Psychiatric News

Newspaper of the AMERICAN PSYCHIATRIC ASSOCIATION

Volume XVI No. 14 | Washington, D. C. | July 17, 1981

Naomi Goldstein, M.D., appears before the Senate Judiciary Subcommittee on Separation of Powers on behalf of APA to oppose legislative and constitutional acts curtailing abortion and family planning. See story below.

APA Details Consequences Of Unwanted Pregnancies

WITH SUPPORTIVE DATA from more than half a dozen studies, the American Psychiatric Association in testimony June 18 before a Senate panel, presented relevant scientific information about the psychiatric sequelae of unwanted pregnancy and the "grave consequences that it may later have in the development of the mother-infant relationship."

Testifying before the Senate Judiciary Subcommittee on Separation of Powers, APA voiced strong opposition to the "Human Life Amendment" and all constitutional amendments, legislation, and regulations that curtail family planning and abortion to any segment of the population.

Reflecting APA's stance on abortion as stated in its 1978 position statement, Naomi Goldstein, M.D., clinical associate professor of psychiatry at New York University Medical School and a member of the APA Joint Commission on Government Relations said: "The emotional consequences of unwanted pregnancy on parents and their offspring may lead to long-standing life distress and disability, and the children of unwanted pregnancies are at high risk for abuse, neglect, mental illness, and deprivation of the quality of life."

As evidence, Goldstein presented data from several studies, including the following:

- A case-controlled study nine years after the birth of 220 children born of unwanted pregnancies was conducted in Czechoslovakia, which in 1957 introduced legislation to provide an abortion upon request of a pregnant woman on the basis of medical or social indications. The 220 children included in the study were born to women who had twice requested an induced abortion for the same pregnancy and were twice refused, indicating, said Goldstein, that the child was "unwanted." The results of the study indicate that the differences between wanted and unwanted children are "consistent and multiple and tend

See "Human Life," page 7

Regulations Imperil Medical Records

THE OUTCOME of the final round of psychiatry's bout to safeguard patients' confidential files from search and seizure by federal law enforcement agencies during criminal investigations was almost enough to make psychiatrists wish they had never entered the ring.

In one final blow, APA's effort to at least guarantee immunity to search warrants for psychiatrists' working notes backfired. Instead, the U.S. Justice Department specifically incorporated them into its final regulations—effective May 18—that are designed to restrict the use of warrants in obtaining "documentary" evidence, such as medical records, from persons not suspected of having committed a crime.

This last-minute inclusion might have been welcomed by APA were it not so dismayed by the guidelines themselves. The end product, published in the April 17, 1981 *Federal Register*, is widely regarded as little protection against intrusive search warrants; penalties for violating the rules amount to nothing more than "appropriate disciplinary action by the agency or department," which may not be litigated in court.

The regulations are the culmination of a battle that began after the Supreme Court in 1978 upheld the constitutionality of a local California police search of a college newspaper's files, even though none of its staff had been implicated in the crime in question. The ruling in *Zurcher v. Stanford* pitted journalists, physicians, the clergy, and others involved in First Amendment activities or professional, confidential relationships, against the Justice Department and other law enforcement organizations in an attempt to protect from search and seizure their working notes and files.

Through the Privacy Protection Act of 1980, journalists won their shield against what they argued were invasive searches. The law requires federal, state, and local law enforcement officials to ask for voluntary compliance or to use a subpoena rather than a search warrant when seeking, as evidence of a crime, work products of reporters and others pursuing First Amendment-protected activities.

Psychiatrists argued that their patients' records, too, should be protected from surprise searches, since warrants, which are issued without a judicial hearing, allow no opportunity for challenging disclosure on grounds of privilege and confidentiality. Search warrants also, unlike subpoenas which restrict inquiry to specific documents, permit police officials to enter the premises at any time to directly scrutinize files, leaving open to perusal other patient records unrelated to the investigation.

Law enforcement interests have continually argued, though, that the

See "Zurcher," page 22

News Digest

The program for the WPA/APA Regional Meeting, to be held October 30–November 3, 1981, has been expanded. Story *on page 2*.

* * *

APA has published a companion volume to *DSM-III*, the *DSM-III Case Book*, which presents 214 case vignettes of actual patients. Story *on page 5*.

* * *

Changes in DHHS regulations regarding the protection of human subjects involved in research will apply only to research that is funded by DHHS grants. The new regulations are described in the article *on page 26*.

* * *

The plight of mentally ill foragers in Laos is described in the article *on page 27*.

Second-class postage paid at Washington, D.C. and at additional mailing offices

The Treatment of Sex Offenders

By Bruce Bower

First of two parts

PSYCHIATRISTS CALL THEM "paraphiliacs," but when they come into conflict with the law they are known as "sex offenders." After demonstrating that they threaten the rights or well-being of others and crossing the legal threshold, this predominantly male population is subject to a variety of treatments.

No panacea exists for sexual deviation disorders, but a drug that temporarily reduces the level of testosterone in the blood is receiving renewed attention as a treatment in conjunction with counseling. Several investigations indicate that the drug, medroxyprogesterone acetate (MPA), makes it easier for some sex offenders to control their sexual urges and behaviors.

These behaviors include voyeurism, exhibitionism, erotic sadism, and pedophilia. Paraphilias are marked by persistent fantasies about specific types of sex, intense associated cravings, and stereotyped sexual activity.

For example, the pedophile, frequently impotent in adult sexual relationships, typically seeks out children who closely match his fantasies in age, sex, and appearance.

"The sex offender's paraphilia permeates every part of his interpersonal life," says John Money, a psychologist at The Johns Hopkins University and Hospital in Baltimore, Maryland. "[His] specifications of the ideal partner are so eccentric or bizarre that, in some paraphilias, they cannot be fulfilled, or that in others the chances of locating a reciprocating partner are all but impossible."

Paraphiliac syndromes usually appear during puberty. Their cause is unknown, as are the determinants of conventional sexual behaviors and attractions. There are indications that biological vulnerabilities in some people predispose them to develop unconventional sexual desires, but no controlled studies have been done.

Data are also inconclusive concerning the prevalence of paraphiliac syndromes in the general population, because most go unreported. They are usually harmless, a private matter between consenting adults that never comes before the law. Nevertheless, Federal Bureau of Investigation statistics for 1978 show a nationwide total of 28,257 arrests for forcible rape and 65,666 arrests for sex offenses (excluding rape and prostitution).

See "MPAs," page 12

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.

Treatment Book

I REGRET that Dr. Henry Kaminer, President of the New Jersey Psychiatric Association, may have misconstrued the purposes of the APA Commission on Psychiatric Therapies. When, as APA President in 1979, I advocated and appointed the Commission, it was given the following charge as approved by the Board of Trustees:

a) To assay as many as possible of the somatic, dyadic, group, familial and social therapies in current use by a thorough and critical examination of the literature as to techniques, duration, results, costs, and other characteristics.

b) To gather other data from previous APA committee and task force reports, by consulting with advocates or differing modalities, by direct observation of various treatments where practicable, by viewing of videotapes, by supplementary questionnaires and by other means.

c) To analyze the findings for the purpose of eliciting the common vectors that are therapeutically effective, as distinguished from procedures that may be extraneous or counterproductive.

d) To report your intercurrent results at intervals of six to 12 months for consideration and further comments by the Trustees, the Assembly, and other relevant components of APA.

e) At the termination of your duties (estimated duration three to five years), a final manuscript is to be submitted to the governing body of APA for revision, approval, and publication.

The members of the Commission have taken personal responsibility for preparing extensive surveys of various modalities of therapy. Their interim reports describe in detail the theories underlying their various therapeutic approaches, the procedures employed, and the results reported. The Commission, on the basis of these extensive surveys and consultations with acknowledged authorities in extensive surveys, consultations with acknowledged authorities in various subfields, will submit a document that will correlate and integrate its findings, but will in no sense dictate definitive modes of treatment for supposedly specific behavior disorders. Dr. Kaminer can be reassured that there will be neither "broad endorsement of every therapeutic technique" nor "the setting down of concrete . . . guidelines . . . as if they were gospel." On the contrary, after clarifying the rationale and practice of the various forms of treatment currently employed, the document will encourage further individual or group research and salutory innovations.

