact of Decentralization Three Years Later *Moderator: Jack Greenspan, M.D. (M); Panelists: Stephen Schwartz, M.D. (M), Lindley Winston, M.D. (M)*

Sexual Dysfunctions in Women: Organic Aspects *Moderator: Ephraim T. Lisansky, M.D. (F); Panelists: John Grover, M.D. (I), Johanna S. Perlmutter, M.D. (I)*

Organizational Approaches to Mental Health Services *Moderator: Allan Beigel, M.D. (M); Panelists: Donald J. Scherl, M.D. (F), Herzl R. Spiro, M.D. (F), Edward S. Fleming, M.D. (F), Jonas V. Morris (I)*

Innovations in Psychiatric Education *Moderator: Philip Woollcott, Jr., M.D. (F); Panelists: Otto Kernberg, M.D. (F), Dov Aleksandrowicz, M.D. (I), Ann Appelbaum, M.D. (F), Hans Falck, Ph.D. (I))*

THURSDAY, MAY 9 8:00 P.M.

Evening Panels

Behavioral Factors in Aviation Safety *Moderator: Daniel A. Grabski, M.D. (F); Panelists: Nolen L. Armstrong, M.D. (M), Willard D. Boaz, M.D. (F), George I. LeBaron, Jr., M.D. (F), Lynwood Merl Hopple, M.D. (F)*

Behavioral Approaches to Alcoholism *Moderator: John A. Ewing, M.D. (F); Panelists: John Clancy, M.D. (F), Edward Gottheil, M.D., Ph.D. (F), J.D. Keehn, Ph.D. (I), Kenneth C. Mills, Ph.D. (I), Alfonso Paredes, M.D. (F)*

Jungian Psychology: Symbolism and Creativity *Moderator: Harry A. Wilmer, M.D., Ph.D. (F); Panelists: John Perry, M.D. (I), Werner Engel, M.D. (M), Mary Ann Mattoon, Ph.D. (I), James A. Hall, M.D. (M), Robert S. McCully, Ph.D. (I)*

Is the "Systematic Psychiatric Evaluation" Passé? *Moderator: Peter E. Sifneos, M.D. (F); Panelists: Fred H. Frankel, M.B., D.P.M. (F), Miguel A. Leibovich, M.D. (M), Robert Misch, Ph.D. (I)*

School Intervention Program *Moderator: G.A. Rogeness, M.D. (MT); Panelists: R.A. Bednar (I), J.P. Stokes, Ph.D. (I), E.L. Gorman, M.A. (I)*

Art Therapy *Moderator: Paul Jay Fink, M.D. (F); Panelists: Felice Cohen, A.T.R. (I), Don Jones, A.T.R. (I), Myra Levick, M.Ed., A.T.R. (I), V. Michael Vaccaro, M.D. (A)*

ECT Today *Moderator: Louis Linn, M.D. (LF); Panelists: Zigmond M. Lebensohn, M.D. (LF), Lothar B. Kalinowsky, M.D. (LF), Edward J. King, M.D. (I), Arthur N. Gabriel, M.D. (M), Richard Abrams, M.D. (M)*

Reorganization and Mental Health: Community Reaction *Moderator: Peter T. Choras, M.D. (I); Panelists: Charlotte Aladjem (I), Eric Olson, M.A. (I), Bellenden R. Hutcheson, M.D. (F), Elizabeth Mary Remar, M.A. (I)*

Training in Community Mental Health *Moderator: Richard T. Rada, M.D. (M); Panelists: Allan Beigel, M.D. (M), George G. Meyer, M.D. (F), E. Mansell Pattison, M.D. (F)*

The Range of Normal in Human Behavior *Moderator: Jules H. Masserman, M.D. (LF); Panelists: Robert Cancro, M.D. (F), John L. Carleton, M.D. (F), Robert S. Daniels, M.D. (F), John Rainer, M.D. (F), F. Theodore Reid, Jr., M.D. (F), John J. Schwab, M.D. (F)*

Human Rights After Detroit's Psychosurgery Trial *Moderator: Paul Lowinger, M.D. (F); Panelists: Robert Baker, Ph.D. (I), Alvin F. Poussaint, M.D. (F), Steve Cain (I), John Doe (I), Gabe Kaimowitz (I)*

Schizophrenia: Non-Hospital Treatment Alternatives *Moderator: Samuel J. Keith, M.D. (I); Panelists: Loren R. Mosher, M.D. (M), Gerard E. Hogarty, M.S.W. (I), Jerry Dincin, M.S.W. (I), Frank M. Ochberg, M.D. (M)*

APA Task Force on Women: Discussion Session *Moderator: Nancy A. Roeske, M.D. (F); Panelists: Richard Green, M.D. (F), Mary Ann Bartusis, M.D. (F), Carol Wolman, M.D. (M), Martha Kirkpatrick, M.D. (F), Anne M. Seiden, M.D. (A)*

Death Courses in Medical Schools *Moderator: Sidney L. Werkman, M.D. (F); Panelists: Leon J. Epstein, M.D. (F), Robert E. Becker, M.D. (M), Hyman Muslin, M.D. (F), Hans Mauksch, Ph.D. (I)*

Physical Environment and Mental Illness *Moderator: Aristide H. Esser, M.D. (M); Panelists: Richard Allen Chase, M.D. (I), Stanislav V. Kasl, M.D. (I), William Hausman, M.D. (F), Don Conway (I)*

Demonstration of Encounter Techniques *Moderator: William Earl Moore, M.D. (LM); Panelist: Nicholas Fish, M.D. (F)*

American Psychiatry Abroad: Assets and Liabilities *Moderator: Zebulon C. Taintor, M.D. (F); Panelists: Jimmie Holland, M.D. (F), Milton H. Miller, M.D. (F), Edward Margetts, M.D. (F), Nathan S. Kline, M.D. (F)*

On the Emotional Well-Being of Psychiatrists *Moderator: Elaine J. Knutsen, M.D. (F); Panelists: Gordon E. Bermak, M.D. (M), Howard M. Kern, M.D. (F), Herbert L. Klemme, M.D. (M), David H. Rosen, M.D. (MT), Mathew Ross, M.D. (F)*

Neighborhood Psychiatry — The Next Step? *Moderator: Jonathan F. Borus, M.D. (M); Panelists: Maria Anastasi; M.A. (I), C. Martel Bryant, M.D. (F), Frances Kieffer, M.A. (I), Lee B. Macht, M.D. (M), Richard G. Morrill, M.D. (F)*

The Urban Struggle: Alienation, Poverty, and Work *Moderators: Elliot Liebow, Ph.D. (I), Roy Bryce-Laporte, Ph.D. (I); Panelists: Thomas Green, Ph.D. (I), Ted Hershberg, Ph.D. (I), Thomas Vietorisz, Ph.D. (I), Marion Dix (I), Virginia Olesen, Ph.D. (I)*

Exploring the Unconscious Through Poetry *Moderator: Anthony Pietropinto, M.D. (M); Panelists: Johanna Lessner, Ph.D. (I), Albert Rothenberg, M.D. (M), Silvano Arieti, M.D. (LF,) Morris Morrison, M.A., A.B.D. (I), Stanley R. Dean, M.D. (F)*

Oppression in Therapy: A Transactional Analysis *Moderator: John M. Dusay, M.D. (F); Panelists: Graham Barnes, M.A. (I), Joseph Daniels, M.D. (M), William H. Holloway, M.D. (F), Barbara Miller, R.N. (I), Stanley J. Wollams, M.D. (I)*

The Diagnosis of Organic Disorder in the Elderly *Moderator: Joseph Zubin, Ph.D. (I); Panelists: Alvin Goldfarb, M.D. (F), Heinz Lehmann, M.D. (F), Lawrence Sharpe, M.D. (I), Judith Kuriansky, Ed.M. (I)), Barry J. Gurland, M.D. (I)*

Officers Elected

THE FOREST HOSPITAL medical staff recently announced the election of the following officers for 1974: DR. ROBERT P. CUTLER, who teaches psychiatry at the University of Illinois Medical School, was elected president; DR. KARL L. WILLRICH, associate professor of psychiatry at Northwestern University Medical School, was elected vice-president; and DR. ROLANDO DE LA TORRE, with the department of neurology and psychiatry at Northwestern University Medical School, was elected secretary-treasurer.

Washington Beat

By Caesar A. Giolito

A NUMBER of health legislation spending authorities which were extended for a one-year period last year will expire on June 30. Community mental health centers were extended by the Congress to include modifications and improvements, but maintained in essentially the same form. On the other hand, there are other expiring health authorities, such as those of the Regional Medical Programs (RMP) and Comprehensive Health Planning (CHP), which are being strongly considered for reorganization.

Two of the major bills being used for this purpose are H.R. 12053, the reorganization bill by Congressman William Roy, who will be running for the Senate, and S. 2994, another health planning and development act, which has come under severe criticism by organized medicine and groups of health administrators, such as the State and Territorial Health Officers.

In general, the bills create health planning agencies and state health commissions, which the AMA has described as "public utility type regulatory controls and the planning mechanisms embodied [therein]." State health commissions, through this approach, would have rate-setting authority over health services. The state planning agencies in S. 2994 would have a governing body consisting of ten to 30 members, at least a third of whom would be residents of the health area who are not providers of health care.

Although RMP and CHP have been found lacking in many aspects, these programs do have supporters in Congress. Many observers believe that another extension of these authorities would be difficult because Congress was very vocal with the Administration last year when it stated that it would take a long, hard look at these programs in the context of a reorganization plan if the Administration granted a one-year extension of these programs, which it did, for this purpose. That one year is just about up, and it would be difficult for Congress to either ask for another extension, or to maintain these programs without change.

In opposing this health delivery reorganization plan, the AMA stated, "The answer to the failure of Comprehensive Health Planning is not to be found in an intensification of factors which can be assigned a measure of responsibility for failure. . . . The Association does support planning and has encouraged physicians to become involved in their local planning processes. The history of CHP indicates it is necessary to recognize appropriate planning limitations. The inability to 'rationalize' the health care delivery system or to unify what has been characterized as a 'fragmented' decision making system counsels us to expect less from highly structured planning systems than we might have expected before. For that matter we should not overlook the strengths of our present health care delivery system, which have developed in the absence of structured planning. In our view the contemplated formal system of planning coupled with the public utility regulation cannot be justified. We believe it is prudent to proceed on an experimental basis so as to determine what mix of voluntary planning together with governmentally required planning proves most effective in specific regions of the country."

Senator Thomas Eagleton is introducing a bill for continuing education of physicians and health personnel, which will call for regional centers, teaching aids, etc., especially for isolated and rural areas. Organized medicine can find no fault with such a meritorious program. On the other hand, danger signals have been sent out by at least a part of the medical profession against any approach that could eventually lead to more governmental regulation through relicensure of physicians.

The perennial subject of national health insurance keeps everyone guessing. There is a distinct possibility that hearings by the Ways and Means Committee will be held in May. The "Bolling Committee" for reorganization of congressional committees, proposing a switch of Medicare-Medicaid responsibility (except for taxing aspects) from Ways and Means Committee to hold hearings, after they had granted permission to Congressman Rogers' (Mr. Health) Subcommittee on Public Health and Environment. Although some overview hearings were held a few months ago by the Rogers Committee there has been no continuity because of a rising jurisdictional problem. On the whole, Ways and Means is a much more conservative committee than the Rogers Committee, and organized medicine would be loathe to see a change of jurisdiction because of this. It has been said that the Ways and Means Committee has been having meetings with Senator Kennedy's Health Subcommittee on NHI, indicating a possible element of cooperation, although no one seems to be sure what is happening in this quarter, if anything.

The Senate Finance Committee, another powerhouse in this field, has indicated its willingness to consider lifting the Medicare limitations in mental health in its "Long-Ribicoff" bill on NHI. As presently written in this bill, the Medicare benefit package for mental health would apply for catastrophic health insurance, a mental health benefit much narrower than that provided in its assisted plan for the poor. It appears that the committee recognizes the inequity of this approach, i.e., of providing a superior benefit for the poor who are mentally ill than for the rest of the population, and seems ready to remedy this situation.

The Administration's bill has pumped more stimulus into the NHI process because of the relative comprehensiveness of the plan. Although it is generally stated that it is a much better plan than the first plan by the Administration, its critics are quick to point out that it will create windfall profit for the insurance industry.

The battle of the PSRO continues. There are now 32 bills in Congress to repeal PSRO, and the AMA is now sounding vocal opposition. As was pointed out at a recent AMA Medical Specialty Society meeting, it seems that the statements submitted by the specialty societies favored PSRO, or, at least, indicated their willingness to cooperate in the process. After the

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GAP on Leadership

Continued from page 1

into large-scale community activities has forced an administrative-executive role upon the psychiatric chairman for which he has been ill prepared. . . . At the same time the demand for administrative activity is not always accompanied by appropriate gratifications or reinforcement."

GAP's recommendations are keyed to the pool of talent already available for consideration and include:

- Explicit training for administrative leadership.
- Sharing of responsibility within the department.
- Decentralization of activity.
- Limiting the term of chairmanship.
- Increasing tangible benefits—salary, budget, space, manpower.
- Increasing intangibles — status, upgrading the chair.
- Use of new criteria for selection, and bettering standards of practice for the "search committee."

The Committee on Therapy, chaired by Boston psychiatrist Dr. Peter H. Knapp, notes in the introduction to the report that the words "chairman" and "he" are used throughout, "despite the unfortunate sexual bias this usage reflects, because . . . the unfortunate fact is that almost all of the chairs in psychiatry over the past three years have in fact been held by men."

Copies of the report, GAP Publication No. 90, are available for $1 each, from the Publications Office, GAP, 419 Park Ave. South, New York, N.Y. 10016.

Washington Beat

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bill had been signed into law, AMA appeared to be ready to proceed, although there soon emerged a large and vocal element of opposition in AMA ranks. APA is saying that it is working hard for implementation, although the field of psychiatry is still not close to answering many questions in the review area. Senator Wallace Bennett, author of the bill, has, in the meantime, stiffened his back to growing opposition. The AMA is now ready to propose 19 amendments to PSRO, which would alter the original law considerably.

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Anchorage—THE PSYCHIATRIC INSTITUTE HAS POSITIONS FOR A STAFF PSYCHIATRIST & CHILD PSYCHIATRIST. The Institute is loc. in Anchorage, beaut. northern city. Sal. nego. For infor. write or call collect: A. R. Cook, M.D., Superintendent, Alaska Psychiatric Institute, 2900 Providence Ave., Anchorage, Alaska 99504. (907) 277-6551.

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adols. in inpt., day trtmt., OP, emerg. & consul. & educ. svcs. Spec. svcs. of ctr. incl. methadone & Social rehab. pgms. Exc. oppty. in multiple-discip. approach to trtmt. Cal. lic. req. Sal. nego., plus liberal fringe bnfts. Contact: Larry R. Yoder, Administrator, Kern View Community Mental Health Center and Hospital, 3600 San Dimas St., Bakersfield, Calif. 93301. Tel.: (805) 327-7621.

Bishop—PSYCHIATRIST to act as Program Chief for CHM Pgm. Sal. $32,000 per annum. Cal. lic. req. Exc. recre. area—skiing, fishing, hunting, hiking. Apply: V. H. Hough, M.D., Inyo County Mental Health Director, Drawer H, Independence, Cal. 93526. Phone (714) 878-2411.

Callfornia Statewide opngs. in state hosps. & adult correc. facils. Appvd. rsdncys. also avlb. Reg. hrs., attrac. sals. & bnfts. Write: Medical Personnel Services, State Personnel Board, 801 Capitol Mall, Sacramento, Cal. 95814.

Camarillo—PSYCHIATRISTS needed for imaginative inpt. trtmt. pgms. involving some 2,400 adult, adol. & child patients. Well estab. modern facil. in beaut. location in Ventura Count nr. Pacific Ocean, 50 mi. N. of Los Angeles. Active Adult & Child Psychiatry Rsdncy. pgms. & continuing Educ. Siminars with consultants from local Med. Schs., Psychiatric & Psychoanalytic Institutes. State of Cal. Civil Ser. bnfts. Sals. rng. from $24,660 to $29,988 per yr. (bd. elig.) & $25,908 to $31,488 (bd. cert.) dep. upon exper. Call or write: Robert E. Moebius, M.D., Chief of Professional Education, Camarillo State Hosp., Box "A", Camarillo, Calif. 93010. Phone (805) 482-4671.

Central California—Need exper., innov. PSYCHIATRIST to direct county-wide compre. MH pgm. Sal. rng. from $35,000-$45,000 with over $8,000 worth of fringe bnfts. Priv. prac. is permitted to make up for low sal. This area of Calif. has greatest out-of-door recre. resources; cultural interests as well; & lowest cost of living. If int. contact Charles A. Davis, M.D., Kings View, P.O. Box 512, Reedley, Calif. 93654. Phone (209) 638-3655.

