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Harold I. Eist, M.D., (left) receives the H&CP Service's Gold Award on behalf of the D.C. Institute of Mental Hygiene from award committee chair John Schwab, M.D. Story on page 24.

Psychiatrist's 'Opinion' Voided in Death Case

By Margaret C. McDonald

A TEXAS APPELLATE COURT has recently upheld a lower court's ruling that a criminal defendant cannot be forced to talk to a psychiatrist who can use his statements against him at the sentencing phase of a capital trial. In handing down its opinion in the case, *Smith* v. *Estelle* (No. 78-1839), the United States Court of Appeals, Fifth Circuit, fully adopted the opinion expressed by the APA in an amicus curiae brief that psychiatric expertise in the prediction of dangerousness is of very low reliability and that such predictions should be avoided.

Ernest Benjamin Smith, Jr., and Howie Ray Robinson participated in an armed robbery during which Robinson killed a shop clerk. Both men were indicted for capital murder and convicted. Texas law provides that when a person is convicted for a capital crime, the court must immediately hold another hearing before the same jury to decide whether the defendant should receive life imprisonment or the death penalty. To arrive at this decision, three questions are put to the jury; if it answers "yes" to all three, the judge must impose the death sentence. The crucial question involved in the Smith case was: "Whether there is a probability that the defendant would commit criminal acts of violence that would constitute a continuing threat to society."

During the sentencing phase of Smith's trial, James P. Grigson, M.D., a psychiatrist and APA member who had previously examined Smith at the request of the trial judge to determine his competence to stand trial, testified that Smith was likely to commit further violent acts and would therefore be a continuing danger to society. Smith was sentenced to death.

See "Smith," page 14

Nominations for 1980 APA Election Released

APA's 1980 SLATE OF CANDIDATES for office will be headed by two eminent psychiatrists running for president-elect: Daniel X. Freedman of Chicago, editor of *Archives of General Psychiatry,* will run against current APA Treasurer Charles B. Wilkinson of Kansas City, Missouri. APA's Nominating Committee released the names of nominees at the September meeting of the Board of Trustees. At the same meeting the Board approved stringent new guidelines on election campaigning to be initiated with the 1980 election [*Psychiatric News,* October 5].

Other nominations reported to the Board in September included: for vice-president, Robert Campbell of New York City, and Lester Rudy of Chicago; for treasurer, George Pollock of Chicago, and Stanley Yolles of Stony Brook, New York; and for trustee-at-large, Irwin Perr of Piscataway, New Jersey, Elissa Benedek of Ann Arbor, Michigan, and Chester Pierce of Boston.

Two APA geographical areas will also elect trustees in the 1980 election; the Nominating Committee reported the names of persons chosen for nomination by their Area Councils and forwarded to the Nominating Committee. Running for Area III trustee will be Abram Hostetter of Hershey, Pennsylvania, and John McGrath of Washington, D.C. Area VI nominees are Robert Moore of San Diego, and Paul Slawson of Studio City, California.

Any APA member may be nominated for any office, other than area trustee, by submission of a petition signed by no fewer than 200 APA voting members to the APA secretary no later than December 1, 1979. Any member may be nominated for area trustee by a petition signed by at least 50 voting members of the area submitted to the APA secretary no later than December 1, 1979.

As mandated by the new election guidelines, *Psychiatric News* will publish election news in two January issues, with extensive biographical material, photographs, and position statements prepared by each candidate. Questions may also be asked of the candidates by *Psychiatric News*. If the questions are asked, they will be based on recommended queries from district branch officers and any other interested APA members. Recommended questions should be sent to Herbert M. Gant, Editor, *Psychiatric News,* 1700 18th St., N.W., Washington, D.C. 20009. 10B-8

News Digest

APA President Alan Stone agrees that the idea of having a legal advocate representing every mental patient is all right as long as the psychiatrist also has a legal representative. "The very basis of our adversarial system of justice" requires that each side in the argument be represented by a zealous advocate, he says. Story *on page 3.*

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An unusual case of a patient who developed tardive dyskinesia only one month after his first exposure to the drug is described in the article beginning *on page 9.*

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Four female psychiatrists have charged that a substantial portion of the theoretical formulations in psychoanalysis have utilized a male model despite the preponderance of female patients. Story *on page 12.*

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A wrap-up of the recent annual meeting of the American Psychological Association begins *on page 15.*

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Only minor, if any, differences in children can be attributable to the sexual orientation of their mothers, recent investigations have found. Story *on page 20.*

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An ABPN Evaluation

RESULTS FROM AN APA MEMBERSHIP POLL suggest that the psychiatric board certification process administered by the American Board of Psychiatry and Neurology to evaluate clinical competence may be missing its mark. Proportionately fewer clinicians than non-clinical psychiatrists have applied for certification, taken either the oral or written parts, or been board certified, according to the survey.

"Since the exam is ostensibly being given to determine clinical competence, this disproportionately negative experience by clinicians raises questions regarding the extent to which the examination is effectively serving the intended target group," notes the report of the Ad Hoc Committee on Implementation of the 1976 Referenda on Psychiatric Certification, which conducted the survey.

The poll was one of the final products of two APA referenda in 1976 which queried members on the relationship between APA and ABPN. The referenda themselves arose from concern by some members about the failure rate on the exams, the alleged ambiguity of ABPN's goals and procedures, and perceived procedural problems. The recent poll of nearly 3,000 respondents—11.7 percent of the membership—also questioned respondents as to the best way to conduct recertification.

The report, which was "accepted" by the Board of Trustees and transmitted to ABPN as information, also contains 14 recommendations based on the survey's responses. These have since been revised—some have already been implemented by ABPN—and will go for final approval to the Assembly in October and the Board in December.

Regarding the controversial process of recertification, respondents, who had five listed alternatives from which to choose, generally considered continuing medical education integral to the process. Seventy-one percent favored it as part of recertification: 39 chose it alone, while another 32 percent voted to combine it with other means.

Respondents, who reflected the membership in age, sex, and certification (slightly more were certified), registered a marginal preference (53 percent) for recertification by external verification, such as examination, peer review, and practice audit. Fewer (47 percent) desired non-intrusive

See "Poll," page 21

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. Receipt of letters is not ordinarily acknowledged.

Italian Law

VISITING AND LECTURING in Italy in 1978, where I spent five years before the war, I was told about a new law to abolish mental hospitals. During another visit this summer I inquired about the effect of this radical law (of which American psychiatry is often quoted as the "spiritual" source).

Admissions to Italian mental hospitals had been regulated by a law of 1904 which hardly differed from similar laws in other countries. Ten years ago this law was modernized by facilitating voluntary admissions and breaking up large hospitals into smaller units. The radical change occurred, when Law 180, dated May 19, 1978, was enacted. It is based on concepts of the politically left-oriented psychiatrist Dr. Basaglia, whose writings and lectures on "Democratic Psychiatry" made him a well-known figure also in other European countries.

According to this law no new psychiatric patient can be admitted to a mental hospital. Those who are already in such institutions are allowed to stay. Those patients who had been in a mental hospital in the past and had suffered a relapse can be readmitted. This eliminates all psychiatric cases not previously hospitalized. To take care of new patients three new psychiatric wards in general hospitals with the completely inadequate number of not more than 15 patients each were created in large cities like Rome with a population of over three million people. Admission is limited to the unrealistically short period of seven days. Involuntary admissions are possible but are no longer based on the danger of the patient to himself and others, but to "urgency of therapeutic intervention." Such a condition must be determined by a health officer and validated by a judge. Every seven days the hospital physician must apply for renewal of such order and can be fined if he fails to do so. Admissions are possible only to these few wards in general hospitals but not to the existing mental hospitals which, therefore, will cease to exist when the present hospital population is phased out by attrition from discharges and deaths.

Not included in the law are private psychiatric hospitals. Therefore, the paradoxical effect of this "democratic" legislation is that patients who are financially able to pay for private sanitaria can be hospitalized as long as they are voluntary patients. Involuntary patients cannot be admitted to private facilities. University hospitals were also excluded from the admission, and medical school teachings of psychiatry were supposed to become purely "theoretical." However, many aspects of the new law were interpreted in different ways, and it appears that a new National Health Service, introduced in Italy in 1978, allows the medical faculties to create their own regulations. Hospitals for the criminally insane were also not included in the law, and it is considered a definite regression that such prison-like institutions are allowed to persist.

The communities, which are now supposed to take over the care of the mentally ill, are even less prepared to do so in Italy than they are in the United States. The only attempt to reduce the sudden pressure on the communities is the creation of ambulatory psychiatric agencies in various districts of the cities. Here patients and relatives who seek advice may receive help. Neither these ambulatory services nor the previously discussed small new inpatient wards in general hospitals have any provision for occupational and work therapy, rehabilitation, or other accessory means for modern psychiatric care.

There is general agreement among most psychiatrists that the new law was introduced in a precipitous way. The actual reason for it was the threat of a popular referendum requesting the immediate closing of all mental hospitals. Such a referendum—like a previous one on divorce—probably would have passed and been seen as a new defeat for the Christian-Democratic government. Therefore, the government parties quickly introduced a law of their own which at least makes it possible to keep present patients in the hospital, and thus allow for a slow phasing out of these institutions.

One of the effects of the new law seems to be that psychiatric patients are often admitted to medical wards with a medical diagnosis. Here they are subjected to mostly unnecessary and expensive medical tests and naturally interfere with the routine of a medical ward. Patients who made a suicidal attempt can be admitted to medical wards, when they are in a drug-induced coma, or to surgical wards if they injured themselves. However, a patient who is caught in a suicidal attempt but did not succeed in hurting himself, cannot be admitted anywhere if the few psychiatric wards are full, which they always are.

A few months after Law 180 was enacted, Italy introduced a National Health Service in December 1978. The mental health provisions of Law 180 were incorporated in special articles of the National Health Service Law. Italian psychiatrists try to mitigate the effects of a legislation that demonstrates again that well meant efforts to "liberalize" psychiatric care can have a deleterious influence on modern treatment of the mentally ill.

Lothar B. Kalinowsky, M.D.
New York, N.Y.

9B-13

International

THE VISIT of the eight psychiatrists from the People's Republic of China to the May 1979, APA meeting in Chicago was a major accomplishment and a special credit to Dr. David Ratnavale, who coordinated it. During July, I saw Dr. Hsia in Shanghai, Dr. Tao in Nanjing, and Dr. Wu in Beijing; and they all recalled the visit as productive and enjoyable. They expressed appreciation to APA and their other U.S. hosts and look forward to a continuing scientific interchange.

Paul Lowinger, M.D.
San Francisco, Calif.

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HAVING SPENT a recent sabbatical in South Africa, I read with particular interest the APA [committee's] denunciation of psychiatric facilities in that country. I would hope that the committee would compare psychiatric care in South Africa not only with other countries in Africa but elsewhere in the world. Apartheid or no, one would find that health care in South Africa stands high.

It is interesting to note that [the] APA [committee] made no mention of correctional facilities. Many of the facilities in South Africa, both black and white, are superior to those to be found anywhere else in the world.

Of course, it is fashionable these days to condemn South Africa.

Ralph Slovenko
Detroit, Mich.

10B-9

Other Professionals

I COULD NOT agree more with Dr. David Forrest's statements about Drs. Brand and Solomon's letters of July 6.

Unfortunately, political issues such as the one of absolute democratic equality and "the same wage for the same work," etc., have no real bearing on scientific issues of health and mental health, and it is misguided to apply them to our field. We have already seen this once in the failure of the community mental health field where competitive feelings and ambitions among members of the "team" (from different disciplines) resulted in much acting out by patients.

We each have our discipline. Each has its place and its value. It is unfortunate that the boundaries of our respective skills have become so blurred in the struggle for existence and power.

Everyone's interests would be better served if we began instead to study objectively the differences in the way a psychiatrist, psychologist, or social worker does psychotherapy. We might then have a series of guidelines to offer our patients who, after all, are trying to become educated consumers. We would also then be able to restore some dignity to each of our respective disciplines.

The "melting pot model" has not worked in any field at any time (cross-culture and ethnicity, politics), and the "we are all the same" principle is the last resort of those seeking glib solutions.

If we are to understand and accept our similarities then we must first understand our differences. Such are the principles of analogy and homology, which enable us to see that what at first seems different may be the same, or vice versa.

The time is long overdue for a subcommittee of the task force on this issue in APA, and I would hope that this letter might have some effect in this direction.

Leah Davidson, M.D.
New York, N.Y.

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New Officers

THE AMERICAN Association of Directors of Psychiatric Residency Training announced election of the following officers for 1979-80 at its recent annual meeting: JOEL YAGER, M.D., president; SEYMOUR HALLECK, M.D., president-elect; JONATHAN BORUS, M.D., treasurer; STEPHEN SCHEIBER, M.D., secretary; and WILLIAM ZELLER, M.D., executive secretary.

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Stone Says Psychiatry Needs Own Advocate

THE IDEA of having a legal advocate representing every mental patient is all right, according to APA President Alan Stone—but only if the psychiatrist also has a legal representative.

Speaking on "The Myth of Advocacy" at APA's recent Institute on Hospital and Community Psychiatry, Stone explained that "the very basis of our adversarial system of justice" is the requirement that each side in the argument be represented by a zealous advocate. In fact, he said, it is part of the lawyer's canon of ethics "to proceed almost unrestrained as an advocate because there is a zealous advocate on the other side." Each side "struggles for an advantage, and out of the struggle the judge and jury pluck the just resolution."

The conflict between psychiatrists' notions of advocacy and lawyers' views is that of the medical needs of patients versus their legal rights, as exemplified in the question of best treatment setting as opposed to least restrictive alternative. The current buzzword is advocacy, said Stone, and the conflict can be understood only when "the legal model versus the medical model is examined not in terms of goals but of procedure."

Stone maintains that the crucial elements of the adversary process have been lacking in mental health litigation over the past decade; "where advocacy has really worked," he feels, "it is because, first, the group's needs and interests could be readily defined, second, the interests could be formulated as some legal right, and third, paradoxically to us but basic to the system of law, the legal adversary had a powerful opponent, an adversary who had something to lose. Without an adversarial struggle, the judge has no real ability to find a resolution which is balanced."

Legal advocates for the mentally ill have tended to work in reverse order, Stone feels. They "have not been willing to consider seriously the needs of the mentally ill and to formulate those needs as legal rights." Rather, "they have treated rights as if they constituted the needs of the mentally ill."

Nor has there been a powerful adversary for the mental health advocate to attack, as the legal system would require. "Instead," Stone told the multidisciplinary audience, "mental health advocates, with the assistance of the radical anti-psychiatrists, had to invent a powerful adversary—the psychiatric establishment. But the last decade has made it clear that psychiatrists are anything but a powerful adversary. Wherever the mental health advocate pressed, the psychiatric profession gave way."

Stone made his point by citing the hypothetical case of Mr. Jones, who becomes increasingly agitated, hears voices, is unable to sleep or go to work, and refuses to communicate with his wife and children. Mr. Jones' wife gets her husband to go, reluctantly, to the emergency room of a nearby hospital, where he is seen by a psychiatrist who makes a diagnosis of acute paranoid schizophrenia and recommends hospitalization. Mr. Jones refuses treatment; his wife begs the doctor to do something.

Stone chronicled what legal advocates believe should happen before Mr. Jones' psychiatric needs can even be considered: "First, Mr. Jones must be provided with his own lawyer, presumably paid for by the federal government, whose duty is to advocate Mr. Jones' freedom. Second, he must have a hearing before a judge within 48 hours and, no matter how disturbed he may get, the doctors are not to begin treatment until that hearing. At that hearing, his lawyer will argue that he should not be further confined and that if confined he has a right to refuse treatment. Third, the lawyer will insist that the psychiatrist must inform Mr. Jones of his right to remain silent and his Fifth Amendment privilege against self-incrimination. Fourth, Mr. Jones and his lawyer must be given timely notice of the charges justifying his confinement so that they can prepare a defense. Fifth, he must have notice of the right to a

Dr. Stone

jury trial. Sixth, he is entitled to a full hearing, a trial with the right to cross-examine Mrs. Jones and his doctors, who must testify about the details of his illness and his dangerous behavior. Seventh, it must be proved by clear and convincing evidence that Mr. Jones is mentally ill and dangerous. And, finally, there must be inquiry into whether some less restrictive alternative can be found for Mr. Jones before inpatient involuntary care is ordered. 'Less restrictive' for the lawyer," said Stone, "will mean least loss of freedom and not 'best treatment setting.' "

What Stone wants to know is why any state or prosecutor would wish to go to so much trouble and expense to justify putting a patient in a hospital so the state can spend even more to treat him. "Prosecutors have all sorts of incentives for putting away criminals, but what is their incentive for putting away Mr. Jones? And what about the incentives of the psychiatrist. Experience demonstrates that psychiatrists have always disliked being involved in civil commitment; with these new procedures, that dislike has become abhorrence.

"In sum, legal advocacy is proposed to advance the interests of the patients against a powerful adversary, but it turns out that no one but Mrs. Jones really has an incentive to confine Mr. Jones. The powerful adversary of the mental patient turns out to be a paper tiger, and the psychiatrist is soft as a grape. Nor is it clear that the advocate is concerned or will care about Mr. Jones' needs in all this rhetoric of rights."

As Stone explained, the adversary system works only when there are adversaries on both sides and both sides have an incentive. "In the ordinary psychiatric case, the state and the

See "Advocacy," page 8

Abuse of Psychiatry— Two Years Later

By Paul Chodoff, M.D.

I WRITE this article on the second anniversary of the Sixth International Congress of the World Psychiatric Association (WPA) held in Honolulu in August 1977.

At the Honolulu Congress three events took place which were of unparalleled significance for psychiatrists everywhere. First, the delegates unanimously accepted a statement of ethical principles to guide psychiatrists in their professional work—the so-called Declaration of Hawaii. This work had been in preparation by a group of psychiatrists led by Dr. Clarence Blomquist of Sweden since the previous International Congress in 1971.

Second, the congress passed a resolution submitted by the Royal Australian and New Zealand College of Psychiatrists calling on the member nations of the association to "renounce and expunge" abuses of psychiatry for political purposes wherever they might occur, and to "implement the resolution in the first instance with reference to the systematic abuse of psychiatry for political purposes in the U.S.S.R." This resolution excited a great deal of interest and drew a horde of journalists of all nationalities to Honolulu. Its introduction set off a firestorm of controversy among the delegates to the congress. Those representing the U.S.S.R. and their allies fought against its adoption bitterly and tenaciously. The passage of the resolution by a vote of 90 to 88 was clouded because the voting strength of member nations depended on their paid up membership; and in fact, of the member nations voting, 33 were opposed to the resolution and 19 favored it. However, it passed in accordance with the rules of WPA, and the news that the Soviet Union had been condemned by professional colleagues for misusing psychiatry for political purposes was broadcast throughout the world. Certainly this was the first time that an international body of psychiatrists had specifically condemned one of its own members—and a very powerful one at that. It is doubtful whether in recent times any other scientific or professional society with international membership has acted in this fashion.

The third event at the convention, also significant but less well publicized, was the passage, by a more comfortable margin, of an APA resolution to "establish a committee to investigate the abuse of psychiatry and to review all notices or complaints which are officially addressed to the president of the WPA regarding the political abuse of psychiatry."

What can be said today, two years later, about the effects of the events of Honolulu? The Declaration of Hawaii, accepted by all WPA member nations, is available as a valued reference for the principles of ethical behavior by psychiatrists. The declaration does not contain any provisions for the implementation of its principles. WPA, however, has set up a Committee on Ethics to review and consider matters of ethical concern to psychiatrists throughout the world in accordance with the declaration. This committee is composed of six members, one of whom is Jack Weinberg, M.D. In addition, and as mandated by the APA resolution requiring WPA to provide monitoring machinery to assess claims from any country that psychiatry was being abused for political purposes, the executive body of WPA has established a Committee to Review the Abuse of Psychiatry for Political Purposes.

After preliminary work by a working group of international lawyers and psychiatrists, the review committee was appointed and became operational in December 1978. It consists of six members from different geographical areas of the world under the chairmanship of Dr. J. Y. Gosselin of Ottawa, Canada. There are no APA members. This review committee came into existence only in the face of formidable opposition by Soviet psychiatrists, who claimed that legal authority by WPA to establish such a committee is lacking; that it constitutes an infringement on national sovereignties; that it would be unable to function; and that it could not be financed. The Soviet psychiatrists also intimated that they might withdraw from WPA if their claims were not heeded. However, under the guidance particularly of the psychiatric organizations of the United States and the United Kingdom, the committee was established, and the Soviet All-Union Society of Psychiatrists and Neuropathologists continues to be a member of WPA.

A set of projected operating procedures for the committee has been offered by the legal sub-committee and is to be considered at the forthcoming meeting of the WPA executive body in London. In summary, these rules provide that a complaint about the political misuse of psychiatry in a particular instance is to be transmitted by the "originating" branch of WPA to the review committee, which will forward it for investigation to the WPA branch where the misuse is alleged to have occurred (the "local" branch). The review committee is to act as referee and ultimately report to the secretary-general of WPA its judgment as to whether a political abuse has taken place. Five instances of alleged abuse (all involving cases from the U.S.S.R.) have already been forwarded by the British Royal Society to the review committee; and several letters alleging abuses (in the U.S.S.R., but also in other countries—Northern Ireland, England, and the United States) currently await action by APA, presumably through the liaison committee that the APA president is to appoint. It is not clear whether countries other than the United States and the United Kingdom have yet appointed such liaison committees.

So much for the official WPA reaction to the Resolution of Honolulu. There have been a number of other significant reverberations that deserve to be reported. APA, as mentioned, has actively pushed the development of the WPA Review Committee and has authorized a contribution of $4,354 (ten percent of the proposed budget) to meet its expenses. However, APA has also taken independent action, outside the aegis of WPA, to oppose the political abuse of psychiatry. APA has initiated a number of letters to Soviet officials protesting instances in which there is

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reason to believe that Soviet psychiatrists (Semyon Gluzman) and dissidents (Alexander Podrabinek) have been punished for their efforts to expose the political misuse of psychiatry in the U.S.S.R. Thus far no replies have been received to these letters. Another consequence of the activist APA role in Honolulu has been a distinct chill in the relationships between APA officials and official Soviet psychiatrists. The latter seem clearly to be angry at APA actions, a feeling undoubtedly augmented by the recent, well publicized account of the detailed psychiatric examination by three well-known American psychiatrists of the exiled Russian dissident, General Pyotr Grigorenko. This examination gave a clean bill of mental health to General Grigorenko who had been confined for two long periods in Soviet psychiatric special hospitals.

APA activities in the area of political misuse of psychiatry have not been limited to protests aimed at the Soviet Union. One important direct outgrowth of the Honolulu meeting was the visit to South Africa by an ad hoc APA committee to investigate political and other forms of misuse of psychiatry there. That committee, whose findings have been reported previously in *Psychiatric News*, did not confirm charges of political abuse in South Africa but was highly critical of other aspects of psychiatric care provided for non-whites. APA has also been involved in protesting conditions in Chile and, particularly, Argentina. In that country there have been very serious allegations that members of the psychiatric profession have themselves been imprisoned, tortured, and exiled. Allegations of psychiatric misuse in a number of other Eastern European countries have been reported, but these have not yet been adequately investigated or documented.

The Soviet establishment reacted to the events of Honolulu with resentment, denial, and counteraccusations as exemplified by efforts to prevent formation of the WPA review committee. A striking example of Soviet displeasure occurred in October 1977, when at a meeting in the United States with HEW representatives the Soviet delegation threatened to withdraw from the Joint Committee on Health Cooperation and to abandon "collaborative programs" unless the United States officials repudiated the Honolulu Resolutions. This, of course, did not happen and the Soviets failed to carry out their threat. Soviet psychiatrists have counter attacked by alleging misuse of American psychiatry, citing the exposure of the covert use of hallucinogens by the CIA and the so-called White House cases. One conclusion that can be drawn from this very vigorous Soviet response is the importance they attach to world opinion.

The official reaction to Honolulu, however, has not been the only one that has taken place in the Soviet Union. The issue of political misuse of psychiatry has been kept alive by dissidents within the country and by those who have emigrated to the West like Vladimir Bukovsky and Leonid Plyusch, themselves former victims of the practice. Of special interest is the Working Commission to Investigate the Misuse of Psychiatry for Political Purposes, organized within the U.S.S.R. in January 1977, which has been actively engaged in monitoring and reporting instances of political misuse in the face of severe governmental harrassment. One of the mem-

See "Abuse," page 30

Diazepam Risks Exposed At Kennedy Hearing

By B. S. Herrington

THE PURPOSE of the hearings was, according to the distinguished Senator from Massachusetts, to understand the reasons for the "overuse and misuse" of the pervasive minor tranquilizers—68 million prescriptions filled for benzodiazepines last year alone—and to lay out the consequences for the American people. Neither did the dramatic illustrations, although anecdotal, of Valium's addictive potential dim public support of subcommittee chair Senator Edward Kennedy's drug regulation reform bill, judging by news accounts of the hearings held September 10 by the Senate Subcommittee on Health and Scientific Research. Valium went into the hearings as the prime suspect and emerged with at least a tarnished reputation.

Deep Reservoir

The fact of "overuse and misuse" of the benzodiazepines, which were said to command a $360 million wholesale market in 1978, was not a foregone conclusion among those who testified. Kennedy said at the outset that he believed the testimony would tap only the beginning of a deep reservoir of "thousands" of Americans "who are hooked and do not know it." But Food and Drug Administration drug bureau chief Richard Crout maintained that different value judgments complicated by imprecise psychoneurotic diagnoses and lack of epidemiological data make it impossible to know with scientific certainty whether the drugs are overprescribed relative to medical need. And even Kennedy, out stumping for provisions in his bill, which cleared the Senate 16 days later, admitted he couldn't "quantify" how many people take them for too long or inappropriately until there was a "system of post-marketing surveillance of drugs in this country." Spotlighting another provision, he also argued that only when patient package inserts accompany the dispensing of these drugs would authorities correct the American public's misperception that they are safe "in all circumstances, for any length of time."

Until then, he said, investigators are left with "impressions." And there were many of those. There was, for example, the bank loan officer who said that for three years she took between 20 and 40 mg. of Valium each day but went into convulsions and passed out when she stopped it cold. A Delaware housewife, who began taking about ten mgs. daily of the minor tranquilizer to stem the anxiety over her mother's critical illness, said her psychiatrist told her she needed it to live, that she should think of it "as a diabetic thinks of insulin." What she finally did require was slowly reduced dosage and a hospital stay to kick it. A psychiatrist in North Carolina, who in addition to using alcohol considered himself a "one-man testing station" of each new tranquilizer he got in the mail, stated, "You get convulsions and hallucinations long after the time you should be getting them from straight alcohol." And a New Jersey housewife who got her Valium supplies from four different and unknowing psychiatrists was beset by hallucinations, sharp head pains, and wanted to climb the walls when she tried to stop the medication. Some had no need to deceive doctors; they kept their medicine cabinets well stocked with free samples from drug detail men.

How dangerous is Valium? Is it psychologically or physically addictive? And at what dosage? Is it being misprescribed or overprescribed? These are the questions that experts tried to sort out during their testimony.

A panel of physicians generally concurred that "misprescribing" characterizes the practice of doctors. In a survey of prescribing habits of doctors in a naval hospital, Captain Joseph A. Pursch, chief of the Alcohol Rehabilitation Service at the Naval Regional Medical Center in Long Beach, California, found that few minor tranquilizers were prescribed by the alcohol unit or departments of neuropsychiatry or orthopedics. The bulk, he said, was by physicians who "did not know what else to do." He claimed to see patients in whom "detectable, diagnosable withdrawal syndromes were evident, even though the patient, otherwise normal—meaning not addicted to alcohol or anything else—had been taking Valium in prescribed doses for only five to six weeks."

Nelson Hendler, M.D. assistant professor of psychiatry at Johns Hopkins Hospital and psychiatric consultant to the Chronic Pain Treatment Center there, estimated that addiction to minor tranquilizers caused by doctos hovers between 40 and 60 percent of patients in the center taking benzodiazepines from one month to ten years in dosages ranging from five mg. to 200 mg. per day. "Even more serious, Senator," he underscored, "is the fact that these tranquilizers are prescribed for a disorder for which they are not effective; so it is very curious as to why they are prescribed at all, other than to perhaps placate either patient or doctor."

In addition, Hendler contended, his new research results have found that 75 to 80 percent of the persons on benzodiazepines for at least one month showed EEG changes analogous to those on sedatives or barbiturates, for example, increased beta cycle, as well as abnormalities in memory, intelligence, or perceptual ability.