The Commission hopes that, in both the scientific and pragmatic fulfillment of its charge, it will serve the basic purposes of our specialty: optimum service to our patients.

Jules H. Masserman, M.D.
Chicago, Ill.

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Psychiatric News

Newspaper of the American Psychiatric Association
An Equal Opportunity Employer

(ISSN 0033-2704)

Published on the first and third Fridays of each month.

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Correspondence to the Editor should be addressed: Herbert M. Gant, Editor, Psychiatric News, 1700 18th St., N.W., Washington, D.C. 20009.

Communications regarding dues, membership status, or changes of address from APA members should be directed to Division of Membership Services and Studies. Communications from nonmember subscribers should be directed to Circulation Department. American Psychiatric Association, 1700 Eighteenth Street, N.W., Washington, D.C. 20009. Four to six weeks advance notice is required for changes of address.

Second-class postage paid at Washington, D.C., and additional offices.
Advertising Representatives: Steven K. Herlitz, Inc. New York—404 Park Ave., South, 9th Floor; Tel. (212) 532-9400; San Francisco—731 Market St.; Tel. (415) 777-2050.

DSM-III

DURING THE TIME that Dr. Robert Spitzer and his committee were developing *DSM-III*, I was opposed to many of the changes being made from *DSM-II*. The apparent disregard for the developmental and dynamic factors of psychiatric disorders was distressing to me.

However, for the past two years, the staff of the Mental Health Clinic of the Student Health Service at the University of Kansas in Lawrence has been using *DSM-III* for preparing the diagnostic summary for our annual reports. We have found that the various disorders can be identified and classified much more clearly than with *DSM-II*. Diagnoses based on the clinical pictures presented by student patients have proven to be more useful and require less obsessing than attempting to find appropriate diagnostic labels in *DSM-II*.

My apprehension about the usefulness of *DSM-III* has turned out to be unfounded.

S. O. Schroeder, M.D.
Lawrence, Kan.

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Short People

I WAS GREATLY interested in reading the report by Kenneth Hausman on Jerome Brodlie's informative lecture "On Being Short in a Taller World" [*Psychiatric News*, June 19, 1981] at the APA annual meeting in New Orleans. Finally, I notice, our profession is beginning to take cognizance of our patients' body size and its often lifelong reverberations concerning body image, self image, and developmental problems.

In a number of previous papers ("Psychoanalytic Study of the Child," 1956; "The American Image," 1967; "The Psychoanalytic Quarterly," 1976, and other papers) I deal with these problems *in extenso* from a clinical and psychobiographical viewpoint. With regard to these observations, I pointed not only to the hardships which such short individuals experience in a physical and emotional sense, especially during their school years—being called *shorties, dwarfs*, and so on by their peers—but also to compensatory and restitutional strivings relative to their physical deficiency and what I named *the felt experience of the body*. The latter is an all-pervasive feeling and can become, in gifted individuals, a powerful impetus toward symbolic repair in art, poetry, science, and other creative and symbolically restorative efforts.

To mention but a few examples: John Keats was short, stocky, and never grew beyond 5'4" in body size. Henry Morton Stanley, the discoverer of the river Kongo and one of the sources of the Nile, was a short man. So were the philosophers Kant, Mandelsohn, and Kierkegaard (all three crippled to boot). Nicolai Gogol, the great Russian poet, was called by his schoolmates "the mysterious dwarf." Gustave Eiffel, the builder of the Eiffel tower in Paris, was short and stooped. Alexander Pope's small stature and curvature of the spine are well known; likewise, Somerset Maugham's lack of body size. According to Jerome Brodlie, among the 41 short men and women examined by him, there were 32 who maintained that "their desire to be successful was in part a result of a need to compensate for their diminutive stature."

Toulouse-Lautrec expressed it more directly: "If my legs had been a little longer," he wrote, "I would have never become a painter." To this I may add that some of the greatest generals in recorded history, among them Napoleon, Frederic the Great, and Prince Eugene of Savoy, were conspicuously short and, indeed, deficient in body size and that Abraham Lincoln, though not short, had a thoracic deformity which today is described as a presumable result of Marfan's Syndrome. In my papers mentioned above, I indicated in some detail how the very fact that such bodily handicaps are anatomically inalterable can lead to exceptionally creative achievements via a process of compensation and restitution.

William G. Niederland, M.D.
Englewood, N.J.

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Deaths

Ramon Fernandez-Marina, Rio Piedras, P.R.
Henry C. Goff, Los Angeles, Calif.
Blanka Bianca Gonda, West Midlands, Great Britain
Milton H. Graditor, Hollywood, Fla.
Maurice H. Greenhill, Rye, N.Y.
Charles Alan Hamburger, Los Angeles, Calif.
E. Pentoka Henry, Muskogee, Okla.
Jane Smith Hobson, Cranford, N.J.
Bede Francis Howard, Bloomfield, N.J.

WPA/APA Meeting

TWO TRACKS have been added to the program for the WPA/APA regional meeting, which will be held October 30–November 3, 1981, in New York City, bringing to seven the number of tracks on the scientific program. The subjects of the tracks are alcoholism and drug abuse, geriatrics, affective disorders, schizophrenias, and rehabilitation, and the new tracks, nomenclature and classification, and biological research and clinical practice.

The theme of the meeting is "Critical Issues in Psychiatry for the '80s," to observe the United Nations Year of the Disabled. The congress is designed to provide an opportunity to review and exchange information about recent research and clinical experiences on an international level.

Track VI, Classification and Nosology, will be chaired by Gerald Klerman, M.D., and co-chaired by Norman Sartorius, M.D. Track VII, Impact of Biological Research on Clinical Practice, is being organized by Alan F. Schatzberg, M.D. Some of the topics in this track include "Dexamethasone Suppression Test in Clinical Practice," "Biochemical Heterogeneity of Unipolar Depressive Disorders," and "Advances in Biology/Psychopharmacology: Implications for Current Practice and Future Research," and "CSF 5HIAA Levels Predict Suicide."

The deadline for receipt of abstracts has been extended until August 15, 1981. Further information is available from Robert J. Campbell, M.D., WPA Program Committee, 1700 18th St., N.W. Washington, D.C. 20009, U.S.A.

Deadline for advance registration is October 1, 1981. Further information is available from Office of the Secretariat, APA/Area II/WPA, Kathleen Bryan, 1700 18th St., N.W., Washington, D.C. 20009, U.S.A. (202-797-4860).

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Cultural Influence Said Extensive Among Therapists

By B. Alma Herndon

THE APA/NIMH Minority Fellowship Program opened its conference on "Education in Transcultural Psychiatry," June 14–16, 1981, in Washington, D.C., on a troubling note—it was uncertain whether funding would be available for continuation of the program, which was initiated six years ago. But it appears certain that transcultural psychiatry will be around judging by the two days of lively discussions on this topic which culminated in an "Agenda for the Future," by Bruce L. Ballard, M.D.

APA Medical Director Melvin Sabshin, in his introductory comments, cited what he saw as a moral versus scientific dilemma in transcultural psychiatry, with an ascendency of the moral issues in the 1960s. He urged funding of those progams that will help persons who are ill.

Armando Favazza, M.D., professor of psychiatry and chief of the section of general psychiatry at the University of Missouri in Columbia, questioned the term "transcultural psychiatry," which he said refers to a methodology of comparison. "This conference is not about that," he maintained. "We're here to talk about cultural psychiatry . . . We're really more into cultural issues, not social issues." Favazza then went into a discussion of feral man, maintaining that most of these cases are "fakes," and the much older theme in cultural psychiatry of a national character, which essentially holds that if a person comes from a certain area, he will have certain fixed psychological or social traits. Most of these arguments were called "destiny in the cradle arguments," according to Favazza, who said they were basically "reductionistic arguments that really don't hold any water."

Tied in with the concept of a national character, he said, is a discussion of psychoanalysis and culture. A basic Freudian tenet is that culture and repression are inextricably linked, but this whole idea of psychoanalysis and culture has been disappointing. Although there are a few persons continuing to do studies in this area, generally, the movement has died.