Fresno—STAFF PSYCHIATRISTS-$39,000 ANNUALLY—The Fresno County Dept. of MH has unique oppty. for creative child & general psychiatrists who are int. in compre. commty. human svcs. We emphasize full rng. of indirect svc. modalities of commty. organiz., MH educ. & MH consul. with human svc. providers that interface with MH. Team approach is used to pvd. full rng. of direct svcs. to both rural & urban commtys. Oppty. to participate in tchng. & spvsn. in newly developed psychiatric rsdnt. pgm. Fresno loc. in heart of beaut. San Joaquin Valley, ½ way betw. San Fran. & L. A. & 2 hrs. from ocean & high Sierra Mtns. Benfts. incl. pd. malprac. insur., 3 wk. pd. vac. annually, & sick lv. Contact Trevor D. Glenn, M.D., Director, Fresno County Dept. of Mental Health, 4441 East Kings Canyon Rd., Fresno, Cal. 93702. (209) 488-3743.

Hemet—Hemet Valley Hospital CMHC has immed. opng. for addit. STAFF PSYCHIATRIST. Our newly constructed facil. offers full rng. of psychiat. svcs., exposure to wide variety of clin. exper., & smog-free rural setting close to beaches, mtns., & desert. Applics. should be orien. towards comm. psychiat. Sal. commens. with exper., & bnfts. incl. limited, priv. prac. For further infor. contact Wm. W. Floyd, Hemet Valley Hosp. District, 116 E. Latham Ave., Hemet, Calif. 92343.

Los Angeles—The UCLA Neuropsychiatric Institute conducts multidiscip. educ. & scientific pgms. related to neurological & psychiatric illness & MR. Occasional opngs. avlb. for acad. personnel in biological, behav. & social sciences, & health-related professions. EOE's with vigorous affirmative action pgm. Applications from women & members of minority grps. receive top priority. Write L. J. West, M.D., 760 Westwood Plaza, Los Angeles, Cal. 90024.

Los Angeles & Orange County—Priv. psychiatric prac. for sale. Established, steady referrals. Phone for details 8 a.m. Calif. time (213) 283-9913.

Napa—CHILD PSYCHIATRY FELLOWSHIP—New flexible 2-yr. accred. pgm. pvdng. exper. & trng. in all major areas of child psychiatry. Emph. is on core skill dvlpmt. but orien. is modern & eclec. with opptys. to specialize in preferred areas & to learn consul. & spvsn. Based in beaut. Napa Valley with easy commute to S. F. Bay Area cities, mtns., beaches, etc. Contact Sheldon W. Grinnell, M.D., Director, Child Psychiatry Training Program, Napa State Hospital, Box A. Imola, Calif. 94558.

Orange County—BOARD ELIGIBLE OR BOARD CERTIFIED PSYCHIATRIST to join dynamic psychiatric grp. in prac. of both hosp. & office psychiatry. Exc. sal., fringe bnfts. & working conditions. Contact Nicki Pontrelli (213) 694-3838, Ext. 456.

Palo Alto—STANFORD DEPT. OF PSYCHIATRY-July 1974—3 FULL TIME ASSISTANT PROFESSOR POSITIONS at Palo Alto VA Hosp., all with rspnsbls. for leading clin. pgm. & tchng. rsdnts., med. students & others. Demonstrable rsch. skills important in addit. to clin. & admin. capabilities. Opptys. are for: Closed inpt. unit—key tchng. unit, rsch. possibilities with very disturbed patients. Brief stay Inpt. Unit—eval. & brief trtmt. functions high priority. Admission-Referral-Day Hosp. Team-important hosp.-commty. interface. Clin. rsch. ints. in biological or social psychiatry encouraged. Sal. depends on quals. Civil Service bnfts. Write B. Kopell, M.D., Director of Research & Training, 3801 Miranda Ave., Veterans Administration Hospital Palo Alto, Calif. 94304. Stanford Univ. is an EOE.

Red Bluff—DIRECTOR-PROGRAM CHIEF of Tehama County MH Svcs. Competitive & commens. with exper. Usual employee bnft. pgm. Possession of Doctor of Medicine Degree & valid lic. to prac. med. in Calif. Bd. elig. or cert. in Psychit. OP clin. & small inpt. svc. Other prof. staff consists of Clin. Psychologist & Psychiatric Soc. Worker. In city of Red Bluff, community situated in Northern Calif. with good schools & abundance of outdoor sports including hunting, fishing, boating, etc. Send resume & references to: Tehama County MH Services, 1860 Walnut St., Red Bluff, Calif. 96080. Applications will be reviewed and top candidates interviewed.

San Bernardino—PSYCHIATRISTS IN PRIVATE PRACTICE—Tired of excessive demands of private practice? We are offering psychiatrists who like new challenges, opptys. to work with young, motivated MH professionals & teach med. students & rsdnts. in warm climate with regular hrs. & adequate income. Write Whitbread, M.D., 780 E. Gilbert St., San Bernardino, Cal. 92404.

San Francisco—BOARD APPROVED RESIDENCIES IN GENERAL PSYCHIATRY AND CHILD-ADOLESCENT PSYCHIATRY avlbl. at McAuley NP Inst. of St. Mary's Hosp. & Med. ctr. 70 inpt. beds; OP, day trtmt., & Outreach svcs. Broad academic pgm. with intense indvl. supvsn. Write: T. M. Khlentzos, MD Med. Dir., Psychiat. Trng. Pgm., 2200 Hayes St., San Francisco 94117.

Santa Rosa—Immed. opng. for PROGRAM CHIEF as asst. to psychiatrist Director, Primarily clin. admin. & consul. You will like Sonoma County life style. Req. Bd. elig. & prefer CMHC supervisory exper. Sal. nego. with option of Civil Service or contract. Up to $34,500 with prob. inc. July 1. Contact C. W. Norton, M.D., Director, 3322 Chanate Rd., Santa Rosa, Cal. 95404. Tel. (707) 527-2855.

Southern California Area—2 BOARD ELIGIBLE PSYCHIATRISTS needed for expanding commty.-orien. svcs.: OP, alcoh., adol. trtmt. & hosp. prac. Sal. $39,500-$49,500 to start or priv. prac. oppty. Send CV to Western L.A. Mental Health Group, Inc. or Torrance-So. Bay Psychiatric Group, 23228 Hawthorne Blvd., Suite 8, Torrance, Cal. 90505.

Turlock—PSYCHIATRIST/DIRECTOR, to direct expanding innov. 3-yr. old CMHC. Should be orien. toward family & commty. psychiatry, with exper. in consul. & educ. Ctr. svcs. incl.: 25 bed inpt. unit, OP, emer. svcs., 4 satellite clins., chldn's pgm. & expanding C&E pgms. Loc. in Central Cal., 90 min. equally from San Fran. & Yosemite National Park. Sal. open to nego. based on quals. & exper., $35,000 base. Contact A. Russell Lee, M.D., Director, Emanuel Medical Center, 825 Delbon, Turlock, Cal. 95380. Phone (209) 634-9151.

Turlock—OUTPATIENT SERVICES DIRECTOR—Emanuel MH. Enthus., innov. psychiatrist with commty. & "Fam. Ther." orien. To be primarily respnsb. for doing in-ctr. indvd., grp. & fam. ther.; tchng. & spvsng.; as well as commty. consul. Must have completed rsdncy. trng. Our Ctr. is relatively new & exciting & open to creativity, change & innov. It is loc. about 90 min. from San Fran. on the one hand & Yosemite National Park on the other. Sal. Rng.: $30,000 & up, based on quals. & exper. Contact: Dr. A. Russell Lee, M.D., Director, Mental Health Services, Emmanuel Medical Center, 825 Delbon Ave., Turlock, Cal. 95380.

COLORADO

THE CHALLENGE: Continuing to make the term "state hospital" mean an award-winning MH svcs. facil. The oppty.: immed. FT opngs. for qualified psychiatrists in newly restructured gen. adult & forensic psychiatry programs. Hosp. also has alcohol, children's, drug, & geriatric pgms. backed up by compre. med. & surgical division. Sal. commens. with exper. & quals.; liberal fringe bnfts. Fully JCAH accred.; affil. with Univ. of Colo. & other tchng. pgms.; commty.-orien. daycare, aftercare. & OP pgms. in conjunction with CMHC's. Pueblo is smog- & pressure-free, small enough to relax in, yr-rnd. golf climate, close to Colorado Springs, Denver, Aspen, mtns., skiing, outdoor recre. Write: Charles Meredith, M.D., Superintendent, Colorado State Hospital, 1600 W. 24th St., Pueblo, Colo. 81003.

Denver—PSYCHIATRISTS needed to work in lge. CMHC offering full range of MH svcs. in gen. hosp. & public health setting. Submit CV to: Director of Psychiatry, Dept. of Health & Hospitals, 750 Cherokee St., Denver, Colo. 80204.

CONNECTICUT

CHILD PSYCHIATRIST-DIRECTOR, PSYCHIATRIC CENTER for Chldn. (OP clin) with staff of many disciplines, $25,598-$30,974. Annual increase, oppty. for continued educ., assoc. with The Institute of Living & The Univ. of Conn. Health Center. Retirement Plan, liberal sick & health bnfts., 3 wks. vac., PL days, 11 paid hols. EOE. C. Launi: Connecticut Dept. of Mental Health, 90 Washington St., Hartford, Conn. 06115. (203) 566-5237.

PSYCHIATRIC RESIDENCIES—avlb. at Norwich Hosp. Commty.-orien., geog. unitized MH facil. Computerized record-keeping. Fully appvd. 3-yr. pgm. Close assoc. with Instit. of Living, Hartford Hosp., St. Francis Hosp. & Univ. of Conn. Health Ctr. Beaut. surroundings close to ocean & nr. metro. ctrs. Sals: 1st yr. $11,636; 2nd yr. $12,270; 3rd yr. $14,102. Exc. fringe bnfts. Write: Superintendent, Norwich Hospital, Norwich, Conn. 06360.

PSYCHIATRISTS—Posns. avlb. in 1,100 bed commty.-orien., geog. unitized MH facil., with many specialized, forward-looking pgms. Computerized record keeping. Fully appvd. 3-yr. rsdncy. trng. pgm. Sals. highly compet., exc. fringe bnfts, retire. & ins. pgms. Housing avlb. Write Superintendent, Norwich Hospital, Norwich, Conn. 06360.

Enfield—MEDICAL DIRECTOR of commty. adult & child psychiatric clin., Innov. methods, non-hierarchial style. Exper. with chldn. desirable, not essential so long as no active dislike of kids. Referral sources from area of 80,000. ½ time posn. from $13,500 up plus exc fringe bnfts. Priv. prac opptys. in Hartford-Springfield area, 20 min. away. Greater Enfield Mental Health Center, P.O. Box 336, Enfield, Conn. 06082. Tel: (203) 745-2438, Henry E. Altenberg, M.D., Acting Medical Director.

Middletown—PSYCHIATRIST—Bd. cert. or elig. to work in dynam., commty. orien. Psychiatric Hosp. in central Conn. Assignment to gen. psychiat. or speciailzed pgms. incl. alcoh., drug-dep., geriatric rehab., & adol. svc. A.M.A. accred. rsdncy. pgm. incl. integrated affil. with Yale Dept. of Psychiatry & Neurology. Faculty appts. avlb. to qual. indvds. Oppty for priv. prac. or consul. Sal. commens. with exper. & trng. Starting rng. $24,541. Liberal bnfts. incl. free health ins., varied retire. options, low cost life ins., 3 wks. pd. vac., & more. Elig. for Conn. lic. req. Send all particulars, incl. refs in 1st letter to: Mehadin K. Arafeh, M.D., Superintendent, Box 351, Middletown, Conn. 06457. EOE.

Middletown—RESIDENTS IN PSYCHIATRY—Dynam., commty.-orien. psychiat. hosp. in central Conn. with totally restructured A.M.A. accred. rsdncy. trng. pgm., seeking applicants for 1st, 2nd & 3rd yr. rsdncys. for intens. & varied trng. pgm. to begin July 1, 1974. Wide rng. of exper. in gen. psychiat., child psychiat., neurology, psychiat. problems of med.-surg. pts., commty. & OP psychiat. provided under faculty spvsn. Balanced pgm. between trng. & svc. closely affil. with Yale Univ. Sch. of Med. 2nd yr. rsdnts are on affil. with Yale Dept. of Psychiatry svcs. in New Haven. Choice of several track assignments avlb. to 3rd yr. rsdnts. Post-rsdncy. fellowship possible. Annual stipends of $11,636; $12,270; & $14,102. Liberal bnfts. incl. free health ins., varied retire. options, low cost life ins., 3 wks. vac., & more. Possibility of housing at minimal cost. Apply to: Mehadin K. Arafeh, M.D., Superintendent, Connecticut Valley Hospital, Box 351, Middletown, Conn. 06457. EOE.

Newtown—CONNECTICUT PSYCHIATRIC RESIDENCIES. 3-yr. accrdtd. rsdncs. now avlbl. Active, varied tchng. pgm. affl. with Yale Univ., & 1 yr. trng. avlb. in New Haven for qual. rsdnts. Trng. pgm. also incl.: extensive didactic tchng. schedule; instruction in basic & clin. neurol.; supvd. inpt. & OP exper. with adults & adoles.; & child psychiat. rotation. Spacious 3-bedroom homes avlbl. on ltd. basis with low-cost maintenance. Sal.: 1st yr. $11,636, 2nd yr. $12,270; and 3rd yr. $14,102. Write: Robert B. Miller, MD, Supt., Fairfield Hills Hosp., Newtown 06470.

DELAWARE

Newark—PSYCHIATRIST—Full or part time, Bd. elig. or cert. Needed immed. for busy private multi-discip. general psychiatric prac. Must have Del. lic. Sal. nego. Exc. oppty. for hard working, dynamic, innov. & creative indvd. Send complete resume with sal. expectations to: Lino M. Lapenna, M.D., 325 East Main St., Newark, Dela. 19711.

DISTRICT OF COLUMBIA

PSYCHIATRISTS—Immed. oppty. for fully qualified Psychiatrists to work in lge. federal hosp. in one of several specialized pgms.—Forensic, Geriatric Rehabilitation, CMH, Deaf, Drug, Alcoh., & Gen. Psychiatry. Must be lic. in U.S. Oppty. for priv. prac. Accred. multi-discip. trng. pgms. & on-going rsch. projects in cooperation with NIMH. Starting sals. range from $26,189 to $32,973, dep. on exper. & trng., plus Federal Employee bnfts. EOE. For further infor. & application forms, write or call collect, Mrs. Marge Hanson, Employment Office, Saint Elizabeth's Hospital, Washington, D. C. 20032. Tel.: (202) 574-7179.

FLORIDA

CHILD PSYCHIATRIST, FT, avlb. Jan. for clin. & tchng. posn. at only child guidance clin. in Miami area (5 branch units). Affil. with U. Miami, Barry College, & F.I.U. American Board & A.A.P.S.C. trng. clin. Analytically orien. Contact: Richard P. Emerson, M.D., 901 N.W. 17 St., Miami, Fla. 33136. (305) 324-4036.

Ocala—PSYCHIATRIST-PART TIME—For compre. CMH pgm. in central Fla. city of 40,000, easy commuting dist. of superior educ. & recre. facils. Sal. up to $20,000, dep. on quals. Oppty. for priv. prac. Send resume to C. Brooks Henderson, M.D., 2 S.W. 12th St., Ocala, Fla. 32670.

St. Petersburg—CHILD PSYCHIATRIST to work in all areas of newly funded Compre. MHC for Chldn. Must have Fla. lic. Possibility of med. sch. appt. Sal. up to $35,000 with good fringes. Contact Ray Sleszynski, M.D., Director, Child Guidance Clinic, 4032 Central Avenue, St. Petersburg, Fla. 33711. Phone (813) 894-7656.

Tampa—CHILD AND GENERAL PSYCHIATRIST—Fla. lic. req., to join staff of priv. non-profit clin. involved in compre. svc. Area dvlpng. rapidly, construction underway for med. sch., VAH, State Research Hosp., present staff incl. 3 gen. psychiatrists, 2 child psychiatrists, 1 analyst, 6 psychologists, 15 MSW, 1 psy. nurse, compre. svc. for chldn. incl. inpt., rsdntl., Day Care, OP, & consul. Write Dr. Jerry Fleischaker, 5707 N. 22nd St., Tampa 33610. (813) 237-3914.

Valparaiso—COMMUNITY PSYCHIATRIST—Sal. to $34,000. FT or PT arrangements considered. Case eval., pgm. consul., some OP trtmt., limited consul. to alcoh. svc. dvlpmt. Commty. & psychother. orien. Small growing Clin. of responsb. profs. doing variety of therapies. Live on beaut. NW Fla./Gulf Coast. We are looking for someone who enjoys salaried posn. with oppty. to do preventive as well as interventive work. Contact Robert Belanger, Ph.D., Interim Director Committee, Oskaloosa Guidance Clinic, 111 Westview Drive, Valparaiso, Fla. 32580.