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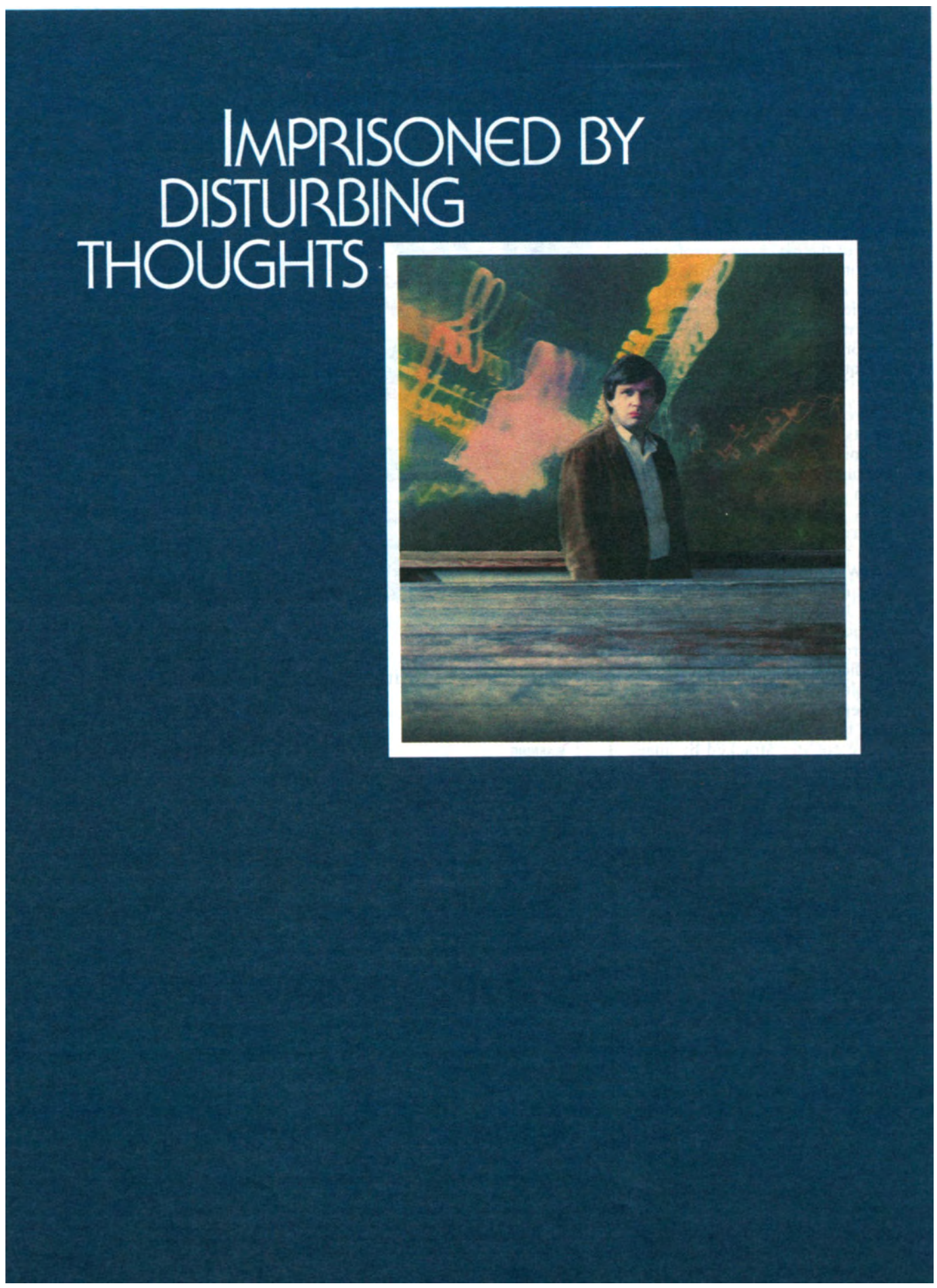
Gershon Awarded

SAMUEL GERSHON, M.B.B.S., D.P.M., professor of psychiatry and director of the neuropsychopharmacology research unit at New York University Medical Center, was the 1979 winner of the annual Taylor Manor Hospital Psychiatric Award. Gershon has received international recognition for his research on the pharmacology and clinical uses of lithium, on the biological aspects of affective disorders, and in psychopharmacotherapy. The hospital, in Ellicott City, Maryland, presents the award each year to a psychiatrist/scientist "in recognition of his outstanding contributions to psychiatry and as a tribute to the genius of scientists dedicated to easing emotional and psychiatric suffering and to restoring mental health."



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A psychiatry professor at the University of Toronto, Frederick B. Glaser, M.D., preferred to refer to addictive potential as "drug dependence of the benzodiazepine type," which he differentiated from that of morphine or cocaine dependence in terms of how quickly tolerance develops and how apparent the withdrawal symptoms are. Glaser also noted that stress is a stimulus to growth and adaptation, and not always something to be dulled by drugs.

His view was echoed by Lowell Anderson, associate professor of psychology at the New York University School of Medicine, who complained that benzodiazepines worked "too well" in the admittedly biased sample of 21 persons he supervised in ending reliance on the drug. These above-average professionals—bank presidents, law firm partners, etc.—had used Valium or Librium from one to seven years at daily dosages of 25 mg. to 100 mg. almost solely for job-related anxiety. But instead of cutting back on work pressures or learning such skills as relaxation techniques, assertiveness or public speaking, they popped a minor tranquilizer, reducing or postponing the incentive to correct the non-medical basis of their problems, he said.

A physician testifying with Hoffman-La Roche, Inc., the manufacturer of Valium, contended, however, that patients appear in doctors' offices when they can't handle stress in their lives. Many are suspicious of psychiatry, he said, and most can't go into a six-week behavioral program. Often, he added, psychotherapy shows only a "plus-minus" effect, and listening and talking to them usually doesn't do much good.

David Smith, M.D., medical director of the Haight Ashbury Free Clinic, in seeking to refute or substantiate the low dose withdrawal syndrome, found only 50 clinically documented cases of low dose Valium withdrawal (15 mg. to 40 mg. per day). Of these, 45 had a previous history of alcoholism. Several hundred other cases said to be withdrawal, he said, turned out to be self-medication—stopping the drug simply allowed the uninterrupted return of the original psychosocial problems. Thus, he believes the syndrome exists in low incidence revolving around the time/dose course.

What really concerns Smith, however, is his feeling that the mainstream of medicine is not well-trained in any problem of substance abuse.

In response, FDA's Crout interpreted the testimony as experts' estimating when psychological dependence begins to appear. From documented cases, his staff has pinpointed those persons most at risk for becoming dependent on the benzodiazepines as the 15 percent or 1.5 million annual users on relatively high doses for longer than four months. In light of this new information, they have revised the labeling for the drug class. The new indications and warnings will be published in an upcoming *Federal Register* and drug bulletin and are already part of the physician's insert for Valcaps. It continues the warning that withdrawal symptoms similar to those from barbiturates and alcohol have followed abrupt halting of the drug, usually in patients getting excessive doses over a long time. It also adds a new warning about the appearance of milder withdrawal symptoms in lower doses over several months and urges physicians to gradually taper rather than cut off medication.

Crout also reminded the senators that diazepam and chlordiazepoxide are among the first drugs that are scheduled to have patient information accompany filled prescriptions. To get these to consumers would take a "year or more," he estimated unless manufacturers voluntarily cooperate.

Following several calls by Senators Kennedy, Howard H. Metzenbaum (D-Ohio), and Richard Schweiker (R-Pa.) for the new labeling to impart a greater sense of "urgency," Crout promised to reexamine the data.

Finally getting his turn, Robert B. Clark, president and chief executive officer at Hoffman-LaRoche, Inc., which manufacturers Valium, called the "slice of life" testimony untypical and generally in "classic disobeyance" of the package insert. In written and oral testimony, he cited studies of Valium's safety and effectiveness as an anti-anxiety agent, and others which conclude that these medications are not commonly prescribed for persons with minor disturbances. Still others say the drugs are rarely addictive in the recommended dosage level of between two mg. and 40 mg. daily.

Clark also informed the subcommittee that his company was putting the final touches on a Valium patient information piece which would be evaluated for its ability to clearly communicate to patients through a six-month field trial. He said the company hoped to implement the program for patients "at the earliest possible date."

While commending Hoffman-La Roche, Inc., for its patient package insert effort, Kennedy still attacked the company for what he views as its "hard sell" approach, which he said encourages salesmen to handle the "overuse confrontation" rather than to school doctors and patients in the proper use. 10B-21

Valium hearings

NEWEST BENZODIAZEPINE LABELING is in effect for Valcaps but will apply to the entire class, according to FDA officials. These drugs are indicated for "the symptomatic relief of anxiety and tension associated with anxiety disorders, transient situational disturbances, and functional organic disorders." Changes further note that their effectiveness after four months hasn't been assessed by systematic clinical studies, and that physicians "should periodically reassess the usefulness of the drug for the individual patient." Under psychological and physical dependence it notes: "Although infrequently seen, milder withdrawal symptoms have also been reported following abrupt discontinuance of benzodiazepines when taken continuously, generally at higher therapeutic levels, for at least several months. Consequently, after extended therapy, abrupt discontinuation should be generally avoided and a gradual tapering in dosage followed."

Rothenberg Appointed

ALBERT ROTHENBERG, M.D., formerly professor of psychiatry and behavioral sciences at the University of Connecticut Health Center, has been appointed director of research at the Austen Riggs Center in Stockbridge, Massachusetts.

Advocacy

Continued from page 3

prosecutor have no real incentive, and the psychiatrist doesn't either."

Many lawyers, commented Stone, would insist that he is drawing a caricature of legal advocacy. One distinguished lawyer, he said, "sees the lawyer's role as getting Mr. Jones into the best treatment setting with the least loss of freedom. His kind of advocacy is my kind of advocacy, but I can find it nowhere in the lawyers' canon of ethics." In fact, lawyers resist this model, not seeing themselves as being "social workers" or being responsible for their clients' non-legal problems. They simply seek their clients' freedom, "and what happens afterward is not their business."

Those advocates who agree with Stone's points usually conclude, he said, that it is up to psychiatrists to see that hospitals and the state supply representation for their side. This is right in theory, he acknowledged, "but no one has ever said that providing lawyers for alleged criminals would reduce the problem of crime in the streets or assist in the rehabilitation of criminals. . . . Similarly, no one can claim that providing individual legal advocates for psychiatric patients will reduce mental illness or assist in the treatment of mental patients. The best it can do is to see that alleged patients get justice in the courts. But it is not at all clear what justice is in this context." The distinction is one between the advocacy of rights and the advocacy of needs.

To convey this distinction, one usually ignored in congressional proposals for patient advocates, psychiatrists must hire and learn to work with lawyers. "There is no alternative," Stone advises: "We will have to do it their way. We have no tradition of advocacy of our own, and without legal advocacy we are helpless."

The task facing psychiatry and APA is "to create new law which will reverse the trend of making rights into needs. We have begun to do that in the last few years and with growing success," noted Stone in reference to an article in the *Mental Disability Law Reporter* on recent Supreme Court decisions which attributes APA's amicus curiae briefs with having a "significant impact upon the legal profession."

"Perhaps," said Stone, "the author goes too far in saying that we have made an impact on the legal profession, but we have made a significant impact on the future of our own profession and our capacity to treat our patients. With the help of our lawyers, we have taken our professional destiny into our own hands, and surely that is a good thing."

10B-11

Tardy Elected

WALTER J. TARDY, M.D., an advanced candidate at the Columbia Psychoanalytic Center for Training and Research in New York, and director of psychiatry at the Queens Hospital Center affiliation of Long Island Jewish-Hillside Medical Center, was elected president of the International Psychoanalytic Students Organization at the recent meeting of the International Psychoanalytic Association in New York.

Ingram Appointed

DOUGLAS H. INGRAM, M.D. has been appointed medical director of the Karen Horney Clinic in New York City. Ingram formerly served as assistant medical director.

AJP Reports Early Case Of Dyskinesia

THE UNUSUAL CASE of a patient who developed tardive dyskinesia only one month after his first exposure to neuroleptic drug treatment was described in an article in the October issue of the *American Journal of Psychiatry*. The case is believed to be the earliest reported onset of the disorder, Guy Chouinard, M.D., M.S.C., and Barry D. Jones, M.D., write in the article, "Early Onset of Tardive Dyskinesia: Case Report."

The patient, a 23-year-old unemployed single man, was admitted to the hospital with a diagnosis of undifferentiated schizophrenia and was considered to have a schizoid personality with a slow onset of illness. After receiving trifluoperazine, two mg., p.o., t.i.d. for three days, the medication was stopped and the patient then entered a four-week double-blind controlled trial designed to compare pimozide and chlorpromazine. The patient was randomly assigned to chlorpromazine treatment and received 150 mg. three times a day under blind conditions. On day ten, the dosage was increased to 300 mg. twice a day because he had not shown significant therapeutic response, Chouinard and Jones said. On day 14, procyclidine, an anticholinergic-antiparkinsonian drug, was added in a dosage of five mg., twice a day. The patient continued on this regimen for the remainder of the trial.

Results of physical examination and laboratory tests done before the trial were normal, they reported. Extrapyramidal side effects were recorded on the Extrapyramidal Symptom Rating Scale (ESRS) of Chouinard and Ross-Chouinard on day one and then weekly for the four-week period. (The ESRS consists of a subjective questionnaire of parkinsonian symptoms, a physician's assessment of parkinsonism and dyskinetic movements, and a clinical global impression of tardive dyskinesia.) In addition, the presence of tardive dyskinesia was assessed according to a standard procedure. By day 28, the patient "had developed definite slow lateral torsion and occasional complete protrusion," according to Chouinard and Jones.

Six months after the tardive dyskinesia was first noticed, the patient was again rated on the ESRS. At the time of evaluation he was taking 25 mg. fluphenazine decanoate every three weeks, procyclidine five mg. three times a day, and flurazepam, 30 mg., h.s. He then showed mild rigidity of the arms two weeks after his injection but had no signs of dyskinesia. "A procyclidine test was performed, with all drugs kept constant except the procyclidine, which was decreased to 40 mg./day. The patient was reevaluated two weeks after his injection (three weeks after the previous evaluation). The parkinsonism examination revealed a mild decrease of pendular movements, mild tremors of both arms, and mild akathisia. However, his tardive dyskinesia was more severe than it had been initially.

In explaining the early onset of dyskinesia, they said, "The patient manifested only mild hypokinetic symptoms of parkinsonism when the dyskinetic movements were first noted. These symptoms tend to cover tardive dyskinesia, as we found in a previous study of patients receiving long-term neuroleptic therapy. . . . The antiparkinsonian drug he received could also have contributed to the early

See "Dyskinesia," page 14

Analysis Hit For Male Model Theory Basis

A SUBSTANTIAL PORTION of the theoretical formulations in psychoanalysis have utilized a male model, with detrimental consequences to female patients, four women psychiatrists associated with Harvard University Medical School reported to the 31st International Psycho-Analytical Congress, held in New York City.

"Male-based formulations have been developed, despite the preponderance of female patients," noted Joan Zilbach, M.D.; Malkah T. Notman, M.D.; Carol C. Nadelson, M.D.; and Jean Baker-Miller, M.D. Zilbach is senior psychiatrist and co-director of the family therapy and research program at the Judge Baker Guidance Center, Boston; Notman, Nadelson, and Baker-Miller are at Beth Israel Hospital. "In other fields, such as psychology, experimental projects have utilized male experimental subjects almost exclusively until recently," they pointed out. "The female has been seen as a variant or deviant form, or she has been excluded from other studies, since inclusion of females is said to make interpretation of data difficult."

Freud, however, recognized the problems inherent in polarizing concepts of masculinity and femininity, and of narrowly defining behaviors for male and female, by noting that ". . . women can display great activity in various directions; men are not able to live in company with their own kind unless they develop a large amount of passive adaptability. If you now tell me that these facts go to prove precisely that both men and women are bisexual in the psychological sense, I shall conclude that you have decided in your own minds to make 'active' coincide with 'masculine' and 'passive' with 'feminine.' But I advise you against it. It seems to serve no useful purpose and adds nothing to our knowledge."

What sexism, stereotypical thinking, and cultural influences have wrought may be seen in the relationship between aggression and self-esteem in women, especially those encountered in the psychiatric consultation rooms.

"Self-esteem in women is often diminished in the course of recognition and expression of aggression or its derivatives, that is, assertion, achievement, competence, and success. The manifestations of this lowered self-esteem, then, regularly include a sense of worthlessness, failure, and wrongdoing," according to Zilbach, Notman, Nadelson, and Baker-Miller.

The aggressive impulses of women in our society are ordinarily channeled into services to others. In itself, the analysts call that "an adaptive and constructive mechanism. But, serving relationships can substitute for more autonomous aims. They can become *the* means by which a woman can feel some sense of power or effectiveness, and this becomes the major source of her self-esteem. The loss of these important relationships and, consequently, the lowering of the self-esteem . . . are important factors in the development of depression, which is more frequent in women.

"It is not loss alone, but the fact that the relationship itself has served a secondary defensive purpose, protecting her from aggression by binding it, which is critical," the analysts point out.

Continued on facing page

Aggression

Continued from facing page

"In the boy, 'aggression' or direct action is valuable and acceptable in itself, although it has to be channeled into socially approved forms and goals. If the boy can succeed in these tasks, he can expect to be rewarded by gratifying object relationships. Thus, 'aggression' is rewarded. For women, aggressive strivings must first be denied, but then, since they do not vanish, they are defended against or expressed through relationships."

They presented a detailed case history in order to make their point: the grave difficulty experienced by many women in recognizing and then constructively expressing their aggressive drives.

The woman was the oldest of nine children. Her father was a passive, ineffective man, while the mother provided for the material and psychological needs of the family. Early in life, she assumed the role of mother's helper and confidante. Although she was quite intelligent, she was not encouraged to continue her schooling. Upon graduation from high school, she obtained a paraprofessional position in the mental health field, where she quickly attained success and respect. She was found to be warm, giving, and insightful.

At 19, she married a man she thought more intelligent and attractive than she was. They agreed that he would go to college while she worked to support him. But it soon became apparent that the husband suffered from profound emotional problems; he failed repeatedly at school and work and became alcoholic. His behavior toward his wife deteriorated from inattention to extreme abuse; he had several affairs with other women. After tolerating his behavior for several years, the wife began to try to leave him, but would return at the urgent pleading of her husband. She entered analysis during this period.

In the analysis it became apparent that her inability to leave her husband was based on her perception that in acting in her own self-interest, she was being aggressive and "bad." She had fantasies of being viciously condemned by others. She condemned herself and insisted that she must suffer. At times, she invoked a quasi-religious world view that "life was meant to be suffering." Gradually, she was able to recognize that, in reality, she would be congratulated by friends and colleagues if she left her husband. She learned that her condemnation fantasies originated in part in the projection of her anger toward her spouse. This feature did not, however, totally account for these fantasies. Another prominent theme was her belief that he would be destroyed if she left. Later the understanding came that her husband represented her two suffering parents whom she felt she had abandoned and hurt by virtue of growing up and becoming independent. She also realized that the husband served "some sick purpose for me and I for him." Nevertheless, she persisted in feeling that any action in her own interest must be destructive and harmful.

Gradually, other crucial components came into focus. She insisted repeatedly that no one other than her husband could ever love her, because she was inadequate and deficient. These feelings of inadequacy related to her "badness." Some of it derived from her anger at her parents for the deprivation she had felt from them. Her anger at her suffering and "good"

See "Aggression," page 28

Smith

Continued from page 1

Smith's competency had not previously been challenged until the state trial judge, on his own motion, asked the prosecutor to have Grigson examine Smith. During Grigson's 90-minute examination, according to the appellate court's opinion, Smith cooperated fully. However, he was never told that the assessment was for any reason other than to determine his competence to stand trial. Although prosecuting attorneys knew of the examination, Smith's attorneys were never informed.

At Smith's sentencing hearing, the prosecution called Grigson as a witness, although his name had not appeared on the prosecution's list of witnesses. The appellate court found that this was a tactic used by the prosecution to surprise the defense attorneys, leaving them unprepared, since the prosecutors had alerted Grigson before the trial that he would probably be called to testify.

Smith's attorneys objected to the court's allowing Grigson to testify, but the trial judge denied the motion. Grigson testified that on the basis of his interview with Smith, he had concluded that Smith was "a severe sociopath on the far end of the sociopathic scale." Grigson testified, ". . . [I]t's my opinion that really Mr. Smith does not have any regard for another human being's property or for their life, regardless of who it may be." He stated further that "[w]e don't have anything in medicine or psychiatry that in any way at all modifies or changes this behavior. We don't have it. There is no treatment, no medicine. Nothing that's going to change this behavior."

Smith appealed his case through the state courts, was denied a hearing by the U.S. Supreme Court with three justices dissenting, and then petitioned for federal habeas corpus. On habeas corpus, the district court judge held that certain aspects of Grigson's testimony violated Smith's constitutional rights. He did not disturb the conviction but ordered that the death sentence not be carried out. The appellate court affirmed this decision.

The appellate court found that the sentencing phase of a capital trial demands "extraordinarily fair and reliable procedures" since there is a qualitative difference between a sentence of imprisonment, no matter how long, and a penalty of death. "To some extent at least," said the court, "a state's decision to kill a person must be insulated from the vagaries of the criminal process."

The court noted that any effort to compel a defendant to submit to a psychiatric determination of dangerousness is "likely to be erratic and capricious" unless the psychiatrist has the defendant's cooperation and that, further, "[o]nly defendants who do not know better will allow themselves to be examined by psychiatrists antecedently favorable to the state," as Grigson's forensic history had shown him to be. The court noted that Grigson had never appeared as a defense witness, although he had "on many occasions . . . declared that a person he examined was a sociopath or was otherwise likely to commit crimes in the future. . . . Frequently he reached this conclusion after he was assigned to examine only for competence or sanity." The court further relied on APA's task force report, *Clinical Aspects of the Violent Individual,* and on the *DSM-II* definition of "antisocial personality" to refute Grigson's opinion, noting, "There was no evidence that Smith was prone to impulsive behavior, that he had a low 'frustration tolerance,' or that he tended to blame others or to rationalize his failures. And there was clear evidence that Smith had not come 'repeatedly into conflict with society'; he had no history of antisocial behavior, and his only previous criminal conviction was for possessing less than a match-box full of marijuana."

The appellate court decided that "a defendant may not be compelled to speak to a psychiatrist who can use his statements against him at the sentencing phase of a capital trial. If a state wishes to prove a defendant's propensity to commit future crimes of violence by using evidence gathered at a psychiatric examination, the defendant must voluntarily consent to the examination." The court further upheld the lower court's opinion that the defendant must be warned of his right to remain silent and may not be questioned by the psychiatrist if he chooses to invoke this right. However, if the defendant *does* choose to speak to the psychiatrist, the appellate court agreed with the lower court that the defendant has no constitutional right to have his attorney present at the psychiatric examination, although the role of the attorney is vital in helping the client decide whether or not to submit to the examination, a point the lower court overlooked. The appellate court called the decision of whether or not to submit to an examination "literally a life or death matter" and a "difficult decision even for an attorney; it requires a knowledge of what other evidence is available, of the particular psychiatrist's biases and predilections, of possible alternative strategies at the sentencing hearing. . . . There is no reason to force the defendant to make it without 'the guiding hand of counsel.' "

The U.S. Court of Appeals, Fifth Circuit, concluded its opinion with the holding that "at the sentencing phase of a capital trial, Texas may not use evidence based on a psychiatric examination of the defendant unless the defendant was warned, before the examination, that he had a right to remain silent; was allowed to terminate the examination when he wished; and was assisted by counsel in deciding whether to submit to the examination."

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Dyskinesia

Continued from page 9

emergence of dyskinetic movements."

Concluding, they said, "The possibility of tardive dyskinesia developing in patients who have been taking neuroleptic drugs for a relatively short time contraindicates neuroleptic use in the treatment of nonpsychotic patients. We also suggest that an antiparkinsonian drug be given in the early stages of neuroleptic treatment in order to avoid the masking of tardive dyskinesia by hypokinetic parkinsonian symptoms."

Chouinard is assistant professor of psychiatry at McGill University and psychiatrist and pharmacologist in the research department at Hospital Louis H. Lafontaine in Montreal. Jones is a resident at Allan Memorial Institute, Department of Psychiatry at McGill University.

10B-3

Psychologists Together— A Strange Thing

By John Wykert

FRANCIS FORD COPPOLA's movie on Vietnam, *Apocalypse Now,* had drawn huge crowds, standing four deep and around the block, and one had to fight this amiable mob to get into one of the three headquarter hotels of the 87th annual meeting of the American Psychological Association and psychology's centennial celebration. As one did, the feeling of the instant metaphor or dramatized allegory came to mind.

It wasn't just that 6,000 were expected and upward of 13,000 showed. Or that more than 1,000 individual events, including speeches, symposiums, workshops, papers, and poster sessions helped to make for yet another unworkable monster rally. Or that the look backward took the edge off present concerns. Altogether, the convention conveyed a diffuse sense of *angst* and suggested that if the future of psychology is not apocalyptic—in the sense of affording revelations of a distinctly unpleasant nature—it promises to be both lean and tense.

This unease and uncertainty was felt in events and private discussions and singed the concerns of the 20,500 psychologists in the health care field, an increase of 62 percent from 1972 to 1976. Although they represent the largest increase of any of the professional mental health disciplines, could they maintain this growth rate? A larger worry may well be the nagging doubt of numbers: Are there too many psychologists already? Can the field's various sub-disciplines accommodate further waves of new psychologists? Or are psychology's clinical services cost effective?

While answers may be in the affirmative-hopeful stage now, there seemed everywhere the suggestion of pandemic pessimism, if not present panic, as a reflection possibly of the notion that inflationary pressures may well erode the tenuous enough financial basis of practicing psychologists. This panic is far more clearly defined in the U.S. than in Europe, one senior psychologist pointed out. But if the present makes for unease and the future feels threatening, there is always the retreat to the good old days. Nostalgia took command as the "other APA" celebrated the 100 years since the founding of Wilhelm Wundt's laboratory in Leipzig. There were presentations on "The Founding Father We Never Knew," or "American Students in Leipzig 1880-1900," as well as others of historical interest and those that were designed "to present and evaluate major developments of psychology from 1879 to the present." If Wundt did not draw, then one could settle for "A Re-examination of William James' Spiritual Crisis."

Also, if the founding father was scarcely known, then the present eminences in the field could be summoned up, as they were in the daily "APA Conversation Contact Hour." There, the hoi-poloi could rub elbows with the famed, several of whom cancelled these appointments. Some of the other major guns rolled out for the occasions; and to give major presentations were B. F. Skinner, retired politico Bella Abzug, Rollo May, Jonas E. Salk, and former Peace Corps director, Carolyn Payton. A new event for 1979 was the "Psychology Centennial Road Race" through Central Park, organized by an organization called "Running Psychologists," who "began running together" at their convention two years ago.

What these runners were evading became abundantly clear as the meeting proceeded.

There were, to be sure, any number of excellent presentations. But the overwhelming impression was that of unspeakable twaddle time. Never has so much spilled out on a Labor Day weekend (plus three days), a time of year that is so often victim to both the tedious and tendentious in public utterances.

At the APA press room, reporters read off the titles of presentations as light diversion. The most influential journalist in the field of behavior was of the opinion that psychological research and/or opinion was either obvious or boring, or both. And grandiose, too. For example, at an interminable press conference, Rollo May was asked about the aim of therapy. He replied, "To give meaning to a patient's life." That may come as news to some. Asked whom he considered charlatans in the field, he thought and said, "The therapist who sleeps with his patient." When pressed further, he conceded that charlatans were those who sit around a swimming pool with a group holding hands. Or whatever. That, at least, honed close to the convention's purported theme: "Issues of Sex and Gender in Psychology." This topic was supported by five "master lectures." Jeanne H. Block discussed sex-differentiated socialization emphases by parents and how they influence children; Anke Ehrhardt described what is now known about sex hormones and other factors that may have a bearing on gender identity and sex-specific behavior patterns; Carolyn Jacklin spoke on sex-related differences in cognitive development; Michael Lewis on a cognitive-motivational explanation of sex-role development. Anne Anastasi concluded by examining 60 years of sex research and its influence on current investigations.

Somewhat more lively were the presentations on taboo practices, namely sex between therapist and patient and between teacher and student.

One was a research project that posed the question: "Do male psychology professors and psychotherapy supervisors pursue female students sexually?" The answer proved to be a resounding *yes*. According to a "recently completed national survey, one fourth of all women who had recently completed their doctoral work in psychology had engaged in sexual activities with at least one teacher or supervisor." The study, "Sexual Seduction in Psychology Training: Results and Implications of a National Survey," is based on statistics from a questionnaire sent to 1,000 members of APA's psychotherapy division and is the work of Kenneth A. Pope, Ph.D., Gateways Hospital and Mental Health Center, Los Angeles; Hanna Levenson, Ph.D., San Francisco; and Leslie A. Schover, of the University of California at Los Angeles.

Of the 476 respondents, ten percent reported sexual contact. Out of this

See "Meeting," page 18

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Meeting

Continued from page 15

group, only three percent were males; 17 percent were females. "The overwhelming trend is quite clear," the study reveals, "by showing a sexual bias. Men (30 percent) tend to engage in this sort of sexual contact as therapists, teachers, supervisors, and administrators, while women participate as patients and students." Beyond statistics, however, the "most fascinating area investigated involved a detailed look at individual case studies which revealed that women who had been sexually exploited by their educators felt bitterness and cynicism. They also express overall opposition to this activity as unethical. But it seems that little impetus for change in these teacher/student sexual relationships is on the horizon. . . . The psychology profession has so far left unaddressed most of the major issues, particularly ethical issues, raised by sexual activity between students and their educators. It is an extremely sensitive topic and one that is difficult to discuss for both teachers and students. It seems that it is time to acknowledge that such activity takes place; that it involves increasing numbers of people; and that it urgently needs serious attention, thought, research, discussion, and, ultimately, clear professional guidelines. What is needed as a first step is the creation of a receptive atmosphere in which the issue may be explored."

This observer would recommend a little outrage. There was all too little of that. Even some of the generally interesting feminist presentations managed to induce ennui, as if sexual exploitation—real or threatened—had taken the ginger out of their authors.

Aphrodite Clamar, a Manhattan psychologist, presented her view of the conflict between Orthodox Judaism and the women's movement. She reported that orthodox women "are turning to psychotherapy for help in resolving the conflict between the traditional world of the home and the synagogue, with its prescribed limits and behaviors, and the secular world, where the new status and the opportunities created by the feminist revolution may be found, tried, and even enjoyed." Feminist psychotherapy, argues Clamar, is "particularly well-equipped to reconcile the new social order, with its emphasis on self-fulfillment and the Orthodox Jewish concepts of legal relationships and responsibilities." For the feminist therapist the challenge is "to accommodate her commitment to the dignity of the orthodox woman patient—including her heritage, beliefs, and customs—with a commitment to the movement's principles of liberation and growth." One's money might be on orthodoxy in this unequal struggle.