Favazza dates the new cultural psychiatry back to 1974, when, he said, a panel of cultural psychiatrists were brought together at APA's annual meeting and eventually led to the founding of the Society for the Study of Culture and Psychiatry. Until that time the topic had trouble getting on the APA program, but now, he noted, there are three journals centered on cultural issues in psychiatry.

Favazza asserted that while discussing cultural issues at this conference is a beginning, in order to bring them to the attention of everyone, "we will then have to get into the mainstream. . . ."

Physicians and psychiatrists are learning more about treating various ethnic groups by using information about background and culture, according to Edward Foulks, M.D. He pointed out in his presentation that cultural differences often create difficulties between both parties because differences in posture, gestures, and other characteristics can be misunderstood. Yet, while physicians and psychiatrists are generally becoming more aware and involved with treating American ethnic minority groups, Foulks said that there are many other ethnic groups in America that are not considered minority, such as Irish, Italian, Polish, Jewish, and Appalachian, "for whom cultural factors between patient and treating physician would be important in the healing process. The advent of community mental health and the increased awareness of minority group issues have brought a special focus on the practical relevance of culture in serving the physical and mental health needs of these populations."

He outlined three separate ways of perceiving mental health problems when therapist and patient are from different cultures: medical, cultural, and ethnopsychiatric. "The medical model attempts to understand affect and disordered affect as an experience fundamental to humans the world over. This approach is essentially ethnic in nature and uses the methods of measuring affect and disordered affect in Western cultures as principal tools in evaluating the presence of affect and disordered affect in other societies." The cultural approach also contains the basic proposition that human affects are universal, but "admits to some degree of cultural influence, i.e., that cultural patterns strongly influence the expression and recognition of basic human feeling patterns." The ethnopsychiatric approach holds that humans "are what they have learned to be. This position proposes that there are few biological imperatives and that culture determines modes of interpersonal interaction, communicative patterns, a people's special reality, and their unique manner of classifying phenomena within themselves and outside themselves."

Knowledge Base

He believes the ethnopsychiatric approach, which is a more recent line of research, points to directions for more effective treatment of patients and for patient compliance. Foulks is director of the psychiatric training program at the Hospital of the University of Pennsylvania.

The anthropological, epidemiological, and clinical nature of the knowledge base was discussed by Michael Woodbury, M.D., medical director of the Puerto Rico Family Institute; Ben Z. Locke, M.P.H., chief of the Center of Epidemiology Study at NIMH; Joe Yamamoto, M.D., professor of psychiatry at the University of California; and Jeanne Spurlock, M.D., program director of the APA/NIMH Minority Fellowship Program and APA deputy director.

Spurlock pointed out that personal biases of researchers and clinicians may color the "end product of theoreticians and researchers, as well as the diagnostic process. The bias may be a product of the ethnic and cultural background of the investigator, or it may stem from the political system of her/his time." As an example, she pointed out that according to references in the literature in the 1920s there was an absence of depression among blacks, based on the "stereotypic personality characteristic described as carefree and happy-go-lucky." In the 19th century, the "alleged low rate of insanity of the Afro-American population was often viewed as rooted in the so-called comforts of slavery or in the inherent features of the sluggishness of the uncivilized."

Spurlock said that the cultural biases of researchers and clinicians are

See "Conference," page 28

Sabshin Decries Cuts In Programs for Ill

THE REAGAN ADMINISTRATION'S so-called "safety net" for the protection of certain social programs from the budget ax will not protect the chronically mentally ill or severely disturbed children and adolescents from suffering the pain of program cuts, APA Medical Director Melvin Sabshin, M.D., told the House of Representatives' Appropriations Subcommittee on the Departments of Health and Human Services, Education, and Related Agencies.

In testimony presented before the subcommittee on June 18, Sabshin said that the Office of Management and Budget's proposed cuts in the National Institute of Mental Health's FY 1982 budget "constitute a real danger to the health of the American people. The much heralded 'social safety net' to safeguard the health and well-being of those unable to help themselves has not been woven with sufficient care. Indeed," he continued, the Reagan/Stockman proposals "encourage (if not compel) states to return to an anachronistic pattern of institutionalization or neglect—out of sight for the out of mind, and a system of non-care for mentally ill children."

Testifying on behalf of the American Association of Chairmen of Departments of Psychiatry, the American Association of Directors of Psychiatric Residency Training, and the American Society for Adolescent Psychiatry, as well as APA, Sabshin stressed that the proposed budget does not represent genuine cost savings, but rather phantom savings. "The funds *not* spent for the provision of currently indicated medical treatment of mental illness will instead cause the inappropriate placement of the mentally ill within the historic (and now outdated) and more costly pattern of the criminal justice, general health care, or welfare systems, and encourage the return of the chronic patient to the more expensive and less appropriate state institutions," he claimed. The high costs in lack of productivity in the workforce and the indirect costs of families staying home to care for disturbed children and adolescents adds to, rather than subtracts from, the real costs to the government.

One of the specific areas Sabshin addressed was NIMH's clinical manpower training programs. Noting that the proposed budget does not merely call for reductions in funding of mental health training programs, but for the total phaseout of federal support, he told the subcommittee that "this proposed phaseout occurs at the very time that further and unanimous confirmation of the absolute national shortage of psychiatrists has been made public by the Heritage Foundation, by the Rand Corporation, by the DHHS Report on Mental Health Manpower to the Senate Appropriations Committee, and by the Graduate Medical Education National Advisory Committee (GMENAC) to DHHS." The loss of these programs, which, he pointed out, train clinical psychologists, psychiatric nurses, and psychiatric social workers, in addition to psychiatrists, will be especially painful since they have been carefully designed "to develop professional manpower prepared . . . to deal with the special mental health problems of identified unserved and underserved populations. These populations include: severely disturbed children and youth, the mentally ill elderly, minorities, the chronically mentally ill (especially those deinstitutionalized to community settings), and mentally ill

See "Sabshin," page 10

Dr. Sabshin

H&CP Awards Board Receives Roerig Grant

THE APA Hospital and Community Psychiatry Achievement Awards Board recently received a significant contribution from Roerig Pharmaceuticals in support of its annual award competition. In addition to funding the awards board with a $3,000 grant, Roerig will award a $10,000 grant to the winning entry, (to be shared by the winners in case of a tie).

The Hospital and Community Psychiatry Achievement Awards Board consists of three members appointed by the APA President for a three-year term. The purpose of the award is to recognize outstanding programs for the mentally ill and retarded. One or more gold awards and several certificates are presented annually at the Hospital & Community Psychiatry Institute. Applications are received at APA headquarters. The appropriate district branch is asked to make a site visit and submit an evaluation. The members of the awards board then study the applications and meet to determine the winners.

In a letter to APA Deputy Medical Director for Professional Affairs Henry R. Work, M.D., Roerig commented, "We welcome the opportunity to encourage advancements in the field of psychiatry by recognizing those programs that have made innovative contributions to the improved care of psychiatric patients."

Work, in advising the company of the APA Board of Trustees' decision to approve the contribution, said the contribution "obviously will make a considerable change in the applications for this award and we shall have to be aware of this as we move into the next year and consider the program at that time." 7B-6

Case Studies with DSM-III Diagnoses Released by APA

THE INTRICACIES of psychiatric diagnosis, especially the new considerations clinicians must take into account in *DSM-III,* challenge all psychiatrists. What many have felt was necessary was a guide—with specific case studies and accompanying *DSM-III* diagnoses. The guide is now a reality, with the publication this month of the *DSM-III Case Book.*

Developed in cooperation with the biometrics research department of the New York State Psychiatric Institute and the department of psychiatry of Columbia University, and published by APA, the *DSM-III* companion volume is edited by Robert L. Spitzer, M.D., Andrew E. Skodol, M.D., Miriam Gibbon, M.S.W., and Janet B. W. Williams, M.S.W., and grew out of experiences in teaching *DSM-III.* It brings the diagnostic concepts of *DSM-III* to life through 214 case vignettes of actual patients, representing the wide range of psychopathology seen in clinical practice. Each case history includes a comprehensive description of the clinical picture, presents the rationale for making each diagnosis, notes other disorders that should be considered, points out diagnostic uncertainty when it exists, and refers the reader to the appropriate diagnostic category in *DSM-III.*

According to the editors, the case vignettes can be used for a variety of purposes. "They should be of value to experienced clinicians, facilitating their learning the new concepts and terminology in *DSM-III.* All clinicians, regardless of their level of experience and training, may benefit from reading descriptions of cases that are examples of diagnostic categories rarely seen in most treatment settings. Teachers and students of abnormal psychology . . . will find the vignettes useful as illustrations of various types of psychopathology. Similarly, other professionals, such as internists and attorneys, may find these case illustrations instructive." They may also be helpful in preparing for psychiatry board examinations, and may be useful to research investigators in assessing the level of diagnostic expertise and the reliability with which members of their staff can make diagnostic assessments.