HAWAII

REGIONAL MENTAL HEALTH CENTER VACANCIES: (1) Head, Adolescent Unit, Hawaii State Hosp., $26,262/yr. (2) Staff Psychiatrist, Adolescent Unit, $25,588/yr. (3) Staff Psychiatrist, Windward Mental Health Ctr., $25.588/yr. (4) Staff Psychiatrist, Central Oahu Mental Health Ctr., $25,588/yr. (5) Staff Psychiatrist, Diamond Head Mental Health Ctr., $35,588/yr. (6) Staff Psychiatrist, Kalihi-Palama Mental Health Ctr., $25,588/yr. Send names & addresses of 3 references to Dr. Aldon N. Roat, Chief, Mental Health Division, Box 3378, Honolulu, Hawaii 96801.

IDAHO

Blackfoot—Posn. avlb. for PSYCHIATRIST in pgsv., innov. 200-bed hosp. with chall. pgms. Oppty. for retired physicians. Elig. for lic. nec. Fringe bnfts. incl. health & life ins., retire., disability ins. bnfts., prof. liability ins., pd. vac. & sick lv. Rural setting, small commty. & accessible to 2 fairly lge. cities. 4-season climate. Hunting, fishing exc. Exc. schools with accred. Univ. within commuting dist. Good oppty. away from hum-drum of city life. Sal. nego. Apply to John W. Harris, Ph.D., Administrative Director, State Hospital South, Blackfoot, Idaho 83221.

ILLINOIS

Chief, Mental Hygiene Clinic: Active clin., fully staffed. Univ. affil. Must have admin. exper., & be int. in tchng. rsdnts., med. studs. Sal. highly compet. Any state lic. acceptable. Write Chief, Psychiatry, West Side Veterans Admin. Hosp., Box 8195, Chicago, Ill. 60680. Tel.: (312) 666-6500, Ext. 401-2. EOE.

ADULT PSYCHIATRY-CHILD PSYCHIATRY—A new type of hosp. based pgm. is being dvlpd. that asks for imaginative & inquiring approaches. High standards are being sought, with learning & tchng. opptys.—Senior & Junior level posns. Those who would give of their best & those who would like to dvlp. the best—please apply. Interesting & novel opptys. are avlb. with dedication & hard work a necessity. The departmental commty. takes rspnsblty. for caring also about itself. Interesting opptys. avlb. for psychiatrists at all levels of exper. & seniority. Pls. send resume in confidence to: Cook County Hospital, Attn: Dr. David Kennard, 1835 W. Harrison, Bldg. B—Ward 18, Chicago, Ill. 60612.

Decatur—PSYCHIATRIST-BOARD ELIGIBLE—Affil. with expanding modern instit. in Central Ill. Advantageous sal., opptys. for priv. prac. incl. grp. prac. Rsch. opptys. in mgmt. of chronic schizophrenic liability. Exceptional environment, recre. & family setting. Send vita & contact Norris Hansell, M.D., Supt., Adolf Meyer Ctr., Decatur, Ill. 65526. Tel. (217) 877-3410.

Rock Island—Attrac. & highly successful compre. MHC invites inqs. from qualified adult & child psychiatrists int. in very rewarding mix of Ctr. & priv. prac. Fully compet. Exceptional fringe bnfts. Exc. cultural, recre., & educ. resources. Med. sch. affil. Just 2½ hrs. from Chicago by car. Contact Thomas T. Tourlentes, M.D., Director, 2701 17th St., Rock Island, Ill. 61201. Phone (309) 793-1904.

INDIANA

CO-ORDINATOR OF PSYCHIATRIC SERVICES — Posn. open for nurse with Master's Degree in Psychiatric Nursing who is community oriented. Oppty. to work in new, dynamic 42-bed MH Ctr. Sal. nego. dep. upon trng. & exper. Reply with credentials to Mrs. Sue Haller, Head Nurse, Katherine Hamilton Mental Health Center, Inc., 620 Eighth Ave., Terre Haute, Ind.

Evansville—PSYCHIATRIST OR PSYCHIATRIC PHYSICIAN—Head inpt. unit with other duties in estb., expanding CMHC. Full time, genu. interest in commty. psy. a necessity. Sal. dep. upon exper. & ability. Exc. fringe bnfts. Contact: Dr. Erwin J. Stegman, Clin. Dir., Southwestern Ind. Mental Health Cntr., 415 Mulberry, Evansville, Ind. 47713 or call (812) 423-7791.

LaPorte—MEDICAL DIRECTOR—Posn. avlb. in newly developed Compre. CMHC serving LaPorte County, Ind., pop. 110,000. Psychiatric unit in new LaPorte hosp.; recently funded Federal staffing grant. Center specializes in short-term intensive care. Sal. $38,000-42,000 nego. on quals. & exper. Many fringe bnfts. Bd. Cert. or Elig. req., desire exper. in commty. psychiatry. Contact: B. Backer, M.D., LaPorte Hospital, LaPorte, Ind. 46350.

LaPorte—CHIEF, COMPREHENSIVE MENTAL HEALTH CENTER. Sal. nego. betw. $38,000 & $42,000 annually. Bd. cert. req. or elig. Many fringe bnfts. All svcs. offered. 2 clins., one 22-bed Inpt. hosp. ward. Trng. or exper. in commty. psychiat. des. Mrs. Alfred C. Pease, 1502 "D" St., LaPorte, Ind. 46350.

Marion—MEDICAL DIRECTOR for new, free-standing, Compre. Community Mental Health Center opening during summer of 1974. The facility is assured operating funds by State & County Governments. This new facility has strong community support. The population is 100,000, approx. half being urban. Indiana's lakeland begins within an hour's drive and skiing is convenient for the weekend enthusiast. Salary & fringe benefits are negotiable. Call or write John Brubaker, A.C.S.W.; Executive Director; 412 South Boots; Marion, Ind. 46952. (317) 664-0631. EOE.

Muncie—CHILD PSYCHIATRIST—Commty. orien. for posn. of Medical Director & to supervise & participate in existing svcs. of comm. child guid. clin. Relationships with local univ., hosp. & dvlpng. compre. MH svcs. are stable & ongoing. Cooperative svc.-trng. pgms. are functioning incl. trng. exper. at clin. for Family Practice Residents from hosp. There are opptys. for priv. work, assisting in developing compre. MH svcs. for 3 county catchment area (200,000 pop.), hosp. prac. & priv. consul. Adequate fringe bnfts. Reqs.: Should be bd. elig. or bd. cert. in child psychiatry; in innov.; capacity for or skill in horse sense; married; and innate need to live in area with low pop. density. Write Robert A. Stump, ACSW, Administrator or John L. Yarling, M.D., Medical Director, Delaware County Child Guidance Clinic, Inc. 1711 Riverside Ave., Muncie, Ind. 47303 or call collect (317) 288-1928.

IOWA

Clarinda—One Psychiatrist with 3 yrs. rsdncy. & med. lic. Sal. $30,132. Write J. R. Gambill, M.D., Supt., Mental Health Institute, Box 338, Clarinda, Ia. 51632 or call collect (712) 542-2161.

Mason City—2 overworked psychiatrists in need of 3rd man to prac. along with psychologists & soc. wkrs. in gen. psychiat. prac. Good psychiat. ward avlb. in gen. hosp. Stable commty. of 32,000 with drawing area of 250,000. Rural—urban milleu with exc. sch. systems & recre. facils. as well as adequate cultural opptys. in Minneapolis 2 hrs. away. Sal. open for 1st yr. with percentage or overhead sharing arrangement after 1st yr. Contact: R. M. Powell, M.D., 1312-4th St., S.W., Mason City, Ia. 50401. Phone (515) 424-3155.

KANSAS

PSYCHIATRIST, board qualified or certified, large VA Hospital, Kansas City metropolitan area. Non-discrimination in employment Write Chief of Staff, VA Center, Leavenworth, Kansas 66048.

Prairie View, Newton—CLINICAL DIRECTOR OR STAFF PSYCHIATRIST, tri-county compre. svc. Priv. ctr. with public contracts. Current staff 4 psychiatrists, 8 psychologists, 10 social workers. Variety work, can negotiate special role. Beginning sal. between $32,000-$36,000 dep. upon quals. Good organization, solid financially. Community psychiatry in population area small enough to observe results. APA Gold Award program. Good commty. to live,

½ hr. from Wichita, fresh air, lakes, good schools, beaut. spring & fall, yr. rnd. air conditioning! Write Vernon Yoder, M.D., Medical Director, Box 467, Newton, Kansas 67114 or call collect (316) 283-2400.

KENTUCKY

Opngs. for comm. orien. PSYCHIATRISTS, incl. some for Med. Directors, avlb. in CMHC's of Ky. at a number of locations. Sals. nego. to $35,000 p.a. & upwards dep. upon quals. & exper. Generous fringe bnfts. incl. exc. retire. plan. Reply with CV to Box P-365, *Psychiatric News*.

Hopkinsville—BOARD ELIGIBLE PSYCHIATRIST wanted for well-estab. MHC. Major rspnsblty. would be adult OP in 8-county area. Should be well exper. & chemotherapy. Exc. fringe bnfts. Near Land-Between-The-Lakes. $30,000+, dep on exper. Contact James F. Rozelle, M.D., Director of Clinical Services, Pennyroyal Regional MH-MR Center, 735 North Drive, Hopkinsville, Ky. 42240. Phone (502) 886-5163.

MAINE

Bangor—PSYCHIATRIST—Lge. estab. compre. CMHC has present need for expanded psychiatric svcs. We are seeking FT gen. prac. psychiatrist to pvd. compre. psychiatric. svcs. to wide rng. of clientele. Lge. existing staff incl. 6 FT psychiatrists. Exc. oppty. for one primarily int. in clin. involvement & becoming integral part of MH team pvdng. innov. MH svcs. Agency catchment area loc. in Central Maine: semi-rural area abounding in yr.-rnd. recre. opptys. This posn. would primarily serve agency's pgms. in Bangor, Me. area. Bd. cert. pref., Bd. elig. acceptable. Sal. $30,000-$34,000 plus 10% fringe. For addit. infor. write James F. Clark, Executive Director, The Counseling Center, 43 Illinois Ave., Bangor, Me. 04401, or phone (207) 947-0366.

Fort Fairfield—PSYCHIATRIST—If you are a psychiatrist who is interested in rural-oriented MH prac. with lot of elbow room, we can offer you fresh air, green rolling hills, trout streams, cool summer nights, colorful New England Falls, hunting, skiing, snowmobiling, competitive sal., & 4 wks. vac. AMHC is Compre. CMHC with multi-discip., multi-level staff of 70 & full range of svcs. For further infor., contact: Mr. Walter L. Cogswell, Associate Director, Aroostook Mental Health Center, Fort Fairfield, Me. 04742. Tel.: (207) 472-3511.

Lewiston—PSYCHIATRIST to join talented staff of MH profs. in exciting team effort which already incl. 4 FT. psychiatrists, 13 psychologists, 15 soc. wkrs., 9 psychiatric nurses, OT, RT, & many others. Rspnsbltys. would incl. OP & adult day trtmt. units as well as participation in other center pgms. Maine Coast & mtns. nr. Outstanding fringes, sal. open & dep. upon quals. & exper. plus oppty. for priv. prac. Send resume to: William E. Davis, ACSW, Executive Director, Tri-County Mental Health Services, 106 Campus Avenue, Lewiston, Maine 04240.

MARYLAND

Baltimore—PSYCHIATRIST—Full or part-time. Bd. elig. or cert. Needed immed. for busy private multi-discip. general psychiatric prac. Must have Md. lic. Sal. nego. Exc. oppty. for hard working, dynamic, innov. & creative indvd. Send complete resume with sal. expectations to: Lino M. Lapenna, Md., 3455 Wilkens Ave., Baltimore, Md. 21229.

COMMISSIONER OF MENTAL HYGIENE—The Maryland State Dept. of Health & Mental Hygiene is actively recruiting for Commissioner of Mental Hygiene. We are seeking indvd. certified in Psychiatry and/or Neurology by ABP&N. In addit, the applicant must have demonstrated ability to function in responsible admin. capacity. Sal.: $33,400 Flat Rate per annum. Exc. fringe bnfts. Submit CV to Mr. Russell W. Jolivet, Personnel Officer, 301 West Preston St., Baltimore, Md. 21201. EOE.

Baltimore County—PSYCHIATRIST—CMHC; metro. suburban county with access to cultural resources of Baltimore & Washington areas; sal. $28,503 annually, liberal frng. bnfts. Call or write: Mehdi L. Yeganeh, M.D., Director, Bureau of Mental Health, Baltimore County Dept. of Health, (301-494-2735) or Baltimore County Office of Personnel, Jefferson Bldg., Towson, Md. 21204.

Hagerstown—STAFF PSYCHIATRIST at 40 bed pvt., NP, JCAH Accred. Hosp. Extens. OP Pgm. & involve. with comm. agencies. Present staff consists of 3 psychiatrists, 4 psychiatric soc. wkrs., 2 psychologists & related staff. Staff-patient ratio 2:1. Full range of modalities incl.: grp. & indvd. psychother., psychodrama, music ther., activs. ther., pastoral care svcs., partial care & emerg. care. Beg sal. $30,000 with option of employment or contract. May move to fee-for-service after 1 yr. svc. Contact Wesley W. Oswald, Administrator, Brook Lane Psychiatric Center, Box 1945, Hagerstown, Md. 21740.

MASSACHUSETTS

PSYCHIATRIST; Either Bd. Cert. or Bd. Elig. int. in joining psychiatric corp. *Short term therapy*. Starting sal. $30,000, + exc. fringe bnfts. Write Box P-438, *Psychiatric News*.

Amherst—PSYCHIATRIST wanted as psychiatric liaison within lge. Univ. health svc. Posn. will emphasize tchng. of physicians, nurses & MH profs. incl. psychiatric rsdnts., as well as service functions. Small psychiatric inpt. unit may be developed. Posn. will carry appt. in MH Div. & may carry appt. with med. sch. Univ. is EOE & both female & minority applicants are urged to apply. If int., send letter & vita to Leighton Whitaker, Ph.D., Director of Mental Health Division, University of Massachusetts Health Services, Amherst, Mass. 01002.

Fall River—SUPERINTENDENT (Sal. $23,137.40 to $29,408.60) or superintendent-administrative (Sal. $21,333. to $27,105.), Dr. John C. Corrigan Mental Health Center, Fall River, Mass. M.D., Bd. elig., & lic. to prac. in Mass. req'd for upper sal. rng.; Supt. admin. req's. doctoral degree in approp. discip. (psychol., soc. wk., etc.) or grad. degree in hosp. adm. Challenging oppty. for creative, CMH orien. indvd., receptive to new ideas re: changing role of MHC. Please forward 5 copies of resume to: Mr. Edward Sullivan, Chairman-Fall River Search Com., 333 Milliken Blvd., Fall River, Mass. Deadline for submission of applications is May 15, 1974.

Waltham—SENIOR PSYCHIATRIST—Posn. avlb. in modern, pgsv. State Hosp. that is approved for Rsdncy. Trng. & also by Joint Commission. Hosp. is active affil. of appvd. CMHC & is loc. in pleas. suburban area 20 min. from dntn. Boston. Sal. rng. $18,500-$23,561 dep. on exper. & quals. For further infor. write William F. McLaughlin, M.D., Supt., Metropolitan State Hosp., Waltham, Mass. 02154.

MICHIGAN

EXECUTIVE DIRECTOR of 3-county CMH Board, with compre. pgms. in MH & MR, incl. 2 CMHC's. Potential of assoc. with Univ. Dept. of Psychiatry. Exper. in CMH admin. of the essence. Sal. nego. Write: Mrs. Kaarina Meinke, Chairman, Search Committee, Clinton-Eaton, Ingham Community Mental Health Board, 300 North Washington Square, Lansing, Mich. 48933.

PHYSICIANS—Full or Part time, Neuropsychiatric Hospital. Must be lic. in U. S. TOP FEDERAL FRINGE BENEFITS. Leave: 30 days pd. vac., 15 pd. days sick lv. 9 pd. hols. per yr. Insur.: Low cost life & health. Retire.: Exc. Plan—low cost. Location: Midway betw. Chicago & Detroit. 4 major State Univs. within commuting dist. Exc. recre. area. Sal.: $20,412-$30,147, dep. on quals. Part-time Physicians elig. for leave on pro-rated basis. All other fringe bnfts. Also have vacancies for night duty only as Medical Officer of the Day. Hours of duty: 4:30 p.m. to 12 midnight or 12 midnight to 8 a.m. Contact: George C. Brown, M.D., Chief of Staff, Veterans Administration Hospital, Battle Creek, Michigan 49016. Phone (616) 965-3281, ext. 581. EOE.