Carole A. Rayborn, Ph.D., has attended two seminaries and there found use of the scriptures "to foster the notion that women are inferior to men and that it is morally right to subjugate women to men's domination, and that women can never be leaders of men or even of other women." Rayburn does believe that "the climate of the seminary is changing for the better." But what is still sorely needed is "a core course in seminaries on the psychology of women if for no other reason than that . . . women have always been the backbone of church and synagogue. . . . [M]en in the ministry and rabbinate must learn more about dialoging [sic] meaningfully with women. . . ." Whether such a dialogue is in the off-

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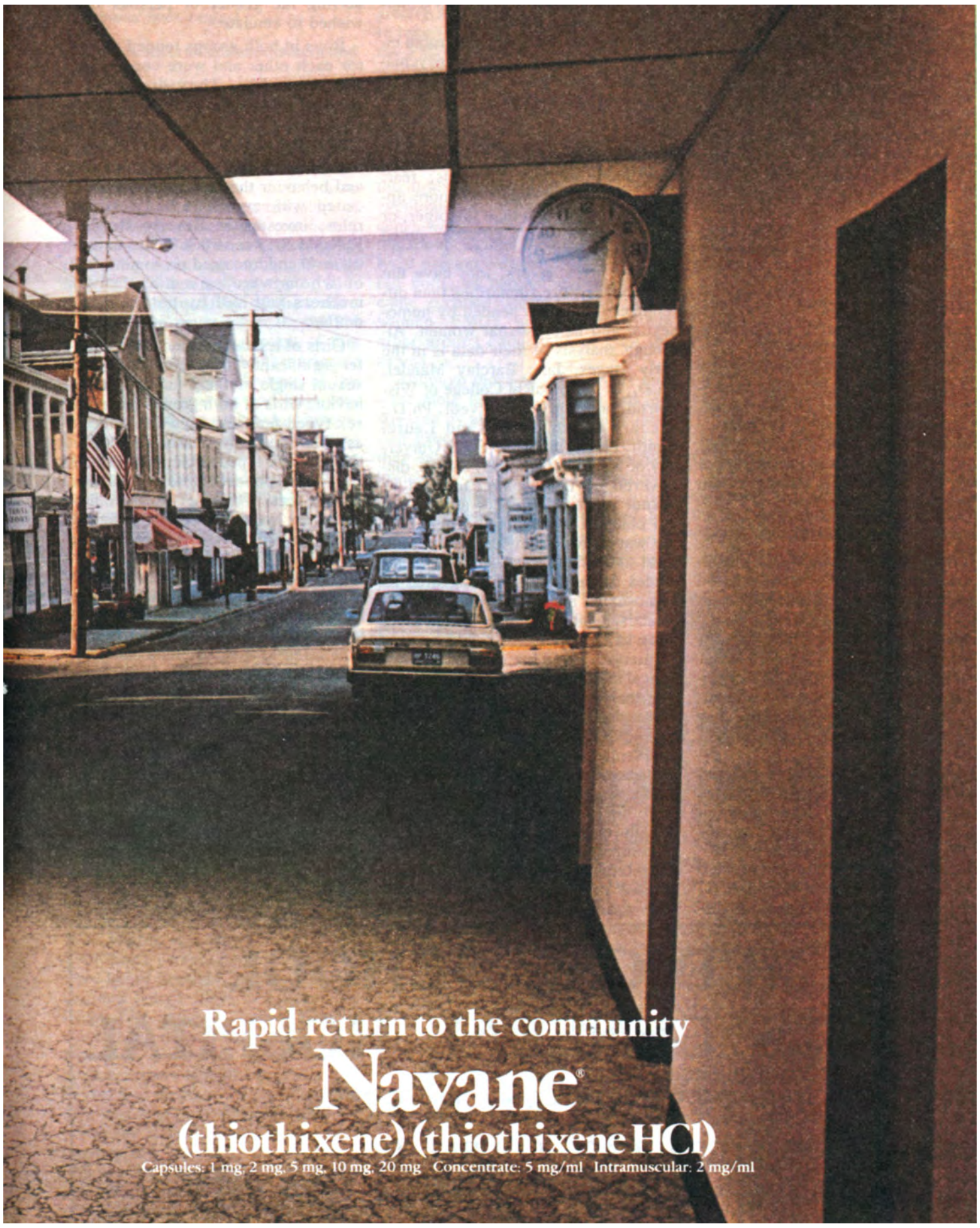

locytosis, eosinophilia, hemolytic anemia, thrombocytopenia and pancytopenia.

Allergic reactions: Rash, pruritus, urticaria, photosensitivity and rare cases of anaphylaxis have been reported with Navane. Undue exposure to sunlight should be avoided. Although not experienced with Navane, exfoliative dermatitis and contact dermatitis (in nursing personnel) have been reported with certain phenothiazines.

Endocrine disorders: Lactation, moderate breast enlargement and amenorrhea have occurred in a small percentage of females receiving Navane. If persistent, this may necessitate a reduction in dosage or the discontinuation of therapy. Phenothiazines have been associated with false positive pregnancy tests, gynecomastia, hypoglycemia, hyperglycemia, and glycosuria.

Autonomic effects: Dry mouth, blurred vision, nasal congestion, constipation, increased sweating, increased salivation, and impotence have occurred infrequently with Navane therapy. Phenothiazines have been associated with miosis, mydriasis, and adynamic ileus.

Other adverse reactions: Hyperpyrexia, anorexia, nausea, vomiting, diarrhea, increase in appetite and weight, weakness or fatigue, polydipsia and peripheral edema.

Although not reported with Navane, evidence indicates there is a relationship between phenothiazine therapy and the occurrence of a systemic lupus erythematosus-like syndrome.

NOTE: Sudden deaths have occasionally been reported in patients who have received certain phenothiazine derivatives. In some cases the cause of death was apparently cardiac arrest or asphyxia due to failure of the cough reflex. In others, the cause could not be determined nor could it be established that death was due to phenothiazine administration.

Dosage and Administration. Dosage of Navane should be individually adjusted depending on the chronicity and severity of the condition. In general, small doses should be used initially and gradually increased to the optimal effective level, based on patient response.

Some patients have been successfully maintained on once-a-day Navane (thiothixene) therapy.

Usage in children under 12 years of age is not recommended because safe conditions for its use have not been established.

Navane Intramuscular Solution–For Intramuscular Use Only. Where more rapid control and treatment of acute behavior is desirable, the intramuscular form of Navane may be indicated. It is also of benefit where the very nature of the patient's symptomatology, whether acute or chronic, renders oral administration impractical or even impossible.

For treatment of acute symptomatology or in patients unable or unwilling to take oral medication, the usual dose is 4 mg of Navane Intramuscular administered 2 to 4 times daily. Dosage may be increased or decreased depending on response. Most patients are controlled on a total daily dosage of 16 to 20 mg. The maximum recommended dosage is 30 mg/day. An oral form should supplant the injectable form as soon as possible. It may be necessary to adjust the dosage when changing from the intramuscular to oral dosage forms. Dosage recommendations for Navane Capsules and Concentrate appear in the following paragraphs:

Navane Capsules; Navane Concentrate–In milder conditions, an initial dose of 2 mg three times daily. If indicated, a subsequent increase to 15 mg/day total daily dose is often effective.

In more severe conditions, an initial dose of 5 mg twice daily. The usual optimal dose is 20 to 30 mg daily. If indicated, an increase to 60 mg/day total daily dose is often effective. Exceeding a total daily dose of 60 mg rarely increases the beneficial response.

Overdosage. Manifestations include muscular twitching, drowsiness, and dizziness. Symptoms of gross overdosage may include CNS depression, rigidity, weakness, torticollis, tremor, salivation, dysphagia, hypotension, disturbances of gait, or coma.

Treatment: Essentially symptomatic and supportive. For Navane oral, early gastric lavage is helpful. For Navane oral and intramuscular, keep patient under careful observation and maintain an open airway, since involvement of the extrapyramidal system may produce dysphagia and respiratory difficulty in severe overdosage. If hypotension occurs, the standard measures for managing circulatory shock should be used (I.V. fluids and/or vasoconstrictors).

If a vasoconstrictor is needed, levarterenol and phenylephrine are the most suitable drugs. Other pressor agents, including epinephrine, are not recommended, since phenothiazine derivatives may reverse the usual pressor action of these agents and cause further lowering of blood pressure.

If CNS depression is present, recommended stimulants include amphetamine, dextroamphetamine, or caffeine and sodium benzoate. Stimulants that may cause convulsions (e.g. picrotoxin or pentylenetetrazol) should be avoided. Extrapyramidal symptoms may be treated with antiparkinson drugs.

There are no data on the use of peritoneal or hemodialysis, but they are known to be of little value in phenothiazine intoxication.

How Supplied. Navane (thiothixene) is available as capsules containing 1 mg, 2 mg, 5 mg, and 10 mg of thiothixene in bottles of 100, 1,000, and unit-dose pack of 100 (10 x 10's). Navane is also available as capsules containing 20 mg of thiothixene in bottles of 100, 500, and unit-dose pack of 100 (10 x 10's).

Navane (thiothixene hydrochloride) Concentrate is available in 120 ml (4 oz.) bottles with an accompanying dropper calibrated at 2 mg, 4 mg, 5 mg, 6 mg, 8 mg, and 10 mg, and in 30 ml (1 oz.) bottles with an accompanying dropper calibrated at 2 mg, 4 mg, and 5 mg. Each ml contains thiothixene hydrochloride equivalent to 5 mg of thiothixene. Contains alcohol, U.S.P. 7.0% v/v (small loss unavoidable).

Navane (thiothixene hydrochloride) Intramuscular solution is available in a 2 ml amber glass vial in packages of 10 vials. Each ml contains thiothixene hydrochloride equivalent to 2 mg of thiothixene, dextrose 5% w/v, benzyl alcohol 0.9% w/v, and propyl gallate 0.02% w/v.

References: 1. Rickels K, Norstad N, Downing R: The acutely decompensated schizophrenic patient, presented as a scientific exhibit at the American Psychiatric Association 28th Institute on Hospital and Community Psychiatry, September 20-22, 1976, Atlanta, Ga. 2. Slotsky BA: Relative efficacy of parenteral haloperidol and thiothixene for the emergency treatment of acutely excited and agitated patients. *Dis Nerv Syst* 38:967-973, Dec 1977. 3. Sloan RB, Razani J, Maloney MP, et al: Premorbid adjustment, cognition and outcome in schizophrenia, presented as a scientific exhibit at the 128th Annual Meeting of the American Psychiatric Association, May 5-9, 1975, Anaheim, California. 4. Engelhardt DM, Rudorfer L, Rosen B: Haloperidol and thiothixene in the long-term treatment of chronic schizophrenic outpatients in an urban community. Social and vocational adjustment. *J Clin Psychiatry* 39:834-840, Dec 1978. 5. Itil TM, Unverdi C, Wohlrabe J, et al: Drug therapy of psychosis associated with organic brain syndrome, presented as a scientific exhibit at the American Public Health Association Centennial, Atlantic City, New Jersey, Nov 12-16, 1972. 6. Brauzer B, Goldstein BJ: Comparative effects of intramuscular thiothixene and trifluoperazine in psychotic patients: *J Clin Pharmacol* 8:400-403, Nov-Dec 1968. 7. Dillenkoffer RL, Gallant DM, George RB, et al: Electrocardiographic evaluations of schizophrenic patients, presented as a scientific exhibit at the 125th Annual Meeting of the American Psychiatric Association, Dallas, Texas, May 1-4, 1972. 8. Data on file at Roerig. 9. Goldstein B, Weiner D, Banas F: Clinical evaluation of thiothixene in chronic ambulatory schizophrenic patients, in Lehmann HE, Ban TA (eds): *Modern Problems in Pharmacopsychiatry* Basel, S Karger, 1969, vol 2, pp 45-52

For additional information on Navane, please consult your Roerig representative or write to: Roerig Medical Department, 235 East 42nd Street, New York, NY 10017.

Meeting

Continued from facing page

ing could not be determined. Sonia Johnson stated that Mormon women need not only the movement, but also "depatriarchization," since the church has an "anti-female bias so deeply rooted in and perpetuated by patriarchal religion that Mormon women are almost totally disenfranchised."

More informative was the report by Katherine Welds, a San Francisco psychologist. She had studied 590 married and successful professional women between the ages of 30 and 40. She found that those women who were undecided about parenthood appeared significantly more anxious and less productive in their careers than those who had made a firm decision. The greatest impediment to choosing *not* to have children was "the still-extant stereotype that voluntarily childless people are immature, abnormal, self-involved, and sexless." Her findings "contradict the stereotype that childless individuals are emotionally unstable or psychologically immature."

These studies may not be breathtaking in their insights nor does their methodology ignite the imagination. Nonetheless, they are head and shoulders above the run of male studies, so many of which concerned themselves with what one observer kindly called the "validation of common sense" or "grandmother studies," that is, any reasonably intelligent grandma can accurately predict the outcome of at least seven out of ten of them.

The newest rumored division of APA is one concerning itself with psychoanalytic psychology, which may strike one as strange and belated. Possibly the psychologists' major covert concern is that somehow they may have missed the boat somewhere or that it has sailed on without them.

A gathering darkness but no lack of complaints hung low over the New York gathering. Even a lofty statement from the executive board of the Association for Humanistic Psychology, affirming its positive vision of the human potential and the conviction "that a truly free, just, and peaceful way of life can be achieved in our times," did not dispel the notion that a psychological Tower of Babel had been temporarily erected in mid-Manhattan.

Deploring the reliance on nuclear power and nuclear weapons, the humanists' statement noted that "beyond the failing nuclear dream is a new dream: a dream of deeper human relationships and more humane institutions, of lifelong learning and growth, of greater personal responsibility, more supportive human community, of lifestyles that are more efficient in the use of scarce resources, gentler on earth, more ethical, more fulfilling."

Perhaps so. One admires idealism, especially among so much crass commercialism (sample: "Strategies for making work work, a conversational hour for psychologists who want to catapult into prominence. . . .") and so many presentations showing up psychologists as the handpersons of big business. After a first exposure to their annual meeting, this observer finds no catapulting anywhere. Where are the nation's 48,000 psychologists *really* heading? If their annual convention provides any reliable signposts, it would suggest that they are off and slouching in all directions on their way from worrisome concerns to the ultimate indignity of virtually terminal psychobabble. 10B-17

Children of Lesbians Developmentally Typical

By B. S. Herrington

"DOES HE PLAY baseball or wear dresses?" Woody Allen anxiously queries his ex-wife, a newly declared lesbian, about the well-being of their son in his latest film *Manhattan*. And playing Weekend Father, Allen is careful to engage his son in some rough and tumble sport when not teaching him to flirt with the ladies at Elaine's, lamenting in his inimitable way how "few people survive one mother," let alone two.

Allen's fatherly fears, amplified for their humor, would have been considerably allayed by the initial findings of recent studies on lesbian families reported at the American Psychological Association convention. The significance of being the child of a lesbian mother seems to lie in its insignificance: The investigations so far have turned up only minor, if any, differences in children attributable to the sexual orientation of their mothers.

Only in the past seven years or so, speakers noted, have the women's and gay liberation movements loosened the fear and tension wrapping the lives of many lesbian women enough for them to acquiesce to research studies. Although the population's prevalence is still too nebulous to survey randomly—estimates say one child in seven lives in a household headed by a single female, excluding reference to sexual orientation—researchers were able to locate willing non-clinical subjects through friendship circles, media advertisements, and notices posted in local areas.

Testing matched samples of 20 children of lesbian single mothers and 20 of single heterosexual mothers (half boys and half girls, ages five through 12) Martha Kirkpatrick, M.D.; Katharine V. R. Smith, M.A.; and Ron Roy, M.D., from California, found that none of their measures enabled them to blindly categorize the children by their mother's sexual orientation. In particular, they were searching for evidence of gender identity conflicts, abnormalities in sex role development, and emotional conflicts.

A developmental history taken by Kirkpatrick, an associate clinical professor in psychiatry at UCLA, turned up no reports of cross-sex play or playmate choice in girls of either group, although two heterosexual mothers thought their daughters too tomboyish.

Cross-dressed

Among the boys, one son of a lesbian mother reportedly cross-dressed between ages two and three, while another allegedly appeared feminine and avoided rough and tumble play between three and five. And in the heterosexual group, one boy was cross-dressed by a sister at age two and another had initiated sex play with other boys and play-acted the mother's role.

Neither group of children differed significantly from the other or norms on the sex of the first drawn figure in the Human Figure Drawing Test nor on the presence or absence of emotional problems revealed in the measure. Likewise, said the researchers, the Holtzman Inkblot Technique disclosed no markedly different presence or degree of pathology between groups or by sex within group.

Nor did the 45-minute play room interview conducted by child psychiatrist Roy distinguish the groups. It did, however, coupled with the developmental history, point out "ample evidence" of the "pain and disruption" of divorce—depression, tearfulness, temper tantrums, fear, etc.—although it was "no more apparent in one group than the other, or for either sex within groups," noted the researchers.

Other investigators, too, have uncovered far more similarities than differences in families headed by homosexual and heterosexual women. Although analysis of their data is in the early stages, Jane Barclay Mandel, Ph.D., of the Medical College of Wisconsin, and Mary E. Hotvedt, Ph.D.; Richard Green, M.D.; and Laurel Smith, Ph.D., all of the State University of New York at Stony Brook, discovered no homosexual interest or sexual identity conflicts among the 101 children they studied. Their sample was drawn from ten states, both rural and urban areas, and so far includes 51 mothers self-designated as homosexual matched with 34 heterosexuals. Children range in age from three to 11 years.

Interviews and batteries of psychological tests bolster these conclusions. The majority of the sons and daughters in both groups want to get married and have children; both males and females were alike in reporting same-sex best friends. Girls of lesbian mothers did tend to be somewhat more likely to show interest in traditionally masculine occupations (16 of 32 compared with seven of 26), while daughters of heterosexuals more often seemed to prefer traditionally feminine activities in the neighborhood. The girls were alike, however, in reporting the gender of persons they wished to emulate.

Boys in both groups tended to mirror each other and were conventionally masculine. They displayed a stronger preference than did the girls for activities of their own sex, both in school and near home.

In another study looking at traits and behavior that are culturally associated with masculine and feminine roles, investigator Beverly Hoeffer, R.N., M.S., was struck by the similarity in 40 children aged six to nine, half of whom were raised by lesbian mothers and half by heterosexual mothers.

Girls of lesbian mothers did not differ significantly from girls of heterosexual single mothers in sex-role behavior: Girls of both groups preferred sex-typed feminine toys and selected as their favorites nearly equal portions of sex-typed feminine and neutral toys as opposed to sex-typed masculine ones. Their sex-trait profiles, however, were noticeably different. Although equal portions of each group scored sex-typed feminine (30 percent), half the girls of lesbian mothers scored sex-typed masculine, ten percent undifferentiated, and ten percent androgynous; while no heterosexual girls rated in the masculine category, 40 percent were undifferentiated, and 40 percent androgenous.

Hoeffer explained later that achieving a sex-typed masculine score meant that the girls of lesbian mothers scored higher on certain masculine values, particularly being outgoing, liking to be the leader, and viewing themselves as being strong. Dovetailing with this, about a third of both groups saw other girls as "tomboys" or sex-typed masculine.

See "Lesbians," page 22

Poll

Continued from page 1

processes such as self-assessment and CME only.

Opinions of the group as a whole, three-quarters of whom spend most of their time in clinical work, offered some clues as to why clinicians more than other psychiatrists tend to eschew board certification. Adhering to the profile of the APA membership, of which 46 percent are not certified, a large minority of the survey respondents—39 percent—are not board certified. More than half of them, constituting one quarter of the entire sample, have never taken the ABPN examinations; and 78 percent of this group are clinicians. As the primary reasons, they cite irrelevance of the exam to their practice and little professional need for such achievement. Moreover, other parts of the survey note that clinicians, along with foreign medical graduates and psychiatrists trained in state hospitals, have the greatest failure rates.

The cost in time and effort to prepare for and take the exams, plus no pressing need to be certified, weighed heavily as reasons why some of the group never applied to sit for the exam. Sixty-nine percent said they were somewhat unprepared in neurology, and a fourth stressed this as a major consideration in their decisions. Negligible factors included eligibility, being ill-prepared in psychiatry, fear of oral and written tests (women cited these more), and expense.

Looking at other subgroups, a third of those with eclectic orientations considered certification irrelevant to their work. Academicians were less deterred by preparedness in neurology or the amount of time and effort involved. FMGs were found to need special education efforts to increase skills vital to success.

Of the 61 percent in the survey who were board certified, 26 percent were certified before 1966, 19 percent between 1966 and 1974, and 15 percent since then. Regardless of age, those who took the boards more recently appeared more troubled by them, believing that their knowledge of psychiatry was less than adequate than reported by those certified earlier. Related to this, the older trained group (95) who took residencies in their 40s and 50s comprised more psychiatrists with an organic (seven percent versus two percent) and eclectic orientation (64 percent versus 45 percent) than those who took residencies in their 20s and 30s, who were more psychoanalytically oriented (45 percent versus 20 percent).

Overall, however, being ill-prepared in psychiatry was mentioned as an important stress factor by only 20 percent of psychiatrists, again, those who were recently trained and certified. A majority of psychiatrists, nevertheless, felt burdened by the time and effort, performance fear of the orals, and feeling unprepared in neurology. Many more women than men (43 percent versus 26 percent) felt greatly stressed by the effort required to take the exam, while 20 percent of the FMGs versus five percent of U.S. graduates were distressed by the exam time limit.

Seventy-three percent of those who are board certified passed the first time. According to statistics generated by the analysis, those who fail the orals are substantially likely to eventually attain certification (70 percent), whereas those who fail the written are not as likely to be certified (only 29 percent certified). Of those who fail both, 64 percent eventually became certified. Proportionally fewer women, FMGs, and clinicians than other groups either take or pass the exams.

Although those who failed any part were more likely to criticize and feel stressed by all aspects of the certification process, especially the orals, if they later succeeded, their opinions leaned toward those of psychiatrists who had always succeeded rather than those who had always failed, according to the report.

Over 80 percent of the psychiatrists surveyed were in favor of continued board certification. Although one third thought the current process works "reasonably well" (particularly administrators, teachers, and those already certified), one half think it needs to be improved or overhauled. A significant minority were dissatisfied with various parts of the process, especially those who were recently trained, younger, or had failed at all; 18 percent cited examiner incompetence, 17 percent complained of delay in notification of results; and 16 and 15 percent, respectively, mentioned problems with administering the oral and discourteous treatment.

In other findings:

- While 77 percent supported a continuing role for ABPN in certifying basic clinical competence of psychiatrists, 36 favored it alone; and another 35 percent preferred the combined efforts of ABPN and residency training programs.
- A majority of respondents also called for separate boards of psychiatry and neurology (56 percent in favor, 37 percent opposed, eight percent no opinion), and one third strongly supported this.
- A nearly two-to-one majority favored continued testing of psychiatry candidates in neurology on the written exam, and 60 percent on the orals. The group almost unanimously wanted to retain the written test, and only 21 percent would abolish the oral. Certified and non-certified psychiatrists supported ABPN's providing more detailed feedback on exam performance to all candidates and residency training programs.

Leigh Roberts, M.D., chair of the Ad Hoc Committee as well as a consultant to the Task Force to Facilitate Communication between APA and ABPN, thought the survey elicited "very useful information" that speaks to a number of recent past and present issues. ABPN has already considered a number of the recommendations, he commented, and is on the verge of dealing with others. As the most controversial item, he highlighted the sentiment favoring the split into two separate boards, but noted there would be "a lot of study" before any such occurrence. 10B-19

Nardini Named

JOHN E. NARDINI, M.D. has been appointed president of the medical staff of the Psychiatric Institute of Washington, D.C., replacing LEON YOCHELSON, M.D., who is taking a leave of absence from the position to focus attention on other clinical and administrative responsibilities. Nardini is in the private practice of psychiatry in the Washington area and is clinical associate professor of psychiatry at Georgetown University Medical School and medical director of the National Children's Rehabilitation Center in Leesburg, Virginia.

Lesbians

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No significant differences were found between the two groups of boys on either sex-role traits or behavior, although different patterns emerged. Forty percent of boys raised by lesbian mothers compared with none of the heterosexual group scored sex-typed feminine, while 20 percent of the lesbian group and 40 percent of the heterosexual group scored sex-typed masculine. Again, Hoeffer clarified, these feminine scores were not pejorative but showed these boys were more sensitive to other people's feelings and more gentle than rough. Although both groups of boys rated same gender peers higher on male-valued and lower on female-valued traits than themselves, they chose an androgynous profile as their ideal.

These preliminary results have led Hoeffer, a doctoral candidate at the University of California San Francisco School of Nursing, to suggest that mothers may be more effective sex-role models for their daughters than for their sons. Other data indicate that mothers' encouragement of sex-role traits and behavior affect the acquisition of traits more than behavior.

"Findings for boys on sex-role trait profiles suggest that a lack of a consistent male figure rather than the mother's sexual orientation affects boy's acquisition of sex-role traits . . .," she noted. "Boys more than girls may be susceptible to difficulties because of greater discrepancies between their real and ideal-self sex-role profiles and between their view of themselves and same-gender peers. However, whether these same discrepancies also occur for boys from families with a male and a female parent is unknown since such a sample was not included in the present study." She proposed forming peer groups for boys from single-mother families to help assuage lonely feelings, share similar experiences, and create a model for making friends.

To the children's detriment, one major problem shared by many was their biological father's lack of interest and ambivalence toward them. In Kirkpatrick's study, little financial support (only half the fathers gave any on a steady basis) and irregular visitation characterized the fathers' interaction with their offspring. In the Mandel and Hotvedt study, the majority of children spent 25 percent or less of their time with their fathers, while in Hoeffer's group one-quarter saw their fathers weekly and another fourth monthly. Mandel and Hotvedt's field notes indicate that children who view their fathers negatively feel that irregular visits demonstrate lack of interest. "A father who lives in another region and can be with his children only a month every year is more positively viewed," they say, for example "than a father who sees a child more frequently but erratically, breaking promises about expected times together." Even though at times it caused painful conflicts, both lesbian and heterosexual mothers in the various studies encouraged fathers' greater involvement with their children, as well as contact with other adult males.

The investigations unearthed few differences among the children, and their mothers were also not very different from each other. Nearly all were white, the majority ranged in age from their late 20s to late 30s and had been married for about seven years if at all. Educational achievement ranged from dropping out of high school to advanced degrees, but many had some college. Although occupations also spanned the gamut, the majority appeared to work in white collar, stereotypically female jobs.

There were differences, of course. More of the lesbian mothers (one third to one half in various studies) tended to live with a sexual partner, although some heterosexual women living alone had fairly regular relationships with men. Lesbian women were more apt to have only one child, and in one study tended to score higher on masculine traits, especially assertiveness, being forceful, and willingness to take a stand. Not surprisingly, while a majority of heterosexual mothers wanted to remarry, most lesbian mothers did not. And while sexual orientation had been a factor in lesbian mothers' divorces, one study noted a higher frequency of father drunkenness and physical abuse toward the mothers in the heterosexual group.

All this seems to point to the observation by Ellen Lewin, Ph.D., and Terrie A. Lyons, M.S.W., at the University of California at San Francisco, made in their own paper, that "motherhood itself, and especially single motherhood, provides a basic structure within which both lesbian and heterosexual mothers organize their lives. Sexual orientation . . . may be acted upon within that context, but it does not delineate the fundamental structure."

"Finally," they commented, sexual orientation was not revealed in their interview as a "more salient factor in the lives of lesbian mothers than a whole range of social, cultural, economic, and psychological issues which also influence their experience as single parents."

10B-4

Deaths

Anne Benjamin, Chicago, Ill.
Franz S. Cohn, Brookline, Mass.
Thomas L. Fentress, Chicago, Ill.
David J. Fish, Providence, R.I.
Solomon L. Frumson, Woonsocket, R.I.
Anita W. Harper, Altamonte Springs, Fla.
Frederick Mayer, Arlington, Va.
David P. Morton, San Bernardino, Calif.
Samuel J. Muirhead, Temple, Tex.
Najib M. Pandya, Lewiston, Me.
Alvin Polatin, Riverdale, N.Y.

10B-5

Conference

A CONFERENCE on "Group Relations in Health Care," based on the Tavistock model, will be held November 29-December 1, 1979, in Kansas City, Missouri. Jointly sponsored by the department of psychiatry and continuing education and extension for the health professions of the University of Missouri-Columbia School of Medicine, the Center for Health Services Education and Research of St. Louis University, and the Central States Center of the A. K. Rice Institute, the conference is intended for persons in positions of responsibility within health care delivery, including those in provider, management, and consumer roles. The program has been approved for 22- and three/quarter hours of Category I AMA credit. Further information is available from Elizabeth Morgan Heimburger, M.D., Director, Group Relations in Health Care Conference, C-6 Medical Center, University of Missouri-Columbia, Columbia, Mo. 65212 (314-882-2511).

Lesbians' Children— The Legal Issues

ALTHOUGH THE RESULTS of three recent studies reported at the American Psychological Association convention discerned no marked differences between children of lesbian mothers and those raised by heterosexuals, the information has yet to filter down to where it's most critically needed—the conservative domestic relations courts across the country, declared family attorney Rhonda Rivera at the same symposium.

It is the biases of these courts, usually presided over by upper middle-class, white, male judges more than 50 years of age, that lesbian mothers have to negotiate in battling for custody of their children, Rivera stated.