The case book is divided into the following chapters: "Mental Disorders in Adults," "Mental Disorders in Children and Adolescents," "Cases for Multiaxial Evaluation," "Diagnostic Dilemmas," "Cases for Testing," and "Historical Cases."

An example of the vignettes is the case of "Stuporous Student," from the chapter on "Mental Disorders in Adults." The patient, a 16-year-old female high school student, was admitted for the first time to the psychiatry service because she had not spoken or eaten for three days. Her parents said she had been a "normal" teenager until about a year previously when she began to stay home more, alone in her room, and seemed preoccupied and less animated. Six months before admission, she began to refuse to attend school, and her grades dropped to barely passing. About a month later she began talking "gibberish" about spirits, magic, and devil—things that were totally foreign to her background. For the week preceding admission to the hospital she had stared into space, immobile, only allowing herself to be moved from her bed to a chair, or from one room to another.

In the discussion of "Stuporous Student," it was noted that the "diagnosis of Schizophrenia is justified by the presence of incoherence (started to talk "gibberish") and catatonic stupor (stared into space, immobile) following a one-year history of prodromal symptoms (social withdrawal, deterioration in academic functioning) in the absence of a known organic factor, such as drug abuse. The course is Subchronic since the disturbance has apparently lasted less than two years. The subtype is Catatonic because these are the most predominant symptoms."

The *DSM-III* diagnosis made was Axis I: 295.21 Schizophrenic Disor-

See "Case Book," page 30

Migraine Onset Seen Prior to Age 35

THE LARGEST and most thoroughly evaluated series of patients with acephalgic migraine thus far reported was described at the recent San Antonio meeting of the Aerospace Medical Association. Three fourths of the 61 patients had experienced their initial symptoms prior to age 35. Although these symptoms included a variety of scotomas, there was a surprisingly frequent involvement of the temporal crescent, tunnel vision, central scotomas, and classic amaurosis fugax. Diplopia, paresthesias, dysphasia, and cloudy thinking were also reported by these patients. A family history of migraine was recounted in only one fourth of the cases.

"Two conditions that cause similar episodes and need to be considered in the differential diagnosis of acephalgic migraine are focal epilepsy and recurrent microemboli to the cerebral circulation. Neither can be absolutely excluded," cautioned Patrick S. O'Connor, M.D., and Thomas J. Tredici, M.D., of the ophthalmology branch of the United States Air Force School of Aerospace Medicine, Brooks AFB, Texas.

In this series, 11 had some EEG abnormalities, but in only one case was this considered clinically significant. None had any other symptoms or signs of a focal neurologic lesion or family history of epilepsy, which argued strongly against diagnosing their condition as epilepsy. In all, 26 percent of the patients experienced three or more varieties of spells. Equally significant, 29 percent had some nonvisual neurologic aura accompanying the more classic visual changes.

"Only two of our cases had a history consistent with migraine headache. One had had a single episode of common migraine seven years previously, and the other a single episode of classic migraine with aphasia 25 years earlier," the physicians said.

No positive correlation with other diseases or the flying environment was discovered and no pathologic explanation for these spells was found. In only one case was there a permanent defect. This occurred in a 28-year-old pilot with a history of 75 episodes of blurred vision in one quadrant of his right eye over a two-year period, which led to a small, permanent scotoma in that eye.

"While all the aurea developed by our patients have previously been reported, the frequency of transient neurologic symptoms, tunnel vision, and temporal crescent scotomas is notable," the investigators said. They cautioned that the diagnosis of acephalgic migraine should be considered in any acute episodic neurologic disorder, especially since it is a common disorder that can occur at any age. 7B-3

New Officers

THE CAUCUS of Gay, Lesbian, and Bisexual Members of the American Psychiatric Association, which met May 8–10, 1981, in Houston, in conjunction with the convention of the American Academy of Psychoanalysis, announced the following officers for the coming year: DAVID R. KESSLER, M.D., president; JAMES P. KRAJESKI, M.D., president-elect; PEGGY HACKENBRUCK, M.D., and JAIME SMITH, M.D., vice-presidents; ROBERT D. SCHWARTZ, M.D., secretary; and DAVID SEIL, M.D., treasurer.

Human Life

Continued from page 1

to support the major hypothesis that the development of children born of unwanted pregnancies would be more problem prone. A child born from an unwanted pregnancy, especially a boy, is more likely to have deficiencies in psychological development and educational achievement than other children his own age, despite equivalent health status at birth."

• A recent study at Temple University in Philadelphia has shown that pregnant women who undergo unusual amounts of stress may more often give birth to infants with lifelong physical and behavioral abnormalities than a group of children matched for age, sex, social, and economic status who were products of planned pregnancies. These abnormalities include low birth weight and associated neurological deficits, in addition to poorer levels of mental health, social adjustment, and educational achievement.

• "One of the most thorough and often-quoted studies on the outcome of children born—after abortion had been refused—was conducted by Forssman and Thuwe. They investigated the mental health, social adjustment, and educational level of 120 children up to the age of 21 years. The unwanted children received more psychiatric care, and exhibited more antisocial and criminal behavior than the control groups."

• A study on "The Long Term Impact of Rape," conducted by Nadelson, Zackson, and Gornick, in which 41 rape victims were interviewed 15–30 months post rape, found that terror of the incident, fears acquired since the attack, and suspiciousness remained the outstanding feelings. More than half of the victims with no history of previous mental illness or emotional disturbance stated that they continued to be depressed.

• "In a study published in the *Journal of Family Practice,* which dealt with 63 women questioned one year after a first trimester abortion at an outpatient clinic, almost without exception, six months after the abortion these women felt their decision had been right for them. The authors concluded that the opportunity to choose or reject abortion and to play an active role in resolving a personal crisis promoted successful adjustment and maturation, and that termination of pregnancy by abortion did not constitute serious psychological trauma or precipitate emotional conflict for most women."

"It may be," Goldstein said, referring to a March 1977 *Canadian Psychiatric Journal* article on "Recent Changes in the Emotional Reactions of Therapeutic Abortion Applicants," that "earlier reports in the literature claiming that therapeutic abortion is accompanied by psychological disturbances are not in fact based upon the reactions to the unwanted pregnancy itself but to the psychological stresses produced by a disapproving and judgmental social atmosphere."

Goldstein also presented data on pregnancy resulting from undue coercion, rape, or incest, pointing out that statistically one woman in three is likely to be raped in her lifetime. One study shows, she said, that five percent of rapes result in pregnancy. "In addition to the other factors affecting an unwanted pregnancy, the rape victim has to deal with the profound psychological consequences of having violence inflicted upon the intimate

See "Human Life," page 20

Biofeedback Update

Recent articles report clinical investigations in many areas.

Articles concerning clinical biofeedback have been widespread in recent years. These articles have focused on biofeedback in the treatment of stress, anxiety, obsessive-compulsive behavior, and both the psychogenic and functional aspects of hypertension, peripheral vascular disease, Reynaud's syndrome, stroke rehabilitation, cardiac arythmia, fecal incontinence, torticullus, peptic ulcers, asthma, low back pain, and a variety of other disorders. This increasing exposure in professional publications reflects the maturation of a clinical alternative.

Autogenic Systems is now taking an important role in assisting biofeedback investigations by underwriting large-scale controlled studies at major North American medical centers. Autogenics is the world's largest manufacturer of biofeedback instrumentation. Our systems are used in over 800 North American hospitals, including over 100 U.S. Government hospitals. And thousands of clinicians now employ Autogenics instruments in private practice.