Detroit—Approved 3-yr. psychiatric residency, part of Wayne State Univ. Dept. of Psychiatry. Dynamically orien. Tchng. pgm. directed toward indvd. needs of each resdnt. Close spvsn. in psychother., emerg. psychiatry, grp. ther., psychiatric consul., suicide prevention, aftercare, & emerg. walk-in svc. Fringe bnfts. Sal. rng.: 3-yr. pgm., $14,094 to $16,035; 5-yr. pgm., $16,829 to $27,060. Contact: Donald Silver, M.D., Detroit Psychiatric Institute, 1151 Taylor Ave., Detroit, Mich. 48202. Phone: (313) 872-1540.

Grand Rapids—PSYCHIATRIST wanted, Bd. cert. or Bd. elig. to work in adult intens. inpt. unit of 300 bed hosp. which incl. adol., chldn., partial hosp. & MR svcs.; opptys. afforded for involvement in OP, CMH, rsch. & tchng. pgms.; sal. commens. with exper. & trng.; liberal fringe bnfts., yrly. pd. convention & vac. privs. with outdoor sports opptys. in surrounding Mich. vacationland; exc. posn. for dedicated clinician! Contact Robert J. Baker, M.D., Supt., Pine Rest Christian Hospital, 6850 S. Division, Gand Rapids, Mich. 49508.

Holland—STAFF PSYCHIATRIST to work full time in compre. MH pgm. with OP clientele & on consulting basis with inpts. at local hospitals & nursing homes, & consul. with staff. Clin. & hosp. loc. in resort area on Lake Michigan within few min. of lge. cosmopolitan area. Reply to Lawrence Vredevoodg, Community Mental Health Services, 549 West 18th St., Holland, Mich. 49423.

Muskegon County—Immed. opng. for STAFF PSYCHIATRIST in our Compre. CMH Pgm. loc. in beaut. W. Mich. Des. cultural, recre., educ. & church facils. for fam. lvng. Reqs. Mich. lic., Bd. elig. pref. or comple. of rsdncy. Sal. open, dep. upon quals., lib. fringe bnfts., some pvt. prac. permissible. Spec. need for child & adol. pgm. expansion as well as all levels of svc. delivery to comm. Send resumes & inqs. to Gary W. Vreeman, Ph.D., Executive Director, Muskegon County Community Mental Health Services Board, 1092 Holton Rd., Muskegon, Mich. 49443.

St. Joseph—STAFF PSYCHIATRIST: Complete CMHC in new bldg. attached to 184 bed gen. hosp. loc. on Lake Mich., 90 mi. from Chicago. 30 bed inpt. unit. Very active OP & commty svcs. pgms. with lge. multidiscip. staff. Oppty. for priv. prac. Applicant must be bd. cert. or elig. in psychiatry & elig. for Mich. lic. Annual sal. $36,000 to nego. Contact Medical Director, Riverwood Community Mental Health Center, 2611 Morton Ave., St. Joseph, Mich. 49085.

MINNESOTA

Virginia—FULL-TIME MEDICAL DIRECTOR for compre. CMHC. Spvsn. of inpt. unit in gen. hosp. Oppty. to utilize various trtmt. modalities. New facil. Pgm. loc. adjacent to Boundary Waters Canoe area. Sal. $36,000 to $40,000. Contact Director, Range Mental Health Center, Box 1188, Virginia, Minn. 55792.

MISSOURI

Farmington—DIETICIAN—Large hosp.; sal. rng. $10,000-$12,500 plus fringe benfts. Loc.—Midwestern town nr. St. Louis, close to Mo. larger lake areas, combines clean air country living & proximity to cultural, intellectual, & recre. opptys. Contact Jay F. Tuttle, M.D., Superintendent, Farmington State Hosp., Farmington, Mo. 63640. (314) 756-4586. EOE.

Farmington—PSYCHIATRIST & GENERAL PRACTITIONER—Sal. rng. $22,300 thru $29,300 per annum based on quals.; $2,000 additional if boarded. Loc. midwestern town near St. Louis, close to Mo. larger lake areas, combines clean air country living & proximity to cultural, intellectual & recre. opptys. Contact Jay F. Tuttle, M.D., Superintendent, Farmington State Hosp., Farmington, Mo. 63640. (314) 756-4586. EOE.

MONTANA

Warm Springs State Hospital—Montana has opngs. for Psychiatrists. Sal., accommodations, fringe bnfts. very competitive. Apply: Superintendent's Office, Warm Springs State Hospital, Warm Springs, Montana 59756.

NEW HAMPSHIRE

Concord—PSYCHIATRISTS AND PHYSICIAN/PSYCHIATRISTS—Several opngs. now exist for psychiatrists at New Hampshire Hospital, the only public mental institution in the State, with 1,400 beds. We are looking for bd. elig. or bd. cert. psychiatrists with int. and/or exper. in leadership to complete recently instituted pgm. of unitization & linking with CMHC's; also, psychiatrists with 3 yrs. basic trng. to assist unit directors or to head special units. Sal. rngs.: For Unit Directors—$26,000-$33,000. For Senior Psychiatrists—$24,000-$28,000. A chance to grow professionally in commty.-hosp. linking MH system. 1 hr. & 15 min. from Boston. 1 hr. to seacoast. Yr. rnd. recre. Exc. schools & hosps. No general sales or personal income taxes. Possibility of establishing ties with acad. commty. at Dartmouth Med. Sch., Univ. of N. H., etc. N. H. lic. req. Write to: Supt. M. W. Wheelock, New Hampshire Hospital, 105 Pleasant St., Concord, N. H. 03301.

Concord—PSYCHIATRIST & MEDICAL DIRECTOR—Bd. cert. NH lic. with exper./int. in CMH. Priv. MH agency, growing, creative, flexible staff. Acute inpt., emer. & day-care next step in direction to compr. ctr. Contribute to this design. Many other program areas. Central loc., capital city, great schools & living. Compet. bnfts. & sal. Send resume: James F. Kinhan, Executive, CMHC, 40 S. Main St., Concord, N.H. 03301.

Manchester — PSYCHIATRIST — Newly constructed CMHC to open 19-bed inpt. unit & partial hosp. pgm. in fall. OP, commty. based pgms. & consul. svcs. estab. Multi-discip. teams to pvd. care to commty. of 80,000 Manchester rsdnts. plus 7 surrounding rural towns. New England setting provides pleas., unhurried living conds. for families, with mtns., ocean & metro. Boston within 50 mi. radius. Sal. compet., liberal fringe bnfts. Send resumes and/or contact Jack Mulligan, M.D., Medical Director, Manchester Mental Health Center, 401 Cypress St., Manchester, N.H. 03103. Tel. (603) 668-4111.

NEW JERSEY

PSYCHIATRIC PRACTICE AVAILABLE including 6 room, 2 bath air-cond. office with 2 yr. sub-lease. Fully furnished & equipped in suburban N. J. community of 50,000. Near hospitals & bus service. 40 min. drive to NYC. Health forces immediate retirement after 40+ years. Price nego. Phone (201) 746-8795.

STAFF VACANCIES OPEN—We are seeking several psychiatrists, Bd. Elig., to start at $30,000 per annum, with health & retirement bnft. plan. Hosp. assoc. with active pgms. in CMH (2 satellite clinics), Day Trtmt. Pgm., chronic patient Rehab. Pgm. & active on-going therapeutic pgms. re inpt. population. Write: H. Edward Yaskin, M.D., Psychiatric Director, Camden County Psychiatric Hospital, Blackwood P.O., Lakeland, N. J. 08012. Phone: (609) 227-3000.

Belle Mead—MEDICAL DIRECTOR for 255-bed pvt. psych. hosp. loc. 9 mi. NW of Princeton. Short-term psych. trtmt. facil. with annual adm. rate 2500 patients, avg. stay 30 days. Sal. nego. but incl. des. fringes. Contact: Robert S. Garber, M.D., President & Chief Exec. Officer, The Carrier Clinic, Belle Mead, N. J. 08502.

Menlo Park—PSYCHIATRISTS—Exc. oppty. for exper. in forensic psychiatry. Noted N. J. facility offers oppty. for FT work in diagnostic ctr. (adults & chldn.) in work closely related to the Courts. New bldg. will provide exper. in unique & dynamic approach to trtmt. of sex offenders. Exc. loc. & transportation facils. to metro. areas. Compet. sal. with exc. fringe bnfts. & oppty. for priv. prac. N. J. Lic. req'd. Bd. cert. preferred. Write: Medical Director, N. J. State Diagnostic Center. Menlo Park, Edison, N. J. 08817.

Neptune—PSYCHIATRIST—Bd. Cert. or Bd. Elig. FT Director of emerg. svcs. in new CMHC. Exc. opptys. for tchng. & spvsn. as well as involvement in other elements of svc. N. J. Lic. req. Sal. & fringe bnfts. compet. Contact: Robert A. Rounds, M.D., Director, Community Mental Health Center, Jersey Shore Medical Center, 1945 Corlies Ave., Neptune, N. J. 07753. EOE.

Newark—PSYCHIATRIST—FT & PT posn. avlb. immed. at Newark Beth Israel Med. Ctr. The Dept. of Psychiatry is affil. with N. J. Coll. of Med. & comprehends active tchng.-research & all different modalities in delivery of psychiatric services. Federal staffing grant for CMHP recently submitted. Posn. will allow exposure to tchng. & spvsn. of med. students & psychiatric rsdnts., rsch. in psychopharmacology, exper. with psychiatric implications of organ transplant-cardian & hemodialysis patients. Loc. 20 min. from NYC & reachable by either car, bus, or N. J.-N. Y. subway system. Reqs: 1) N. J. Lic., 2) 3 yrs. appvd. Rsdncy. in Psychiatry. Exc. sal. with fringe bnfts. & acad. posn. Send Resume to Sandro G. Olgiati, M.D., Director of Psychiatry, Newark Beth Israel Medical Center, 201 Lyons Ave., Newark, N. J. 07112. (201) 926-7023.

New Brunswick—Approved 2-yr Child Psychiatry Fellowship in Dept. of Psychiatry of Rutgers Med. Sch.; new pgm. in new rapidly expanding med. sch. One addit. posn. now avlb. for 1st yr. Fellow. Clin. trng. will be in psychoanalytically-orien. psychotherapy & family ther. The Fellowship has strong acad. base in Dept. of Psychiatry & broad base for varied exper. in Dept's. CMHC. Write: Larry B. Silver, M.D., Chief of the Division of Child & Adolescent Psychiatry, Dept. of Psychiatry, Rutgers Medical School, University Heights, New Brunswick, N. J. 08903.

Passaic—MEDICAL DIRECTOR (BOARD CERTIFIED/ELIGIBLE PSYCHIATRIST)—½ time for compre. MHC in NE N. J.—½ hr from NYC Send vita & desired sal. to Dr. William J. Freeman, 200 Pennington Ave., Passaic, N. J. 07055.

West Collingswood—STAFF PSYCHIATRIST for CMH svc. in southern N. J., a scant 10 min. from Phila. Agency serves interesting & varied population. Posn. as min. req., N. J. Med. lic., & Bd. elig. Sal. & fringe bnfts. competitive. Contact Edward H. Steininger, Ph.D., Administrative Director, Guidance Center of Camden County, Inc., 322 White Horse Pike, West Collingswood, N. J. Tel.: (609) 854-1240.

NEW MEXICO

Albuquerque—PSYCHIATRIST for compre. CMHC affil. with Univ. of N. M. School of Medicine Residency Pgm. Beaut. clim. in mile-high city with lots of outdoor recre. Contact Dr. W. W. Winslow, Director (277-2223) and also Mr. W. M. Wagner, Deputy Director (265-3511), 2600 Marble, N.E., Albuquerque, N. M. 87106.

Los Alamos—PSYCHIATRIST NEEDED in priv. prac. in acad. commty. loc. in mtns. of N. N. Mex. Assoc. with multi-spec. grp. of 25 MD's. Assume prac. of psychiatrist who returned to acad. posn. Exceptional recre. & cultural opptys. in surrounding country. Contact: Philip H. Newman, M.D., Chief of Staff or Robert D. Hill, Administrator, Los Alamos Medical Center, Los Alamos, N. M. 87544. (505) 662-4201.

NEW YORK CITY & AREA

INNOVATIVE TRAINING IN PSYCHOTHERAPY—THE NATIONAL INSTITUTE FOR THE PSYCHOTHERAPIES announces that it is accepting applications for trng. in its certificate pgm. in Compre. Psychother. for the Fall, '74. The Institute, chartered by the Regents of the State of New York, offers unique, psycho-dynamically-based trng. pgm., which over 4 yrs. of part-time study, pvds. integrated, elective instruction in the major psychotherapeutic modalities, e.g., analysis, behavior therapy, Gestalt, etc. Elig. is limited to qualified psychiatrists, psychologists, social workers & psychiatric nurses. Address further inquiries to: Dr. Kenneth Frank, Co-Director of Training, National Institute for the Psychotherapies, 330 West 58th St., New York, N. Y. 10019.

PSYCHIATRIST-SENIOR, to serve as Clinical Director at NYC Prison Psychiatric Ctr. Unique oppty. to dvlp. innov. pgm. for trtmt. of suicidal & psychotic men in prison environment. $18,750 per yr. (substantial retroactive increase anticipated) for 20 hr. wk. 4 wk. pd. vac., 11 pd. hols., insur., sick lv. & pension bnfts. Reqs. 2 yrs. clin. exper. beyond rsdncy. Frank Rundle, M.D., Director of Psychiatry, NYC Prison Health Services (212) 285-4604. EOE M/F.

PSYCHIATRISTS—PART TIME—NEW YORK CITY PRISONS—to do diagnostic evals., emer. trtmt., staff trng. & spvsn. Locs.: All boros (except Richmond) and Rikers Island. 2D & 3D yr. rsdnts. acceptable. Frank Rundle, M.D., Director of Psychiatry, New York City Prison Health Services (212) 285-4604. EOE M/F.

Positions open for 1st year PSYCHIATRIC RESIDENTS starting July 1974 at Univ. tchng. hosp. in Manhattan. Pgm. fully accred. in adult & child. Internship not required. Write Box P-441, *Psychiatric News*.

PSYCHIATRIST for child-caring institution. Exper. working with chldn. & adols. Part-time. Send resume to Personnel Dept., Mission of the Immaculate Virgin, Mount Loretto, Staten Island, N. Y. 10309.

INTERVIEWS OF PHYSICIANS AND GRADUATES IN THE BEHAVIORAL SCIENCES FOR THE COORDINATED IPTAR PSYCHOANALYTIC TRAINING PROGRAM FOR SEPTEMBER ADMISSION ARE NOW BEING HELD—IPTAR (The Institute for Psychoanalytic Training & Research) provides a four year evening curriculum in Freudian psychoanalytic training, teaching the philosophy, metapsychology & technique of psychoanalysis. Our integrated sequence of courses begins with comprehensive survey of contemporary psychoanalytic view of human dvlpmt. This is presented within the framework of evolution of Freudian concepts. The IPTAR program then applies the DEVELOPMENTAL APPROACH to the study of psychopathology covering the neurosis, character disorders, borderline & psychotic personalities. A parallel series of courses covers classical psychoanalytic technique & its contemporary modifications. Recent dvlpmts. in psychoanalytic theory, clinical practice & research have resulted in an extension of psychoanalytic therapy to a broadening range of patients. In addition to this curriculum the training process includes personal analysis & analytic control work, & leads to a Certificate in Psychoanalysis & membership in the IPTAR Membership Society. Sessions are held Monday & Wednesday evenings. All IPTAR Faculty members are practicing psychoanalysts. For brochure & an interview for the IPTAR Psychoanalytic Training Program, write to: Mrs. Ruth Wolfson, Admissions Chairman, 124 West 79th St., N.Y., N.Y., 10024. For infor. about the IPTAR Psychotherapy Referral Service (community referrals to our qualified panel of psychotherapists or for low-ocst psychoanalysis, write to: Dr. Abraham Levine, 970 Park Ave., N.Y., N.Y., 10028.) Inquiries & application infor. for the IPTAR Psychoanalytic Membership Society may be addressed to: Dr. Edward Frankel, 7 East 78th St., N.Y., N.Y. 10021.

RESIDENTS: 2 vacs. avlb. in Child Psychiatry for July 1, 1974. Child Psychiatry pgm. has 2 yr. accred. & is affil. with Columbia Univ. & the Child Dvlpmt. Ctr. at Jewish Bd. of Guardian. Pls. send inqs. to Dr. Bernard Pacella, Director Child Psychiatry Division, Dept. of Psychiatry, The Roosevelt Hospital, 428 W. 59th St., New York, N. Y. 10019. Reqs.: At least 1 yr. in Adult Psychiatry is pref., but is not nec. req. Sal.: $15,700-$16,700.