A family attorney for 13 years, Rivera explained that only in the past five to seven years have such cases come to light in the more tolerant atmosphere created by the Women's and Gay Liberation Movements. "Before that, homosexual parents generally did not fight for their kids because the other parent would threaten blackmail. . . ."

But even now, lesbian mothers, who perhaps parent as many as seven million children, face an uphill trek in the courtroom, said the Ohio State University associate law professor. She cited only three favorable precedents: two neglect cases, *People* v. *Brown* (1973) in Michigan and *Nadler* v. *Superior Court* (1967) in California in which the supreme courts in each state essentially said homosexuality per se is no ground for considering a parent unfit; and *Miller* v. *Miller*, a 1979 Michigan custody case, which more or less ruled out homosexuality as a reason to remove a child from his or her home.

Judges in custody disputes, she explained, are supposed to apply the "best interest of the child" test, while in neglect cases where the state usually is suing the parent, they are to evaluate whether the state has proved by "clear and convincing evidence" that the parent is "unfit." In reality, she contended, these two criteria often get "mixed up."

While heterosexual mothers start out with a presumption of fitness that the state must challenge, it is often the converse that lesbian mothers must deal with. To prove their fitness, they often must bring in expert witnesses who cost a lot of money. "A woman can spend $5,000 just for a basic custody trial," she stated, "and six months later someone can allege a 'change of circumstances' " and the case can be reopened. Moreover, she pointed out, these cases are decided almost entirely on the "facts," but it is actually a matter of what the judge believes are the facts, for instance viewing the child's not brushing his teeth as "neglect." Since a case can never be appealed on the facts, it is virtually impossible to appeal child custody cases, she said.

Particularly noticeable in these cases, according to Rivera, is the "voyeurism" of the judges who virtually "slobber" over what exactly these women do in bed after they admit they are lesbian, she contended, questioning the relevance of this in the courtroom. As a result of their lack of knowledge, the judges enforce all sorts of arbitrary restrictions, such as demanding that no one of the same sex be in the home at the same time, or decreeing that a mother can only visit her child in the home of a relative. In one case, she recalled, the child was removed and placed with the maternal grandmother. "Think about that," said Rivera wryly.

Rhonda Rivera, J.D.

She pointed to Michigan's progressive child custody act as the best in the country. Instead of only two tests, it sets forth eight standards for judges to deal with, minimizing their personal prejudices, she explained.

Summing up, Rivera stressed the need for information from such studies as were presented during the symposium to reach the ears of judges through expert witnesses.

10B-2

Childhood Cancer

A CONFERENCE on "Living with Childhood Cancer," will be held February 1-3, 1980 in San Diego. It is being held through the office of continuing education of the University of California, San Diego School of Medicine. The cost of the workshop is $90.00. The conference is offered to address the problems of living with childhood cancer for the child, the parents, the siblings, and also for the health care and helping professionals who deal with them. Topics to be discussed will include "Home Care for the Dying Child," "The Sibling of the Child with Cancer," "The Truly Cured Child: Living with Cancer," "Effects of Long-term Survival: Marriage of the Young Adult," "The Family of the Child with Cancer," and "The Role of the School in the Life of the Child with Cancer." Further information is available from Office of Continuing Education, UCSD School of Medicine, (S-005), La Jolla, Calif. 92093.

D.C. Institute Gets APA's H7CP Award

THE D.C. INSTITUTE of Mental Hygiene, a community-based, nonprofit outpatient clinic in Washington, D.C., recently received the APA Hospital and Community Psychiatry Service's Gold Award for delivering high quality outpatient mental health services to a large, low-income population at low cost.

The D.C. Institute of Mental Hygiene was established in 1966 with the intention of providing care to a poor and near-poor underserved population, with emphasis on the working poor who cannot afford private care but are not eligible for public services. In the 13 years of its operation the clinic has grown from five staff members and 17 patients to a part-time staff of 74 and a patient population of 1,500.

The institute's success can largely be attributed to flexibility and innovation in the use of part-time professional staff, many of whom are therapists with university or other clinical appointments, private practitioners, or those who wish to practice part-time while rearing a family—all of whom wish to make some commitment to a lower income population. Flexible staff hours mesh well with the needs of patients, whose jobs allow them little time to seek or receive treatment. The clinic is open from seven a.m. until ten p.m. six days a week and on Sundays by special appointment. All but two of the 74 staff members are part-time, and ten to 20 percent are volunteers.

Led by Harold I. Eist, M.D., medical director of the institute, the staff of multidisciplinary primary workers (M.S.W., A.C.S.W., Ph.D., and M.D.) plans individual treatment programs, carries them out, and defends them before their peers.

The clinic dispenses with the traditional intake procedure of evaluation by a social worker, followed by testing by a psychologist, then possibly seeing a physician as being inefficient and unempathic and failing to take advantage of the patient's initial motivation for help. At the D.C. Institute, the patient first sees a psychiatrist, who, during a half-hour evaluation, pinpoints areas of difficulty and screens for medical illness. The psychiatrist prepares a written evaluation and recommended treatment plan that is then made available to the entire staff. The individual therapists choose cases that suit their own expertise and schedule. Clinic staff attribute the low attrition rate to patients' being seen by therapists who wish to see them. Eighty to 90 percent of patients who begin treatment carry through to agreed-upon termination. The staff discusses those cases that are not picked up with individual therapists or the medical director until a suitable dispensation is found.

Each case receives a minimum of four formal reviews yearly as well as peer review by staff committees on specific issues. Medication clinics under the direction of staff psychiatrists are available as an adjunct to therapy.

The nonprofit institute found its major money problem to be one of collection, especially insurance money and Medicaid, largely due to lack of knowledge of how to get through the red tape on the part of patients. The institute receives no direct federal funding and only minimal funds from state and local governments.

Administrative staff devised a sliding fee schedule and a therapist-patient contract. Each therapist sets the fee for his/her patients and collects directly as in private practice. If the therapist does not collect, the therapist is not paid. Staff feels that this arrangement is beneficial fiscally and therapeutically. The current cost of one hour of therapy is $18.45.

In addition, the administrative staff work hard to collect all third-party payments to which the clinic is entitled. Roughly 70 percent of the clinic's income is from patient fees, insurance, and contracts; the remainder is from United Way, a local grant, and small private contributions. Eighty-four percent of this budget goes into direct patient services, with a ratio of therapy to administrative hours of four to one. Staff act as consumer advocates for patients, helping them deal with the red tape of Medicare, Medicaid, and insurance policies. In addition the clinic has developed special working relationships with major insurers to benefit low-income patients.

In late 1976 the D.C. Institute of Mental Hygiene opened a second clinic in a particularly underserved area of the city; it was so successful that yet a third clinic has now been opened in another needy area. There is no geograpic restriction on patients; they can choose the clinic they wish to attend. In September 1978, the institute's clinics recorded 2,666 visits, compared with 2,324 for all of D.C.'s other outpatient clinics combined.

Five Certificates of Significant Achievement and eight Certificates of Special Commendation were also awarded.

Certificates of Significant Achievement went to: Intensive Treatment Unit, St. Elizabeths Hospital, Washington, D.C.; Mental Health Services for Mentally Retarded, Abbott-Northwestern Hospital, Minneapolis, Minnesota; Infant Stimulation Program, South Central Mental Health and Retardation Center, Jamestown North Dakota; Network System and Educational Program, Religious Consultation Center, Dallas, Pennsylvania; and Rehabilitation of the Long-Term Psychiatric Patient, San Antonio State Hospital and School, San Antonio, Texas.

Certificates of Special Commendation were presented to: Parents of the Adult Mentally Ill of Santa Clara County, San Jose, California; Community Psychiatry/Psychology Vocational Evaluation Program, Sepulveda Medical Center, Sepulveda, California; Church-Based Aftercare for Chronically Mentally Disabled Persons, St. Elizabeths Hospital, Washington, D.C.; Manhattan Psychiatric Center, Ward's Island, New York; Counseling Program for Business and Industry, Hall-Mercer Community Mental Health/Mental Retardation Center of Pennsylvania Hospital, Philadelphia, Pennsylvania; Chronic Patient Rehabilitation Unit, Dixmont State Hospital, Sewickley, Pennsylvania; and Mental Health Institute Service Training Project, Winnebago Mental Health Institute, Winnebago, Wisconsin.

These achievement awards were presented at the 31st Institute on Hospital and Community Psychiatry held in September in New Orleans. 10B-18

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Adolescence for Retarded Said Difficult

ADOLESCENCE is a difficult enough time for everyone, but the crisis of the retarded adolescent brings to focus the despair of being retarded, according to Cameron Egyeda and Phyllis Bentley of the child development service at Children's Hospital of Eastern Ontario, Ottawa. Further, the social-sexual ineptitude of the retarded is a part of the despair, they believe.

Describing a model of intervention with mentally retarded adolescents that they have been using for three years, Egyeda and Bentley pointed out that its purpose and goal are to enhance the basic knowledge of human sexuality in a group setting. The group setting, they suggested, provides group support and increases comfort and sensitivity with respect to sexual issues. The concerns of the adolescents, in many ways, mirror those of the parents although from different perspectives. Hence, adolescents are worked with in one area and parents in another by two separate therapists.

"Mentally retarded young people cannot, by virtue of their cognitive limitations, absorb the nuance of social actions but must be directly and concretely taught. Teaching is a particularly difficult task for most parents, and they require a great deal of guidance and support. . . . Our groups allow families to express their own values on what is desirable behavior for the young people.

"We as counselors and educators help the family to look at some of the rules of society and assist them in teaching their retarded person to function within the country's legal framework. This is congruent with the concept of normalization."

Education in human sexuality, they pointed out, is even more essential for the retarded, who must be taught to protect themselves and to make good choices as to how they wish their sexual lives to develop. In the program described, subjects include *a*) knowing oneself and others; *b*) developing relationships and assuming responsibilities; *c*) learning about body feelings, their causes, and control; and *d*) the human reproductive system. (With respect to the third, it was mentioned that sexual intercourse is not the only satisfactory form of sexual expression for anyone.)

But teaching human sexuality to the retarded is difficult, these authors admit, and group leaders must be flexible and sensitive to the changing needs of the individuals in the group, and they must feel comfortable with their own sexuality. Also, it is imperative that the groups be dovetailed through the collaborative efforts of the two therapists, since this is essential in the process of intervention.

These counselors were sharing their experience with participants at the International Symposium on Childhood and Sexuality. Beyond issues of social competence involved in puberty, they said, requests come from these retarded adolescents for discussion of themselves as retarded and how that makes them feel. Parents identify their children's lack of friends and social life and are preoccupied with the label of 'retarded,' their children's lack of judgment, and their gullibility and trusting attitude. They wonder how the mentally retarded can cope with the "real" world, and these factors may make for an overprotected stance on the part of mothers and fathers.

"Issues in both groups surface

Continued on facing page

Retarded

Continued from facing page

around being male or female. Implicit in this is the need for information about body parts and the procreative process. Sex-related topics are emotionally loaded for virtually all parents."

The details concerning body parts are not difficult to impart, Egyeda and Bentley observed, but difficulty arises with more abstract concepts encompassing procreation, such as feelings about marriage, bearing children, dating, "having sex," exploitation, masturbation, etc. Answers to a pre-group questionnaire reflect these concerns.

"It may be that these concerns are not unlike those of the normal population, but our work with retarded adolescents has demonstrated that these issues exist and that we can intervene to ameliorate the despair that often accompanies this stage of development. . . ."

Many parents sense this despair, they said, and requests for sterilization and institutionalization have been the result. Conflict between couples over sex issues has been known to be common, and siblings are similarly disturbed.

"In the past, mental retardation work has focused on the families and professionals involved with the retarded rather than on the retarded themselves. Our model encourages benefit from peer support for both parents and the adolescents."

The techniques used in the young peoples' groups include role playing, film strips, and flash card materials. The adult group is primarily discussion oriented—exploring issues presented by the parents and helping them where possible. The adolescent group leader joins the adult group on at least two occasions to reinforce parents in the area of appropriate social behavior for the young person.

"The areas most resistant to change on the part of parents are their inappropriately low expectations of their young people and their difficulty in accepting that their children are in fact sexual beings and thinking of leading a sexual life. Our goal is to open the lines of communication between the two parents and between the parents and their young person on sexuality."

At the same symposium, Judy E. Hall, Ph.D., of the State Board of Psychology, New York State Education Department in Albany, presented a review of research on the childhood sexuality of the mentally retarded.

"The '70s, she said, is a decade of recognizing the rights of the retarded and of raising the public's consciousness to the fact that the mentally retarded are often normal with respect to sexual expression."

Her conclusion, however, is that knowledge of the sexuality of the mentally retarded is minimal. She complained of one study: "The results indicated that the retarded child was seen as more typical when engaged in undesirable activities. Instead of rating the retarded child according to sex-typed cues, they rated the child according to the acceptability of the activities described."

With respect to sexually charged issues, she stated that no study systematically manipulating the types of exposure with and without explanation/discussion has appeared in the literature.

"Obviously, media [have] been used with adults in workshops which attempt attitude modification, but the same design has not been employed with the retarded."

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Aggression

Continued from page 3

mother was particularly difficult, since she felt that she had betrayed her mother by surviving, and by "making something" of herself. Her "badness" was also due to her being active and ultimately successful and competent. The husband had served as a shield, detraction, penance, and punishment for her "badness," as well as the constant guarantee that someone would love her, even though she had been "so 'bad as to actively use herself toward her own survival and functioning.'

"It was clear that the major issue for this woman was her view that direct action in her own interest was psychically equivalent to conceiving of herself as dangerous and worthless," the analysts concluded.

Concluded the investigators: "It is important to note that the patient's protestations of inadequacy stood in contradiction to reality, but served the purpose of obscuring the recognition of her strength and power. This is a particularly important point, since insistence on inadequacy is frequently seen in women. These protestations often cover the desire and ability to use potential strengths. Many women can be so convincing in their insistence on their inadequacy that the defensive purpose of this self-image is easily missed. Overt passivity and helplessness, painful as it seems, may serve to hide the more threatening internal perceptions of aggression.

"For women early in life, self-directed and self-interested assertiveness and aggression is experienced as unacceptable. This process is elaborated in each stage of development. The maternal ego ideal, for most women, depicts a figure almost devoid of aggression. Thus, to acknowledge even the existence of aggression becomes extremely threatening. The woman who sees herself as aggressive feels she is a failure, inadequate, and inferior, and her self-esteem is consequently lowered.

"This maternal ego ideal is important, since women have been the primary caretakers of society. Unbridled aggression or uninhibited self-assertion would be inconsistent with that role. Thus, suppression of aggression has been said to have an important adaptive function, and women gain satisfaction from serving others. The larger question remains, however, whether more accurate recognition of the existence of and the necessity to channel and use aggression is in order—as was the necessity to recognize sexuality. Women's aggression is regarded with horror and dread. The terrifying destructive violence of Medea stands as a symbol of this fear.

"In Freud's early formulation of sexual and self-preservative instincts, each instinct had an aggressive component. Thus, the inclusion of aggression, in both instincts, may be understood as a reflection of the crucial nature of the aggressive instinct. The disentanglement of aggression from sexuality, making aggression 'separate and equal' with a full instinctual rationale of its own, is still in process. This paper is an attempt to contribute to this process. . . ." 9A-19

Shwed Appointed

HARVEY SHWED, M.D., a clinical assistant professor in psychiatry at the New Jersey Medical School of the College of Medicine and Dentistry of New Jersey, has been appointed a trustee to the New Jersey State Community Mental Health Board.

Briefly Noted

Drug Problems

HEALTH CARE PROFESSIONALS can now dial a toll-free telephone number to report problems they have experienced with drugs, medical devices and *in vitro* diagnostic products. The number is 800-638-6725 (in Maryland, call collect 301-881-0256). The Food and Drug Administration encourages health professionals to report: hazardous or potentially hazardous products, product mislabeling or improper labeling, incomplete or confusing instructions, erroneous information, designs that encourage human error, performance failures, non-sterile products, packaging errors, defective components, quality control problems, and any other situation that could affect the safety and efficacy of a product. The U.S. Pharmacopeia operates this program under contract with FDA's Bureau of Drugs and Medical Devices. Callers should be ready to provide their name, zip code, and phone number; product name, strength, size, etc.; lot number and expiration date, if applicable and available; date purchased and source, if known; manufacturer's name and address; labeler's name and address, if different from the manufacturer's; and the problem noted.

Infant Psychiatry

THE FIRST WORLD Congress on Infant Psychiatry, sponsored by the Association for Child Psychoanalysis, American Academy of Child Psychiatry, and the International Association for Child & Adolescent Psychiatry and Allied Professions, will be held March 30 to April 3, 1980, in Cascais, Portugal. The goal of this multidisciplinary meeting is to review, assess, and further develop the scientific data base and issues in infant mental health. Discussion will focus on the infant from the prenatal period through the middle of the third year. the themes will be research, assessment, symptoms and syndromes, and prevention and intervention. The program will consist of plenary addresses, panel discussions, full and brief scientific papers, small discussion groups, and audio-visual presentations. The official language will be English. Further information is available from Herman D. Staples, M.D., Secretary-General, F.W.C.I.P., 24 Green Valley Rd., Wallingford, Pa. 19086.

Hyperactive Children

AN OHIO STATE University psychiatrist says he can find no evidence that large doses of vitamins or caffeine work as alternatives to stimulants in treating hyperactive school children. After two weeks, children taking powdered vitamins showed no improvement on standard behavior assessments, Eugene Arnold, M.D., recently reported in the *Journal of the American Medical Association*. Only two children in the entire test group improved, and they were both taking placebos. Because of these findings, he would not recommend vitamin therapy for hyperactive youngsters unless a specific vitamin deficiency or biochemical imbalance has been found. "Large doses of vitamins are drugs, and the sooner everybody realizes that, the better off we're going to be," the head of the university's division of child psychiatry said.

See "Briefly Noted," page 30

Abuse

Continued from page 4

bers of this group, Dr. Alexander Voloshanovich, a young Moscow psychiatrist, has undertaken the "prophylactic" psychiatric assessment of 35 dissenters in the hope that these examinations would insulate the dissidents against psychiatric internment. Incidentally, an English psychiatrist, Dr. Gary Low-Beer, also examined nine dissenters during a visit to Moscow and Leningrad. These included Vladimir Gershuni, previously hospitalized for four years in a Soviet special hospital, whom Dr. Low-Beer found entirely free of any evidence of a mental illness such as schizophrenia.

Additional evidence since Honolulu of Soviet misuse has come from two young Soviet psychiatrists now in the West. One of them is Dr. Avtandil Papiashvili, who had himself been hospitalized in a psychiatric establishment because he protested the misdiagnosis of schizophrenia in three individuals critical of the Soviet system.

What can we say about the overall effects of the Honolulu Resolutions? First, has the Soviet practice of dealing with political and religious dissenters and would-be emigrants by confining them in psychiatric hospitals been diminished as a result of the condemnation of Honolulu? An unequivocal response to this difficult question cannot be offered. The information available, although apparently reliable, is by no means comprehensive and is, of course, severely limited by refusal of the Soviets to allow outside investigation. This state of affairs is likely to continue as the dissident movement in the Soviet Union seems to be drying up as a result of emigration and official repression. It remains to be seen whether the WPA review committee will be effective in providing objective evidence of the extent of the practice. Although certainly worth support, the obstacles to its successful operation are considerable, particularly the absence of any provisions for the examination of alleged cases by psychiatrists from uninvolved countries. One can venture tentatively that the Soviet authorities may be less inclined now to use the psychiatric route in dealing with their dissenters than before Honolulu, at least in the case of well-known dissidents. This trend, if true, could be attributed at least as much to the unwelcome publicity they have received as to the possible sanctions from the WPA review committee.

Other less direct effects of Honolulu include a possible weakening of the hitherto dominant position of Dr. Andrei Snezhnevsky, head of the Institute of Psychiatry of the U.S.S.R. Academy of Medical Sciences and the doyen of Russian psychiatry. Straws in the wind are a trend toward the downgrading of the importance of schizophrenia research in the collaborative activities between the U.S.S.R. and the United States, and a recent article in the American journal, *Archives of General Psychiatry*, by a Soviet psychiatrist still in the U.S.S.R., which is critical of the Snezhnevsky school and which even makes some veiled references to its "social" effects.

Within the United States the activities of American psychiatrists in response to what they see as the misbehavior of their Soviet colleagues has excited considerable interest among other scientific and professional groups. It seems fair to state that there has been an ongoing debate among members of all disciplines whose colleagues in the U.S.S.R. are believed to be suffering from official repression, between advocates of "quiet diplomacy" and those who favor open protest. While there have been opposing voices within the ranks of APA, the emphasis has been on public protest. It is of interest that in a recent paper Professor Authur Schlesinger, Jr. spoke approvingly of what he regards as the more forthright activities of psychiatrists and scientists in contrast to the more passive stance of political scientists and historians in the United States. It should, of course, be noted that with the exception of a few cases (particularly Semyon Gluzman) a significant difference exists between the situation facing American psychiatrists and members of other disciplines. For psychiatrists, the principal problem is the apparent misbehavior of their own colleagues in the Soviet Union while for these other disciplines (as in the case of the United States psychiatrists with regard to Argentinian psychiatrists) their colleagues are being threatened with repression.

Finally, whatever its other consequences, the Sixth International Congress will have served a very useful purpose if it expands the awareness of psychiatrists everywhere to the extreme sensitivity of their profession to the social forces operative in their countries. This lesson certainly is applicable to American psychiatrists; if it is ignored, the zeal they have displayed in attempting to remedy the faults of their Soviet colleagues can easily turn into arrogance.

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Briefly Noted

Continued from page 29

He and his colleagues found similar negative results for caffeine, which some had thought might be a safer, cheaper alternative to amphetamines. "Caffeine really did not have the advantage we had hoped for, that it would be effective without side effects. Just the opposite—caffeine had side effects without the benefits," Arnold said.

Annual Meeting

THE AMERICAN Epilepsy Society will hold its 1979 annual meeting December 5-6 in New York. A joint meeting with the Eastern Association of Electroencephalographers is slated for December 5. The meeting will feature two symposia, one on "Recent Advances in the Clinical Neurophysiology of Temporal Lobe Epilepsy," and the other on "Psychosocial Aspects of Epilepsy." Free communications and exhibits will also be a part of the program. Further information is available from the American Epilepsy Society, Executive Office, 38238 Glenn Ave., Willoughby, Ohio 44094 (216-946-9622).

Cost Containment

RESULTS of a survey of state medical association/state specialty society relationships, conducted in October 1978 by the AMA Department of Specialty Services indicate that medical societies are indeed active in various cost containment programs and efforts, including the voluntary effort. Of the 503 state, county, and national medical specialty societies surveyed, 155 responded (30 percent). Of the 55 state societies, 41 responded (67 percent). Seventeen of 54 specialty societies surveyed responded, and 97 of 395 metropolitan/county societies responded (24 percent).

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Concord—500 sq. ft., new, PSYCHIATRIC OFFICE in large, new, medical bldg. across street from large hosp. Large, panelled, consultation office; waiting room; utility room, and toilet. Hacker, P.O. Box 479, Lafayette, CA 94549. (415) 284-7712.

Fresno—FACULTY POSN.-PSYCHIATRY. The Fresno VA Med. Ctr. and Univ. of Cal., San Francisco Schl. of Medicine (Fresno Med. Prgm.) seek clin. research psychiatrist, or internist, to direct new Alcohol Dependency research and trtmt. prgm. Candidates should have background of clin., tchng., and research exper. in problems of substance abuse. Fresno VA is a Dean's Committee gen. acute hosp. of 270 beds, with active tchng. prgms. for med. students and housestaff. Excel. interdisciplinary support for Alcohol Dependency Prgm. (e.g. clin. pharmacology, gastroenterology psychology). Sal. range $48,000-$53,000 plus frng. bnfts. Fresno is in the San Joaquin Valley, close to Yosemite and Sierra Nevada recreat. area. AA/EOE. Qualified candidates should contact John S. Zil, M.D., M.P.H., Chief of Psychiatry & Neurology, 2615 E. Clinton Ave., Fresno, CA 93703, at (209) 225-6100 x320; or FTS 8-466-9320. Funds are avail. now and recruitment will continue until posn. is filled.

Fresno—PSYCHIATRISTS-Opptys. avail. in expanding CMHC in San Joaquin Valley of Cal. Pop. of approx. one-half million. Midway between San Francisco and Los Angeles. Within two-hr. drive of three State parks (incldg. Yosemite). Three hrs. to ocean. Posns. avail. in Outreach and Inpt. Svcs. Must have interest in long-term care and followup. Must have Cal. lic. or be elig. Prgm. is affil. with U.C.S.F. School of Medicine, acad. appt. is poss. for qualified people. Sal. range $48,000-$60,000 on contract. Prvt. practice permitted. For further info. contact: William L. Kelly, M.D., Fresno County Dept. of Health, P.O. Box 11867, Fresno, CA 93775. Phone (209) 488-3274.

Los Angeles—The Univ. of Southern Cal. School of Medicine, Dept. of Psychiatry, has avail. several one or two-yr. FELLOWSHIPS in Psychiatry. Opptys. are avail. in all aspects of clin. psychiatry incldg. geriatrics, child and adol., consul.-liaison, psychopharmacology, and psychiatry and law. Research interests are encouraged as an integral component of the fellowship prgm., and opptys. exist in biological, behavioral, and psychodynamic areas of interest. Applicants must have completed a psychiatric rsdncy. or its equivalent, and be able to obtain a Cal. lic. Sal. varies from $20,316 to $21,888, and LAC/USC is an EOE. Contact: R. Bruce Sloane, M.D., Professor and Chairman, Dept. of Psychiatry, 1934 Hospital Place, Los Angeles, CA 90033.

Los Angeles/Newport Beach—Dynamic, academically-oriented prvt. grp. is accepting applications in ADULT PSYCHIATRY and CHILD PSYCHIATRY. Applicants must possess background in behavioral approaches and current Calif. lic., Bd. Cert. req'd. unless within three yrs. of rsdncy. Income potential excel. Send CV to Gene R. Moss, M.D., Behavioral Medical Group, Inc., 10950 College Pl., Cerritos, CA 90701.

Newport Beach—PSYCHIATRIST-adult and adol. Prvt. practice, opening for partner. Dynamic practice with excel. earnings. Bd. Cert. preferred, strong interest and exper. in hosp.-office practice and tchng. Send CV to: Thomas G. Morelli, M.D., 1617 Westcliff Dr., Suite 210, Newport Beach, CA 92660, (714) 646-0582.

Pasadena—CHILD PSYCHIATRIST wanted, 1/2 time, as Medical Director of Pasadena Child Guidance Clinic. Posn. involves staff and student supervision, consul., prgm. dvlpmt., and some direct svc. Send CV to Hamilton Kelly, M.D., Pasadena Child Guidance Clinic, 56 Waverly Dr., Pasadena, CA 91105.

Patton—PATTON STATE HOSPITAL needs PSYCHIATRISTS AND FAMILY PRACTITIONERS. 1200 bed, modern hosp. for Mentally Disordered, Mentally Disabled, and Penal Code patients; 66 miles east of Los Angeles. Many recreat. facils., health insur. plan, other frng. bnfts., malprac. coverage. Regular hrs., occasional O.D. duty. Starting sal. $41,660 to $44,964 dep. on quals. Contact: Bob Martinez, Exec. Dir; Patton State Hospital; 3102 E. Highland Ave.; Patton, CA. 92369. PH: (714) 862-8121 ext. 321.

San Diego—Beginning July 1, 1980, RESEARCH FELLOWSHIPS in clin. psychopharmacology and psychobiology are avail. in the Dept. of Psychiatry, Univ. of Cal., San Diego. These fellowships are avail. for 3rd, 4th and 5th yr. rsdnts. in gen. psychiatric rsdncy. trng. prgms. and specifically for candidates interested in acquiring research skills and exper. in clinically oriented psychobiological/psychopharmacologic research under the direction of a variety of senior investigators in a MH Clin. Research Ctr. This one yr. exper. balances an oppty. to work as an integral part of ongoing research prgm. with developing and carrying out independent research projects. Sal.: Annual sal. ranges from $18,400 to $21,100 dep. upon level of trng. accomplished. The Univ. of Ca., San Diego is an EO/AAE. Send CV to: Lewis L. Judd, M.D., Chairman, Dept. of Psychiatry, M-003, Univ. of California, San Diego, La Jolla, CA 92093, Attn: Residency Training Program.

San Diego—CHILD PSYCHIATRY RESIDENT POSNS. The Dept. of Psychiatry at the Univ. of Cal., San Diego is currently accepting applications for two first yr. posns. beg. July, 1980, in its Child Fellowship Trng. Prgm. This fully accred., two yr. prgm. is purposely small (total of four Fellows), personal clinically oriented and individualized. Outpt. exper. at Child Guidance Clinic, inpt. at San Diego County Chldrn.'s inpt. Unit, consul. and liaison at Chldrn.'s Hosp. of San Diego. Extensive schl. consul., neurology, commty. exper. Indiv., family and biological approaches. Contact: Rita Ballard, Coordinator, Residency Training Program, Dept. of Psychiatry, M-003, Univ. of California, San Diego, La Jolla, CA 92093 for application and info. The Univ. of Cal. is an EO/AAE.

San Diego—County MH Svcs. has openings for qualified PSYCHIATRISTS in Inpt. and Continuing Care Svcs. Civil Svc. bnfts. Sal.: $34,750-$42,145 dep. on exper. Write W. H. Higgins, M.D., Box 3067, San Diego, CA 92103 or call Virginia Saxton, Personnel Dept., (714) 236-4525.

San Diego—Full- or part-time FELLOWSHIP in consul.-liaison psychiatry offered at Univ. of Cal. San Diego Dept. of Psychiatry. For details write J. H. Atkinson, M.D., University Hospital, Dept. of Psychiatry, 225 Dickinson St., San Diego, CA 92103.