The time may be appropriate for you to assess the potential of biofeedback in your practice. The economics are increasingly attractive, and biofeedback can be readily integrated into most clinical programs. A large part of the therapy can be administered by a nurse or trained technician. And medical insurers, both government and private, are extending coverage to an ever wider range of biofeedback applications.

We invite your inquiry about the nature and applications of biofeedback therapy. We refer inquiring clinicians to bibliographies, to CME programs and seminars, and to leading professionals and institutions in the forefront of biofeedback practice and clinical investigation.

☐ Please send literature on biofeedback training, instrumentation and sources of further information.

☐ Please have a professional services specialist contact me.

Name _____

Specialty _____

Institution (if any) _____

Position _____

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809 Allston Way, Berkeley, California 94710.
Phone (415) 548-6056.

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Sabshin

Continued from page 4

residents of many rural and inner city areas."

Sabshin urged the subcommittee to accept a 1982 funding level of $71.8 million for these clinical training programs, and as further evidence of their success and cost-benefit effectiveness, cited six recent studies indicating that when improved mental health services are offered to patients with mental disorders in the general health sector, costs per patient are reduced, mean length of inpatient stay is reduced, and non-psychiatric physician usage is less frequent. In light of this evidence, Sabshin stated, "we fail to understand the logic for maintaining continued federal support of primary care specialty training while completely eliminating federal support for the psychiatry clinical training program, especially since half of the NIMH Psychiatry Education Branch's budget is allocated to consultation-liaison training and general medical student and primary care residency education." The amount requested is below the FY 1980 appropriation and the FY 1981 continuing resolution levels.

Research Cuts

Also addressed by Sabshin in his testimony were proposed cuts in funding for mental health research and research training. He explained to the subcommittee the dramatic advances of the last decade in neuroscience, such as the discovery of opiate receptors in the brain and the subsequent identification of naturally-occurring substances such as endorphins, and their potentially crucial role in schizophrenia, severe compulsive disorders, and drug addiction. In discussing the significance of these discoveries and possible future breakthroughs, he told the subcommittee members that "as repeatedly documented in the history of medicine—such insights stemming from basic research pave the way for development of more effective treatment and prevention."

He continued by describing the importance for care and treatment of the mentally disabled of such other research advances as lithium, improved major tranquilizers, positron emission tomography, and techniques now being devised to repair damage to brain tissue. All of these were supported with NIMH research funds. Using lithium as an example, he explained that over the last ten years, lithium therapy is estimated to have saved $2.88 billion in direct mental health costs, and an additional $1.28 billion in productivity.

"These estimated savings of more than $4 billion over one decade, resulting from the introduction of a single new therapeutic modality for the treatment of one major mental disorder, exceed substantially the total appropriations for NIMH research throughout the Institute's entire existence," Sabshin informed the committee.

An extramural research appropriation of $115.48 million for FY 1982 was requested, which, Sabshin pointed out, would offset inflation and add a modest amount of real growth to these high priority programs. Also requested by the coalition of psychiatric groups was $20.14 million for NIMH research training, also a small increase in real spending over the current funding level.

The final issue Sabshin dealt with was proposed cuts in support levels for mental health services. He condemned the Reagan administration's

See "Sabshin," page 22

Evidence Seen Linking Psychosis, Brain Disorder

EVIDENCE SUPPORTING REGIONAL brain disorders in the major psychoses has been gathered by a psychiatrist who analyzes brain waves set in motion less than a second after the presentation of various stimuli.

Using evoked potentials (EPs), the brain waves occurring milliseconds after stimulus presentation, Charles Shagass, M.D., measured the cerebral distribution of EP deviations from normal. Shagass, of the Eastern Pennsylvania Psychiatric Institute, Philadelphia, Pennsylvania, employed 15 scalp locations to record somatosensory, visual, and auditory EPs.

The major peaks in each type of EP were identified and the stability of waveshapes over time was then determined. Group differences in the amplitude and spatial distribution of these measures were assessed.

The three patient groups under study were: schizophrenic patients of various subtypes, psychotic depressive patients, and nonpsychotic patients. All patients were unmedicated for at least one week prior to the experiment.

Various comparisons were made of age- and sex-matched patient groups and nonpatient controls.

The results, reported by Shagass at APA's annual meeting, suggest there is excessive instability of the left, compared to the right, hemisphere of the brain in both psychoses. EP activity generated by sensory stimuli tends to be displaced to the posterior portion of the brain in both psychoses also.

Although EPs appear to indicate alterations and instability of the left hemisphere in both major psychoses, schizophrenics and psychotic depressives differ in their sensitivity to various sensory stimuli, EP components affected, and posterior displacement of brain activity.

Shagass and his colleagues recently demonstrated that three sensory amplitude measurements, based on spatial distribution, can differentiate between psychotic depressives and schizophrenics with better than 90 percent accuracy. Their findings require further confirmation, but offer hope for the future use of EP indicators as diagnostic tools.

"Our formulation is that filtering (of information) is impaired in both major psychoses," says Shagass, "but at a later stage in the sequence of post-stimulus events in depressives than in schizophrenics." 7B-21

Conference

THE National Institutes of Health is sponsoring a consensus development conference November 4–6, 1981, in the NIH Clinical Center on "Computer Tomography Scanning of the Brain." The National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) is the lead institute for this conference. Co-sponsor is the National Cancer Institute, in conjunction with the National Center for Health Care Technology.

The conference will bring together biomedical research scientists, radiation therapists, neurologists, neurosurgeons, consumers, and other persons from relevant fields. Further information about the program is available from Dr. Michael D. Walker, Director, Stroke and Trauma Program, (NINCDS) Federal Bldg., Room 8A08, 7550 Wisconsin Ave., Bethesda, Md. 20205 (301-496-2581).

MPAs

Continued from page 1

These figures do not reveal the number of individuals taken into custody, though; multiple offenses by the same person are included in the totals. In addition, not all sex offenses are committed by paraphiliacs. For instance, a rape carried out in response to recurring fantasies and urges about forcible sex would be diagnosed as a paraphilia. It could, however, be committed by an impulsive, angry person to humiliate a woman, or by a hallucinating person in response to the commands of voices.

Although the causes of paraphiliac disorders are poorly understood and the prevalence of such syndromes is hard to pin down, treatment of one kind or another has traditionally been levied on sex offenders.

The first treatment was more akin to punishment—surgical castration. This permanent deprivation of fertility and sexual desire is still being studied by some European researchers.

Other treatments emerged, such as individual and group psychodynamic therapy, behavior therapies (including hypnosis and biofeedback), and biological therapies employing medication or brain surgery. Long-term behavioral changes have been difficult to achieve with all of these approaches.

Various therapeutic combinations are used in 50 treatment centers for sex offenders in 24 states, along with one in the District of Columbia. There are also six facilities in Canada, one in Australia, and several in Europe.

It was during a trip to Germany in 1965 that John Money learned of the first application of cyproterone acetate—an antiandrogenic, progestin-forming drug—with a sex offender. Cyproterone acetate is not approved for use in the United States.

The following year, Money began the first studies on this continent using a similar drug, medroxyprogesterone acetate, with sex offenders. This antiandrogen, also known as Depo-Provera, is manufactured by Upjohn. Then, as now, it was used in combination with counseling therapy.

One of Money's first cases involved a transvestite who had dressed his six-year-old son in girls' clothes and later tried to engage him in mutual fellatio. After several injections of MPA, the level of testosterone circulating in the man's blood dipped from 550 nanograms per 100 milliliters (normal for a male) to 50 nanograms per 100 milliliters (normal for a female). He became impotent, lost all sexual urges, and his compulsive dressing and incest desires disappeared.

He accepted these changes since he wanted to save his marriage. Along with his wife and son, the patient underwent psychological counseling after drug treatment began.

As the number and dosage of MPA injections were reduced, the patient's level of circulating testosterone edged into the normal range. He began to have erections again, although less frequently than before. The transvestite and incestuous impulses that had beleaguered him were gone.

When administered in this way, an antiandrogen inhibits the release of luteinizing hormone (LH) from the pituitary gland. LH stimulates the testicles to produce androgens such as testosterone. Its reduction allows progestin, a sexually inert hormone, to successfully compete with testosterone.