PSYCHIATRIC RESIDENCIES avlb. at St. Vincent's Med. Ctr. of Richmond, Dept. of Psychiatry. Opngs. for 1st, 2nd, 3rd yr. rsdnts.: July 1974, Jan. 1975. Closely affil. with Staten Island MH Society which has 2 yr. appvd. Child fellowship pgm. North Richmond CMHC, dynamically oriented, is part of lge. gen. hosp., loc. in "suburban borough" of NYC. Starting 1st yr. rsdnts. sal $14,700 per annum. Low cost hosp. housing may be avlb. Apply to Myron C. Cohen, M.D., Residency Training Coordinator, North Richmond Community Mental Health Center, 681 Castleton Avenue, Staten Island, N.Y. 10301. Phone (212) 390-1311.

CHILD PSYCHIATRY FELLOWSHIPS—appvd. by ABPN & AAPCC for 2 yrs. trng. in child psychiatry. Supervised trng. in pyschoanalytically oriented therapy for chldn., adols. & parents. Grp. Psychother. & Fam. Ther. are integral parts of trng. Opngs. for July 1 & Sept. 1, '73. Stipends avlb. up to $12,000. For infor. write: Burton B. Pfeffer, M.D., Director., Clinic for Children & Adolescents, Postgraduate Center for Mental Health, 124 East 28th St., New York, N. Y. 10016.

FELLOWSHIPS—Postgraduate Center for Mental Health offers Psychiatrists trng. in psychoanal., psychother. & compre. MH pracs. Exper. in grp.,

fam., child, CMH, rehab. & rsch. techniques provided. Day & evening sections. Scholarships & job opptys. infor. avlbl. Contact: Samuel V. Dunkell, M.D., Dir. of Psychiatry, Postgraduate Center for Mental Health, 124 East 28th St., New York, N.Y. 10016.

RESIDENCY AVAILABLE: appvd. 3-yr. pgm. in psychiat. at Meyer-Manhattan Psychiat. Hosp. in coop. with Columbia Coll. of Phys. & Surg. Trng. in inpt. OP. & comm. psychiat. Electives in Columbia affil. hosp. alcho. & drug abuse, fam. & gp. rx. Basic science etc. thru Columbia affil. Stipends with lic. $13,890-$17,623. Write A. Arce, M.D., Dir., Meyer Psychiat. Hosp., Ward's Island, N.Y. 10035.

RESIDENCY APPLICATIONS being accptd. for trng. in appvd. 3 yr. pgm. in psychiat. at Harlem Hosp. Ctr. under auspices of dept. of psychiat., College of Physicians & Surgeons, Columbia Univ. Trng. offered in diagnosis & intensive trtmt. of acute & chronic psychiat.-illness on inpt. & OP svcs. under supvn. of eom.-oriented psychoanalytically trnd. psychiats.; in psychiat. consul. to gen. hosp. & com. soc. agencies; & child psychiat. Courses in relevant basic sciences & clin. subjects are given in addition to tchng. thru indvd. supvn. & preceptorship; emphasis placed on tchng. of compre. psychiat. care. Stipends: $12,500-$13,900 plus living-out allow. of $1,500 per yr. Write: E. B. Davis, MD, Dir., Dept. of Psychiat., Harlem Hosp. Ctr., Lenox Ave. & 136th St., NYC 10037.

Brooklyn—½ TIME POSITION FOR PSYCHIATRIST, exper. working with chldn., in OP facil. within gen. hosp. setting. Opptys. for priv. prac. referrals from Pediatric staff. Sal. open. Contact: Gerald M. Blum, M.D., Chief, Div. of Ped. Psych.; Jewish Hosp. & Med. Ctr. of Brooklyn, 555 Prospect Pl., Brooklyn, N.Y. 11238. (212) 240-1701.

Long Island—BOARD ELIGIBLE OR CERTIFIED PSYCHIATRIST with NY lic. Strong bkgrnd. in psychopharmacology & neuropsychiatry. To join active private group as junior associate in both inpatient & office psychiatry. Send resume to Arthur Wolpert, M.D., 375 E. Main St., Bay Shore, N.Y. 11706.

Manhasset, L.I., or Jamaica, Queens—PSYCHIATRISTS for biochem. oriented trtmt. pgms. for adult or chldn. Previous training or experience in internal medicine, general practice or pediatrics valuable, but not required. Part-time, days, evenings or Sats. NY State Lic. req. Write: No. Nassau MH Ctr., 1691 Northern Blvd., Manhasset, NY 11030 (516) MA 7-7535.

Port Chester—STAFF PSYCHIATRIST—Lic. or ECFMG cert.; Psychother. of mainly young inpts.; dynamic thera. setting; oppty to learn & advance under supvsn. by psychoanalyst; sal open. Limited priv. prac. Write Alexander Gralnick, M.D., High Point Hosp., Port Chester, N.Y. 10573.

Staten Island—2 yr. appvd. fellowships in CHILD PSYCHIATRY. May precede or follow 2-yr. gen. rsdncy. in psychiat. which can be taken in affil. CMHC pgm. at St. Vincents Med. Ctr. of Richmond, Staten Island. Opngs. for July & Sept. 1974. Trng. based on understanding, eval. & trtmt. of infants, chldn. & adols. in broad flex. pgm. Sal. compet. US citizen or 1st papers req. Bertrand L. New, M.D., Staten Island MH Society, 657 Castleton Ave., Staten Island, N.Y. 10301.

Queens—CHILD PSYCHIATRIST—Part-time posn. avlb. To do diag. evals. of chldn. & adols., lead clin. team conferences, & supervise psychother. Completed trng. in child psychiatry & NYS lic. req. Sal. exc. Contact John Price, M.D., Medical Director, Queens Child Guidance Center, 88-29 161st St., Jamaica, N. Y. 11432. Phone (212) 657-7100.

Queens-Brooklyn — PRIVATE PSYCHIATRIC GROUP pvdng. broad pgm. of psychiat. care, both inpt. & OP seeks capable & motivated jr. assoc. Pgm. dynamic, growing rapidly & offers, consid. potential both prof. & financially. NY state lic. & compl. of aecrtd. rsdncy. req. Starting sal. to $30,000 dep. on quals. PART TIME POSNS. ALSO AVAILABLE. Write Box P187, *Psychiatric News.*

Staten Island—PSYCHIATRIST for Partial Hosp. Pgm., family approach to trtmt. Work with dynamic multidiscip. staff in unusual setting. Full time pref. Pls. contact: Mrs. Kathi Szakmary, Director, North Richmond Community Mental Health Center, 460 Brielle Ave., Staten Island, N. Y. 10314. Tel. (212) 390-1472.

Westchester County—Expanding MH clin., largest in Westchester, full range OP svcs. incl. group & family therapy, day hosp., rehab. pgm., chldn's. svcs., satellite clins., trng. pgms., full-time (35 hrs.) or ½ time posn. for GENERAL PSYCHIATRIST with CMH int. Innov. opptys., consul. & prev. pgms. short-term Rx etc. Congenial multidiscip. setting in attrac. suburban area close to NYC. Write or call Harvey H. Barten, M.D., The Guidance Ctr., 70 Grand St., New Rochelle, N. Y. 10801. (914) 636-4440.

NEW YORK STATE

PHYSICIANS—NYS lic., sal. rng. $28,867-$38,451 dep. on quals. Generalists or internists, psychiatrists, pediatricians, orthopedists needed. School for retarded in beaut. hilly country 35 mi. S. of NYS's 2nd iargest city & 20 mi. from Lake Erie. Housing avlb. at moderate cost. Apply John H. Gibbon, M.D., Director, J. N. Adam State School, Perrysburg, N. Y. 14129. Call collect (716) 532-3301 (9 A.M.-4:30 P.M. Mon.-Fri.).

BOARD CERTIFIED/ELIGIBLE PSYCHIATRIST—Full-time director of County MH Svcs. & OP clin. Sal. compet.; fringe bnfts. appealing; priv. prac. allowed. Loc is picturesque, semi-rural Schoharie County (pop. 26,000), site of State Univ. of NY at Cobleskill. All seasons recre. area; easy access to urban Capital District with variety of professional, educational & social opptys. Write to: Franz Konta, M.D., Chairman, Schoharie County Mental Health, Mental Retardation & Alcoholism Services Board, Box 126, Schoharie, N.Y. 12157.

Goshen—PSYCHIATRISTS full & part time needed to provide clin. spvsn. for multi-discip. teams at recently funded CMHC loc. 1½ hrs. from NYC. Sal. up to $35,000 plus fringe bnfts. Contact Dr. William Kenny, Director, Orange County CMHC at Arden Hill Hospital, Goshen, N.Y. Phone (914) 294-5441.

Gowanda—OPPORTUNITIES FOR PSYCHIATRISTS ARE AVAILABLE—Vacancies exist for Psychiatrists with sal. to $39,445. 5-1/5% increase in sal. is expected April 1, 1974. Applics. must be lic. or hold ECFMG & LMCC. Gowanda is Accred. Psychiatric Hosp., operated by NYS Dept. of Mental Hygiene, south of Buffalo, N.Y. It carries active commty. trtmt. pgm. & pvds. OP svcs. for 3-county area. Bnfts. incl. 3½ wks, pd. lv., & 11 pd. hols. during 1st yr. of employment. Liberal non-contrib. retire. plan is one of many bnfts. Contact: Director, Gowanda State Hospital, Helmuth, N.Y. 14079.

Hudson—PSYCHIATRIST DIRECTOR for County MH Svc. Admin. & clin. exper. & duties. Meet state MH reqs. Direct MH/MR,, Alcoh. pgms. & OPD Clin. Sal. open. Contact L. Jarett, M.D., 247 Warren St., Hudson, N.Y. (518) 828-9446.

Ithaca—PSYCHIATRIST-DIRECTOR OF COUNTY MENTAL HEALTH CLINIC: Avlb. immed., exc. oppty. to be part of well-estab. CMH pgm. in stimulating univ. area (Cornell U.) in heart of Finger Lakes Region. Freedom to pursue own work interests in such areas as therapy, consul. & tchng. Priv. prac. may be permitted in addit. to 35 hr. work week. Minimum reqs. are Bd. elig. (one of the two years of exper. must have been spent in a Mental Health Clinic setting), & NYS Lic. Minimum hiring sal. $28,906, after 12 weeks $30,063, present maximum $36,029 after 5 yrs., but negotiated every 2 yrs. Moving expenses may be paid by County. Exc. fringe bnfts. incl. NYS Retire. System (no employee contributions) plus Social Security & Health Insurance. Write: Robert E. Hamlisch, M.D., Tompkins County Mental Health Services, 1287 Trumansburg Rd., Ithaca, N. Y. 14850 or call (607) 273-8202.

Kingston—GENERAL PSYCHIATRIST AND CHILD PSYCHIATRIST to join dvlpng. Compre. CMH Pgm. serving Ulster County. Sal. up to $35,000 plus attrac. fringe bnfts. Contact George Joseph, M.D., Director, Ulster County Community Mental Health Services, 400 Broadway, Kingston, N.Y. 12401. Tel.: (914) 331-6340.

Mid-Hudson Valley—FELLOWSHIP IN CHILD PSYCHIATRY—Appvd. by AAPSC & ABP&N. Compre. commty. orien. pgm. of resdntl. trtmt. ctr., 3 child guid. clins., day trtmt. pgm., grp. & foster homes, in quarters loc. in Hudson Valley & NYC. Trng. in psychoanal. orien. psychother. for inpt. & OP disturbed chldn. & families, under multiple & interdiscip. spvsn. 2nd yr. pgm. tailored according to indvd. needs. Diversified therap. approach from brief to long-term ther., emph. on commty. psychiat., extens. pgm. of rsch. Staff consists of 4 full-time child psychiatrists, 8 full-time Ph.D. psychologists, 24 soc. wkrs., pediatric neurologist, teachers & child care personnel. Multiple affils. with acad. setting & vast consul. pgm. with schools & agencies offer oppty. for exper. with all ages & pathology. Exchange visitors elig., but must have ECFMG cert. Sal. $10,000-$15,000. 1 mo. vac.; no night duties. Write: George Mora, M.D., Medical Director, Astor Home & Clinics for Children, Rhinebeck, N. Y. 12572. Phone: (914) 876-4081.

Plattsburgh—STAFF PSYCHIATRIST, FT (35 hr. wk.). 1 hr. from Montreal. Join in dvlpng. county MH pgm. (pop. 72,000). PT prac. allowed. Total remuneration $39,000-$30,000 sal., $9,000 fringe bnfts. Minimum quals.: 3 yrs. appvd. Psychiatric rsdncy.; 1 yr. exper. in MH clin. having psychiatric, psychology & psy. soc. wkr. svcs.; NYS lic. Write: Julio Edouard, M.D., Director, Clinton County Community Mental Health, MR & Alc. Ser., 8 Healey Ave., Plattsburgh, N.Y. 12901.

Willard—Pgms. completely unitized, open-door-hosp. offers posns. to PSYCHIATRISTS int. in hosp. & commty. work. Loc. in beaut. Finger Lakes Region of NY on East shore of Seneca Lake 10 colleges, incl. Cornell Univ., within 30-mile radius, JCAH accred. Staff sals. dep. on quals.: $26,485-$36,445. Fringe bnfts. incl: non-contrib pension plan, med. ins., vac., 11 pd. hols. plus 5 personal v days. Write: Director, Willard State Hospital. Willard, N.Y. 14588.

NORTH CAROLINA

PSYCHIATRIST—Bd. Cert. or Bd. Elig.: Active VA Outpatient Clin. in Winston-Salem, N.C. "All-American" city with good cultural facils. Normally 40 hr. wk. 8:00-4:45 Mon.-Fri. Exc. working facils. Bnfts. incl. retire., insur., 30-day vac., 9 pd. hols., plus sick lv. Can pay moving exp. Sal. rng. around $30,000. Any state or D. C. lic. qualifies. EOE. Contact Dr. Wm. Boice, Chief, Outpatient Clinic, Wachovia Bldg., Winston-Salem, N. C. 27102. Phone (919) 723-9211, Ext. 451.

PSYCHIATRISTS—Several opngs. now exist in N.C. MT Facils. (State facils. & area MH pgms.) with major emph. in dvlpng. coordinated system of svc. More opngs. expected with anticipated expansion of commty.-based pgms. Sal. rng. $24,468-$39,804 based upon quals. Should have obtained ECFMG. Liberal fringe bnfts. incl. retire., annual & sick lv., hosp., 10 pd. hols. Contact: Dr. N. P. Zarzar, Director, Div. of Mental Health Services, Dept. of Human Resources, 325 N. Salisbury St., Raleigh, N.C. Phone (919) 829-7011.

PSYCHIATRIST—Needed immed. Pgsv., compre. MHC in attrac. area of coastal N.C., where water sports, fishing, hunting prevail as popular past-time. Inpt. psychiat. svcs. in gen. hosp., nearing completion.... **Federal Staffing Grant recently funded. Multidiscip. team approach. Pref. Bd.** Elig. or Bd. Cert. Sal. dep. on exper. Send inquiry with resume to William D. Sudduth, A.C.S.W., Area Director, Neuse Clinic, P.O. Box 2535, New Bern, N.C. (919) 638-4171.

Charlotte—PSYCHIATRIST WANTED, bd. elig., to replace retiring assoc. in congenial 4 psychiatric group. Ready made large pyschiatric prac. with records, expense sharing assoc., indvdl. P.A. If desired, 70 bed psychiat. unit in gen. hosp., mtns., skiing, lakes, beaches nearby. Paul G. Donner, M.D., 2201 Randolph Rd., Charlotte, N.C. 28207. (704) 375-4405.

Cullowhee—STAFF PSYCHIATRIST—Bd. elig. Exper. and/or trng. in commty. psychiatry. Rspnsbltys. incl. delivery of psychopharmacological svcs., psychotherapy coordination of inpt. svcs. in local commty. hosps., & psychiatric svcs. Posn. is with CMHC loc. in beaut. mountainous western N. C. Liberal fringe bnfts. Sal. $28,000-$32,000. For addit. infor. contact: Jerry A. Coffey, Ph.D., Director of Psychological Services, Smoky Mountain Mental Health Center, P.O. Box 2784, Cullowhee, N.C. 28723. (704) 293-9281.

Raleigh—Limited posns. for 1st yr. rsdnts. in psychiatry, & 1st yr. fellows in child psychiatry, in comm. & hosp. based trng. pgm., fully accred. by AMA Council on Med. Educ. & ABPN. Psychodynamic & dvlpmtl. orein. geared to prepare trainee with sound clin. basis for prac. of admin., comm., & gen. psychiatry. Child psychiatry exper. in 2nd & 3rd yrs. is in fully appvd. AAPSC pgm., 3 mos. affil. with Div. of Psychosomatic Med. at nearby Duke Univ. Med. Ctr., a regular rotation during 2nd yr. Ample opptys. for extended exper. in psychiat. rsch., foren., child, soc. & comm. psychiat., also for personal analysis & psychoanalytic trng. Stipends: 1st yr. $14,388; 2nd yr. $15,096, 3rd yr. $15,852, 4th yr. $16,620, 5th yr. $17,460. Qualified applics. contact Preston A. Walker, M.D., Director, Residency Training, P.O. Box 7409, Dorothea Dix Hospital, Raleigh, N.C. 27611.