San Diego—Professional Office Space with Management Svc. for PSYCHIATRIC PRACTICE. AIA award of excellence in bldg. design. Ambient office settings with adjoining and common interior atriums. Complete management pckg. in lease terms. Secretarial, 24-hr. answering svc., complete receivables management with billings and collections "In House". Amenities, such as free parking, library, kitchenette, shower, video tape, and grp. rooms are included in the once per month charge. In bldg. referrals, excel. hosp. access and co-therapist availability permit participant freedom from management headaches. Please contact Sandy Engebretson, Administrator, Psychiatric Ctr. at Alvarado, 6310 Alvarado Ct., San Diego, CA 92120, (714) 286-1010.

San Diego—PSYCHIATRY RESIDENT POSNS. The Dept. of Psychiatry at the Univ. of Cal., San Diego is currently accepting applications for all levels of rsdncy. trng. An exciting, stimulating, eclectic trng. prgm. in psychiatry emphasizing an integration of biological psychiatry and psychodynamics. Unique trng. exper. in liaison/consul. psychiatry and alcohol trtmt. as well as a solid clin. exper. in inpt. and outpt. psychiatry. Contact: Rita Ballard, Coordinator, Residency Training Program, Dept. of Psychiatry, M-003, Univ. of California, San Diego, La Jolla, CA 92093 for application and info. The Univ. of Cal., San Diego is an EO/AAE.

San Francisco—Univ. of Cal., San Francisco, Dept. of Psychiatry is seeking an ASSISTANT CLINICAL PROFESSOR as soon as poss. to coordinate ongoing research on detoxification from heroin and maintenance trtmt. of former addicts. Applicants must have Ph.D. in clin. psychology; postgrad. trng., exper., and publications showing potential for research productivity; clin. and tchng. skills in substance abuse area. The posn. is entirely supported from research grants; continuation requires apointee to generate funds. Send resume by Dec. 1, 1979, to William A. Hargreaves, Ph.D., UCSF, 1464 Fifth Ave., San Francisco, CA 94143, UCSF is an EO/AAE. Women and minorities are encouraged to apply.

San Gabriel Valley-L.A. area—PSYCHIATRIST. Our Private MHC needs a full-time, eclectic psychiatrist to enhance our energetic, autonomous but team-oriented multi-disc. staff. Inpt., Outpt., supervision & consultation with the freedom to grow. Exc. financial & emotional rewards. Deluxe offices. Write Mark Kosins, M.D., P.O. Box 519, Rosemead, CA 91770 or call (213) 285-2241.

Southern California area—PRIVATE PRACTICE POSITION with General Psychiatric Group. Growing Interdiscpl. Grp. Pract. Short term Inpt. exper. helpful. Multi-discpl. Team approach. Prgm. dvlpmt. encouraged. Gen. and Sub-specialization currently includes Family Therapy, Sleep Disorders, Encounter Groups, Alcoholism Trtmt. Prgm., Psychodrama, etc. Theoretical Orientation include Traditional, Integrative, Gestalt, Behavior Mod., Existentialism, Psychobiological etc. Full Bnfts. incldg. Pension Plan, Profit Sharing, Health Insur. Malprac. Insur. New Offices and Hosp. Cal. Lic. Req'd. Contact John Beck, M.D. or Ms. Christianson—Santa Monica Med. Plaza, 1260-15th St., Suite 1402, Santa Monica, CA 90404. 213-451-8828.

STANFORD—BEGINNING JULY 1, 1980 THE DEPT. OF PSYCHIATRY, ADULT PSYCHIATRY RESIDENCY TRNG. PRGM. WILL HAVE SEVERAL OPENINGS FOR PGY II-IV. THE TRNG. PRGM. IS ECLECTIC AND SET A HIGH PRIORITY ON PREPARING GRADS. FOR ACAD. RESEARCH, OR PUBLIC SVC. CAREERS CLINICALLY EXPERIENCES AT STANFORD, AT CHILDRENS HOSP., AND AT AFFIL. VA., COUNTY AND PRIVATE HOSPS. ARE AVAIL. AS WELL AS FEDERALLY FUNDED RESEARCH OPPTYS. SAL. RANGE $16,600 TO $20,560 DEPENDING ON YRS. OF TRNG. COMPLETED. STANFORD UNIV. IS AN EOE AND PARTICULARLY WELCOMES NOMINATIONS OF WOMEN AND MINORITY GRP. MEMBERS AND APPLICATIONS FROM THEM. FOR AN APPLICATION, PLEASE CONTACT LORRIN M. KORAN, M.D., DIR., SCHOOL OF MEDICINE, STANFORD, CA 94305, 415-497-5765.

COLORADO

Denver—PSYCHIATRISTS-Full-time and part-time posns. avail. Adult and Child Psychiatrist posns. avail. Gen. Hosp. with compre. CMHC incldg. outpt. units loc. in neighborhood health prgm. seeks commty.-oriented psychiatrists. Prgm. is involved in rsdncy. trng. and offers oppty. for variety of clin., administrative and tchng. career patterns. Prgm. includes gen. hosp., CMH prgm. and drug and alcoholism svcs. Sal. range: $3,391-$4,238 per month dep. on exper. Starting date: Immed. Reqs.: Approved Psychiatric rsdncy. with exper. in MHC and with inpt. exper. Colorado Lic. req'd. Contact: Edmund Casper, Director, Division of Psychiatric Services, Denver Dept. of Health and Hospitals, West 8th Ave. & Cherokee, Denver, CO 80204, Ph: (303) 893-7377.

CONNECTICUT

Newington—Posns. for PSYCHIATRISTS in inpt. svc. of Regional Hosp. Multidiscpl. approach. Excel. opptys. for advancement. Convenient beautiful location close to excel. schls. and cult. ctrs. in central Conn. Excel. frng. bnfts. Write Vincenzo Cocilovo, M.D., Superintendent, Cedarcrest Regional Hospital, Newington, CT 06111.

Newtown—CONNECTICUT PSYCHIATRIC RESIDENCIES. AMA approved psychiatric rsdncy. vacancies. Active varied trtmt. prgm. dynamically oriented and affil. with Yale Univ. Trng. in New Haven avail. to qualified rsdnts. Prgm. includes affil. at CMHCs for ambulatory psychiatry in a commty. setting. Three and four yr. prgms. avail. dep. on level of trng. Extensive didactic tchng. schedule incldg. basic and clin. neurology. Supervision provided for inpt. and outpt. exper. with adult and adols. Apts. avail. for married rsdnts. with no chldrn. at no cost. Limited housing for married physicians with families. Sal. 1st yr. $13,777, 2nd yr. $14,693, 3rd yr. $14,947, and 4th yr. $16,348. Write to Robert B. Miller, M.D., Superintendent, Fairfield Hills Hosp., Newtown, CT 06470.

Norwich—PSYCHIATRISTS—Clin. and tchng. posns. avail. in 800 bed commty.-oriented MH facil. with many specialized forward-looking prgms. Computerized record keeping. Fully apprvd. three yr. rsdncy. trng. prgm. Sals. starting at $27,774 to $38,493, with addtl. paid call, excel. frng. bnfts., retirement and insur. prgms. Housing avail. Write Superintendent, Norwich Hospital, P.O. Box 508, Norwich, CT 06360, USA. An EOE.

Norwich—THREE YEAR fully accred. PSYCHIATRIC RESIDENCY posns. avail. for July, 1980 at Norwich Hosp., a commty.-oriented MH facil. Computerized and problem oriented record-keeping. Close assoc. with Institute of Living, St. Francis Hosp., and Univ. of Conn. Health Ctr. Beautiful surroundings close to ocean and near metro. ctrs. Sals.: PGY II, $17,722; PGY III, $17,994; PGY IV, $19,493. Free housing when avail. Excel. frng. bnfts. Write Director of Training, Norwich Hospital, P.O. Box 508, Norwich, CT 06360, USA. An EOE.

Stamford—PSYCHIATRIST 1/2 or full-time. Work with full-time psychiatrist as Clin. Dir. and consultant to 4 trtmt. units in multimodal drug trtmt ctr. Bd. qualified, CT licensed. Primary respon. at rehab. unit for polysubstance abusing women, comprising rsdnt., day care, & outpt. clients (+dependent children). Respon.: diag. evals., family therapy, trtmt. planning, supervision of staff counseling. Excel. frng. bnfts. with 30 hr. week. Sal. nego. CV to Doris DeHuff, 119 Main St., Stamford, CT 06901 (203) 359-3134.

DISTRICT OF COLUMBIA

AMERICAN ASSOCIATION OF PSYCHIATRIC SERVICES FOR CHILDREN-EXECUTIVE DIRECTOR. MH professional with demonstrated capacity for executive leadership with at least three yrs. of significant clin. exper. in a multidisciplinary chldrn.'s MH setting. Will be respon. for admin. of Central Office and representing AAPSC on the nat'l. scene. Sal. and terms of employment nego. Applications accepted until Nov. 1, 1979 to Robert S. Adams, M.D., Child Guidance Clinic of Waterbury, 70 Pine St., Waterbury, CT 06710.

ASSISTANT DIRECTOR—OFFICE OF EDUCATION—A major med. professional society, the American Psychiatric Association, is accepting applications for the posn. of Assistant Director, Office of Education. Respons. include planning and eval. of educational prgms. for physicians as well as managerial functions such as administration, project monitoring and personnel supervision. Candidates should have a doctoral degree and exper. in planning/implementation/eval. of educational prgms., faculty and curriculum dvlpmt., and/or educ. in the health professions. Please reply to: Carolyn Robinowitz, M.D., Deputy Medical Director, American Psychiatric Association, 1700 18th St., N.W., Washington, D.C. 20009.

GENERAL PSYCHIATRIST AND CHILD PSYCHIATRIST—Active innovative MH corp. seeking Bd. qualified/elig. GENERAL PSYCHIATRIST and CHILD PSYCHIATRIST to join team of psychiatrists, psychologist, nurse practitioner and social workers with well estab. growing prac. in Washington Metro. Area. Both gen. prac. and specialty areas in neuropsychology, affective disorders, alcoholism, psychopharmacology, and sexual disorders. Hosp. assn., two office locations. Profiit sharing and other bnfts. Send CV to Box P-967, *Psychiatric News*.

FLORIDA

PSYCHIATRIC RESIDENCIES—We have a limited number of attractive openings for the advanced trng. yrs. in General Psychiatry on Florida's Gulf Coast. Apprvd. Child Psychiatry Fellowships at the PGY-4 and 5 levels and Fellowships in Geriatric Psychiatry are also avail. Contact Dr. Glenn G. Golloway, Director of Residency Training, Dept. of Psychiatry, College of Medicine, Univ. of South Florida, Tampa, FL 33612, (813) 974-4242.

GEORGIA

Coastal Georgia-Savannah—BD. ELIG./CERT. PSYCHIATRIST Sal. to $42,000/$45,000 ann. plus employer paid malprac., life insur., vacation, sick leave, health insur. Contact Dr. Speriosu, Clinical Director, Ga. Regional Hosp., Savannah, P.O. Box 13607, Savannah, GA 31406, Ph. (912) 356-2043.

Macon—PSYCHIATRIST for busy prvt. general psychiatric practice. Inpt. and oupt.-New Psychiatric Unit. Can join corp. POSN. AVAIL. IMMED.! Reply Box P-959, *Psychiatric News*.

ILLINOIS

Dynamic opptys. in public sector psychiatry: Cook County Hosp. is the only public gen. hosp. in third largest U.S. metro. area; serving multi-ethnic pop. with wide variety of clin. conditions. Multidisciplinary outpt. psychiatry clinic needs PSYCHIATRIST DIRECTOR and half or full-time STAFF PSYCHIATRIST. Interest/exper. in prgm. planning/eval./admin. and multidisciplinary tchng. and consul. highly desirable. Univ. and other affils. at med. student, rsdnt., child and adol. fellow levels. Oppty. for research and univ. appt. Competitive sal. and excel. frng. bnfts. Send vitae to: Anne Seiden, M.D., Chairperson, and/or James Newman, M.D., Director Ambulatory Division, Dept. of Psychiatry, 214 B Bldg., Cook County Hospital, 1825 W. Harrison St., Chicago, IL 60612, or phone (312) 633-8900. EOE: Minority applicants strongly encouraged.

Chicago—FELLOWSHIP in law and psychiatry sponsored jointly by the Section on Psychiatry and the Law, Dept. of Psychiatry, Rush Presbyterian St. Lukes Medical Ctr. and the Illinois Dept. of MH and Developmental Disabilities beginning July 1, 1980. Fellowship includes exper. in criminal and civil forensic issues in inpt., outpt. and consultative settings. Auditing of selected law school courses req'd. Tchng. of senior rsdnts. rotating through Section expected. Should have completed psychiatric rsdncy., be elig. for Ill. lic. Sal.: $25,000. Reply with CV to James L. Cavanaugh, Jr., M.D., Director, Section on Psychiatry and the Law, Rush Presbyterian St. Lukes Medical Center, 1753 West Congress Parkway, Chicago, IL 60612, (312) 942-5588 or 5589. An AA/EOE.

Springfield—CHILD PSYCHIATRY FELLOWSHIP—SOUTHERN ILLINOIS UNIV. SCHOOL OF MEDICINE, a commty.-based med. school offers a flexible, integrated, apprvd. CHILD PSYCHIATRY TRAINING FELLOWSHIP in a growing Dept. of Psychiatry and Div. of Child Psychiatry. Early applicants may negotiate starting time, select rotations and integrate their prgm. with gen. psychiatry rsdncy. For application contact Robert H. Herrick, M.D., Chief, Division of Child Psychiatry, SIU School of Medicine, P.O. Box 3926, Springfield, IL 62708. Ph: (217) 782-5880. SIU is an EO/AAE.

INDIANA

THE INDIANA STATE HOSPITALS, at various locations throughout the State, have current and exceptional openings for PSYCHIATRISTS of most exper. levels. The sal. schedule now ranges from $37,726 to $50,544, with incremental increases. Frng. bnfts. are broad and generous. An adjunct prvt. practice is poss. and acad. affiliations can be discussed. While the Hospitals primarily seek full-time Physicians, part-time associations may be poss. Please reply, with a copy of the CV to: FORREST ASSOCIATES, P.O. Box 472, Murray, KY 42071 or call collect: (502) 753-9772. Forrest is retained in support of the Hospitals.

Large VA psychiatric hosp. in central Indiana with growing med. prgms. seeking PSYCHIATRISTS, INTERNAL MEDICINE AND GENERAL PRACTITIONERS. Excel. bnfts. under Civil Svc., living quarters on grounds, sal. commensurate with quals. Foreign degrees acceptable. Loc. in growing commty. within 1-3 hrs. of major metro. areas. Inquiries to Chief of Staff, VA Medical Center, Marion, IN 46952. EEO employer.

MEDICAL DIRECTOR—Staff Psychiatrist posns. open in new developing Compre. MHC. Located in the resort area of Northeast Ind., the posns. offer the combination of an excel. employment posn. with close access to several large cities for prvt. life. The Ctr. offers excel. sals., complete frng. bnfts., paid malprac. insurance and other expenses. Your applic. will be accepted in strict confidence. Call or write Dale Cochard, Executive Director, Northeastern Comprehensive CMHC, Inc., 305 East North St., Kendallville, IN 46755. Phone Number: 219-347-4400.

Fort Wayne—Oppty. for Bd. elig. or cert. PSYCHIATRIST to join well estab., busy office and hosp. prvt. prac. with psychiatrist in prac. for 16 yrs. Prefer a Christian. Have parapsychiatric assistants. Eclectic with indiv. and grp. psychotherapy, pharmacotherapy and a limited amount of electro-convulsive therapy. Financial arrangements open to discussion. IN. Lic. req'd. If interested send resume with refs. to Richard E. Mann, M.D., 1405 North Anthony Blvd., Fort Wayne, IN 46805.

Logansport—An expanding commty. prg. headquartered in this Northern Indiana city has a current opening for a STAFF PSYCHIATRIST, to join the Psychiatrist-Medical Director and the strong professional staff of this challenging and innovative Ctr. The entry sal. ranges from $40,000 to $50,000 p.a., dep. upon indiv. quals. and exper., plus generous frng. bnfts. Candidates should enjoy commty. prac. in a non-urban setting, which offers a pleasant life style at a favorable cost of living, plus ready access to Indianapolis, Chicago, etc. Please respond with a copy of the CV to: FORREST ASSOCIATES, P.O. Box 472, Murray, KY 42071 or call collect (502) 753-9772. Forrest is retained by the Ctr.

Richmond—A mature and expanding 5-county commty. prgm. based in this city has a current opening for a PSYCHIATRIST-MEDICAL DIRECTOR. Candidates must have commty. exper. and motivation for this type of practice; together with strong professional quals. Direction and trng. of staff is involved, plus some direct svcs.; as well as considerable consul. and liaison with external agencies. The entry sal. is nego. (dep. upon indiv. quals. and exper.) from $55,000 to $75,000 ann. Frng. bnfts. are generous and an acad. affiliation (if desired) can be discussed. Please respond to: FORREST ASSOCIATES, P.O. Box 472, Murray, KY 42071 or call (collect): (502) 753-9772. FORREST is retained by the prgm.

South Bend—There is a current opening for a SENIOR STAFF PSYCHIATRIST in a large and well-estab. Community Prgm. loc. in this city. The successful candidate will practice under the direction of the Medical Director—Psychiatrist and be involved in Diagnostic, Trtmt., and Consultative svcs. Entry sal. is nego. in the $46,000-$52,000 range (dep. upon individual quals. and exper.) plus excel. frng. bnfts. An acad. affiliation is poss. as well as an adjunct practice. Exper. in a commty. setting and motivation for practice with a multi-discpl. staff are important. Please respond with a copy of the CV to: FORREST ASSOCIATES, P.O. Box 472, Murray, KY 42071 or call collect (502) 753-9772. Forrest is retained in support of the Ctr.

IOWA

Ames—50 Doctor multi-specialty clinic seeks a fully trained and skilled PSYCHIATRIST to join psychiatrist and associates in this univ. town. The sal. is $50,000 guaranteed the first yr. with profit sharing to follow and substantial increase. Expertise req'd. in inpt., outpt. and consultive psychiatry; exper. with adols. and children desired. Travel expenses provided for promising candidates. Contact Jack Dodd, M.D., McFarland Clinic, Ames, IA 50010, (515) 239-4410.

KANSAS

Independence—PSYCHIATRIST, Bd. Cert. or Elig. Sal. $45,000 to $50,000. Primary duties include serving as Medical/Clin. Director of outpt. affiliate and alcohol-drug prgm. as well as direct clin. work. Both units are loc. in Independence. Independence has excel. recreat. prgms. and schls., incldg. a junior college. 2 excel. fishing and recreat. lakes within 5 miles. Good hunting. Compatible staff and good frng. bnfts. Write or call collect to John P. White, D.O., Medical Director, Psychiatric In-patient Unit, Mt. Carmel Medical Center, Pittsburg, KS 66762. Ph. (316) 232-1050. EOE.

Wichita—WE NEED—an energetic, well trained PSYCHIATRIST comfortable with autonomous prac. but capable of collaboration with other MH professionals, comfortable with many trtmt. modalities though with special interest in a few, who would enjoy a busy, stimulating gen. hosp. psychiatry-office psychiatry prac. YOU GET—association and early partnership with a well estab., busy prvt. prac. grp. of well trained

psychiatrists associated with other MH professionals who deliver compre. MH care to a cross-section of the commty. Advantages of the grp. include retirement, insur., prac. management, six weeks of vacation, others. WICHITA HAS—parks, trees, symphony, theatre, colleges and univs., an affil. med. school, rock concerts, night clubs, restaurants, golf courses and all other sports facils., water sports, museums and galleries, planetarium, bike trails. WICHITA DOES NOT HAVE—smog, snowed-in winters, urban blight, buffalo or tepees. SEEING IS BELIEVING! To learn more and arrange a visit, call or write: WICHITA PSYCHIATRIC CENTER, P.O. Box 8037, Wichita, KS 67208, Ph: (316) 684-0201.

KENTUCKY

A full-time PSYCHIATRIST to join prvt., multi-specialty grp. prac. and CMHC. Adjoining hosp., developing 20-bed MH unit. Excel. sal. and bnfts. Univ. commty. loc. in scenic Appalachian Mtn. foothills. Outstanding family living. CONTACT: Richard A. Callis, Administrator, Morehead Clinic, 234-R Flemingsburg Rd., Morehead, KY 40351, (606) 784-6641.

STAFF PSYCHIATRIST needed for CMHC which serves an eight county region of Eastern Ky. Must be Bd. Elig. Psychiatrist, preferably with CMH exper. Excel. oppty. for a dedicated professional. Immed. placement. Sal. commensurate with exper. and quals. Send CV with quals to Ms. Geraldine Smith, Acting Executive Director, Ky. River Community Care, Inc., P.O. Box 800, Hazard, KY 41701. (606) 436-5761. An EOE. M/F.

Hopkinsville—STAFF PSYCHIATRIST opngs. in 450-bed JCAH accred. psychiatric hosp. EXC. relationship with CMHC, outstdg. frng. bnfts. with univ. affil. poss. Ky. Lic. req'd., completion of 3 yrs. apprvd. rsdncy. Sal. $37,641 to $45,861, higher sal. poss. according to exper. and Cert. with poss. of addtl. income by PT employment for other agencies. Please write or call Calvin N. Turns, Chief of Staff, Western State Hospital, Hopkinsville, KY 42240. Ph.: (502) 886-4431. An EOE M/F/H.

LOUISIANA

New Orleans—The VA Med. Ctr. is actively recruiting for a CHIEF OF PSYCHIATRY. This is a 546 bed GM&S Hosp. with 88 beds devoted to psychiatric trtmt. (38 acute inpt., 50 drug & alcohol rehabilitation). In addition, the svc. has a range of outpt. prgms. to include a Mental Hygiene Clinic, Day Trtmt. Ctr., and Drug and Alcohol outpt. prgms. The svc. is affil. with the Dept. of Psychiatry and Neurology at Tulane and the successful candidate would be elig. for an acad. appt. Candidates must be bd. cert. in order to apply. Interested persons should write Daniel K. Winstead, M.D., VAMC, 1601 Perdido St., New Orleans, LA 70146 or phone (504) 568-0811, ext. 221 or 464. VA is an EOE.

Shreveport—PSYCHIATRISTS. The Dept. of Psychiatry at Louisiana State Univ. School of Medicine, Shreveport, LA has openings for two academically oriented Psychiatrists. One posn. is primarily outpt. with respon. for coordinating the outpt. prgm. for students and rsdnts. The other posn. offers developmental opptys. on the consul.-liaison svc. on in- or outpt. svcs. LSU School of Medicine has an active research and tchng. prgm. We are an eclectic multi-discipl. dept. with strong emphasis on acad. and research dvlpmt. Competitive sals. Shreveport has warm weather and excel. recreat. and cult. activities. Send inquiries to John T. Brauchi, M.D., Chairman, Dept. of Psychiatry, LSU School of Medicine, P.O. Box 33932, Shreveport, LA 71130. AA/EOE.

MAINE

Augusta—STAFF PSYCHIATRIST—Opening for Bd. Elig. psychiatrist to work in an acute care unit at the Augusta MH Institute, a hosp. for the mentally ill accred. by JCAH. Sal. nego. to $42,702 ann. for physicians with Bd. eligibility. Lib. bnfts. Many opptys. for after hrs. prac. Call collect or write Ulrich B. Jacobsohn, M.D., FAPA, Clinical Director, Augusta, ME 04330, (207) 622-3751.

Fort Fairfield—PSYCHIATRIST AMHC is a truly compre. CMHC with a staff of 100, which offers a full range of svcs. to people of all ages. Psychiat. staff presently consists of one Gen. Psychiat. We need you to share in medication review, supervision of a ten bed Inpt. Unit, and med./psychiat. consul., and we encourage you to tailor the remainder of your time to satisfy your own needs for partic. in staff dvlpmt., commty. educ., trtmt. of indvdls., fams., and/or grps., dvlpmt. of child psychiat. svcs., and consult. to other prof. staff. We would be int. in applics. from indvdls. who have completed apprvd. psychiat. rsdncys. and who have ints. in working with adults, chldn., or a combination of the two. Applics. from Career Child Psychiatrists would be most welcomed. Aroostook County has a peaceful, pollution-free, rural environ. in which both summer and winter recreat. opptys. abound. There are rolling hills, trout streams and lakes, small towns, two branches of the Univ. of Maine, and a Jet Airport. Frng. bnfts. incl. reloc. costs; 4 weeks vac.; a retirement pgm.; med., life, and disability insur.; and a compet. sal. Submit resume or call: Robert R. Vickers, Exec. Dir., Aroostook Mental Health Center, Fort Fairfield, Maine 04742. Ph: (207) 472-3511.

Maine: If you are coming or are interested we would be glad to help: Maine Psychiatric Association, Pres. Juergen Homann, M.D., EMMC, 489 State St., Bangor, ME 04401; (207) 947-3711, Ext. 421.

MARYLAND

STAFF PSYCHIATRIST incldg. oppty. for faculty appt. at affil. Univ. of MD. Bd. cert. preferred. Sal. range $38,000/43,000 plus $5,700 bonus dep. upon quals. and exper. Three-four bedroom housekeeping quarters avail. at reasonable rentals. Excel. recreat. facils. and within easy driving distance of Phila., Balt., and Washington. Lic. in any state req'd. U.S. citizenship preferred. An Equal Employment Oppty. Employer. Write: Chief, Psychiatry Service, VA Medical Center, Perry Point, MD 21902.

Baltimore—PSYCHIATRIC RESIDENT IN CLINICAL RESEARCH—Avail. at the PG-4 level; challenging elective yr. to work in studies on the outpt. trtmt. of schizophrenia—both psychological and biological; clin., research and administrative respons.; encouragement and support to pursue indiv. interests; conferences and extensive indiv. supervision for both research and clin. work; excel. educational oppty. at a growing and multifaceted research ctr. affil. with the Univ. of Md. (Md. Psychiatric Research Ctr., William T. Carpenter, Jr., M.D., Director.) Apply to Joseph H. Stephens, M.D., Director of Outpatient Studies, Maryland Psychiatric Research Ctr., Box 3235, Catonsville, MD 21228.

CROWNSVILLE HOSPITAL CENTER—Openings for STAFF PSYCHIATRIST with strong commty. orientation to help implement major prgms. at psychiatric hosp. with 620 average pt. pop., emphasizing close ties with commty. based agencies and resources. Conveniently loc. close to Baltimore Washington Metro. area, yet next to Annapolis and Chesapeake Bay for water oriented activities. Sal. nego., Maryland licensed, FLEX or reciprocity required. Call or write Luis R. Flores, M.D., Clinical Director, Crownsville Hospital Center, Crownsville, MD 21032.

Montgomery County—Dynamic commty.-oriented large prvt. clinic in Washington suburbs with excel. reputation and varied prgms. seeks MEDICAL DIRECTOR interested in clin. and administrative leadership posn. Write or call Search Committee, 4803 Hampden Lane, Bethesda, MD 20014 (301) 656-5220.

MASSACHUSETTS

ASSOC. DIRECTOR INPATIENT SVCS.-DIRECTOR DAY HOSP. Hosp.-based full-time posn. avail. 7/1/80. Will expand and administer current pilot day-hosp. prgm. and assist Chief of Psych. in clin. admin. of 20-bed inpt. unit. Hosp. is 400-bed major tchng. affil. of Univ. of Mass. Med. School with rapidly growing compre. Psych. Svc. incldg. multi-faceted ambulatory svcs. prgm. Posn. involves 60% clin. admin., spvsn., tchng.; 40% prvt. prac. encompassing inpt. and outpt. care. Remuneration comparable with prvt. prac. levels. Excel. bnfts. Oppty. for Univ. of Mass. faculty appt. Send resume to Howard S. Berger, M.D., Chief of Psychiatry, The Memorial Hospital, 119 Belmont St., Worcester, MA 01605. An EOE.

ASSOC. DIRECTOR MH CLINIC—20-hr. posn. avail. immed. in multifaceted ambulatory svcs. prgm., part of rapidly growing compre. Psych. Svc. with 20-bed inpt. unit in 400-bed gen. hosp. Major tchng. affil. of Univ. Mass. Med. School. Posn. includes ample oppty. to dvlp. prvt. prac. encompassing inpt. and outpt. care. Also includes spvsn., tchng., and oppty. for Univ. of Mass. faculty appt. Excel. sal. and bnfts. Send resume to Hernando Romero, M.D., Director, Mental Health Clinic, The Memorial Hospital, 119 Belmont St., Worcester, MA 01605. An EOE.

PSYCHIATRIST: Forty hrs. per wk. on acute, short-term, 20 bed, voluntary unit, affil. with Univ. of Mass. Med. Schl. Emphasis on family consul. and therapy and utilization of indiv., grp., milieu and medication therapies. Duties include supervision of staff and med. students, emerg. room screenings, and liaison psychiatry. Sal. and frng. bnfts. competitive. Located in the beautiful Berkshires, a four-season resort area. Write to James P. Cattell, M.D., Director of Psychiatry, Berkshire Medical Center, 725 North St., Pittsfield, MA 01201.

Boston—CHILD PSYCHIATRISTS—The Child Psychiatry Svc. of the Tufts New England Med. Ctr. Hosp. has openings avail. for several prgms. These posns. require the provision of direct clin. svcs., consul., and tchng. Sal. is dependent on level of trng. and exper. All posns. include an acad. appt. within the Dept. of Psychiatry, Tufts Univ. Schl. of Medicine and a staff posn. at the New England Med. Ctr. Hosp. If interested, please send vitae to: Joseph J. Jankowski, M.D., Director of Ambulatory Services and Community Child Psychiatry, NEW ENGLAND MEDICAL CTR. HOSPITAL, 171 Harrison Ave., Boston, MA 02111. An EOE M/F.