"MPA returns a person to a prepubertal hormonal level of functioning," says Money. "It gives him more control over his sexual choice and relieves him of his compulsion."

MPA's effects appear to be fully reversible within a few months after medication is stopped, although it has not been used widely enough to confirm this. Major side effects are weight gain and drowsiness; cold sweats, nightmares, breathing difficulties, hyperglycemia, shrinking of the gonads, and leg cramps have also been reported.

"This is not a perfect drug," says Fred Berlin, M.D., a colleague of Money's at Johns Hopkins. "It does not affect specific behaviors; it suppresses sexual desire in general."

Money and Berlin emphasize that the discontinuation of MPA treatment will probably result in a return of paraphiliac behaviors. Pierre Gagné, M.D., of the Sherbrooke Hospital, Sherbrooke, Canada, is not so sure. He reports in the May *American Journal of Psychiatry* that 40 of 48 paraphiliacs treated with MPA for one year showed improvement in controlling their sexual urges three years after treatment ended.

"[Gagné's] findings are too optimistic," says Money. "You have to do at least ten years of follow-ups to evaluate treatment effects."

The only follow-up that meets that criterion has been completed at Johns Hopkins under Money's direction. Twenty male paraphiliac sex offenders were followed from one to 13 years in a program of combined MPA and counseling therapy. MPA treatment ranged from three months to five years, nine months.

Only three patients reverted to sexually deviant behavior while taking medication, but 11 patients discontinued MPA injections against medical advice. Ten of them relapsed.

Money relates the success or failure of treatment to several factors: discontinuation of treatment, time elapsed since last hormonal injection, compliancy to the treatment regimen, use of alcohol, illegal drugs, or prescription antiepileptic drugs, and the establishment of a strong relationship with a sexual partner.

In short, outcome depends as much on the attitude and commitment of the patient to treatment as it does on the medication's suppression of paraphiliac thoughts and cravings.

Antiandrogen drugs do not appear to regulate violent behavior in a manner similar to sexual behavior. A 1975 study, again headed by Money, found that a program using MPA and counseling had little effect on the impulsive antisocial behavior of 13 men with the 47,XYY genotype.

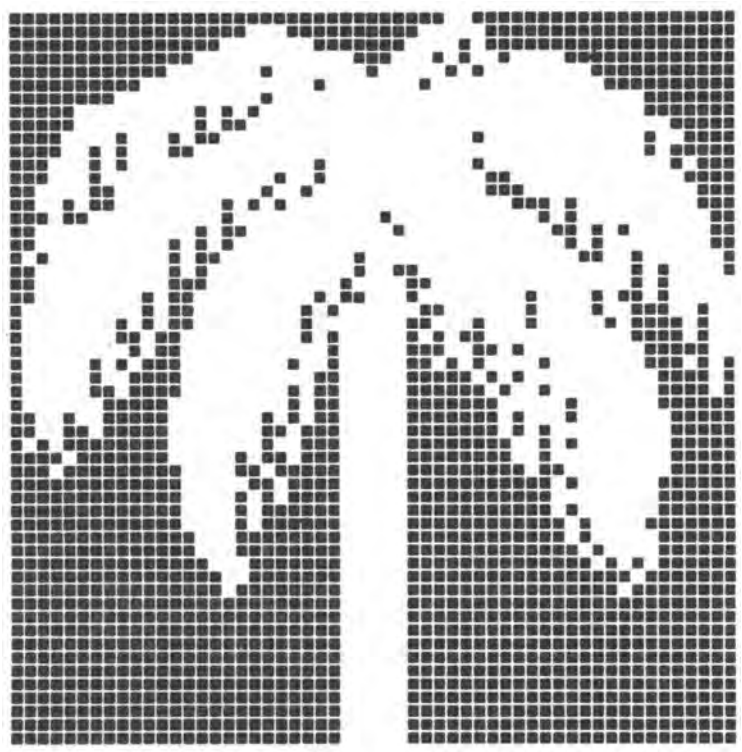
Although MPA injections have a stronger affect on sexually deviant activity and fantasy, long-term prognosis is statistically modest. More research is needed to determine the future of hormonal treatment programs.

Yet it is clear that this drug has helped some paraphiliac sex offenders to put a reign on their compulsions and take up sexual behaviors that will not result in their arrest. The successes suggest to investigators that continued research will show some sex offenses to be treatable with medication.

"For some patients," says Money, "(MPA and counseling therapy) proved to be the only form of treatment that induced a long-term remission of symptoms and kept them off a treadmill of imprisonment." 7B-12

Announcing . . .

33rd Institute on Hospital & Community Psychiatry



Everyone is in the act: What is right for patients?

September 13 to 17, 1981
Town & Country Hotel
San Diego, California

American Psychiatric Association

Program Information and Registration

Schedule

SUNDAY, SEPTEMBER 13

9 a.m. to 5 p.m. Leisure Time Activities. See listing on back panel.

9 a.m. to 5 p.m. Allied Professional Meetings. See listings on back panel.

12 Noon Registration opens.

1 to 3 p.m. Session A. Coping in a Shrinking Economy—A Mental Health Challenge.
Joint Session with Conference of Social Workers in Mental Health Programs.
Faculty: Esther P. Roberts, M.D., Deputy Assistant Secretary for Mental Health Affairs, Department of State, Washington, D.C.
Robert E. Lanier, President, Conference of Social Workers in Mental Health Programs, Springfield, Illinois
Robert Kane, M.D., Rand Corporation, Santa Monica, California

3:30 to 5:30 p.m. Session B. The Role of Partial Hospitals in the Comprehensive Mental Health System—Real and Ideal.
Joint Session with American Association for Partial Hospitalization.
Faculty: Marvin I. Herz, M.D., Chairman, Department of Psychiatry, SUNY at Buffalo, Buffalo, New York
James Prevost, M.D., Commissioner, Office of Mental Health, Albany, New York
Manuel Trujillo, M.D., Director, South Beach Psychiatric Center, Staten Island, New York
Stephen L. Washburn, M.D., Chief, Partial Hospitalization Services, McLean Hospital, and Assistant Professor of Psychiatry, Harvard Medical School, Belmont, Massachusetts
Milton Wilner, Ph.D., President, American Association for Partial Hospitalization, and Chief, Ft. Hamilton Service, South Beach Psychiatric Center, Brooklyn, New York

8 to 10 p.m. Symposium. The Deinstitutionalized Patient in the Community.
Supported by a grant from Roerig Pharmaceuticals.
Faculty: Leona L. Bachrach, Ph.D., Associate Professor of Psychiatry (Sociology), Maryland Psychiatric Research Center, University of Maryland School of Medicine, Catonsville, Maryland
Robert Cancro, M.D., Professor and Chairman, Department of Psychiatry, New York University Medical Center, New York, New York
Paul J. Fink, M.D., Professor and Chairman, Department of Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, Pennsylvania
John A. Talbott, M.D., Professor of Psychiatry, Cornell University Medical College, Associate Medical Director, Payne Whitney Clinic, The New York Hospital, and Editor, *Hospital & Community Psychiatry* Journal, New York, New York
Aram Nalbandian, Manager, Medical Communications and Education, Roerig Pharmaceuticals, New York, New York

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MONDAY, SEPTEMBER 14

9 to 11:30 a.m. Session C. The Reagan Effect on Mental Health Services: as Governor and as President. Joint Session with the American Association for General Hospital Psychiatry and the American Association of Psychiatric Administrators.
Chair: Stuart L. Keill, M.D., Vice-Chairman, Department of Psychiatry, SUNY at Buffalo, Erie County Medical Center, Buffalo, New York
Governor's Panel: David W. Allen, M.D., Private Practice Psychiatrist, Psychoanalyst, President, San Francisco Medical Society, and Clinical Professor of Psychiatry, University of California at San Francisco, San Francisco, California
James T. Barter, M.D., Sacramento, California
Captane P. Thomson, M.D., Woodland, California
President's Panel: Joseph English, M.D., St. Vincent's Hospital, New York, New York.
Andrew Robertson, Rialto, California
Additional faculty to be announced.