NORTH DAKOTA

Grand Forks—PSYCHIATRIST (CENTER DIRECTOR) for excit. expanding compre. CMHC serving 4 county rural area (pop. 96,000). Five basic community orien. pgms. with all ages, utilizing eclec. serv. deliv. system (inc. "outreach"). 20-bed innov. psy. ward in pvt. hosp. with dev. chem. depend. trtmt. unit. 21 FT & consul. staff (inc. bus. mgr. & prog. dir.). Wide rng. of backup med. & paramed. pgms. in commty. Beaut. rural area, nr. lake country, met. Winnipeg & Minneapolis. Liberal fringe bnfts. & appt. to UND Med. Sch. (Dept. of Psy.) possible. Starting sal. approx. $40,000 & commens. with exper. Call collect (701) 772-7268 or send resume. Duane R. Dornheim, ACSW, Acting Director, NE Region MHC, 509 S. 3rd St., Grand Forks, N. D. 58201.

OHIO

DIRECTOR OF AMBULATORY SERVICE, to establish dynamic complementary svc. for well-estab., lge., dynamic psychiatric hosp. Bd. elig. or cert. Multidiscip. therapeutic support. Sal. dependent on quals. & exper. Contact R. W. Osborn, III, M.D., Chief of Staff, VA Hospital, Chillicothe, Ohio 45601, or call (614) 773-1141, Ext. 202. EOE.

Dayton—FULL-TIME PSYCHIATRIST for NIMH funded compre., CMHC serving catchment area of 185,000 pop. ranging economically from poor to affluent & geog. from urban to suburban & rural. Action-orien. commty. pgm. pvds. flex. network of coordinated svcs. thru 5 basic MH svcs. Eclec. approaches utilized with persons of all ages & types of problems. System incl. satellite & out-reach pgms., crisis management pgm., unique relationship with team policing project, preventive MH pgm. with chldn., child abuse project, wide ranging consul. pgm. & rapid responses to consumer needs. Prof. growth opptys. abound for Psychiatrist who enjoys innov., change & variety. Present staff of 85 incl. 3 other FT Bd. elig. or Bd. cert. Psychiatrists who work collaboratively in interdiscip. setting. Recently passed county MH levy assures stable finanical base for continued expansion. Replacement gen. hosp. under construction incl. 35,000 square foot MHC. Sal. very compet. & commens. with exper. & quals. Fringe bnfts. incl. 4 wks. vac. Contact: John A. Davis, Ph.D., Director, Good Samaritan Hospital Mental Health Center, 1425 West Fairview Ave., Dayton, O. 45406. (513) 278-2612, X 306.

Tiffin—PSYCHIATRIST—Psychiatrist with completed rsdncy. trng. for well-estab. 3 county community-state out-patient psychiatric clinic & Day Hosp. loc. in one of six bldgs. in modern CMH svcs. campus with 2 satellite clinics in outlying counties. Priv. prac. permitted; exc. fringe bnfts. Cultural & other prof. advantages avlb. in pleas. commty. of 23,000. Heldelberg College, Tiffin Univ., Tiffin State Hosp., active medical society, quick access to Toledo, Cleveland, Columbus & cities near Ohio Turnpike. Apply: A. C. Amparo, M.D., Director, Sandusky Valley Mental Health Center, 67 St. Francis Ave., Tiffin, Ohio 44883.

Toledo—DIRECTOR OF PSYCHIATRIC SERVICES (M.D.) wanted full-time for mental hygiene clin. pgm. which during the next 2-3 yrs. will be developed into commty. compre. catchment area pgm. Opptys. exist to pvd. pgm.-staff dvlpmt., spvsn. & direct svcs. Appt. to Dept. of Psychiatry at local Med. Coll. possible. Commty. exper. & Bd. elig. pref. Sal. compet. & nego. EOE. Send resume to or call collect (419) 244-3701, Paul Laprad, ACSW, Executive Director, Mental Hygiene Clinic, 1 Stranahan Square, Toledo, Ohio 43604.

Van Wert—FULL-TIME PSYCHIATRIST-DIRECTOR for 3 county CMHC serving catchment area of 85,000 pop. Agency pvds. OP & consul. & educ. svcs. to rural & small town pop. Sal. rng. approx. $40,000 plus bnfts. & nego. with opptys. for priv. prac. if desired. Sound commty. financing. Spvsn. of staff of 4-5 professionals. Psychiatrist who is Bd. elig. & desires variety & oppty. to dvlp. psychiatric svcs. Contact: Gene Bennett, M.H.M.R. Board, 704 E. Central Ave., Van Wert, Ohio 45891. Call collect (419) 238-0522.

OKLAHOMA

Oklahoma will open its 4th CMHC on approximately April 1, 1974. This center which is one of the most modern & well equipped in the nation will serve a catchment area of 160,000 people in the 10 southeast counties of the State of Okla. This ctr. which will employ some 92 people will have operating budget of approx. $1 million funded primarily by the State & Federal Governments. This ctr. will offer the 5 basic svcs. required of MHC's plus those that are additionally recommended for modern pgms. The ctr. will have at least 3 well-staffed outreach clins. loc. strategically in its catchment area. The ctr. is loc. at McAlester, Okla., which is the regional medical ctr. for SE Okla. As SE Okla. has some of the nation's largest deposits of coal, oil, timber, & hydroelectric power, it is beginning to industrialize; however, the area still has a large rural component, much of which is made up by members of the Choctaw Nation. The city of McAlester is one of the most pgsv. in the State & has exc. schools, is loc. on the shores of one of the largest man-made lakes in the country. Since dvlpmt. of MHC, the city of McAlester & the region it represents is beginning to build a health & welfare complex adjacent to the new facility. This complex will incl. office bldgs. for physicians, 200-bed hosp., juvenile detention shelter, day care ctr. for chldn. & county public health facility. Salaries for psychiatrists in Okla. MH system are highly competitive. All salaries are liberally supplemented by fringe bnfts. such as health ins. & retirement. Interested persons should write Hayden H. Donahue, M.D., Director, Dept. of Mental Health, P.O. Box 53277, Capitol Station, Oklahoma City, Okla. 73125.

OREGON

Eugene—PSYCHIATRISTS (2 posns.) to join multidiscip. expanding compre. CMH pgm. for inpt., OP trtmt., consul. & educ. svcs. Convenient to skiing in Cascades, fishing streams, ocean beaches. Home of Univ. of Ore., jogging capital of world. Starting sal. $27,394 with attractive fringe bnfts. Send vita to: Thomas F. Nugent, Director, Mental Health Division, 1901 Garden Ave., Eugene, Ore. 97403.

PENNSYLVANIA

Butler—STAFF PSYCHIATRIST for Inpt. & OP Svc. of CMHC. All mandated svcs. operational. Federal Staffing Grant facil. with exc. multi-discip. staff. Numerous affils. as trng. facil. for nurses, soc. workers, & psychologists. 3 colleges in county; good recre. facils. with multi-purpose lake nearby: 2 hrs. from exc. skiing; 1 hr. from metro. ctr. yet rural setting. Possibility of priv. prac. Sal. nego. Contact Denny W. Walters, M.D., Medical Director, 112 Hillvue Dr., Butler, Pa. 16001. Phone (412) 287-0791.

Norristown—PSYCHIATRIST—½ time, for innov. psychiatric, drug/alcoh. emer. & inpt. pgm. in greater Phila. area. 3 yrs. psychiatric rsdncy., & Pa. lic. req. Call or write A. M. Zosa, M.D., Montgomery County MH/MR Emergency Service, P.O. Box 824, Norristown, Pa. 19404. (215) 279-6100.

Psychiatrists or MD's with interest in psychiatric patients needed at 951 bed modern NP Center; salary up to $34,971 per annum dep. on quals.; exc. fringe bnfts.; non-discrim. in employment; full & unrestricted lic. req.; may be from any state; travel & transportation costs may be supported. Contact Chief of Staff, VA Hospital, Leech Farm Road, Pittsburgh, Pa. 15206, or telephone (412) 363-4900, Extension 223 or 244.

PHILADELPHIA

On May 4-5, the Behavior Therapy Group of Phila. will conduct weekend workshop on various behavioral techniques (e.g. systematic desensitization, assertive training, convert techniques, behavior therapy techniques with chldn.). Emph. will be on demonstration & active participation. For brochure write: Drs. L. Michael Ascher, Edna B. Foa, or Alan Goldstein, Temple Dept. of Psychiatry, c/o Eastern Pennsylvania Psychiatric Institute, Henry Ave. at Abbottsford, Philadelphia, Pa. 19129.

CHAIRMAN, DEPT. OF PSYCHIATRY—For Acad. Dept. in lge. med. sch. with numerous affiliated hospitals. Requires bd. cert., Pa. lic., superior acad. credentials & admin. exper. Submit application & credentials to: Dr. Sol Sherry, Dept. of Medicine, Temple University School of Medicine, 3420 N. Broad St., Philadelphia, Pa. 19140. Equal oppty./affirmative action employer.

PSYCHIATRIC RESIDENCIES AVAILABLE: Appvd. by AMA & ABP&N for 3 yrs. clin. & didactic trng. in psychiat., as preparation & qual. for bds. trng. inpt. exper. in 152-bed hosp. trtng. psychotic, psychoneur. & personality disorders, analytic.-oriented, under supvn. of full-time staff psychiats. OPD exper. prim. in dynamic ther. Exper. in com. MH ctr, group & fam. ther. Affil in behavioral sciences, psychosomatic med., & neurol. Sal. range $10,600-$12,400. Child psychiat. Inst. pvds. trng. for gen. rsdnts. & resdnts. in child psychiat. For further details write for brochure & applic. to Erwin R. Smarr, M.D., Director of Education, Phila. Psychiat. Ctr., Ford Road & Monument Ave., Phila., Pa. 19131.

RHODE ISLAND

East Providence—FELLOWSHIP IN CHILD PSYCHIATRY avlb. to citizen or permanent rsdnt., as of July 1974. 2 yr. pgm. at chldn's psychiatric hosp., appvd. for trng. by Bd. of Psychiatry & Neur. & AAPSC. Hosp. has: rsdntl. trtmt. svc.; child guid. clin.; day care pgm. for pre-sch. & latency age chldn.; active consul. svc. For infor. write: Salomon Alfie, M.D., Director of Training, Bradley Hospital, Riverside, R.I. 02915.

SOUTH CAROLINA

Columbia—BOARD CERTIFIED OR ELIGIBLE PSYCHIATRIST to head tchng. orien. OP clin. in trng.-rsch. facil. of S. C. Dept. of MH. FT staff of 15 general & child psychiatrists & neurologists. 130-bed modern facil. active in trng. psychiatric rsdnts., child fellows & MH workers in all discips. Exc. prof. library, prominent lecturers, & active rsch. in histochemistry, genetics of mental illness, etc. Many fringe bnfts.: sal. rng. $30,000-$35,000. EOE. Contact Director, William S. Hall Psychiatric Institute, P.O. Box 119, Columbia, S. C. 29202.

SOUTH DAKOTA

Aberdeen—BOARD ELIGIBLE OR CERTIFIED PSYCHIATRIST—Pgsv. MHC. Out & In Patient. Area serving 150,000 popul. 2 colleges. Friendly city of 30,000. No pollution or commuting problems. Sal. nego. Liberal fringe bnfts. Join staff of Psychologists & Social Workers. Write Northeastern Mental Health Center, Box 82, Aberdeen, S. C. 57401. Phone (605) 225-1010 collect.

TENNESSEE

Chattanooga—PSYCHIATRIST-STAFF MEMBER—50 bed psychiatric hosp. (priv. hosp.) Emphasis on grp. & indvd. ther. Loc. in mtn. of Tenn. Write: Box P-420. *Psychiatric News.*

Kingsport—PSYCHIATRIST to serve as Clinical Director for hosp. affil. MHC. Hosp. facils. (467 beds) incl. small inpt. unit. MHC approx. 5,000 visits annually. Sal. dep. on exper. & trng. Pgsv. industrial city of 35,000, urban 125,000. Superior school system, colleges/univ. within commuting distance. Ski

resorts, fishing, hunting, entertainment & cultural activs. For further infor. contact William A. Phillips or John Dodson (615) 247-2111, Holston Valley Community Hospital, Kingsport, Tenn. 37662.

Norristown—Need fulltime CLINICAL DIRECTOR & part-time STAFF PSYCHIATRISTS in CMHC loc. in E. Tenn. We are nr. Smokey Mtns. & have no pollution problems. Could have part-time priv. prac. in near-by Knoxville if desired. Sal. nego. Pls. write or call Carole Chesney, Executive Director, Cherokee Guidance Center, Norristown, Tenn. (615) 586-5031. Would be working in beaut. new bldg., 40 hr. week. Congenial staff.

TEXAS

GENERAL PSYCHIATRIST—Exc. oppty. to join prac. of estab. certified neurologist & psychiatrist in major Tx. city. Oppty. for tchng. & group assoc. Income & growth possibilities outstanding. Write Box P-445, *Psychiatric News.*

Austin—PSYCHIATRIC RESIDENCY in appvd. 3-yr. pgm. Effec. Connecs. with univs., med. schs., priv. clins., & commty. ctrs. Outstanding faculty & pgms Stipends with Tex. lic. are $13,000, $14,000, & $15,000 per yr. In addit., now offering rsdncy. in Child Psychiatry. For full infor. write to: Anthony P. Rousos, M.D., Dir. of Training & Research, Austin State Hospital, 4110 Guadalupe St., Austin, Texas 78751.

Austin—CHILD PSYCHIATRY RESIDENCY may be taken before or after adult psychiatry trng. Acad. pgm. in child dvlpmt., fam. ther., genetic & metabolic disorders, behavior ther., grp. ther., psychopharmacology & ethology. Basic clin. orien. is child dvlpmt. with intens. indvd. spvsn. in psychoanalytic & eclec. modals., & pediatric neur. Rsch. opptys. in genetic & metabolic disorders, child dvlpmt., linguistic anthropology, commty. svcs. & other fields. Exc. opptys. in tchng., admin., inpt. & OP clin. pgms. New 60-bed inpt. unit for chldn. Liaison with grad. schools, med. school, & commty. pgms. Stipends: 1st yr., $13,000; 2nd yr., $14,000; 3rd yr., $15,000; 4th yr., $16,000. Contact Anthony Rousos, M.O., Director of Training & Research, Austin State Hospital, 4110 Guadalupe, Austin, Tex. 78751.

Corpus Christi—CHILD PSYCHIATRIST to serve as Clin. Dir. for Child & Youth MH Svcs. of estab. CMH/MR ctr. in 250,000 pop. county near bay, Gulf, Mexico. Sea, sun & beach—swimming, water skiing, fishing, golf, tennis. Multi-disc. approach to trtmt. Pvds. exc. oppty. for innov. & creativity. Applic. should be orien. towards comm. psychiat. Sal. compet. Nueces County MHMR Community Center, 1611 5th, Corpus Christi, Texas 78404.

Fort Worth—CHIEF OF CHILD PSYCHIATRY needed for compre. Child Study Ctr. pvdng. psychiatric, pediatric, psychological, social work & educ. svcs. to emotionally disturbed, minimal brain injured, mentally retarded, cerebral palsied & multi-handicapped chldn. Ctr. is well estab. & has exec. commty. support. Beaut. new facil. with staff of 90 people. Sal. is open & highly compet. with exc. fringe bnfts. Applicant must be bd. elig. Contact Dr. Stephen G. Maddox, Medical Director, 1300 West Lancaster, Fort Worth, Tex. 76102. (817) 336-8611. EOE.

Galveston—CHILD PSYCHIATRY FELLOWSHIPS—New opngs. are avlb. for child psychiatry fellows for July '74. Appvd. by AAPSC & ABP&N. Univ. setting. Multidiscip. pgm.; dynamically oriented. Inpt., OP, consul. svcs. for chldn. & adols. Strong family therapy pgm. Stipends competitive for this area. For further infor. & application, write to: William E. Stone, M.D., Director of Psychiatric Education, Division of Child & Adolescent Psychiatry, University of Texas Medical Branch, Galveston, Texas 77550. (713) 765-1880.

Houston—BAYLOR COLLEGE OF MEDICINE—expanding Rsdncy. Trng. Pgm. in Psychiatry. Unexpected increase in outside financial support for Rsdncy. Trng. in Psychiatry enables us to offer additional posns. in all 3 yrs. of general rsdncy. & in 1st & 2nd yrs. of Child Psychiatry beginning July 1, 1974. For infor. write to Robert M. Gilliland, M.D., Coordinator Residency Training Program in Psychiatry, Baylor College of Medicine, 1200 Moursund, Houston, Tex. 77025.