Boston—FELLOWSHIP, Liaison-Consul. Psychiatry. Full-time to begin July 1, 1980 at Boston City Hosp. Excel. Sal. Prgm. incl. wide range of didactic and Clin. expers. in the various aspects of Liaison, Consul. and Psychosomatic Medicine. Oppty. avail. for tchng. and clin. research. Affil. with Boston Univ. Med. Ctr.-Div. of Psychiatry. Send CV to Kenneth H. Kaplan, M.D., Chief, Liaison Consultation Service, Boston City Hosp. Ambulatory Care Center: Rm. 4S-31, 818 Harrison Ave., Boston, MA 02118.

Boston—PSYCHIATRISTS to work as moonlighters on nights, weekends and holidays in a busy gen. medical surgical hosp. Send resumes to Box P-951, *Psychiatric News*.

Boston Area—OUTPATIENT PSYCHIATRIST posn. now avail., Brockton VA Med. Ctr., an affiliated Harvard tchng. ctr. 30 mins. from Boston. The Psychiatrist will work with five-member team triaging and evaluating pts. and doing insvc. trng. in eval. and crisis intervention. Faculty appt. at Harvard Med. Schl. avail., along with continuing education prgm. Research interests encouraged. Please send CV to Harry S. Olin, M.D., Chief of Psychiatry, Medical Center, Brockton, MA 02401, or for further info. call (617) 583-4500, ext. 496. An EOE.

Fitchburg—STAFF PSYCHIATRIST—Half time salaried posn. in 20-bed inpt. unit in regional referral ctr. Serve as team leader for ten pts. and staff supervisor. Also excel. oppty. for prvt. prac. and univ. tchng. appt. if desired. Lovely area one hr. from Boston. Call or write Philip J. Sandler, M.D., Burbank Hospital, Fitchburg, MA 01420, Phone (617) 345-4311.

Lawrence—PSYCHIATRISTS, Inpt. and Outpt. Greater Lawrence MHC, Inc., a developing CCMHC less than 30 miles north of Boston, is seeking child and adult psychiatrists for a variety of interesting and challenging clin. posns., to start immed. The posns. range from inpt. psychiatry to part-time outpt. consul., and may include emerg. and routine evals. of chldrn., adols., and adults, forensic exams, supervision and tchng., clin. consul. Clin. research possibilities for qualified candidates. You will be joining a large multidiscipl. staff, incldg. Bd.-cert. psychiatrists. There are opptys. for growth and professional advancement. Quals. are bd. eligibility/certification in Adult Psychiatry and the ability to obtain a Mass. lic. Sal. and frngs. are competitive. Reply with current CV in confidence to: Chief Psychiatrist, GLMHC, Inc., 581 Andover St., Lawrence, MA 01843, or call (617) 683-3128. EOE.

Lowell—PSYCHIATRISTS. Solomon MHC is seeking qualified psychiatrists for two posns., full or part-time for the Outpt. Dept. and part-time for the Inpt. Svc. We are a compre. CMHC serving the Greater Lowell Area (pop. 230,000). Our core svcs. are a short-term Inpt. Unit, and active Outpt. Dept. with a newly developed and growing Day Trtmt. Prgm. and other outreach activities. Lowell is loc. at Interstate Hwy. 495 and Rte. 3 with excel. connections to Boston, N.H., and the seashore. Reimbursement can be either State posn. with frng. bnfts. or contract based on $25 per hr. Oppty. to earn addtl. income. Please contact Bertram VonZabern, M.D., Clinical Director, Solomon Mental Health Center, 391 Varnum Ave., Lowell, MA 01851, phone (617) 454-8851.

MICHIGAN

CHILD FELLOWSHIPS—York Woods Ctr. for residential psychiatric trtmt. of emotionally disturbed chldrn. and adols. is accepting applicants for July 1980, for a two-yr. accred. Child Psychiatry Fellowship Prgm. Dynamic tchng. staff and affil. with the Univ. of Michigan Child Psychiatry Prgm., as well as Child Guidance Clinic and other commty. agencies. Sal. range is from $37,249 to $39,880 plus frng. bnfts. Contact Norma Gutierrez, M.D., Director, York Woods Center, Box A, Ypsilanti, MI 48197.

CHILD PSYCHIATRIST—Full-time child psychiatrist needed for staff at York Woods Ctr. for residential psychiatric trtmt. of emotionally disturbed chldrn. and adols. Oppty. to work with dynamic grp. of staff child psychiatrists, child fellows, and rsdnts. Applicant must be Bd. Elig. and preferably Bd. Cert. in Child Psychiatry. Sal. range is from $53,912 to $59,445 plus frng. bnfts. Please contact Norma Gutierrez, M.D., Director, York Woods Center, Box A, Ypsilanti, MI 48197.

DIRECTOR OF TRAINING—York Woods Ctr. for residential psychiatric trtmt. of emotionally disturbed chldrn. and adols. is seeking an immed. full-time Director of Trng. for our ongoing Child Psychiatry Fellowship Prgm. Five full-time child psychiatrists are on the staff, as well as part-time and consulting specialists. Applicant must be Bd. Elig. and preferably Bd. Cert. in Child Psychiatry. Sal. range is from $56,626 to $62,431 plus frng. bnfts. Please contact Norma Gutierrez, M.D., Director, York Woods Center, Box A, Ypsilanti, MI 48197. A current CV would be appreciated.

Leading CMHC needs 2 PSYCHIATRISTS, 1 CHILD PSYCHIATRIST. Opptys. for Outpt., Inpt., Consul., Crisis & Commty. work. Min. Court and Admin., Poss. acad. appt., sal. 48 to $60,000. Attractive midwestern urban, cult., recreat. ctr., dozen colleges within 100 miles, CV or call Fergus H. Mann, ACSW, Ph.D., 500 Hancock, Saginaw, MI 48602, (517) 799-3822.

One or two yr. FELLOWSHIPS in Consul.-Liaison Psychiatry and Psychosomatic Medicine. Major univ. med. ctr. Preparation for leadership career in acad. or subspecialty field. Supervised clin. work and research project. Seminar instruction. Exper. in tchng. Prerequisite 2 or 3 yrs. psychiatry rsdncy. Sal. dependent on level of trng. Call or write George Curtis, M.D., Dept. of Psychiatry, Univ. of Michigan Medical Center, Ann Arbor, MI 48109 (313) 764-5348. A Non-discriminatory, AAE.

PARTNERSHIP IN PSYCHIATRIC OFFICE—Estab. Prvt. practice assoc. with 27 bed psych. unit in Gen. Hosp. Income in 6 figure range. Frngs. malprac., disability, health insur., vacation, sick leave, etc. Excel. retirement plan. Current MI lic. req'd. Loc. on Lake Huron in northern MI, growing commty., excel. Class A school system. Reply Box P-956, *Psychiatric News*.

STAFF PSYCHIATRIST needed for County MHC. Prgm. is well estab. and enjoys excel. commty. support. Applicants must have received a med. degree from an accred. univ. or med. school; be elig. for licensure to prac. medicine in the State of Mi.; and have completed an apprvd. rsdncy. in psychiatry. Attractive Lake Mi. shoreline commty. offers excel. family, educational, and recreat. opptys. Compensation range to $52,423 with lib. frng. bnft. pckg.; beginning sal. dependent upon exper. and quals. Qualified candidates are invited to send resumes to the Personnel Dept., Muskegon County Building, 990 Terrace, Muskegon, MI 49440.

Pontiac—PSYCHIATRIST—CHIEF OF CLINICAL AFFAIRS—Clinton Valley Ctr. in Pontiac, MI., (near Detroit), is seeking a Bd. Cert. Psychiatrist to administer all clin. prgms. in a State facil. for the mentally ill using an interdisciplinary team approach. Must be fully committed to quality pt. care, efficient admin. and positive personnel practices. Reqs. include: bd. certification in psychiatry, possession of MI. lic. to prac. medicine or osteopathic medicine, four yrs. exper. as a psychiatrist in a MH facil. or clinic, two yrs. of which shall have been as director of a major chldrn.'s or adult division. Bnfts. include: paid vacation and sick leave, paid holidays, grp. insur. plans, pay increases, retirement plan and a deferred compensation plan. Sal.: $57,000 to $69,500 (Psychiatrist V). Please send resume to: Director, Clinton Valley Center, 140 Elizabeth Lake Rd., Pontiac, MI 48053, Phone: (313) 338-7241. An EOE.

MINNESOTA

CHILD PSYCHIATRIST FT to help organize and deliver child psych. svcs. for dvlpng. MH prgm. of 22-yr. old multi-spec. grp. (HMO) serving 125,000 in the Twin Cities. Exc. med. staff sal. frng. bnfts. and quality of life. Oppty. and time provided for tchng. Send CV to: R. J. Rauch, M.D., Chairman, MH Dept., Group Health Med. Ctr., 606 24th Ave., South, Minneapolis, MN 55454 Call Collect (612) 371-1661.

CLINICAL AND ADMINISTRATIVE OPENINGS for Psychiatrists with the State of MN. Sal. $40,000-60,000. Regular hrs., lib. bnfts. Call or write Ronald C. Young, M.D., Medical Director, Minn. Dept. of Public Welfare, Centennial Bldg., St. Paul, MN 55155 (612/296-3058).

Minneapolis—FELLOWSHIPS IN CONSULTATION PSYCHIATRY—Full-time 1-2 yr. fellowship posns. avail. beg. July 1980 at Univ. of Minn. Hosp. through NIMH funded trng. prgm. Combines clinical exper. tchng., seminars, and oppty. to join ongoing consul. outcome research, incldg. publication of findings. Must have min. of 2 yrs. apprvd. rsdncy. trng. Send inquiries to M. K. Popkin, M.D., Box 345, Mayo Building, University of Minnesota Hospitals, Minneapolis, MN 55455.

Minneapolis—PSYCHIATRISTS (2, FT) for further expansion of young MH staff in well established multi-spec. grp. (HMO) serving 125,000 in the Twin Cities. One posn. involves coordinating inpt. svcs. although some outpt. work is included. The clin. activity of the other adult psychiatric posn. involves nearly exclusively outpt. work. Both posns. can have consultation-liaison as well as supervisory functions and require at least bd. eligibility and proficiency in dynamic psychiatry and psychopharmacology. Sal. and frng. bnfts. are excel. Oppty. and time provided for tchng. Send CV to: R. J. Rauch, M.D., Chairman, MH Dept., Group Health Med. Ctr., 606 24th Ave., South, Minneapolis, MN 55454 or call collect (612) 371-1661.

Minneapolis-St. Paul—PSYCHIATRIST—Growing and innovative psychiatric clinic needs a psychiatrist to provide adult outpt. and inpt. svcs. Would be willing to work out arrangements for a buy-in partnership after three yrs. Until that time we will provide a good sal., a percent of billing above sal. and excel. employee bnfts. Please send CV to the Corman Psychiatric Clinic in care of James Tweedy, Administrator, 6155 Duluth St., Golden Valley, MN 55422.

MISSISSIPPI

PSYCHIATRIST, newly funded rural CMHC serving four counties in Northeast MS. Oppty. for bd.-elig. psychiatrist for diversified clin. prac. with multi-disciplinary staff. Sal. and frng. bnfts. very competitive. Oppty. for part-time prvt. prac. Ample outdoor recreat. facils.; 85 miles from Memphis. Send resume to: Paul W. Hunninen, ACSW, Executive Director, Timber Hills MH Services, P.O. Box 830, Corinth, MS 38834. Phone: (601) 287-4424. EOE.

Jackson—TWO FACULTY POSNS. (Jr. and Sr. levels) at Ole Miss. avail. Oct. 1. Child psych. for 1980. Ambitious, sophisticated. Univ. Med. Ctr. educ. 1400 students (600 med.) in beautiful, prgsv. safe, growing city; full time psych. faculty of 25. Seeking clinicians with acad. quals., tchng. and research interests for 25 bed inpt., outpt., or cs svcs. Base sal., plus grp. insur., plus geo. prvt. prac. EOE. Write or reverse chgs. to Drs. Ed Draper or Garfield Tourney, Dept. of Psychiatry, UMC, (601) 987-3758.

Vicksburg—Full-time STAFF PSYCHIATRIST for growing CMHC. Two outpt. clinics in two-county, semi-rural area, both 50 miles from Jackson, state capitol and site of univ. med. facils. Need team-oriented person interested primarily in direct pt. svc. Provide inpt. trtmt. at up to three local hosps. and outpt. care. Total ctr. caseload 800. Few administrative respons. Excel. back-up from rest of clin. staff. Must be bd. elig., able to be licensed in MS, and live within catchment area. Prvt. pract. permitted. Have no full-time psychiatrists on staff and none in catchment area. Sal. $40,000 to $60,000, dep. on quals. and exper. Excel. frngs. Send vita to: Director, Warren-Yazoo Mental Health Service, P.O. Box 1418, Vicksburg, MS 39180.

MISSOURI

CHILD PSYCHIATRISTS—The Greater Kansas City MH Foundation announces posns. for Child Psychiatrists, avail. immediately in its acad. and clin. prgms.; closely affil. with the UMKC Schl. of Med., with involvement in the education of med. students, psychiatric rsdnts. and child fellows; this is a prominent CMHC serving the pop. of Western Missouri, with the children's and adult inpt. and active outpt. facils.; a consul. and liaison svc. in the Univ. Hosp. Sal. range: $40,000-$50,000. Acad. rank and sal. depend on exper. and quals. Please send resume and inquiries to: Charles B. Wilkinson, M.D., Executive Director, 600 East 22nd. St., Kansas City, MO 64108.

GENERAL PSYCHIATRIST posn. Needs person with a desire to work in area of forensic, inpt. and outpt. svcs. Diversified clin. staff of 30, City of 191,000 in Ozarks Lake Country. Sal. $45,000 range, plus exceptional frng. Send resume to: P.O. Box 1611, SSS, Springfield, MO 65805.

PSYCHIATRISTS—The Greater Kansas City MH Foundation announces staff psychiatry posns. for its acad. and clin. prgms. We are closely affil. with the UMKC Schl. of Med., with involvement in the education of med. students, psychiatric rsdnts. and child fellows. This is a prominent CMHC, serving the pop. of Western Missouri, with children and adult inpt. and outpt. facils.; a consul. and liaison svc. in the Univ. tchng. hosp. Sal. range: $38,500-$40,000. Acad. rank and sal. depend on exper. and quals. Send resume and inquiries to: Charles B. Wilkinson, M.D., Executive

Director, Greater K.C. Mental Health Foundation, 600 E. 22nd St., Kansas City, MO 64108.

STAFF PSYCHIATRIST: Immed. opening to work with bd. cert. medical director and experienced staff psychiatrist. Compre. CMHC serving 5-county area with pop. of approx. 100,000. CMHC has 51 staff and is dept. of new 252-bed regional med. ctr.; compre. med. specialties avail. Scenic univ. city of approx. 46,000, 100 miles south of St. Louis. Sal. up to $60,000. Bnfts. include 1 week CME, professional fees, med. insur., 3 weeks' vacation. Extra bnfts. for bd. certification. An EOE. Inquire: Morty Lebedun, Director, St. Francis Mental Health Center, 211 St. Francis Dr., Cape Girardeau, MO 63701 (314) 334-9631.

St. Louis—POST-DOCTORAL FELLOWSHIPS, MISSOURI INSTITUTE OF PSYCHIATRY. Post-doctoral research fellowships for M.D.'s and Ph.D.'s are immed. avail. at the Missouri Institute of Psychiatry (MIP), Saint Louis, MO. Special research emphases are avail. in MH computer application, neurochemistry, social or urban studies, and some areas of clin. research. Although the prgm. is conceptualized as a two-yr. fellowship, consideration of one-yr. appts. is poss. MIP is a St. Louis segment of the Univ. of MO.-Columbia, Schl. of Medicine, with faculty members holding acad. appts. in the Dept. of Psychiatry and Biochemistry. All fellows will receive acad. appts. in appropriate depts. For further info., applicants should send a resume and a brief description of their objectives as a Post-Doctoral Fellow to: Office of Graduate Education, Missouri Institute of Psychiatry, 5400 Arsenal St., St. Louis, MO 63139. The Univ. of MO. is an equal oppty. employment institution.

MONTANA

STAFF PSYCHIATRIST—to provide direct pt. svcs. in all phases of a nationally commended rural MHC with a high quality multidiscpl. staff. Posn. loc. in a rural area with hunting, fishing and camping literally only mins. away. Starting sal. range $40,000-$50,000 dep. on exper. plus lib. frng. bnfts. Send CV to: Frank L. Lane, Executive Director, 1819 Main St., Miles City, MT 59301. EOE.

Helena and Butte—Bd. Cert. or Bd. Elig. (ABPN) to join a staff of 2 psychiatrists in prgsv. rural CMHC with a high quality multi-discpl. staff in beautiful scenic mountainous area with hunting, fishing, skiing and other outdoor recreation. Posn. involves providing psychiatric svcs. to all phases of estab. prgms. with limited travel involved. Sal. range mid $40,000's dep. on exper. Excel. frng. bnfts. incldg. paid health insur., paid educational leave, plus help with relocation expense. Send resume to: Floyd Stancliffe, M.D., Clinical Director, 512 Logan, Helena, MT 59601, or call collect to: David Briggs, MSW, Executive Director-(406) 442-0310.

NEBRASKA

CENTER DIRECTOR—Great Plains MH Svcs. has an immed. opening for a Ctr. Director. Quals.: Must have at least a Master's degree in one of the following: psychology or educational psychology, social work, counseling. Must have at least two yrs. exper. in admin. and supervision of MH or related prgms. Duties: The Ctr. Director will be directly respon. to the Regional Director of Region II Human Svcs. for the day-to-day admin. and supervision of prgms., systems, and staff. Great Plains MH serves a 17 county area with 6 separate clinic locations and a staff of approx. 50 persons. Sal.: $20,000-$25,000 per yr. with lib. bnfts. incldg. expenses for one conference or workshop per yr. Application Deadline: Nov. 15, 1979. Send Vita or Resume to: W. Keith Evans, Ph.D., Chairman, Screening Committee, Great Plains MH Services, P.O. Box 1209, North Platte, NB 69101, (308) 532-4050.

CLINICAL PSYCHOLOGIST—Nebraska CMH Svcs. has an immed. opening for a Clin. Psychologist. Quals.: Ph.D. in Clin. Psychology and exper. in a clin. setting. Must have or be elig. for Nb. lic. Duties: Indiv., family, and grp. psychotherapy; prgm. dvlpmt.; clin. supervision of Master's level therapists; and psychodiagnostic testing. Sal.: $17,000-$20,000 per yr. with lib. bnfts. incldg. expenses for one conference or workshop per yr. Application Deadline: Nov. 15, 1979. Send Vita or Resume to: W. Keith Evans, Ph.D., Chairman, Screening Committee, Great Plains MH Services, P.O. Box 1209, North Platte, NB 69101, (308) 532-4050.

PSYCHIATRIST VACANCY—Mid-Nebraska Commty. MHC has an opening for a bd.-cert. or bd. elig. psychiatrist to serve in the MNCMHC svc. network. Current licensure or eligibility for licensing in the State of Nebraska is required. Sal. is quite competitive. Opptys. for prvt. practice can probably be developed. Mid-Nebraska Commty. MHC is loc. in a commty. of 35,000 people. Outdoor recreat. activities are avail., as well as ample cultural exper. Competitive frng. bnfts. include paid mal-practice insur. EOE. Apply: Mr. D. H. Smith, Mid-Nebraska Community MHC, Box 1763, Grand Island, NB 68801.

Lincoln—PSYCHIATRIST wanted for full time posn. in a compre. MHC. Sal. nego. dep. on quals. Attractive univ. city of 180,000. Apply: Charles Richardson, M.D., Medical Director, CMHC of Lancaster County, 2200 St. Mary's Ave., Lincoln, NB 68502, (402) 475-9561.

Norfolk—STAFF PSYCHIATRIST for adult, inpt. practice at modern, progressive, JCAH accred., 208 bed state psychiatric hosp. in commty. of 20,000. Sal. range of $39,800 to $43,800 for those completing rsdncy.; $43,500 to $60,850 for bd. elig., and $47,500 to $65,500 for bd. cert., depending on exper. Applicants must be elig. for Nebraska licensure. Contact: H. D. Herrick, M.D., Superintendent, Norfolk Regional Center, Box 1209, Norfolk, NB 68701. Phone: 402-371-4343.

Omaha—ASSISTANT PROFESSOR, ASSOCIATE PROFESSOR or PROFESSOR qualified in child psychiatry. Duties include tchng., clin. supervision, and research. Sals. competitive. Med. svc. plan permits sal. supplementation through prvt. pract. Starting date July 1, 1980, or before. Send CV and bibliography (publications not essential at assistant professor level) to: Merrill T. Eaton, M.D., Professor and Chairman, Dept. of Psychiatry, Univ. of Nebraska College of Medicine, 602 South 45th St., Omaha, NB 68105. An EOE M/F/H.

Omaha—ASSISTANT PROFESSOR OR ASSOCIATE PROFESSOR interested in trtmt. of adult outpts. Duties include tchng., clin. supervision, and research. No administrative respon. Sal. competitive. Med. Svc. Plan permits sal. supplementation through prvt. prac. Starting Jan. 1, or July 1, 1980, or by arrangement. Send CV and bibliography (publications not essential for assistant professor applicant just completing trng.) to: Merrill T. Eaton, M.D., Professor and Chairman, Dept. of Psychiatry, Univ. of Nebraska College of Medicine, 602 South 45th St., Omaha, NB 68105. EOE.

NEVADA

Nevada MH Institute is accepting applications for PSYCHIATRISTS. Must be Bd. Cert./Elig., and elig. for licensing in NV. Posn. involves direct pt. svcs. as a member of a high quality multidisciplinary staff. Loc. in scenic Sierra foothills with hunting, fishing, skiing and other outdoor recreation; four hr. drive from San Francisco. $46,074 to $47,080 plus frng. bnfts. Send complete resume with refs. to Mujahid Rasul, M.D., Acting Medical Director, Nevada MH Institute, P.O. Box 2460, Reno, NV 89505. Phone: (702) 322-6961. Applicants will be respon. for their own travel and related expenses incurred in the exam. process for State posns. An EOE.

Reno—TIRED OF SMOG, URBAN SPRAWL, AND PROFESSIONAL STAGNATION? A new wind of intensive prgm. dvlpmt. is blowing through the commty. of Reno. We are looking for eclectic well-trained PSYCHIATRISTS interested in prvt. gen. practices of adult, and child and adol. psychiatry—and in actively helping to shape the future directions of new prgms. in northern Nevada's major hosp. ctr.; which also serves as the clin. affiliation for the Univ. of NV. Med. Schl.; in a projected free-standing prvt. psychiatric hosp.; and in svcs. to rural as well as urban areas. Univ. tchng. affils. poss. We are a family-oriented univ. town which is the cult., financial and professional ctr. of northern NV. and the wonderland of the Sierra high country. No state income or estate taxes. Send resume to Leslie H. Gould, M.D., Sierra MH Medical Group, 850 Mill St., Reno, NV 89502.

NEW HAMPSHIRE

LIAISON PSYCHIATRY FELLOWSHIP. Post-rsdncy. fellowship in consul.-liaison psychiatry at Dartmouth-Hitchcock Med. Ctr. to begin July 1, 1980. Well estab. and known prgm. Clin. work, supervision of psychiatric rsdnts., tchng. med. students, and clin. research. Send applications to Z. J. Lipowski, M.D., Director, Psychiatric Consultation Service, Dartmouth Medical School, 9 Maynard St., Hanover, NH 03755. Phone (603) 643-4000 ext. 3697.

MEDICAL DIRECTOR—Psychiatrist, bd. cert. or elig. to coordinate/supervise psychiatric svcs. for compre. CMHC. Respon. for agency quality assurance, liaison with commty. hosp., small psychiatric hosp., direct svc. and consul. Sal. nego. Excel. bnfts. EOE. Send resume and sal. reqs. to Personnel Director, Mental Health Center for Southern N.H., Medical Arts Building, Birch St., Derry, NH 03038.

PSYCHIATRIST—Full time posn. for Bd. Elig./Cert. Psychiatrist. Compre. CMHC 70 miles north of Boston. Posn. will include svcs. to Partial Hospitalization, Emerg. Svcs. and Outpt. Svcs. Opptys. for trng., consuls., staff dvlpmt. and C&E; work with team of 3 other psychiatrists. Excel. bnfts. Sal. nego. Pleasantly loc. in four-season recreat. area. Send resume to George Shaka, M.D., Director of Clinical Services, Central New Hampshire CMH Services, Inc., 5 Market Lane, Concord, NH 03301. An EOE.

STAFF PSYCHIATRIST—N.H. Bd. Cert. or elig.; for acute inpt. and day-hosp. components of new, compre. CMHC; will participate in expansion of svcs., staff dvlpmt., consul., liaison and trng. Sal. nego. Excel. bnfts. EOE. Send resume and sal. reqs. to Personnel Director, Mental Health Center for Southern N.H., Medical Arts Building, Birch St., Derry, NH 03038.

NEW JERSEY

N.J.'s largest prvt. psychiatric hosp. seeks an ADOLESCENT PSYCHIATRIST to develop a new prgm. for a growing adol. pop. Excel. income from combination of sal. and fee for svc.; good frng. bnfts. and vacation policy. Pleasant rural location in Central N.J. near Princeton; easy access to N.Y., Phila., and shore areas. Send CV to George Wilson, M.D., Medical Director, Carrier Foundation, Belle Mead, NJ 08502.

Ancora—Immed. openings for STAFF PSYCHIATRISTS and STAFF PHYSICIANS in 1000 bed JCAH and AMA Accredited Psychiatric Hosp. with 4 yrs. apprvd. Rsdncy. Trng. Affiliated with Temple Univ. Hosp., Dept. of Psychiatry. Loc. 30 miles from Atlantic City and Phila. Sal: $31,457 to $44,888. Prvt. Prac. after duty hrs. permitted. Lib. frng. bnfts. include Professional Liability, Blue Cross, Blue Shield, and Life Insur. Write Max C. Pepernik, M.D., Medical Director, Ancora Psychiatric Hosp., Box-C, Hammonton, NJ 08037, or call (609) 561-1700, ext. 203.

NEW MEXICO

Albuquerque—CHILD PSYCHIATRIST for Director, New Mexico Children's Psychiatric Ctr., and senior faculty member, Div. of Child Psychiatry, UNM Schl. of Medicine. Must be cert, or elig. for certification in child psychiatry. Exper. essential in working therapeutically in inpt. settings with severely disturbed psychotic chldrn. up to fourteen yrs. of age. Administrative exper./ability to integrate developmentally oriented psychotherapy, milieu and psychopharmacologic trtmt. prgm. with educ. and sensory-motor remedial prgms. req'd. Interests in research/tchng. important. Sal. nego. based on quals. Address inquiries to: Irving N. Berlin, M.D., Director, Division of Child Psychiatry, UNM School of Medicine, Albuquerque, NM 87131. AA/EOE.

NEW YORK CITY & AREA

CHILD PSYCHIATRIST—To run an inpt. unit for adols. Involves tchng. and research. Level of appt. will be commensurate with exper. Send resume to: John G. Welch, M.D., State University of N.Y., Downstate Medical Center, Box 32, 450 Clarkson Ave., Brooklyn, NY 11203. EO/AAE.

In the heart of N.Y. City, a large psychiatric ctr. with a staff of over 100 physicians and a pt. pop. of 1,400 inpts. and 4,500 outpts. is actively recruiting PSYCHIATRISTS on a continuous basis. Completion of apprvd. rsdncy., N.Y.S. Lic.; Bd. Cert. or Bd. Elig. Sal. range $40,030 to $50,203 dep. on quals. Generous frng. bnfts. Pleasant working conditions in an atmosphere conducive to professional dvlpmt. Send CV to Roger Biron, M.D., Deputy Director Clinical, Manhattan Psychiatric Center, Ward's Island, NY 10035.

PSYCHIATRIST, to integrate eclectic grp., part-time, evenings and/or Saturdays, oriented toward biological psychiatry, interested in research. Please send CV to: J. A. Yaryura-Tobias, M.D., Bio-Behavioral Psychiatry, P.C., 560 Northern Blvd., Suite 209, Great Neck, NY 11021, (516) 487-7116.

PSYCHIATRIST POSN.: Fellowship in psychoanalytic trng. combined with ideal post-rsdncy. clin. prgm. Intensive super., practical courses. Also: prgms. in grp., family, child therapy, CMH consul., social rehab., research. Sal. dep. on number of clin. svc. hrs. Contact: Henry G. Grand, M.D., Director of Psychiatry, Postgraduate Center for Mental Health, 124 E. 28th St., New York, NY 10016.

RESIDENCY APPLICATIONS being acceptd. for trng. in appvd. 4 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 com.-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: $16,780-$19,500 per yr. Write Director of Education & Training, Dept. of Psychiatry, Harlem Hosp. Ctr., Lenox Ave. & 136th St., New York, N.Y. 10037.

Port Chester—STAFF PSYCHIATRIST-Lic., Prgm. of intensive psychotherapy; dynamic therapeutic setting; oppty. to learn and advance; good sal. and prvt. prac. privileges; tchng. appointment avail. if qualified. Write: Alexander Gralnick, M.D., High Point Hospital, Port Chester, NY 10573 or call (914) 939-4420.