9 to 11:30 a.m. Session D. Psychiatry in the Real World: How to Make a Living While Taking Care of Patients. Special Session for Residents in Psychiatry.
Chair: Joel Yager, M.D., Associate Professor of Psychiatry and Director of Residency Education, UCLA Neuropsychiatric Institute and Brentwood Veterans Administration Medical Center, Los Angeles, California
Faculty: Jay B. Cohn, M.D., Clinical Professor, Department of Psychiatry, University of California at Irvine, Irvine, California
Stephen H. Heidel, M.D., Assistant Clinical Professor, Department of Psychiatry, University of California at San Diego, San Diego, California
Judith A. Jorgensen, M.D., Assistant Clinical Professor, Department of Psychiatry, University of California at San Diego, La Jolla, California
Jay H. Shaffer, M.D., Clinical Instructor, Department of Psychiatry, University of California at San Diego, La Jolla, California

9 to 11:30 a.m. Session E. Innovations in Deinstitutionalization. Joint Session with the American Nurses' Association.
Chair: Charles J. Rabiner, M.D., Chairman, Department of Psychiatry, Long Island Jewish-Hillside Medical Center, Glen Oaks, New York
"Deinstitutionalization: Innovations in Community Mental Health," Holly Skodol Wilson, Ph.D., R.N., Associate Professor and Associate Dean for Academic Programs, University of California at San Francisco School of Nursing, and Project Director, Study of Psychosocial Care for the Severely and Chronically Mentally Disordered, San Francisco, California
"Deinstitutionalization: Implementation and Problems in Community Care," Howard Gurevitz, M.D., Mental Health Consultation and Program Development, Hillsborough, California

1 to 3 p.m. Opening Session.
Welcoming Remarks: Ethel Bonn, M.D., Chairperson, Institute Program Committee, and Chief of Quality Assurance, Brentwood Veterans Administration Medical Center, Los Angeles, California, and Henry H. Work, M.D., Deputy Medical Director, APA, Washington, D.C.

"The Right to be Sick/The Right to be Rescued."

Faculty: Elissa P. Benedek, M.D., Director, Research and Training, Center for Forensic Psychiatry, Ann Arbor, Michigan, James L. Cavanaugh, M.D., Chicago, Illinois
Joel I. Klein, Esq., Counsel, American Psychiatric Association, Washington, D.C.

3:30 to 5 p.m. Workshops W1 to W9.

5:30 p.m. Reception (included in registration fees). Exhibits will be open.

TUESDAY, SEPTEMBER 15

7 to 8:45 a.m. Early Bird Film Program. Coffee and pastries will be served.

7:30 to 8:45 a.m. Faculty Meetings.

9 to 10:30 a.m. Workshops W1 to W9.

11 a.m. to 12:30 p.m. Workshops W10 to W18.

12:30 to 2 p.m. Luncheon. Supported by Sandoz Pharmaceuticals.

2 to 3:30 p.m. Plenary. A Look at ECT, Psychopharmacology and the Addictive Disorders.
Faculty: Iver F. Small, M.D., Professor of Psychiatry, Indiana University School of Medicine, Indianapolis, Indiana
Theodore Van Putten, M.D., Staff Psychiatrist, Brentwood Veterans Administration Medical Center, and Associate Professor of Psychiatry, University of California at Los Angeles, Los Angeles, California

3:45 to 5 p.m. Question the Experts. An opportunity to question Drs. Small and Van Putten in an informal setting. Additional faculty to be announced.

WEDNESDAY, SEPTEMBER 16

7 to 8:45 a.m. Early Bird Film Program. Coffee and pastries will be served.

7:30 to 8:45 a.m. Faculty Meetings.

9 to 10 a.m. Presentation of the 1981 Achievement Awards.
Robert E. Jones, M.D., *Chairman,* Hospital & Community Psychiatry Achievement Awards Board, Philadelphia, Pennsylvania

10 to 10:30 a.m. Presidential Address. Daniel X. Freedman, M.D., *President,* American Psychiatric Association, Chicago, Illinois

11 a.m. to 12:30 p.m. Workshops W10 to W18.

2 to 3:30 p.m. Workshops W1 to W9.

3:45 to 5:15 p.m. Workshops W10 to W18.

7:30 p.m. Poolside buffet. Included in registration fees.

THURSDAY, SEPTEMBER 17

7 to 8:45 a.m. Early Bird Film Program. Coffee and pastries will be served.

9 to 10:30 a.m. Plenary. Politics, Media, and Mental Health.
Faculty: Jay Cutler, Director and Special Counsel, Division of Government Relations, APA, Washington, D.C. Additional faculty to be announced.

10:30 a.m. to 12:30 p.m. Session F. Treating the Vietnam Veteran.
Joint Session with the Veterans Administration Professional Staff.
Faculty: John O. Lipkin, M.D., Associate Director of Psychiatry, Mental Health and Behavioral Sciences Service, Veterans Administration Central Office, Washington, D.C. Additional faculty to be announced.

10:30 a.m. to 12:30 p.m. Session G. Dealing Effectively With the Media.
Faculty: John Blamphin, Director, Office of Public Affairs, American Psychiatric Association, Washington, D.C. Additional faculty to be announced.

12:30 p.m. Closing.

TUESDAY, SEPTEMBER 15—COURSES

CI. Social Skills Training for Chronic Mental Patients. 9 a.m. to 5 p.m.
Registration limited to 28.
Faculty: Robert P. Liberman, M.D., Professor of Psychiatry, UCLA, and Chief of Rehabilitation Medicine Services, Brentwood Veterans Administration Medical Center, Los Angeles, California
Timothy Kuehnel, Ph.D., Assistant Research Psychologist, UCLA, and Psychologist, Clinical Research Unit, Camarillo State Hospital, Camarillo, California
Julie M. Kuehnel, Ph.D., Assistant Research Psychologist, UCLA, and Assistant Professor of Psychology, California Lutheran College, Los Angeles, California

CII. Post-Traumatic Stress Disorders. 2 to 5 p.m. Registration limited to 40.
Faculty: John O. Lipkin, M.D., Associate Director of Psychiatry, Mental Health and Behavioral Sciences Service, Veterans Administration Central Office, Washington, D.C.
Jacob Lindy, M.D., Department of Psychiatry, University of Cincinnati College of Medicine, Cincinnati, Ohio
Donald G. Crawford, M.D., Chief, Outreach Services Division, Veterans Administration Central Office, Washington, D.C.

CIII. Staff Burnout! 2 to 5 p.m. Registration limited to 40.
Faculty: Jack F. Wilder, M.D., Professor of Psychiatry and Associate Dean for Planning and Operations, Albert Einstein College of Medicine, Bronx, New York

Workshops

W1. The California Model.
Faculty: John Richard Elpers, M.D., Director, Los Angeles County Department of Mental Health, Los Angeles, California
Areta Crowell, Ph.D., Deputy Director for Program Development, Los Angeles County Department of Mental Health, Los Angeles, California
Peter Dubois, J.D., Former Executive Director, Mental Health Association of California, Torrance, California

W2. HMO's and HMO/IPA's.
Faculty: Robert A. Moore, M.D., Medical Director, Mesa Vista Hospital, Vice-President for Clinical Programs, Vista Hill Foundation and Clinical Professor of Psychiatry, University of California, San Diego School of Medicine, San Diego, California
Richard J. Levy, M.D., President, Individual Practice Association of San Mateo County, Inc., San Mateo, California
Melvin L. Selzer, M.D., Clinical Associate Professor of Psychiatry, University of California at San Diego, and Private Practice of Psychiatry, San Diego, California

W3. A Low-Cost, Effective Residential Alternative to Hospital Treatment for the Severely Mentally Ill.
Faculty: Glen D. Robertson, M.S., Director of Operations, Rehabilitation Mental Health Services, Inc., San Jose, California

W4. The Dangerous Patient.
Faculty: Stuart L. Brown, M.D., Clinical Associate Professor of Psychiatry, University of California at San Diego, La Jolla, California
Joe P. Tupin, M.D., Professor and Chairman, Department of Psychiatry, University of California at Davis, Sacramento, California

W5. Violence Amongst Recent Refugees and Migrants. How to Recognize and What to do.
Faculty: Ricardo Galbis, M.D., Director, Andromeda Hispano Community Mental Health Center, Washington, D.C.
Pedro Ruiz, M.D., Professor of Psychiatry, Baylor College of Medicine, Houston, Texas
Patricia G. Gighilino, M.A., Former Liaison for Cuban Refugee Program, Washington, D.C.