Temple—PSYCHIATRIST-MEDICAL DIRECTOR—Compre. MH/MR Ctr. is seeking team-orien. psychiatrist for posn. of Medical Director. Indvd. selected will be involved in all aspects of Ctr's. pgms. which incl.: Adult MH, Chldn's. Svcs., Alcoh., Drug Abuse & MR. Cir. loc. in Central Tex. & serves 5-county area that is primarily rural with pop. of 196,000 people. There is quick access to number of recre. areas & major cities. Sal. $35,000 per yr. plus fringe bnfts., with oppty. for priv. prac. Int. indvds. should send CV to Eugene Williams, Executive Director, Bell County Mental Health & Mental Retardation Center, P.O. Box 1025, Temple, Tex. 76501. Tel. (817) 778-4841.

Tyler—BOARD CERTIFIED OR ELIGIBLE PSYCHIATRIST with strong CMH/MR orien. & flexibility in working with interdiscip. staff for estab. & expanding regional MH/MR Ctr. pgm. Sound funding & Bd. involvement. Loc. in E. Texas Pinewoods area with abundance of recre. choices & resources. Climate ideal. Good support & cooperation with local priv. practitioners. Exc. fringe bnfts. Sal. nego. dep. upon exper. Write or call: Gary K. Smith, Executive Director, Smith-Wood County MH/MR Center, 3rd Floor, Bryant Bldg., 305 South Broadway, Tyler, Texas 75701. Phone: (214) 597-1351.

UTAH

Provo—PSYCHIATRIST to direct well-estab. heterogeneous trtmt. unit. Pgm. is fully staffed to provide active ongoing trtmt. to approximately 70 patients. Unit is part of 300-bed, decentralized, accred. State Hosp. pgm. Nationally recognized for therap. commty. approach. Med. sch. faculty appt. with rsdncy. trng. pgm. & opptys. to dvlp. rsch. projects. Yr.-rnd. recre., with an hour of 4 major ski resorts. Cultural opptys. at adjacent Brigham Young Univ. Sal. commens. with exper. & trng. Sal. rng. $24,000-$39,612 with liberal fringe bnfts (state paid retire., optional tax sheltered supplemental retire. plan, health & life ins.). If bd. elig., can start at $29,052 with annual 3.5% increment in addition to cost of living increment determined by National Wage Price Schedule. For further infor. write to Roger S. Kiger, M.D., Superintendent, Utah State Hosp., P.O. Box 270, Provo, Utah 84601.

VERMONT

CHILD OR ADULT PSYCHIATRIST—Opng. at CMHC in S. Vermont. Unique combination of child & adult svcs. in rural-small city setting where professional & personal life are still possible. Agency & priv. prac. combination can be arranged. Sal. nego. Write Rutland Mental Health Services, Box 222, Rutland, Vt. 05701.

VIRGINIA

WANTED: Psychiatrist to join active, growing psychiatric partnership located in SW Va. Practice is both inpt. & OP, with eclec. orien. Qualified applicants start at $35,000-$45,000, dep. upon quals., with substantial increase after 6 mos.; elig. for partnership in one year. Write Box P-447, *Psychiatric News.*

Falls Church—PSYCHIATRIST to supervise 20 patient unit of small high staff hosp. specializing in short-term care in open ward setting. Unit staffed with resident, so cial worker, ½ time psychologist, & appropriate nursing staff. Oppty. to teach & do priv. prac. Sal. approx. $28,500. Loc. residential area of Washington, D. C. suburb. Contact: Thomas B. Stage, M.D., Director, Northern Virginia Mental Health Institute, 3302 Gallows Road, Falls Church, Va. 22042. Tel. 560-7700 ext. 200.

Norfolk—EASTERN VIRGINIA MEDICAL SCHOOL—NEW THREE YEAR RESIDENCY PROGRAM IN PSYCHIATRY—Unique oppty. for didactic & clin. exper. in 5 modern psychiatric facils. representing trng. consortium under aegis of the Eastern Va. Med. Sch. Intens. trng. with indvd. spvsn. in all therapeutic modalities & close collaboration with every branch of medicine. Standard Stipend Scale. For full infor., write to: David N. Ratnavale, M.D., Director of Education & Training, Department of Psychiatry & Behavioral Science, Eastern Virginia Medical School, 721 Fairfax Avenue, Norfolk, Va. 23507.

Norfolk/Virginia Beach—PSYCHIATRISTS. Four specific openings. Large single specialty, multi-disciplinary corporation provides all clinical services for two closely related private psychiatric hospitals as well as some services for general hospitals. This group is young, rapidly expanding, and egalitarian. (1) Opening for therapeutic community oriented psychiatrist for milieu treatment team. (2) General hospital psychiatrist for consultation liaison work. (3) Director of 18-bed inpatient alcohol treatment center. Need aggressive, experienced man to direct *his* program. (4) Child and adolescent psychiatrist to do primarily outpatient work. All other positions provide at least half-time outpatient practice. Our group offers maximum professional and financial opportunities. Send resume for further information. Julian W. Selig, Jr., M.D., Psychiatric Associates of Tidewater, 1005 Hampton Boulevard, Norfolk, Virginia 23507.

Richmond—STAFF CHILD PSYCHIATRIST in Metro. Richmond. Active teaching hosp., 40 inpts., age 6 to 16, small day-care pgm., active OP. clin. Hosp. is Child Psychiatry Div. of Psychiatry Dept., Medical College of Va., Va. Commonwealth Univ. In addit. to active clin. work, opptys. for rsch. & tchng. grad. & post-grad. students of all MH discips. Possibility of faculty appt. dep. upon quals. State sal. rng. $23,400-$28,000, dep. upon quals. Apply directly to: Dr. W. Draper, Director, Virginia Treatment Center for Children, 515 North 10th St., Richmond, Va. 23219.

WASHINGTON

Richland—Opngs. for 2 PSYCHIATRISTS in newly built. Compre. MHC. Oppty. for staff dvlpmt., trng. Sal. to $30,000 incl. bnfts. Fishing, hunting, boating, etc. avlb. in N.W. Write or phone Owen O'Connell, Director, 509-943-9104, 1175 Goethals Drive, Richland, Washington 99352.

Seattle—In accordance with the philosophy of our Affirmative Action Recruitment Program for faculty, the Dept. of Psychiatry & Behav. Sci. of Univ. of Wash. is seeking minority candidates for several faculty opngs., incl. CMH admin., direction & admin. of inpt. & psychosomatic psychiatry & drug abuse & alcoh. pgms. Minority psychiatrists int. in these future acad. opngs. please send CV to Douglas M. Bowden, M.D., Chairman, Appointment Committee, Dept. of Psychiatry & Behavioral Sciences, University of Washington, Seattle, Wash. 98195.

Steilacoom—CHIEF, PSYCHIATRIC SERVICE to be respnsb. for diagnosis & trtmt. of mentally ill inmates in lge. Federal correc. facil. Work with other MH profs. & med. staff in dvlpng. wide variety of pgms. aimed at upgrading trtmt. resources. Facil. has pop. of 900-950 adult, male, long-term offenders, 10-bed psychiat. unit incl. in accred. hosp., forward-looking, pgsv. staff, & wide variety of inmates seeking trtmt. Ideal setting for outdoor sports minded indvd.: salmon & steelhead fishing, boating, mountaineering. Sal. rng.: $26,898-$36,000 per annum. Starting date: immediately. Contact: Personnel Office, U. S. Penitentiary, McNeil Island, Box 500, Steilacoom, Wash. 98388.

WEST VIRGINIA

PSYCHIATRISTS—The W. Va. Dept. of MH is actively assisting CMH pgms. in recruitment of psychiatrists for both Executive Director & Staff Psychiatrist level posns. statewide. Bd. Cert. preferred, elig. required. Sal. nego. Staff Psychiatrist posns. also avlb. in State Hosp. system. Reply, include Vita, to M. Mitchell-Bateman, M.D., Director, West Virginia Dept. of Mental Health, State Capitol, Charleston, W. Va. 25305.

Martinsburg—PSYCHIATRIST—Bd. Elig. New CMHC, N. Shenandoah Valley, rural area. Approx. 70 mi. from D. C. & Baltimore. FT or PT. Present staff incl. PT psychiatrist, PT physician, 2 psychologists, 2 psychiatric social workers & 1 RN. Priv. prac. poss. Rspnsb. incl. inpt. svc. & emerg. rm. svc. plus OP & part. hosp.; consid. latitude prac. policies. Sal. nego. plus fringe. Contact N. Roberts, Jr., Director, E. Panhandle MHC, 212 S. College, Martinsburg, W.Va. 25401. Phone (304) 263-8954.

WISCONSIN

PSYCHIATRIST—Wood Psychiatry Service is an integral part of tchng. pgms. of Med. Coll. of Wis. Facils. incl. inpt. & OP Svcs., Day Trtmt. Ctr., Restoration Pgm., Alcoh. Trtmt. Unit & Section on Psychosomatics. Non-discrim. in employment. For infor. on select opptys. now avlb., pls. contact Tajammul H. Bhatti, M.D., Veterans Administration Hospital, Box 83, Wood (Milwaukee) Wisc. 53193. (414) 384-2000, Ext. 2628.

CLINICAL DIRECTOR—New FT posn. for Bd. Cert. or Bd. Elig. Psychiatrist. Probably the most exciting oppty. in the State for commty.-orien. psychiatrist. Child/adolescent specialty particularly desired. Primarily clin. posn., some admin. ability helpful. Covers areas of MH, developmental disabilities & chemical dependency. Innumerable primary & supportive svcs. avlb. in commty. Inpt./OP units. Inpt. consists of separate alcoh., chldn's. & adult units. Will help in selection of new staff psychiatrist. Exc. inter-discip. staff. Fully accred. hosp. Intelligent & responsible Board & Administration. Social-recre. opptys. abound. Packer tickets guaranteed. Pls. send detailed resume. Program/job description will be returned. Sal. to $45,000, usual fringe bnfts. Contact: Clifford Christiansen, A.C.S.W., Program Director, Brown County Unified Board, 1320 Mahon Ave., Green Bay, Wis. 54301. Phone (414) 468-1136.

STAFF PSYCHIATRIST—New FT posn. for Bd. Cert. or Bd. Elig. Psychiatrist. Compre. MH, developmental disabilities, & chemical dependency pgm. Pvd. trtmt., consul. to Center staff & commty. May have primary rspnsblty. for specific trtmt. units, that is, chldn., alcoholics, general OP, etc. Commty. is in support of further development of pgm. & staff is anxious for you to consider. County popul. is 160,000. Exper./trng. in specialty area of adolescent psychiatry particularly desired. Pls. send detailed resume. Program/job description will be returned. Sal. to $37,000. Usual fringe bnfts. Contact: Clifford Christiansen, A.C.S.W., Program Director, Brown County Unified Board, 1320 Mahon Ave., Green Bay, Wis. 54301. Phone (414) 468-1136.

CHILD PSYCHIATRISTS—Milwaukee County MH Ctr. Direct care of chldn. & adols. in OP, partial hosp. & inpt. settings as member of team of profs. & ancillary personnel. Our new 180-bed inpt. Child & Adol. Trtmt. Ctr. is now open & provides all elements of psychiatric svcs. incl. on-site special school pgm. We req. compl. of minimum of 2 yrs. of appvd. psychiatry rsdncy. or fellowship plus 2 yrs. of appvd. rsdncy. in child psychiatry & elig. for lic. in Wis. Milwaukee metro. area is clean & safe, offers good schools & has many cultural activs. We are loc. in attrac. rsdntl. suburb & associated with Milwaukee County Med. Complex, Med. Coll. of Wis., Woods VA Hosp. & Milwaukee Psychiatric Hosp. We offer compet. sal. & exc. fringe bnfts. Priv. prac. permitted. Send vitae: George E. Currier, M.D., Asst. Director of Mental Health, 9191 Watertown Plank Rd., Wauwatosa, Wis. 53226. (414) 257-7484.

PSYCHIATRISTS (STAFF). Milwaukee County MH Ctr. is commty. orien. ctr. pvdng. OP, inpt. & partial hosp. for adults & chldn. We have chronic division & acute division with ultra modern day hosp. serving as hub for commty. psychiatric clins. loc. within 6 catchment areas. We require compl. of 3 yr. appvd. rsdncy. or fellowship & elig. for lic. in Wisc. Milwaukee metro. area is clean & safe, offers good schools & has many cultural activs. We are loc. in attrac. rsdntl. suburb. We are associated with Milwaukee County Med. Complex, Med. Coll. of Wisc., Woods VA Hosp. & Milwaukee Psychiatric Hosp. We offer competitive sal. & exc. fringe bnfts. Priv. prac. permitted. Send vitae: George E. Currier, M.D., Asst. Dir. of Mental Health, 9191 Watertown Plank Road, Wauwatosa, Wis. 53226. (414) 257-7484.

Eau Claire—PSYCHIATRIST to join priv. prac. with 2 family orien. psychiatrists, psychologist, & 2 A.C.S.W.'s in psychiatric clin. Want young, conservative man who enjoys work in psychiatric unit of gen. hosp. & office prac. in 40,000 pop. city. Exc. area for raising family & among good fishing, hunting, & winter sports. Sal. guaranteed base of $30,000+, dep. upon quals. & exper. Can get part ownership. 90 miles to cultural ctr. of St. Paul-Minneapolis. Contact A. A. Lorenz, M.D., Eau Claire Clinic, 2125 Heights Drive, Eau Claire, Wisc. 54701. (715) 834-3171.

Jefferson County—M.D. for new compre. CMH pgm. Posn. would be for ½ time plus oppty. to dvlp. psychiatric prac. in Jeff. Co. (Pop. 65,000). No other psychiatrists in co. Local physicians would welcome psychiatrist. Loc. in SE Wisc. between Madison & Milwaukee. Less than 1 hr. to each city. Lakes, rivers, hunting, fishing, nearby cultural centers. Univ. appt. possible. Sal. open. Contact Mr. R. M. Hill, Program Director, Box 59, Jefferson, Wisc. 54549 or call (414) 674-3170.

Waupun—CLINICAL DIRECTOR, SERVICE CHIEF (PSYCHIATRISTS) & General Practitioner vacancies exist at Central State Hosp., Waupun, Wisc. Involves diag. & trtmt. functions with emph. in forens. areas & operation of Sex Crimes Law Pgm. at adult male modernized maximum security hosp. Max. ann. sal. for original appt. $35,454 dep. upon exper., trng., AMA Bd. Cert. & level of rspnsblty. For addit. infor. contact: E. F. Schubert, M.D., Superintendent, Central State Hospital, Box 431, Waupun, Wisc. 53963. EOE.

Waupun—CLINICAL DIRECTOR (Psychiatrist & Staff Psychiatrist)—Central State Hosp., Waupun. Immed. opngs. Involves diagnostic & trtmt. functions with emph. in forens. areas & operation of Sex Crimes Law Pgm. at adult male modernized maximum security hosp. Max. 1st ann. sal. $33,186 dep. upon exper., trng., AMC Bd. Cert. & level of responsblty. For addit. infor. contact: E. F. Schubert, M.D., Superintendent, Central State Hospital, Box 431, Waupun, Wisc. 53963. EOE.

Winnebago—2 posns. avlb. for qualified PSYCHIATRIST in 450-bed JCAH accred. hosp. with recent emphasis being placed on educ., trng. & rsch. Chief of Svc. with int. in child, adol. & commty, psychiatry to head interdiscip. team in Chldn's Consul. Svc. Team pvds. backup case & agency oriented consul. for problems which cannot be handled in CMHC's & also pvds. stimulation & direction for dvlpmt. of new CMH pgms. Chief of Forensic Psychiatry responsible for 47-bed unit for mentally ill female criminal offenders & for select group of minimum security mentally ill male criminal offenders & sex deviates. Staff is young, ambitious, & creative with over 23 medical staff, most bd. cert. in psychiatry (11 out of 12 have recently passed boards & are willing to help psychiatrists with preparation for boards). Winnebago is suburb of Oshkosh, Wisc. Popul. 60,000. Home of Univ. of Wisc., Oshkosh, 12,000 students. Recre. choices enhanced by lge. inland lake; hunting & camping areas & nearby professional athletic teams. Exc. public school system. 40-hr. work week with compensation time for O.D. duty. Consul. & priv. prac. avlb. in commty. if desired. Compre. fringe bnfts. Starting sal. $32,000 dep. upon quals. & exper. Wisc. med. lic. req. Temporary med. lic. possible. Write or call John McAndrew, M.D., Associate Director, Child-Adolescent Unit or Ralph K. Baker, M.D., Associate Director, Adult Services, Winnebago Mental Health Institute, Winnebago, Wis. 54985. Phone: (414) 235-4910. EOE.