NEW YORK STATE

PSYCHIATRISTS—to work in a children's psychiatric facil. with med. schl. affil. and faculty appts. possible. We are a N.Y.S. facil. delivering compre. inpt. and outpt. svcs. to chldrn. and adols. in the Mid-Hudson Region. Immed. vacancies in the Counties of Westchester, Rockland, Orange and Sullivan. Child psychiatric trng. or exper. preferred. Sal. $40,230 to $47,833, dep. upon quals., with generous N.Y.S. Civil Svc. frng. bnfts. Resume to: Personnel Officer, Rockland Children's Psychiatric Ctr., Orangeburg, NY 10962, or phone collect: (914) 359-7400, Ext. 2829. AAE.

SUNY/BUFFALO—SCHOOL OF MEDICINE—DEPARTMENT OF PSYCHIATRY—The Dept. of Psychiatry, SUNY/Buffalo, under new leadership is recruiting for DIRECTOR of Clin. Svcs. and other clin. tchng. posns. at junior and senior faculty levels at its clin. facils. which include a new Commty. MHC, a new county hosp., V.A. hosp., and children's hosp. Quals.: Commensurate with respons. of posn. Eligibility for N.Y.S. lic. required. Boards essential for senior posns. Sal.: Senior sals. in $60,000 range for geographic full time with excel. prvt. practice potential to supplement income. Contact: Marvin I. Herz. M.D., Professor and Chairman, Dept. of Psychiatry, SUNY/Buffalo, 462 Grider St., Buffalo, NY 14215, (716) 898-3251. AA/EOE.

Chautauqua County—PSYCHIATRIST; Bd. Cert. preferred. Any desired mix of office practice, inpt., and consul. with county guarantee of $50,000 gross. Chautauqua County, N.Y. is resort area with cult. advantages of Chautauqua Institution. Contact—Commissioner Charles Weis, (716) 488-0744, Jones Hill Professional Bldg., or Ralph Walton, M.D. (716) 664-7230, 102 Forest Ave., both in Jamestown, NY 14701.

Elmira—THREE IN ONE: Three challenging and creative half-time psychiatric posns. avail. in Elmira, N.Y., New York's Southern Tier gateway to "the Switzerland of America," the spectacular Finger Lakes region. Dynamic, congenial, multi-discipline staff of outpt. County MH Clinic seeks keen, caring and innovative leadership: three Bd. cert. or elig. PSYCHIATRISTS for posns. of Clinic Director and Staff Psychiatrist, and Forensic Psychiatrist serving County Jail, Courts and Probation Dept. Competitive sals. Wide-open need for prvt. prac. in this drawing area of 250,000. Recreat. and cult. pursuits for all: with the availability of beautiful parks through the hills and shores couching the ten Finger Lakes, summer theaters, arts ctrs. and five area colleges and univs. Beat the pressures of urban America with outstanding professional opptys. combined with quality living . . . a great place to raise a family! Send CV to Stephen Burns, M.D., Clinic Director, Chemung County MH Clinic, Heritage Park, Elmira, NY 14901, phone: (607) 737-2908.

Ithaca—Immed. opening. PSYCHIATRIST/DIRECTOR of new unopen 13-bed inpt. unit in 200 bed new gen. hosp. in univ. commty. Possibility of acad. appt. Director will be respon. for prgm. and staffing patterns, developing new short term inpt., crisis intervention, unique oppty. for prgm. dvlpmt. Consul. avail. Requires Bd. elig. and N.Y.S. lic. Administrative exper. desirable. Contact Tompkins County Personnel, Court House, Ithaca, NY 14850.

Malone—PSYCHIATRIST—Bd. Cert. or Elig., needed to serve a pop. of over 30,000. Loc. 70 miles from Montreal; 60 miles from Lake Placid, home of the 1980 Winter Olympics; 100 miles from Univ. of Vermont Med. School. A modern 90-bed Hosp. with a 75-bed SNF attached. Yr. round recreat. facils.—situated in foothills of Adirondack Mtns. Write to: Executive Vice President, The Alice Hyde Hospital Association, Malone, NY 12953.

Ogdensburg—PSYCHIATRIST needed at open door, commty. orient. psych. ctr. loc. on the St. Lawrence River in northern N.Y. 60 miles from Ottawa, Ontario and 2 hrs. from Montreal, Quebec. Serves essentially rural and acad. commty. (6 colleges within 30 mile radius) vacationland area, hunting, fishing, skiing, etc. within easy reach. Rsdnt. pop. approx. 600 incldg. chldrn. and alcoholic units. Exc. sal. and frng. bnfts. 35 hr. work week. No malprac. insur. necessary. Bd. Elig. or Cert. acceptable. Need N.Y. Lic. or N.Y. limited permit. Write: Lee D. Hanes, M.D., Director, St. Lawrence Psychiatric Center, Ogdensburg, N.Y. 13669 or call (315) 393-3000. We are an EOE.

Poughkeepsie—SUPERVISING PSYCHIATRIST—$43,608. Dutchess County Dept. of Mental Hygiene, Poughkeepsie, NY 75 miles north of NYC, growing residential commty. Outpt. clinics in a commty. MHC, JCAH approved. Must have NYS lic. and Bd. elig., plus 5 yrs. exper. Send resume to Dutchess County Personnel Dept., 22 Market St., Poughkeepsie, NY 12601. For further info. call 914-485-9998. Dutchess County is an EO/AAE.

Rochester—DIRECTOR OF PSYCHIATRIC EDUCATION AND TRAINING. Major posn. avail. for a qualified Bd. Cert. Psychiatrist respon. for overall direction of a fully accredited three (3) yr. psychiatric rsdnt. trng. prgm. Includes clin. supervision of rsdnts., tchng., research, and liaison with prgms. in Neurology, Court Svc., Child Guidance, and Ambulatory Psychiatric Svc. Prgm. is affil. with the Dept. of Psychiatry, Univ. of Rochester Schl. of Medicine and Dentistry. Many educ. opptys. N.Y. state lic. req'd., sal. dependent on quals. Frng. bnfts. include pension plan, med. insur., 11 paid holidays, vacation and sick leave credits plus 5 personal leave days. We are an EEOE. Qualified applicants should contact Girish V. Shah, M.D., Director, Rochester Psychiatric Center, 1600 South Ave., Rochester, NY 14620.

Rochester—STAFF PSYCHIATRIST (I & II). Posns. avail. for staff psychiatrist in psychiatric hosp. units offering activities in inpt. and outpt. prgms. Hosp. serves urban and rural pop. Close working relationship with CMHCs and Univ. Dept. of Psychiatry. Approved three (3) yr. rsdnt. trng. prgm. Many educ. opptys. Min. qual. for Psychiatrist I-N.Y. state lic. and Bd. eligibility. Psychiatrist II-N.Y. state lic. and Bd. certification. Sal. range Psychiatrist I-$40,200-$45,025 dep. upon quals. and work exper. Psychiatrist II-$43,560-$48,707. We are an EEOE. Qualified candidates should send applications to Girish V. Shah, M.D., Director, Rochester Psychiatric Center, 1600 South Ave., Rochester, NY 14620.

Saratoga Springs—The Saratoga County MHC has a current opening for a STAFF PSYCHIATRIST to join the multi-disciplinary staff providing Outpt. and related svcs. The entry sal. is nego. (dep. upon indiv. quals. and exper.) from $41,000-$45,000 ann., plus an extremely generous frng. bnft. pckg. An adjunct prvt. prac. is poss., as well as an acad. affiliation. Please respond with a copy of the CV to: FORREST ASSOCIATES, P.O. Box 472, Murray, KY 42071 or call (collect): (502) 753-9772.

Syracuse—PSYCHIATRIST—Exciting oppty. for dynamic psychiatrist to prac. in a 472 bed tchng. hosp. loc. in central upstate N.Y. The hosp. provides a full range of psych. svcs. incldg. a 19-bed Inpt. Unit, a day trtmt. prgm, an outpt. prgm. includg. svcs. for chldrn. and adols., and a commty. residence prgm. Because of its central location, Syracuse provides numerous educational, cult., historical, and recreat. opptys. (both winter and summer). The close proximity to Upstate Med. Ctr. and Cornell Univ. Schl. provides unlimited opptys. for professional growth and dvlpmt. Current N.Y.S. lic.; and Bd. Cert. or Bd. Elig. req'd. A competitive sal. and a frng. bnft. pckg. that will include paid holidays and vacations, med. and life insur., an excel. disability prgm. and paid malprac. insur. will be provided. Candidates should contact Dr. Robert Hugel, Director, Psychiatric Services, St. Joseph's Hospital Health Ctr., 301 Prospect Ave., Syracuse, NY 13203, Ph. (315) 474-9400, Ext. 600.

Willard—We have openings for well trained PSYCHIATRISTS interested in inpt. and commty. psychiatry work. Loc. in the beautiful Finger Lakes Region of N.Y. on the East shore of Seneca Lake; 10 colleges, incldg. Cornell Univ., within a 30-mile radius. JCAH accred. Staff sals. dep. on quals.: $34,312-$40,374. Frng. bnfts. incldg. pension plan, med. insur., 11 paid holidays, vac. and sick leave credits, plus 5 personal leave days. Write: Director, Willard Psychiatric Center, Willard, NY 14588.

NORTH CAROLINA

Asheville—100 bed prvt., psychiatric hosp. fully accred. by JCAH, begun in 1916, is adding new prgms. and needs bd. cert. PSYCHIATRISTS due to expansion. Philosophy of the hosp. is eclectic. Sal. open. Asheville is a resort town loc. at 2200 ft. in the Blue Ridge Mtns. of Western N.C. and is the med. ctr. for Western N.C. Write or call: Mark A. Griffin, Jr., M.D., Appalachian Hall, P.O. Box 5534, Asheville, NC 28803. Ph: (704) 253-3681.

Charlotte—BD. ELIG. PSYCHIATRIST to work on Child-Adol. Svc. of CMHC in an urban setting. Eval-

uate, diagnose, and assist in treating chldrn. and adols. with emotional, behavioral, developmental, and family problems. Work in outpt. and residential settings with multi-disciplinary professional team. Other duties to evaluate, diagnose, and assist in trtmt. planning for adult outpts. (1/3 time). Sal. Range $37,414 to $50,128. Contact Suresh Patel, M.D., Clinical Director, 501 Billingsley Rd., Charlotte, NC 28211 or call collect (704) 374-2984.

Goldsboro—STAFF PSYCHIATRIST for compre. CMHC serving a single Eastern N.C. county with a pop. of 90,000. Ideally situated between coast and research triangle. Respons. include sharing of clin. duties with fulltime Clin. Dir. Sal. range $33,516–$44,940 dep. on quals. Addtl. compen. for Inpt./Emerg. Svc. approx. $24,000. CONTACT: Mr. Liston G. Edwards, Wayne County MHC, 301 N. Herman St., Box DD, Goldsboro, NC 27530 (919) 736-7330.

Greensboro—One full-time Bd. Elig., PHYSICIAN III (PSYCHIATRIST), Guilford County MH Prgm. Near Duke, UNC and Wake Forest Med. Schools; 4 local colleges and univs. with many cult. advantages to Greensboro area; advantage of city living in clean, well-planned atmosphere with excel. local schl. system; near mtns. and coast; Greensboro area pop. 157,000 and growing; 11 prvt. psychiatrists in city; balanced with multi-discipline one-county compre. MHC; contracted inpt. with full psychiatric staff; 4 full-time, 2 half-time plus Area Clin. Director. Requirement standards: Graduation from an accred. schl. of medicine and completion of rsdncy. or specialty trng. and one yr. of exper. in the prac. of medicine; OR graduation from an accred. schl. of medicine and four yrs. of exper. in the prac. of medicine; OR an equivalent combination of education and exper. Elig. for licensure to prac. medicine in N.C. and so licensed before permanent appt. Competitive sal. and frng. bnfts. plus extra pay for on-call if desired. Contact: Aldo W. Mell, M.D., Area Clinical Director at 1 (919) 373-3630 or Guilford County MHC, 300 North Edgeworth St., Greensboro, NC 27401.

OHIO

PSYCHIATRIST, recent graduate approved rsdncy., wanted for a large multispecialty group. Write Theodor Bonstedt, M.D., Director Psychiatry, Health Maintenance Plan, 2915 Clifton, Cincinnati, OH 45220—or call (513) 872-2091. EOE.

SUPERINTENDENT—The Central Ohio Adolescent Ctr., a 48-bed JCAH accred. psychiatric hosp. operated by the Ohio Dept. of MH and MR, invites applications for the posn. of Superintendent. Applicants should possess at least a Master's Degree in the MH field with a min. of 3 yrs. post-grad. clin. exper. with chldrn./adols., and in the area of prgm. dvlpmt. Applicants should also possess administrative and supervisory exper. in a psychiatric setting, and be thoroughly familiar with CMH systems. Applicants should forward CV to: Search Committee, Central Ohio Adolescent Center, 1952 W. Broad St., Columbus, OH 43223, (614) 466-5950, Ext. 655.

Chillicothe—PSYCHIATRIST-POSNS. AVAIL. IMMED. Bd. cert. or elig., at VA Med. Ct. 960-bed med. ctr. with 480-bed Med. Svc. and 480-bed Psychiatry Svc. having excel. ambulatory care, psychiatric, acute med. and geriatric svcs. JCAH apprvd. OSMA apprvd. cont. med. ed. prgm. for AMA Recognition Award. Excel. sal. and Federal bnfts. Med. Ctr. loc. in southern Ohio natural recreation and scenic area. Financial assistance in moving. Equal Employment Oppty. employer. Contact: Paul F. Fletcher, M.D., Chief of Staff, VA Medical Center, Chillicothe, OH 45601. (614) 773-1141, Ext. 202.

Cleveland—CHILD PSYCHIATRIST for July, 1980 to join 120-man multi specialty grp. (HMO) serving 120,000. Posn. involves direct pt. care, consul. and future planning of child psychiatry svcs. Competitive sal., plus attractive frng. bnft. package. Contact Edward S. Bush, M.D., Chief of Mental Health Services, Ohio Permanente Medical Group, 2475 East Blvd., Cleveland, OH 44120.

Columbus—STAFF PSYCHIATRIST posn. avail. immediately at the Human Resources Center for bd. cert. or elig. No night call or weekend, and no administrative work. Generous frng. bnfts., sal. from $40,000 to $43,000. Write to: Robert E. Short, Executive Administrator, The Human Resources Center, 461 Kimball Place, Columbus, OH 43205.

Portsmouth—STAFF PSYCHIATRIST for small city-rural MH Ctr., serving three counties in southern Ohio through commty. based clinics. Ctr. operational for four yrs.; oppty. for participation in dvlpmt. of full array of svcs. Ctr. facils. are all new; svcs. enjoy widespread commty. support. Ctr. prgm. is well integrated with commty. human svc. agencies. Catchment area is along Ohio River, includes State Park and National Park, with well developed outdoor recreation areas. Bnfts. include: paid hospitalization, life insur., malpractice insur.; tax shelter annuity; credit union, paid holidays, vac., personal leave days and educational leave. Address inquiries to Agnes B. Edwards, M.S.W., P.O. Box 928, Portsmouth, OH 45662. An EOE.

OKLAHOMA

PSYCHIATRISTS wanted for variety of excel. clin. and senior admin. posns. incldg. Assistant Commissioner, State Director of CMH, Hosp. Superintendent, Area Director, Clin. Medical Director and Staff Psychiatrist. Medical school faculty appt. avail. Call collect: J. Frank James, M.D., Commissioner, (405) 521-2811.

TWO YEAR FELLOWSHIPS IN CHILD PSYCHIATRY are offered in a well-estab. multi-discpl. trng. prgm. at the Univ. of Oklahoma College of Med. Loc. in the brand new Oklahoma Children's Memorial Hosp., which provides full svcs. for children ages 0–21, the child psychiatry prgm. has a crisis clinic, an outpt. clinic, an acute and a longterm inpt. unit, a diagnostic and therapeutic nursery (primarily for disadvantaged children), its own library and all the latest electronic and other tchng. aides. Liaison and consul. with Pediatrics, as well as with a variety of schls., clinics and agencies is part of the prgm. A finished research project is required. The trng. prgm's. main emphases are on child dvlpmt., various therapeutic modalities, commty. orientation, solid grounding in theory and preparation for functioning in a wide variety of clin. settings. Stipends competitive. Apply to: Povl W. Toussieng, M.D., Training Director, Box 26307, Oklahoma City, OK 73126.

Oklahoma City—New CMHC seeking PSYCHIATRIST (bd. cert./bd. elig.) to serve as Director of combined Partial, Inpt. and Emerg. elements. Sal. $45,000. Excel. frng. Contact: Selection Committee, Red Rock CMHC, 4500 N. Lincoln Blvd. Oklahoma City, OK 73105.

Oklahoma City—OPENING FOR ACADEMIC PSYCHIATRIST. UNIV. OF OKLAHOMA HEALTH SCIENCES CTR. FULL-TIME, ASSISTANT OR ASSOCIATE PROFESSOR LEVEL. Director, 18-Bed Psychiatric Unit. Duties: 1) Designated Attending, 2) Coordinator of educational/clin. prgm., 3) Supervision of rsdnts. and med. students, 4) Coordinate milieu therapy for admissions by other faculty. Trtmt. approach must be eclectic with multidiscpl. team; full-time psychologist and social worker are on unit; Short-term crisis intervention and longer term trtmt. for older adols. must be avail.; long standing therapeutic commty. with active nursing participation is a tradition. Sal. in competitive range plus prvt. prac. supplement. Excel. acad. frng. bnfts. Candidate must be bd. cert. or elig. WRITE: Gordon Deckert, M.D., Chairman, P.O. Box 26901, Oklahoma City, OK 73120.

OREGON

FORENSIC TREATMENT staff posn. for Bd. Cert. or Bd. Elig. psychiatrist. Immed. opening in expanding prgm for pts. on commit. frm. criminal justice system. Excel. oppty. for Dr. interested in forensic issues, evals. for courts and developing trtmt. prgm. for court mandated pts. in a compatible and supportive atmosphere. Sal. $35,800–46,300 dep. on relevant trng. and exper. Lib. frng. bnfts. incldg. full health and dental and employer contrib. 6% to sheltered retirement fund after 6 mos. employment. Contact D. K. Brooks, M.D., Supt., Oregon State Hospital, 2600 Center St., N.E., Salem, OR 97310.

Eugene—LANE COUNTY, DIV. OF MH, ADULT MH PRGM.—PSYCHIATRISTS (2 posns.), Starting Sal.: $36,150/yr. Seeking physicians to perform diagnostic evals. and provide trtmt. in the care of pts. in a newly estab. 20-bed, secure, short-term holding and eval. unit with assistance of professional and support staff of 17. Requires med. degree, completion of internship and three yrs. of specialized psychiatric trng. in an apprvd. rsdncy. prgm. Must be qualified to lic. to prac. medicine in State of Or. Requires thorough knowledge of modern clin. psychiatry with a strong interest in CMH. One of these posns. will serve as Medical Director of unit with appropriate sal. to reflect added respons. Phone inquiries to Les Gagnon, (503) 687-4279. Submit resumes and copies of Medical Diploma, Internship and Residency certificates to: Personnel Office, Plaza Level, Public Services Bldg., 125 East 8th St., Eugene, OR 97401.

Eugene—LANE COUNTY, DIV. OF MH, ADULT MH PRGM.—PSYCHOLOGIST, Starting Sal. $17,243/yr. Seeking Psychologist to perform psychological eval. and provide psychological trtmt. in the care of pts. in newly estab. 20-bed, secure, short-term holding and eval. unit. Must be grad. from recognized univ. with a min. of a Masters' degree in Psychology from an APA-apprvd. grad. prgm. and possess two yrs. of post-Masters' exper. in a setting devoted to care of emotionally or behaviorally disturbed individuals. Phone inquires: Les Gagnon, (503) 687-4279. Submit resumes to: Personnel Office, Plaza Level, Public Services Bldg., 125 East 8th St., Eugene, OR 97401.

North Bend—COMMUNITY PSYCHIATRIST—Are you now, or have you ever wanted to be a member of the **National Health Service Corps?** Beautiful South West Oregon Coast recently cert. as "psychiatric manpower shortage area" elig. for psychiatrist from the National Corps. Excel. frng. bnfts., oppty. for security and svc. **Focus:** Crisis Therapy, med. supervision of Crisis-Intervention prgm., incldg. admitting Bay Area Hosp., staff consul., monitoring meds., etc. Call (and/or send resume): Wallace V. Ault, Ph.D., Director, Coos County Mental Health Services, 1975 McPherson, North Bend, OR 97459, (503) 756-5112, ext. 228.

Portland—PSYCHIATRIST—for Student and House Staff Health Svc. of the Univ. of Oregon Health Sciences Ctr. Half-time posn. with the poss. of full-time employment, the other time being in the Dept. of Psychiatry. Posn. involves direct pt. care. Address inquiries to: M. Lanier Williams, M.D., Univ. of Oregon Health Sciences Ctr., Health Service, Clinical Pathology Bldg. 2042, Portland, OR 97201.

PENNSYLVANIA

PSYCHIATRIST—Bd. cert./elig. for gen. hosp. based CMHC. Pleasant metro. commty. of 265,000; excel. yr. round outdoor activities and cult. amenities; fine schools; five local colleges. Sal. dep. upon exper. and quals.; excel. frng. bnfts. Send CV to Chairman, Dept. of Psychiatry, Saint Vincent Health Center, Box 740, Erie, PA 16544.

PSYCHIATRIST—BD. CERT. OR BD. ELIG. MENTAL HOSP. IN METROPOLITAN AREA. EASY ACCESS TO N.Y., PHILADELPHIA, AND CLOSE TO POCONO RESORT AREA. GOOD SAL. WITH EXCEL. FRNG. AND RETIREMENT BNFTS. RESIDENCE AVAIL. PA. LICENSE REQ'D. CONTACT GEORGE E. GITTENS, A.D., ACTING SUPERINTENDENT, CLARKS SUMMIT STATE HOSPITAL, CLARKS SUMMIT, PA 18411; (717) 586-2011.

WANTED: FAMILY PRACTITIONER OR INTERNIST (M.D. or D.O.) to head Inpt. Alcohol and Substance Abuse Svc. Excel. oppty. for qualified physician seeking part time salaried posn. and unlimited oppty. for addtl. prvt. prac. Contact: Medical Director/CMHC, Crozer-Chester Medical Center, Upland, Chester, PA 19013. Phone: (215) TR-4-9611 (Ext. 693).

Hershey—PENN STATE UNIV. Dept. of Psychiatry. Two new openings for Bd. elig. or Bd. cert. PSYCHIATRISTS—One in Adult and one in Child Psychiatry. The posns. are full-time and include appt. at an Assistant Professor level or higher, dep. on quals. Both posns. involve tchng. and supervising med. students and psychiatry rsdnts. in a psychodynamically oriented prgm. In addition to tchng., the posns. involve consul.-liaison, outpt. care and commty. consul. The Dept. is rapidly growing and has a fully accred., highly successful gen. psychiatry rsdncy. trng. prgm. which offers trng. in all aspects of psychiatry, incldg. behavior therapy and psychopharmacology, and stresses residents' dvlpmt. as competent gen. psychiatrists. A child psychiatry rsdncy. trng. prgm. is currently being developed. The Penn. State Univ. College of Medicine is loc. at Hershey in a beautiful, semi-rural area of Penn. Excel. recreat. and educational facils., as well as ample cult. opptys., provide a superb residential environment. Washington, D.C., N.Y., Phila. and Baltimore are all within short driving distance, Send resume to: Anthony Kales, M.D., Chairman, Dept. of Psychiatry, Milton S. Hershey Medical Center, Hershey, PA 17033. Phone: (717) 534-8515. AA/EOE.

Philadelphia—ASSISTANT SUPT. FOR CLIN. SVCS. M.H. Outstanding oppty. for a clin. assistant to the Supt. of a prgsv. mental institution. Duties include coordinating and directing the operation of the hospital's pt. care units and trtmt. disciplines and the supervision of the directors of units and svcs. We are a JCAH and Medicare accred. psychiatric hosp. Our excel. frngs. include a retirement plan with a poss. early retirement option, life and health insur. We are loc. in pleasant, residential Northeast Phila. and can offer the area's unparalleled opptys. for professional growth and dvlpmt. Please phone or write in strictest confidence to: Franklyn R. Clarke, M.D., Superintendent, Philadelphia State Hospital, 14000 Roosevelt Blvd., Philadelphia, PA 19114, (215) 671-4101.

Pittsburgh—POST RESIDENCY FELLOWSHIP in Geriatric Psychiatry for psychiatrists or primary care physicians. NIMH sponsored prgm. emphasizes interdisciplinary, compre. care of ambulatory pts., geriatric medicine and social gerontology as well as geriatric psychiatry. Opptys. in inpt. and outpt. care, commty. liaison and research. Contact Monica D. Blumenthal, M.D., Ph.D., Geriatric Psychiatry Program, Univ. of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic, 3811 O'Hara St., Pittsburgh, PA 15261.

Rochester—Outstanding oppty. to head 31-bed, short-term inpt. unit in a dynamic, full-svc., free-standing CMHC within mins. of Pittsburgh. Must be Bd. Elig. or Cert., preferably with post-rsdncy. exper. This financially solvent CMHC enjoys an excel. reputation in Pa. Top sal. possibilities and excel. frng. bnfts. for a respon. full-time PSYCHIATRIST. Avail. now. Contact William G. Bach, M.D., Exec./Med. Director, CMHC of Beaver County, 176 Virginia Ave., Rochester, PA 15074. Call Collect (412) 775-5208.

Sayre—PSYCHIATRIST, Bd. Cert. or Elig. to join well estab. multispecialty group. Respons. include daycare and inpt. svcs. Sal. commensurate with exper. and quals.; lib. frng. bnfts. Apply with CV to: Thomas R. Downey, M.D., Guthrie Clinic, Sayre, PA 18840.

Torrance—PSYCHIATRISTS AND PHYSICIANS—Bd. cert. or Bd. elig. Pa. Licensure req'd. Immed. openings. Excel. oppty. to work in developing new prgms. in a state hosp. Sal. competitive. Limited housing avail. Excel. frng. bnfts. 40 miles east of Pittsburgh, Pa. Call 412-459-8000 or write to Ray Bullard, M.D., Superintendent, Torrance State Hosp., Torrance, PA 15779. An EOE. M/F.

RHODE ISLAND

Providence—Compre. CMHC with clin. staff of seven-ty seeks full-time PSYCHIATRIST to join six other full-time psychiatrists. Varied and interesting activities incldg. inpt., outpt., emerg., tchng., consul., supervision. Well trained, enthusiastic staff. Association with Brown Med. Schl. Send resume to: Michael A. Ingall, M.D., Medical Director, PROVIDENCE MHC, INC., 100 Fountain St., Providence RI 02903, (401) 274-5140. An EO/AAE.

SOUTH CAROLINA

TWO PSYCHIATRIST II'S NEEDED for Compre. MHC, loc. in scenic, rural area. Excel. climate, fantastic commty. support. Sal. range, $34,822 to $49,356. Excel. frng. bnfts. EOE. Send resume to Ms. Flora Avery, Tri-County MHC, 114 S. Marlboro St., Bennettsville, SC 29512.

Florence—PSYCHIATRIC SECTION CHIEF in a rapidly growing CMHC serving a three county area. Immed. opening for commty. oriented psychiatrist to join multidisciplinary staff in planning and providing psychiatric svcs. to the health sector in the commty., psychiatric consul., education and trng. activities, supervision of direct and indirect psychiatric svcs. from within the Ctr., direct svc. within selected units of Ctr., and some administrative respons. Ties with tchng. facil. in psychiatry being developed. Florence has 4 yr. college, vigorous Little Theater, and a new 300 bed Regional Hosp. Local prvt. affiliation avail. State employee frng. bnfts. Sal. range $36,215–$51,330. EOE. Contact and send CV to C. Raymond Kiefer, M.D., Director, 2100 W. Lucas St., Florence, SC 29501, Ph. (803) 662-1401.

SOUTH DAKOTA

Aberdeen—An estab. and expanding commty. prgm. based in this city has current openings for a PSYCHIATRIST-MEDICAL DIRECTOR, sal. nego. from $51,000 to $61,990; and for a STAFF PSYCHIATRIST, sal. nego. from $44,500 to $55,000. Frng. bnfts. are generous and an acad. affil. can be discussed. Candidates must have relevant exper. and quals. and be motivated for a commty. prac. with a multidisciplinary staff; in a rural setting. Please respond with a copy of the CV to: FORREST ASSOCIATES, P.O. Box 472, Murray, KY 42071 or call (collect): (502) 753-9772. FORREST is retained by the prgm.

Yankton—The S.D. Human Svcs. Ctr. needs a CHIEF OF PSYCHIATRY, an ADOLESCENT PSYCHIATRIST, and STAFF PSYCHIATRISTS who are competent and willing to provide high-quality svc. and act as positive role-model teachers for med. students. The Dept. of Psychiatry of the Univ. of S.D. School of Medicine is assisting in the upgrading of the Human Svcs. Ctr. by provision of tchng. appts. for psychiatrists selected to fill these posns. Compensation is from $45,000 to $52,000 per annum, with paid malprac. insur., nine paid holidays, fifteen paid vacation days and up to twenty-five addtl. compensatory days off per annum for O.D. duty. If you feel the need to be of svc. both to pts. and future physicians, please contact: David W. Bean, M.D., Chairman, Dept. of Psychiatry, Univ. of S.D. School of Medicine, and Administrator, S.D. Human Services Center, P.O. Box 76, Yankton, SD 57078; Phone: (605) 665-3671. The Univ. of S.D. and S.D. Human Services Ctr. are EO Agencies.

TENNESSEE

CLINICAL DIRECTOR-PSYCHIATRIST—Commty. oriented, experienced in clin. and admin. areas, for well-estab., prvt. non-prft. CMHC in city of 45,000, 3 county catchment area of 110,000. To be respon. for clin. prgms., providing direction, supervision, coordination. Clin. staff of 50 incldg. 1.6 FTE psychiatrists. Facil. incl. 28-bed IP wing. Respon. for providing direct pt. care approx. 60% time, incldg. psychiatric eval., forensic svc., medication clinics, and med. backup to emerg. svc. Oppty. for contrib. to Fam. Prac. Rsdncy. Prgm. Jackson is regional med. ctr. with large gen. hosp. and med. staff. Sal. nego., bnfts. excel. Send resume to: Michael Bohleber, Ph.D., Jackson MHC, 238 Summar Dr., Jackson, TN 38301, Ph: (901) 424-8751.

Excellent opportunity for GENERAL or CHILD PSYCHIATRIST in a private in-patient and/or out-patient setting. Ideal location. Moderate climate. Reply Box P-924, *Psychiatric News*.

PSYCHIATRIST—Medical Director for a CMHC. Bd. cert. or elig., licensable in Tenn. Posn. requires med. supervision of well trained ctr. staff as well as direct trtmt. of varied pt. pop. The ctr. is loc. in Southeastern Tenn. adjacent to national forest. (Main offices in Cleveland—pop. 30,100 with easy accessibility to Chattanooga, Knoxville and Atlanta.) Catchment area of four counties with a total pop. of approx. 125,000. Ctr. currently offers outpt. svcs. but will be expanding under an Initial Operations grant when apprvd. Strong state and local support through contracts and allocations. Sal. nego. at $50,000. Contact Dennis R. King, Acting Executive Director, Hiwassee MHC, 2401 N. Ocoee St., P.O. Box 1233, Cleveland, TN 37311.

PSYCHIATRISTS—The STATE OF TENN., Dept. of MH and MR, has several administrative and clin. posns., throughout the state, avail. for Bd. Elig. or Bd. Cert. psychiatrists who are able to be licensed in the State of Tenn. Sal. range is $38,000–$48,000, with an excel. frng. bnft. pckg., dep. on quals. and exper. The State of Tenn. is an AA/EOE. All inquiries should be sent to: Robert D. Fink, M.D., Acting Assistant Commissioner, Mental Health Services, Dept. of Mental Health & Mental Retardation, 501 Union Building, Nashville, TN 37219.

PSYCHIATRIST—to serve as Medical Director. Rural ctr. 60 miles NE of Memphis. Pop. of 78,000, 5 counties. Work with staff of 33 others. Multidiscpl. approach to trtmt., frng. bnfts., sal. in $45,000 to $65,000 range. Chickasaw Park, Shiloh Nat'l. Park, Tenn. River and social and cult. bnfts. of Memphis are less than 1 hr. away. Send resume or call: Glen Burse, Exec. Director, QUINCO Mental Health Center, P.O. Box 325, Bolivar, TN 38008. Ph: (901) 658-6113.

The STATE OF TENN., Dept. of MH and MR, loc. in Nashville, is interviewing to fill the posn. of ASSISTANT COMMISSIONER FOR MH SERVICES. This posn. is respon. for the coordination of 5 regional MH institutes and 30 CMHCs. The applicant must be a Bd. Elig. or Bd. Cert. Psychiatrist and be able to be licensed in the State of Tenn. The candidate must have previous administrative exper. in the area of CMH and regional state hosps. This posn. offers an exciting oppty. to further develop a single state delivery system for the citizens of Tenn. Sal. is nego., along with excel. frng. bnft. pckg. The State of Tenn. is an AA/EOE. All inquiries should be sent to: Robert D. Fink, M.D., Acting Assistant Commissioner, Mental Health Services, Dept. of Mental Health & Mental Retardation, 501 Union Building, Nashville, TN 37219.

Chattanooga—There is a current oppty. for a PSYCHIATRIST to join an estab., prgsv. and expanding commty. prgm. in this SUNBELT location. Entry sal. ranges from $40,000 to $55,000, dep. upon individual quals. and exper. level, plus generous frngs. Adjunct practice and academic affil. are poss. Please respond to FORREST ASSOCIATES, P.O. Box 472, Murray, KY 42071 or call (collect): (502) 753-9772. Forrest is retained by the prgm.

Memphis—Academically oriented, preferably bd. cert. PSYCHIATRIST, needed to replace one of two psychiatrists on 30-bed tchng. ward for rsdnts. and med. students. Excel. tchng. and supervision capabilities, as well as research interest req'd. Strong affil. with Univ. of Tenn., joint appt. Contact William Webb, Jr., M.D., Chairman, Dept. of Psychiatry, UTCHS, Phone (901) 529-7742.

Memphis—PSYCHIATRIST; director 22-bed Adult Unit and PSYCHIATRIST; director 18-bed Adol. Unit. Both posns. in Memphis MH Institute which is affiliated with the Univ. of Tenn., Ctr. for the Health Sciences. Oppty. for faculty posn., research and trng. in an exciting acad. setting. Sal. and faculty rank are

Mellaril® (thioridazine) is kind *two* ways to the patient with psychotic symptoms. It has an impressive record of relieving agitation, excitement, and hallucinations, while successfully helping the patient live and perform in the community. And, unlike other major tranquilizers, Mellaril (thioridazine) causes minimal akathisia or other extrapyramidal symptoms. Mellaril (thioridazine) is contraindicated in patients with hypertensive or hypotensive heart disease of extreme degree.

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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; carefully consider benefit versus risk in less severe disorders. 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, observed primarily in patients receiving larger than recommended doses, is characterized by diminution of visual acuity, brownish coloring of vision, and impairment of night vision; the possibility of its occurrence may be reduced by remaining within recommended dosage limits. 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; rarely, 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*—Rare cases described as parotid swelling.

It should be noted that efficacy, indications and untoward effects have varied with the different phenothiazines. It has been reported that old age lowers the tolerance for phenothiazines; the most common neurologic side effects are parkinsonism and akathisia, and the risk of agranulocytosis and leukopenia increases. The following reactions have occurred with phenothiazines and should be considered whenever one of these drugs is used. *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.

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nego. dep. on quals. and exper. Please send inquiries and CV to: Robert D. Fink, M.D., Superintendent, Memphis Mental Health Institute, P.O. Box 4966, Memphis, TN 38104.

Nashville—Excel. oppty. for CHILD PSYCHIATRIST. Full time faculty posn. in pediatric consul. and liaison avail. in stimulating univ. setting. Posn. offers oppty. for prvt. prac. Apply: J. E. Dozier, M.D., Director, Vanderbilt Univ., Division of Child Psychiatry, 240 Medical Center South, 2100 Pierce Ave., Nashville, TN 37232.

Nashville—PSYCHIATRIST (Psychopharmacology and Biological Psychiatry): Faculty posn. in a Div. of Vanderbilt Univ. Dept. of Psychiatry directed toward Clin. Research. Clin. respon. for 20 bed Academic Unit staffed by Psychiatric Rsdnts., Med. Students, and a Research Fellow. Contact: Joseph P. McEvoy, M.D., Clinical Director, Tennessee Neuropsychiatric Institute, 1501 Murfreesboro Rd., Nashville, TN 37217. Vanderbilt Univ. is an EO/AAE.

TEXAS

CHILD PSYCHIATRY RESIDENCY may be taken before or after Adult Psychiatry trng. Acad. prgm. in child dvlmpnt., family therapy, genetic and metabolic disorders, behavior therapy, grp. therapy, psychopharmacology and ethology. Basic clin. orientation in child dvlpmnt. and intensive indiv. supervision in psychoanalytic and eclectic modalities and pediatric neurology. Research opptys. in genetic and metabolic disorders, child dvlpmnt., linguistic anthropology, commty. svcs. and other fields. Excel. opptys. in tchng., administration, inpt. and outpt. clin. prgms. New 60-bed inpt. unit for chldrn. Liaison with grad. schools, med. school and commty. prgms. Stipends range from $17,867 to $22,071 with addtl. frng. bnfts. Contact Anthony P. Rousos, M.D., Director of Residency Training, Austin State Hospital, 4110 Guadalupe, Austin, TX 78751.

PSYCHIATRIC RESIDENCY in apprvd. three-yr. prgm. Effective connections with univs., med. schools, prvt. clinics and commty. ctrs. Outstanding faculty and prgms. Stipends range from $17,867 to $22,071 with addtl. frng. bnfts. For full info. write to: Anthony P. Rousos, M.D., Director of Residency Training, Austin State Hospital, 4110 Guadalupe St. Austin, TX 78751.

PSYCHIATRIST for CMHC loc. in south Texas metro. area. Will serve as staff psychiatrist for outpt. unit providing psychiatric eval. and aftercare svcs. to clients discharged from state hosp. Will also provide supervision and instruction to clin. staff serving an ethnically and culturally varied pop. Must be Bd. Elig. and lic. to practice in TX. Sal. based on exper. and quals. Excel. frng. bnfts. including cost free health, life, disability insur., med. malpractice insur. and pension plan; paid vac., sick leave, holidays, paid social security and travel allowance. Up to $2,000 for moving expenses. Direct inquiries to: Ignacio Leija, Personnel Director, Bexar County Mental Health Mental Retardation Center, 434 S. Maine, Suite 400, San Antonio, TX 78204.

PSYCHIATRIST—Large CMHC loc. in the southwest has a posn. avail. for a Bd.-elig. or Bd.-cert. Psychiatrist interested in providing svcs. to adults in a commty. setting. Forward vita or inquiries to: Executive Director, Dallas County Mental Health and Mental Retardation Center, 102 Stemmons Tower North, 2710 Stemmons Freeway, Dallas, TX 75207. An EOE.

PSYCHIATRY RESIDENCY AVAILABLE at Houston's Texas Research Institute of Mental Sciences, loc. in the heart of the famed Texas Med. Ctr. Applicant must have to be Elig. to obtain a TX. Lic. First yr. stipend: $16,000; or optional $20,000 with state career obligation. TRIMS features compre. prgms. in all facets of svc. research, and trng., along with affils. with local med. schools and other institutions. For info. contact: Ed Johnstone, M.D., Texas Research Institute of Mental Sciences, 1300 Moursund Ave., Houston, TX 77030. (713) 797-1976, ext. 275 or 419.

PSYCHIATRISTS WANTED to establish prvt. prac. in sunbelt city of more than 100,000 drawing area. Substantial income and assistance will be assured. If interested, please write to RON COMBS, 7616 LBJ Freeway, S-303, Dallas, TX 75271, or call (214) 980-1630 (collect).

Austin—Need PSYCHIATRIST for rapidly growing med. commty. serving 135,000. No psychiatrist in this area at present. Attractive office space avail. for lease in new complex. Contact: Jack A. Kern, M.D., 1301 W. 38th St., Suite 501, Austin, TX 78705, 1-512-452-9544.

San Antonio—Acad. posns. avail. in adult clin. tchng. svcs. at Veterans Administration/Univ.-affil. tchng. hosp. Acad. rank commensurate with quals. Posn. offers oppty. for independent V.A. funded research. Tchng. respons. are primarily clin. supervision of med. students and psychiatry rsdnts. Contact: Robert L. Leon, M.D., Chairman, Department of Psychiatry, The Univ. of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, TX 78284, Phone: (512) 691-6221. An EO/AAE.

VERMONT

STAFF PSYCHIATRIST—Combination practice (1/2 time MHC and 1/2 time prvt. practice). Loc. in sophisticated country setting. Excel. family area. Diagnostic/trtmt. svcs. to all ages. Inpt. svc. affil. with prgsv. 180 bed hosp. Posn. involves both outpt. and inpt. work. Send resume and refs. to Joseph Lo Piccolo, Executive Director, United Counseling Service, 120 Hospital Dr., Bennington, VT 05201, or phone (802) 442-5491.

VIRGINIA

Charlottesville—Univ. of VA, Dept. of Behavioral Medicine & Psychiatry is recruiting M.D. FACULTY. Submit CV to W. W. Spradlin, M.D., Chairman, Box 203, UVA Medical Center, Charlottesville, VA 22908. EO/AAE.

Charlottesville—The Univ. of Virginia is searching for a PSYCHIATRIST with a proven record of acad. achievement in the fields of law and psychiatry to be appointed to senior faculty posns. in the Schls. of Law and Med. and to be Director of the Inst. of Law, Psychiatry and Public Policy. Essential quals. include previous tchng. and research in the field, previous research collaboration with lawyers, and demonstrated interest in and exper. with both clin./forensic issues and public policy issues. Contact: Prof. Peter W. Low, Chairman, Appointments Committee, Univ. of Virginia Law School, Charlottesville, VA 22901. An EO/AAE.

Northern Virginia—ADULT PSYCHIATRIST—a 30 bed prvt. hosp., situated on a 45 acre estate in the Potomac Valley of Northern Va., 35 miles from Washington, D.C. and offering a broad range of trtmt. svcs. emphasizing indiv. trtmt. prgms., desires in the immed. future a Bd. Elig. or Cert., adult psychiatrist. The hosp. and physicians are affil. with a large single specialty partnership, with associations to prvt. hosps. in the Washington area. This is an oppty. for a creative, ambitious, energetic physician and there are excel. opptys. for professional and economic growth within an exciting and developing grp. prac. Med. schl. affiliation is poss. Send complete resume with initial inquiry to: Lawrence A. Brain, M.D., Director of Recruitment, Professional Associates of the Psychiatric Institute of Washington, 5454 Wisconsin Ave., Suite 610, Chevy Chase, MD 20015.

Southeastern Va.—STAFF PSYCHIATRIST—Hosp. affiliated CMHC seeks gen. psychiatrist. Exper. in behavioral therapy preferred but not essential. Excel. location in Virginia's tidewater resort area. Ocean & Chesapeake Bay mins. away. Modern $2.4 million facility has 54 inpt. beds, 2,000 outpts., Partial Hospitalization, Emerg. Svc. and C&E Prgms. Competitive sal. and bnfts. Forward resume with refs. to Director, Maryview CMHC, 3636 High St., Portsmouth, VA 23704.

Tidewater—WANTED: GENERAL PSYCHIATRIST to join large estab. psych. prof. corp in Tidewater, VA. Posn. involves location in semi-rural area adjacent to large metro. area. Emphasis on liaison with med. commty., hosp. consults., outpt. therapy, family, indiv., and grp. Full bnft. pgm. Sal. nego. Contact: Robert F. Scott, M.D., Suite 212, 844 Kempsville Rd., Norfolk, VA 23502.

Virginia Beach—Large single specialty professional corp. has opening for PSYCHIATRIST, bd. cert. or bd. elig. in child psychiatry. Posn. includes outpt. trtmt. of chldrn. and adols. and inpt. trtmt. of adols. in a prvt. psychiatric hosp. Excel. professional and corporate advantages. Sal. nego. dep. upon exper. Parity in professional corp. poss. after three yrs. Send complete resume with refs. to Robert F. Scott, M.D., Suite 212, 844 Kempsville Rd., Norfolk, VA 23502.

Virginia Beach-Tidewater Area—A large, very diverse prac. in the Tidewater area of Va. has several extremely attractive employment opptys. avail. If you are looking to relocate into a sound grp. prvt. prac. with a diverse, sophisticated and cohesive grp. that also happens to be in an area of the country that has little snow and excel. recreat. opptys. then you should consider the following gen. posns.: 1) a CHILD PSYCHIATRIST to work either on an adol. or child inpt. unit, outpt. opptys. to compliment the inpt. activity; 2) a PSYCHIATRIST to work on an adult inpt. unit and compliment that activity with outpt. work; 3) a CHILD PSYCHIATRIST to work in a more rural setting doing predominately outpt. work; however, having some minimal inpt. respons. for crisis and short term situations as the needs of the pts. dictate. This latter location would be geographically very close to Williamsburg, Va. Our prac. is very involved in acad. affairs and devotes a considerable amount of time to working with students in the local med. schl. as well as the two local psychiatry rsdncys. In addition, our prac. has its own nationally certified psychology internship prgm. Tchng. opptys. and supervision opptys. are present throughout our network of professional and inter-disciplinary associations. Succinctly, it is a good place to grow no matter where you are professionally at this time. If you are interested in something similar to this but don't have quite the same interest as the reqs. indicated by this ad, give us a call and perhaps we can consider other types of contributions. Please send a resume or call: Charles E. Parker, D.O., Pembroke 5 Office Bldg., Suite 432, Virginia Beach, VA 23462, (804) 497-8931.

WASHINGTON

Medical Lake—Ideal-size, 300-pt. fully accred. state psychiatric facility seeks PSYCHIATRIST as clin. dir. New, free-standing hosp. being built on neighboring lake. State MH budget increased this yr. 43%. Includes unique legal offender prgm., malpractice coverage and generous insur. prgm. Medical Lake is 16 miles from Spokane, state's second largest city. 76 lakes, 13 Nat'l Parks, & 15 Nat'l Forests within one hr. 4 large ski areas within 1.5 hrs.; closest, Snowblaze, has longest lighted slope in North America. $49,596-$55,008 (Oct. 1/80) plus time off and pay for night, weekend, and holiday duty. Call/Write Morgan Martin, M.D., Supt., Box A, Medical Lake, WA 99022. (509) 299-3121. EOE.

Richland—PSYCHIATRIST, prefer commty. orientation; broad background, with poss. emphasis on child or family, to join Mid-Columbia MHC staff. Large part of respon. is working with other professionals and para-professionals to provide svcs. to a broad range of clientele. Dynamic, growing commty. with easy access to outdoor recreation. Sal. $42,000-$55,000. Write or call: William Sherman, M.D., Medical Director at (509) 943-9104, 1175 Gribble, Richland, WA 99352.

Seattle—CROSS-CULTURAL/CONSULTATION FELLOWSHIP—Applications are invited for an NIMH supported one-yr. postdoctoral fellowship in the clin. application of anthropology and social science to psychiatry and primary care in the Dept. of Psychiatry and Behavioral Sciences, Univ. of Wa. Applicants should either hold a Ph.D. in med. anthropology (prior clin. exper. is important but not mandatory) or have completed rsdncy. trng. prgms. in psychiatry or family medicine. The purpose of the prgm. is to train clin. anthropology and social science teachers on the psychiatry liaison-consul. svc. and related clin. venues at the Univ. of Wa. for careers in acad. clin. depts. Send CV to Professor Arthur Kleinman, Dept. of Psychiatry and Behavioral Sciences RP-10, University of Washington, Seattle, WA 98195, (206) 543-3246.

Spokane—Need full-time PSYCHIATRIST to direct a large day trtmt. prgm. in compre. CMHC. Join 5 psychiatrists and 100 professional staff. 300,000 people in beaut. NW setting, superb place to live. $41-45,000 dep. on exper. Call, write Mary Higgins, Executive Director, Community Mental Health Center, S. 107 Division, Spokane, WA 99202 (509) 838-4651. EOE.

Tacoma—Western State Hosp. has openings for bd. elig. or bd. cert. STAFF PSYCHIATRISTS in adult psychiatry, geriatrics, mentally ill offender, and involuntary trtmt. prgms. This hosp. is loc. only a few miles from Puget Sound and its beaches and fishing. We are 75 miles from Mt. Rainier and its skiing opptys. We offer CME trng. as well as opptys. to pick up credits through the nearby Univ. of WA, med prgms. Sal. ranges from $41,000 to $47,000 per yr. (dep. on exper.) plus time off and reimbursement for O.D. tour. There are many lib bnfts. WA state lic. or eligibility req'd. Contact Giulio di Furia, M.D., Superintendent, Western State Hospital, Tacoma, WA 98494. (206) 756-9525.

WEST VIRGINIA

Dynamic, eclectic STAFF PSYCHIATRIST, full time, Bd. Cert. or Elig. needed for inpt. unit of 37 beds in a highly active 220 bed GM&S Univ. affil. hosp. English proficiency req'd. Sal. commensurate with exper. and professional certification. Contact Dr. Carl P. Dahlen, Chief of Staff, Veterans Administration Medical Center, Clarksburg, WV, 26301, Phone (304) 623-3461, ext. 212. An Equal Employment Oppty. Employer.

WISCONSIN

PSYCHIATRIST: Bd. Elig. or Cert. to join a growing practice of 2 psychiatrists working in a very attractive, modern clinic with highly qualified multi-discpl. team members. Loc. close to beautiful recreat. area in northeastern Wis. Fishing, sailing. Excel. frng. bnfts. Send vitae to Box P-946, *Psychiatric News*.

Cumberland—Another full-time PSYCHIATRIST needed to join 55 assorted staff at CMHC in beautiful northwestern Wis. Enjoy full range of summer and winter sports, excel. hunting and fishing, near where you'll live and work. No traffic jams, smog, or noise pollution. Average 40 hr. work-week, 4 weeks paid vac. and many other substantial frngs. Income potential in excess of $60,000 ann. ($51,000 guaranteed). Contact J. M. Rathbun, M.D., Box 518, Cumberland, WI 54829. Include vitae.

La Crosse—CHILD-ADOLESCENT PSYCHIATRIST WANTED to join 135-physician, multi-specialty grp. with an adjacent 447-bed hosp. Presently staffed by 4 psychiatrists, one child psychiatrist, and one psychologist. New clinic bldg. recently completed. Gundersen Clinic, Ltd. is in a prgsv. commty. with an expanding univ. and prvt. college. Pop. 50,000. Cult. and recreat. facils. Beautiful setting; good schls. Excel. pension prgm., no investment req'd. Svc. org. Write: J. Michael Hartigan, M.D., Chairman, Personnel Committee, Gundersen Clinic, Ltd., 1836 South Ave., La Crosse, WI 54601.

Milwaukee—ADULT & CHILD PSYCHIATRY posns. avail. as Associates in Dept. of Psychiatry of multidiscipline, prvt. practice clinic. Oppty. exists to develop rewarding prvt. practice with pre-existing referral sources. Med. College affil. poss. Eclectic approach incldg. psychoanalytic, grp., hypnosis, biological and biofeedback clinics utilized. Bd. elig. or cert. req'd. Reply to David L. Sovine, M.D., 1200 East Capitol Dr., Milwaukee, WI 53211, (414) 332-0171.

WYOMING

Cheyenne—PSYCHIATRIST-Full-time, bd. cert. or elig., lic. in WY., to share with 2 psychiatrists inpt. and outpt. med. and psychiat. svcs. in large CMHC with over 25 multi-disciplinary staff offering 12 basic svcs. in 4 counties with pop. of approx. 125,000. Oppty. to help dvlp. and practice in new Univ. of WY. Family Practice Rsdncy. trng. prgm. with acad. appt. for suitable applicant. Involvement poss. in Univ. of WY. Student MH Svc. Sal. nego. $40,000 to $48,000 dep. upon indiv. quals. and exper. with lib. frng. bnfts. and oppty. for part-time prvt. prac. Posn. avail. starting Sept. 1, 1979. 100 miles to Denver and reasonably close to skiing, hunting and fishing. Send CV, refs., and letter of app. to Arthur N. Merrell, M.D., Medical Director, Southeast Wyoming MHC, 2322 Evans Ave., Box 1005, Cheyenne, WY 82001.

POSITIONS WANTED

ADOL. & ADULT PSYCHIATRIST with 10 yrs. postgrad. exper. and sub-specialty in geriatrics interested in relocating in Santa Barbara area & associating with estab. clinic or prvt. practitioner. Resume on request. Reply Box P-928, *Psychiatric News*.

ADULT & ADOL. bd. elig. psychiatrist, experienced, eclectic, analytically-oriented, 16 yrs. post-univ. rsdncy. exper. in hosp. and office indiv. and grp. prvt. prac. Seeks association with clinic, prvt. practitioner, or multi-specialty grp. Cal.-Tex. licenses. Reply Box P-966, *Psychiatric News*.

GENERAL PSYCHIATRIST, Univ. of Texas grad. wishing to get away from northern winters. Bd. elig., twelve yrs. exper. post rsdncy. in multi.-discpl. grp. I have both inpt. and outpt. with eclectic psychodynamic orientation, incldg. somatic therapies as indicated. Exper. with adults, adolescence, and agency consul. Seeking prvt. practice grp. or partnership in Texas. It doesn't necessarily have to be multi.-discpl. Prefer city near industry where pts. have good insur. bnfts. for inpts. and outpts. Would like an affiliation with a gen. hosp. with prvt. psychiatric unit and oppty. for consul. Have Texas lic. Send replies to Box P-968, *Psychiatric News*.

PRACTICES FOR SALE

Forest Hills, N.Y.C.—Long established part time practice with high net. Anticipated 1979 income over $100,000. Retiring early. Unusual situation. Call (212) 544-8122.

PSYCHIATRIC PRACTICE FOR SALE—Reasonable price. Gen. and forensic psychiatry. Office twenty mins. from the heart of San Francisco. David Grubb, M.D., 2938 McClure, Oakland, CA 94609, (415) 832-0785.

Very desirable PRIVATE PRACTICE in wholesome N.Y. City suburb; near psychiatric gen. hosps., med. ctrs. and big corporate offices. Practice centralized in large home-office for convenience and low overhead. Income potential very lucrative. Reply Box P-963, *Psychiatric News*.

COURSES & WORKSHOPS

BASIC MEDICAL HYPNOSIS—**Oct. 29–Nov. 2, 1979.** Postgrad. medicine course under the direction of Herbert Spiegel, M.D. at the College of Physicians & Surgeons of Columbia Univ. Fee: $400; resident's fee $300 (with letter from Departmental Chairman). 40 Credit Hrs., Cat. I, A.M.A.'s Physician's Recognition Award. Contact: Dr. Elizabeth C. Gerst, Continuing Education Ctr., 630 West 168th St., N.Y., NY 10032 (Phone: 212-694-3682).

NEW ORLEANS PSYCHIATRIC SYMPOSIUM, Dec. 6–9, 1979, Hyatt Regency Hotel. Meet, learn with Shervert Frazier, Mardi Horowitz, Solomon Snyder and Gary Tucker. 22 Class I credits. CME, Inc., 2030 E. 4th St., #113, Santa Ana, CA 92705. (714) 547-5186.

"STRATEGEMS TO FACILITATE PSYCHOTHERAPY" A Continuing Education Workshop sponsored by the Postgraduate Ctr. for MH in association with the Institute of Psychiatry, Univ. of Guadalajara. **Feb. 1–12, 1980** in Puerto Vallarta, Mexico. Conducted by Lewis R. Wolberg, M.D., Author of Short Term Psychotherapy and Techniques of Psychotherapy. 35 Category I Credits-Tuition $200.00-Limited Enrollment. For further info. write: Thomas R. Holman, Ph.D., Continuing Education Program, Postgraduate Center for MH, 124 East 28th St., New York, NY 10016.

MISCELLANEOUS

A DIFFERENT VACATION! Perfect weather; sunny every day; low humidity; yr. round temp. in low 80s; cool breeze at night. Where? On the lush, tropical isle of St. Vincent in the lower Caribbean! Great privacy on 20 acres of uncrowded seafront, casually landscaped with many varieties of exotic foliage; deserted beaches with fascinating shells; 10 cottages with max. capacity of 20. Owned and hosted by an alert young couple who appreciate and serve superb food. Grp. rates are avail. For more info. call: Gerald Ikelheimer (212) 675-5820 or write: Rawacou, Stubbs Bay, St. Vincent, W.I.

ANXIETY AND TENSION REDUCTION: Cassette tape introduces several major techniques for reducing autonomic arousal, gross muscle tension, and cognitive anxiety. Hosp. tested-moneyback trial. Free 96-pg. report on stress with purchase. Send $4.95 or your VISA/Master Charge number to: Stress Management Research Associates, P.O. Box 2232-PN, Houston, TX 77001.

FOR SALE: Psychiatrist's lrge. 9 yr. old, 6 bedroom house, suitable office; 3 huge baths; cedar shingles, patio; 4800 sq. ft., many extras, 1/2 acre; top prof., impeccable neighborhood, South Shore L.I.; safe; 5 min. lrge. tchng. hosp., near trans., recreat. facils., colleges, univ., beaches, best schls. for your chldrn., and wonderful commty. for you and your family. $135,000. (516) 475-4880.

"HOW TO ESTABLISH YOUR OWN PRIVATE PRACTICE" . . . by Dr. Donald Hendrickson, Mr. Stephen Janney and Mr. James Fraze, CPA. A complete 234 pg. looseleaf book. $24.95 plus $2.00 postage and handling (Foreign orders must be in U.S. dollars). PREPAID. Professional Consultants Associates, 406 White River Blvd., Muncie, IN 47303.

VACATION FLORIDA BEACHSIDE LUXURY—5-room condo., Siesta Key, Sarasota. $285 week summer, $375 winter. Psychiatrist owner J. Finney, M.D., 821 Cahaba, Lexington, KY 40502, (606) 278-1053.

VIDEOTAPE CASSETTE PROGRAMS—S. ARIETI on . . **SCHIZOPHRENIA . . . M. CALDERONE** on . . **SEX EDUCATION . . . K. GREENSPAN** on . . **BIOFEEDBACK . . . H. S. KAPLAN** on . . **SEX THERAPY . . . J. R. LION** on . . **VIOLENT PATIENTS . . . L. SALZMAN** on . . **COMPULSIONS . . . A. SCHEFLEN** on . . **COMMUNICATIONS . . . H. F. SEARLES** on . . **BORDERLINE PATIENTS . . . H. SPEIGEL** on . . **HYPNOSIS . . .** as well as other prize-winning color videocassette broadcast-quality programs on: **HUMAN DEVELOPMENT, FAMILY, GROUP, ART THERAPY, STRESS, NEUROLOGY, DEATH AND DYING.** Produced by Milton M. Berger, M.D. Designed for: **INSERVICE TRAINING, UNDERGRADUATE-POSTGRADUATE TEACHING & CONTINUING EDUCATION** programs for all disciplines. For purchase, lease-purchase or rental plans, contact: **HEALTH & EDUCATION MULTIMEDIA, INC.,** 50 E. 72 St., New York, NY 10021 (212) 288-2297.