WYOMING

Live where the air is pure; within commuting dist. to cultural cts. & univs. 2 Psychiatrists needed in pgsv. 400 bed JCAH Hosp. to complete med. staff complement of 10; APA Gold Award 1965. Assoc. SUPT.: Rspb. for Forensic Psychiatry Pgm. & admin. of our new Corrective Psychiatry Bldg. currently funded for const. CLINICAL DIRECTOR: Psn. newly created for Psychiatric mgmt. of Intens. Trtmt. Unit. Both may follow personal ints. in rsch. & trng. Sal. nego., liberal fringe bnfts. incl. exc. housing on grnds. without charge. Write, include Vita, to William N. Karn, Jr., M.D., Supt., Wyoming State Hospital, Evanston, Wy. 82930.

REGIONAL

A NOTE TO PSYCHIATRISTS WHO WANT A CHANGE AND A CHALLENGE—Posns. are open in commty.-orien. MH pgms. in 7 locations in U.S. & Canada, network of church sponsored facils. which has provided MH svcs. for 30 yrs. If you are ready for a change & are receptive to wide range of prof. opptys. offered by these pgms., consider these points: Each innov. pgm. is developed & operated according to local commty. needs & resources. Each has its own lay board of directors. You work in an interdiscip., team-style operation, with a latitude for prof. freedom. You have the oppty. of developing specialized commty. pgms. for: children, adolescents, the aging, public offenders and other programs you prefer. You are part of a mutually supportive network of like, yet diverse, pgms. offering strength in association. You are eligible for generous fringe bnfts., incl. sabbatical leaves & intercultural service opptys., e.g. in Paraguay, S.A. Salaries are compet. & nego. FOR FURTHER INFORMATION: Wesley Oswald, Administrator, Brook Lane Psychiatric Center, Hagerstown, Md. 21740, Phone (301) 733-0330; Albert G. Shell, M.D., Kern View Hospital & CMHC, Bakersfield, Cal. 93301, Phone (805) 327-7621; Dennis Rupel, M.D., Oaklawn Psychiatric Center, Elkhart, Ind. 46514, Phone (219) 294-3551; Elmer Ediger, Executive Director, Prairie View, Newton, Kan. 67114, Phone (316) 283-2400; Otto Hamm, Administrator, Eden Mental Health Centre, Winkler, Manitoba, Phone (204) 325-4325; Charles Davis, M.D., Kings View Community Services, Reedley, Cal. 93654, Phone (209) 638-3655; Charles Neff, M.D., Philhaven Hospital, Lebanon, Pa. 17042, Phone (717) 273-1665; MENNONITE MENTAL HEALTH SERVICES, Vernon H. Neufeld, Ph.D., Director, 1105 North Wishon, Fresno, Cal. 93728, Phone (209) 264-5322.

POSITIONS WANTED

CHILD PSYCHIATRIST—Avlb. July. '74 with Univ. fellowship in devel. disabil., MR. learn, disab., autism other devel. prob. Dx school consult., prog. plan, parent counsel., behav. mod. trng., chemory, biol. org. orient., but strng. psychodyn. background. Pref. Cal., SW, South. 32 y/o, 2 chldn., mil. obl. comp. Write Box P-401, *Psychiatric News.*

PSYCHIATRIST, age 44. Presently Director of innov. CMHC in Calif. Wishes to relocate to San Francisco—Bay Area. Extensive exper. in indvd., grp. & family psychotherapy, as well as teaching & supervision. Special exper. in family therapy & community consul. Desires challenging clin.—teaching posn. Avlb. June-July 1974. Write Box P-446, *Psychiatric News.*

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37 yr. old Board Certified PSYCHIATRIST with extensive admin. & clin. exper. seeks posn. in N. Y.-N. J. area, wherein these talents can be fully utilized. Admin. expertise incl. new pgm. dvlpmt. & planning, managerial & supervisory skills, as well as compre. knowledge of Community Psychiatry. Clin. orien. is psychodynamic with much exper. in OP & inpt. care of adults & adoles. Write Box P-442, *Psychiatric News.*

PSYCHIATRIST, perfectly bilingual (Spanish) seeking full or part-time posn. or association with group in Los Angeles area. Please write Box P-437, *Psychiatric News.*

MISCELLANEOUS

For Sale—Washington, D. C. in Chevy Chase-Forest Hills—Sparkling Contemporary with 1000 sq. ft. professional suite w/private drive & entrance. Spacious, beautifully maintained property. Professionally arranged garden, terraces & driveways. VA financing avail. Please call Mr. Luther 363-5222. Boss & PHELPS, INC., "The Home of Homes Since 1907," REALTORS, 362-9300.

Cambridge, Mass—Harvard Square Area—Office, soundproof, attractive. P. M. Helfaer, Ph.D., 625-2557 or 876-3652.

COMPARATIVE PSYCHOTHERAPIES—June 24-28, 1974 at Hilton Inn, San Diego. Oppty. to observe videotapes of various approaches to psychotherapy followed by eval. of style & discussion of prognosis. Tuition $100, 20 hrs. CMA credit. For infor., contact University of Southern Calif., School of Medicine, Dept. of Psychiatry Continuing Education, 2025 Zonal Ave., Hoffman 101, Los Angeles, Calif. 90033. (213) 225-1511, ext. 336.

Apr. 25-28, 1974, 32nd Annual Meeting & Psychodrama Training Institute, American Society of Group Psychotherapy & Psychodrama, Statler Hilton Hotel, NYC. Contact: Ellen K. Siroka, M.A., ASGPP, 39 E. 20st., NYC 10003. (212) 260-3860.

TUTORING, comprehensive. by mail, for GEN. REVIEW OR WRITTEN-ORAL BDS. EXAMINATIONS. Psychiat.-Neurology. Manuscripts, Atlases, Models, Microscopic & Gross Specimens, Recordings, Inq. of Albert V. Cutter, MD, 74 Linwood Ave., Buffalo, N.Y. 14209.

STILL WORKING

Working regularly, keeping his appointments as an outpatient, not requiring hospitalization—for the psychotic patient with mixed anxiety-depression, that means progress.

For patients with psychotic disorders, continued treatment with Mellaril is often basic to an outpatient program that helps them successfully meet the challenges that are integral to daily life in the community.

With Mellaril, patients are generally alert and in better contact with reality and can participate more fully in the entire therapeutic program. (Even though Mellaril produces only minimal sedative effect, patients should be warned about participating in activities which require complete mental alertness, e.g., driving.) And, although extrapyramidal symptoms are characteristic of this class of drug, a distinctive feature of Mellaril is that extrapyramidal stimulation—notably pseudoparkinsonism—is minimal.

Before prescribing or administering, see Sandoz literature for full product information. The following is a brief summary.

Contraindications: Severe central nervous system depression, comatose states from any cause, hypertensive or hypotensive heart disease of extreme degree.

Warnings: Administer cautiously to patients who have previously exhibited a hypersensitivity reaction (e.g., blood dyscrasias, jaundice) to phenothiazines. Phenothiazines are capable of potentiating central nervous system depressants (e.g., anesthetics, opiates, alcohol, etc.) as well as atropine and phosphorus insecticides. During pregnancy, administer only when the potential benefits exceed the possible risks to mother and fetus.

Precautions: There have been infrequent reports of leukopenia and/or agranulocytosis and convulsive seizures. In epileptic patients, anticonvulsant medication should also be maintained. Pigmentary retinopathy may be avoided by remaining within the recommended limits of dosage. Administer cautiously to patients participating in activities requiring complete mental alertness (e.g., driving), and increase dosage gradually. Orthostatic hypotension is more common in females than in males. Do not use epinephrine in treating drug-induced hypotension since phenothiazines may induce a reversed epinephrine effect on occasion. Daily doses in excess of 300 mg. should be used only in severe neuropsychiatric conditions.

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*—ECG changes (see *Cardiovascular Effects* below). *Other*—A single case described as parotid swelling.

The following reactions have occurred with phenothiazines and should be considered: *Autonomic Reactions*—Miosis, obstipation, anorexia, paralytic ileus. *Cutaneous Reactions*—Erythema, exfoliative dermatitis, contact dermatitis. *Blood Dyscrasias*—Agranulocytosis, leukopenia, eosinophilia, thrombocytopenia, anemia, aplastic anemia, pancytopenia. *Allergic Reactions*—Fever, laryngeal edema, angioneurotic edema, asthma. *Hepatotoxicity*—Jaundice, biliary stasis. *Cardiovascular Effects*—Changes in terminal portion of electrocardiogram, including prolongation of Q-T interval, lowering and inversion of T-wave, and appearance of a wave tentatively identified as a bifid T or a U wave have been observed with phenothiazines, including Mellaril (thioridazine); these appear to be reversible and due to altered repolarization, not myocardial damage. While there is no evidence of a causal relationship between these changes and significant disturbance of cardiac rhythm, several sudden and unexpected deaths apparently due to cardiac arrest have occurred in patients showing characteristic electrocardiographic changes while taking the drug. While proposed, periodic electrocardiograms are not regarded as predictive. Hypotension, rarely resulting in cardiac arrest. *Extrapyramidal Symptoms*—Akathisia, agitation, motor restlessness, dystonic reactions, trismus, torticollis, opisthotonus, oculogyric crises, tremor, muscular rigidity, and akinesia. *Persistent Tardive Dyskinesia*—Persistent and sometimes irreversible tardive dyskinesia, characterized by rhythmical involuntary movements of the tongue, face, mouth, or jaw (e.g., protrusion of tongue, puffing of cheeks, puckering of mouth, chewing movements) and sometimes of extremities may occur on long-term therapy or after discontinuation of therapy, the risk being greater in elderly patients on high-dose therapy, especially females; if symptoms appear, discontinue all antipsychotic agents. Syndrome may be masked if treatment is reinstituted, dosage is increased, or antipsychotic agent is switched. Fine vermicular movements of tongue may be an early sign, and syndrome may not develop if medication is stopped at that time. *Endocrine Disturbances*—Menstrual irregularities, altered libido, gynecomastia, lactation, weight gain, edema, false positive pregnancy tests. *Urinary Disturbances*—Retention, incontinence. *Others*—Hyperpyrexia; behavioral effects suggestive of a paradoxical reaction, including excitement, bizarre dreams, aggravation of psychoses, and toxic confusional states; following long-term treatment, a peculiar skin-eye syndrome marked by progressive pigmentation of skin or conjunctiva and/or accompanied by discoloration of exposed sclera and cornea; stellate or irregular opacities of anterior lens and cornea; systemic lupus erythematosus-like syndrome.

73-799R SANDOZ

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MELLARIL®
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helps in the management of psychotic patients with mixed anxiety-depression

Ritalin® hydrochloride ©
(methylphenidate hydrochloride)
TABLETS
INDICATION
Minimal Brain Dysfunction in Children
—as adjunctive therapy to other remedial measures (psychological, educational, social)
Special Diagnostic Considerations
Specific etiology of Minimal Brain Dysfunction (MBD) is unknown, and there is no single diagnostic test. Adequate diagnosis requires the use not only of medical but of special psychological, educational, and social resources.
Characteristics commonly reported include: chronic history of short attention span, distractibility, emotional lability, impulsivity, and moderate to severe hyperactivity; minor neurological signs and abnormal EEG. Learning may or may not be impaired. The diagnosis of MBD must be based upon a complete history and evaluation of the child and not solely on the presence of one or more of these characteristics.
Drug treatment is not indicated for all children with MBD. Stimulants are not intended for use in the child who exhibits symptoms secondary to environmental factors and/or primary psychiatric disorders, including psychosis. Appropriate educational placement is essential and psychosocial intervention is generally necessary. When remedial measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician's assessment of the chronicity and severity of the child's symptoms.
CONTRAINDICATIONS
Marked anxiety, tension, and agitation, since Ritalin may aggravate these symptoms. Also contraindicated in patients known to be hypersensitive to the drug and in patients with glaucoma.
WARNINGS
Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established.
Sufficient data on safety and efficacy of long-term use of Ritalin in children with minimal brain dysfunction are not yet available. Although a causal relationship has not been established, suppression of growth (*ie*, weight gain and/or height) has been reported with long-term use of stimulants in children. Therefore, children requiring long-term therapy should be carefully monitored.
Ritalin should not be used for severe depression of either exogenous or endogenous origin or for the prevention of normal fatigue states.
Ritalin may lower the convulsive threshold in patients with or without prior seizures; with or without prior EEG abnormalities, even in absence of seizures. Safe concomitant use of anticonvulsants and Ritalin has not been established. If seizures occur, Ritalin should be discontinued.
Use cautiously in patients with hypertension. Blood pressure should be monitored at appropriate intervals in all patients taking Ritalin, especially those with hypertension.
Drug Interactions
Ritalin may decrease the hypotensive effect of guanethidine. Use cautiously with pressor agents and MAO inhibitors. Ritalin may inhibit the metabolism of coumarin anticoagulants, anticonvulsants (phenobarbital, diphenylhydantoin, primidone), phenylbutazone, and tricyclic antidepressants (imipramine, desipramine). Downward dosage adjustments of these drugs may be required when given concomitantly with Ritalin.
Usage in Pregnancy
Adequate animal reproduction studies to establish safe use of Ritalin during pregnancy have not been conducted. Therefore, until more information is available, Ritalin should not be prescribed for women of childbearing age unless, in the opinion of the physician, the potential benefits outweigh the possible risks.

Drug Dependence
Ritalin should be given cautiously to emotionally unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase dosage on their own initiative.
Chronically abusive use can lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during drug withdrawal, since severe depression as well as the effects of chronic overactivity can be unmasked. Long-term follow-up may be required because of the patient's basic personality disturbances.

PRECAUTIONS
Patients with an element of agitation may react adversely; discontinue therapy if necessary.
Periodic CBC, differential, and platelet counts are advised during prolonged therapy.
ADVERSE REACTIONS
Nervousness and insomnia are the most common adverse reactions but are usually controlled by reducing dosage and omitting the drug in the afternoon or evening. Other reactions include: hypersensitivity (including skin rash, urticaria, fever, arthralgia, exfoliative dermatitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura); anorexia; nausea; dizziness; palpitations; headache; dyskinesia; drowsiness; blood pressure and pulse changes, both up and down; tachycardia; angina; cardiac arrhythmia; abdominal pain; weight loss during prolonged therapy. Toxic psychosis has been reported. Although a definite causal relationship has not been established, the following have been reported in patients taking this drug: leukopenia and/or anemia; a few instances of scalp hair loss.
In children, loss of appetite, abdominal pain, weight loss during prolonged therapy, insomnia, and tachycardia may occur more frequently; however, any of the other adverse reactions listed above may also occur.
DOSAGE AND ADMINISTRATION
Children with Minimal Brain Dysfunction (6 years and over)
Start with small doses (eg, 5 mg before breakfast and lunch) with gradual increments of 5 to 10 mg weekly. Daily dosage above 60 mg is not recommended. If improvement is not observed after appropriate dosage adjustment over a one-month period, the drug should be discontinued.
If paradoxical aggravation of symptoms or other adverse effects occur, reduce dosage, or, if necessary, discontinue the drug.
Ritalin should be periodically discontinued to assess the child's condition. Improvement may be sustained when the drug is either temporarily or permanently discontinued.
Drug treatment should not and need not be indefinite and usually may be discontinued after puberty.
HOW SUPPLIED
Tablets, 20 mg (peach, scored); bottles of 100 and 1000.
Tablets, 10 mg (pale green, scored); bottles of 100, 500, 1000 and Accu-pak blister units of 100.
Tablets, 5 mg (pale yellow); bottles of 100, 500, and 1000.
Consult complete product literature before prescribing.

References: (1) Knobel M: *Arch Gen Psychiatry* **6**:198-202, 1962. (2) Werry JS: Paper presented at the Annual Meeting of the American Psychiatric Association, Boston, May 13-17, 1968. (3) Knights RM, Hinton GG: *J Nerv Ment Dis* **148**:643-653, 1969. (4) Creager RO, VanRiper C: *J Speech Hear Res* **10**:623-628, 1967. (5) Paine RS: *Pediatr Clin North Am* **15**:779-800, 1968. (6) Conners KC: *J Learning Disabil* **4**:476-482, 1971. (7) Charlton MH: *NY State J Med* **16**: 2058-2060, 1972.

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Ritalin... beneficial in the context of a complete therapeutic and remedial program

Ritalin can reinforce the effectiveness of remedial education, physiotherapy, modified home management, and psychotherapy in helping the MBD child.

Integrated into a comprehensive rehabilitative program, Ritalin offers broad therapeutic benefits,[1-4] yet appears to produce side effects less frequently than other stimulant drugs.[5,6] It is currently a drug of choice in many MBD situations.[7] Therapy should be initiated with Ritalin only when a diagnosis of MBD has been made.

Dosage should be periodically interrupted in the presence of improved motor coordination and behavior. Often, these interruptions reveal that the child's behavior shows some "stabilization" even without chemotherapy, permitting a reduction in dosage and eventual discontinuance of drug therapy.

Ritalin®(methylphenidate)
ONLY WHEN MEDICATION IS INDICATED