W6. Strategies for Rapid Intervention With The Psychotic Patient.
Faculty: Ronald J. Diamond, M.D., Assistant Professor of Psychiatry, University of Wisconsin, and Medical Director, Mobile Community Treatment Program of the Dane County Mental Health Center, Madison, Wisconsin
Leonard I. Stein, M.D., Professor of Psychiatry, University of Wisconsin, and Medical Director, Dane County Mental Health Center, Madison, Wisconsin
David Cutler, M.D., Assistant Professor of Psychiatry, and Associate Director, Community Psychiatry Training Program, University of Oregon, Portland, Oregon

W7. The Young Adult Chronic Patient: Clinical and Programmatic Issues.
Faculty: Bert Pepper, M.D., Director, Rockland County Community Mental Health Center, Professor of Clinical Psychiatry, New York University, and Chairman, Consultation Services Board of the American Psychiatric Association, Pomona, New York
Ernest Gruenberg, M.D., Dr. P. H., Professor and Chairman, Department of Mental Hygiene, Johns Hopkins University, School of Hygiene and Public Health, Baltimore, Maryland

W8. Teaching Patients and Families About Psychotropic Medication.
Faculty: Sharyn R. Batey, Pharm. D., Teaching Pharmacist, William S. Hall Psychiatric Institute, and Assistant Professor, University of South Carolina College of Pharmacy, Columbia, South Carolina
Candice A. Proudfoot, R.N., M.S., Nurse, Day Hospital Program, Buffalo Veterans Administration Medical Center, Buffalo, New York

W9. Cost Effective Psychotherapy in Mental Health Programs.
Faculty: Theodor Bonstedt, M.D., Director of Psychiatry, Cincinnati Group Health Associates, and Clinical Associate Professor of Psychiatry, University of Cincinnati, Cincinnati, Ohio
Jennifer J. Johnson, M.D., Director of Child Psychiatry, Cincinnati Group Health Associates, Cincinnati, Ohio

W10. What To Do About Dear Old Dad.
Faculty: James Weishaus, M.D., Medical Director, Northridge Hospital Day Treatment Center, Northridge, California
Judith Turner, L.C.S.W., Clinical Coordinator, Geriatric Program, Northridge Hospital Day Treatment Center, Northridge, California
Treva Christian, O.T.R., Occupational Therapist, Geriatric Program, Northridge Hospital Day Treatment Center, Northridge, California

W11. Children's Rights.
Faculty: Perry B. Bach, M.D., Chief, Children and Adolescents Division, San Diego County Mental Health Services, and Assistant Clinical Professor of Psychiatry, University of California at San Diego, Rancho Santa Fe, California
Elissa P. Benedek, M.D., Director, Research and Training, Center for Forensic Psychiatry, Ann Arbor, Michigan
Richard S. Benedek, J. D., Attorney, Private Practice, Ann Arbor, Michigan

W12. Catchment Area Revisited.
Faculty: Gary L. Tischler, M.D., Medical Director, Yale Psychiatric Institute, and Professor of Psychiatry and the Institute for Social and Policy Studies, Yale University, New Haven, Connecticut
Philip J. Leaf, Ph.D., Assistant Professor of Psychiatry and Sociology and the Institute for Social and Policy Studies, and Project Coordinator, Mental Health Services Research Training Program, Yale University, New Haven, Connecticut
Charles E. Holzer, Ph.D., Assistant Professor of Psychiatry and Sociology, Yale University, and Program Coordinator, the New Haven Epidemiologic Catchment Area Project, New Haven, Connecticut

W13. How to Work Successfully with Board and Care Home Operators Serving Long-Term Patients.
Faculty: Carolyn L. Peterson, M.S.W., Coordinator, Continuing Care Program, LAC/USC Medical Center, and Clinical Instructor in Psychiatry, University of Southern California School of Medicine, Los Angeles, California
George H. Wolkon, Ph.D., Associate Professor, Department of Psychiatry, University of Southern California School of Medicine, Los Angeles, California

W14. Defining Roles of Interdisciplinary Team Members on a Consultation Liaison Service.
Faculty: Andrew E. Slaby, M.D., Ph.D., M.P.H., Psychiatrist-in-Chief, Rhode Island Hospital, and Professor of Psychiatry and Human Behavior, Brown University, Providence, Rhode Island
Margo Inglese, Coordinator, Crisis Services, Rhode Island Hospital, and Instructor of Psychiatry, Brown University, Providence, Rhode Island
Robert Tull, Ph.D., Director, Division of Psychiatric Oncology, Department of Psychiatry, Rhode Island Hospital, and Assistant Professor of Psychiatry, Brown University, Providence, Rhode Island
Stephen Wallace, M.S.W., A.C.S.W., Director, Division of Psychiatric Social Work, and Assistant Director, Outpatient Psychiatry, Rhode Island Hospital, Providence, Rhode Island

W15. A Statewide Accountability System for Community Mental Health and Mental Retardation Services.
Faculty: Gary E. Miller, M.D., Director, New Hampshire Division of Mental Health and Developmental Services, Concord, New Hampshire
Ronald C. Andrews, Deputy Director, New Hampshire Division of Mental Health and Developmental Services, Concord, New Hampshire

W16. The Non-Hospital 24-Hour Care Program for the Acute Psychiatric Patient, The Psychiatric Health Facility, PHF (PUFF).
Faculty: Howard Gurevitz, M.D., Mental Health Consultation and Program Development, Hillsborough, California. Additional faculty to be announced.

W17. The Effects of Legal Decisions on Current Hospital Practice.
Faculty: Mark A. Gould, M.D., President-Elect, National Association of Private Psychiatric Hospitals, Medical Director, Brawner Psychiatric Institute, Smyrna, Georgia, and Medical Director, Psychiatric Institute of Atlanta, Atlanta, Georgia
Joy Midman, Associate Executive Director, National Association of Private Psychiatric Hospitals, Washington, D.C.
Edward J. Mullen, Administrator, Brawner Psychiatric Institute, Smyrna, Georgia, and Psychiatric Institute of Atlanta, Atlanta, Georgia

W18. Contemporary Legal Issues.
Faculty: James L. Cavanaugh, Jr., M.D., Director, Section on Psychiatry and the Law, Rush Presbyterian, St. Luke's Medical Center, Chicago, Illinois
Barbara A. Weiner, J.D., Administrator and Special Counsel, Isaac Ray Center, Department of Psychiatry, Rush Medical College, Chicago, Illinois
Joel I. Klein, Esq., Counsel, APA, Washington, D.C.

Leisure Time Activities

San Diego Winery Tour.
Sunday, September 13, 9 a.m. to 5 p.m.
Lunch at Rancho Bernardo included.

Harbor Sights and Shopping.
Sunday, September 13, 9 a.m. to 1 p.m.

Exclusive Homes of La Jolla. *For Spouses Only.*
Tuesday, September 15, 9:30 a.m. to 3:30 p.m. Lunch included.

Sunset Cruise to the Bali Hai on Shelter Island.
Tuesday, September 15, 6 to 10:30 p.m.

For reservations, tickets, and additional information please contact:
Ventures Tours and Travel
4501 Mission Bay Drive
San Diego, California 92109
(714) 483-3400 Attention: Tim Brown

Related Professional Meetings

C. E. Credits and Job Bank

CONTINUING EDUCATION CREDITS

As an organization accredited for continuing medical education, the American Psychiatric Association verifies that the continuing medical education activities designated Category I meet the criteria for up to 33 credit hours in Category I on an hour for hour basis for the Physician's Recognition Award of the American Medical Association and for the CME requirement of the APA.

JOB BANK

There will be a booth in the registraton area where prospective employers and those seeking new positions may arrange for interviews. A private interview area will be available. For further information contact:
Patricia K. Anthony, APA, 1700 18th Street, N.W., Washington, D.C. 20009
(202) 797-4867

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Future Institutes
1982—October 11 to 14, Galt House Hotel Louisville, Kentucky
1983—September 26 to 29, Adams Mark and Westchase Hilton Hotels, Houston, Texas
1984—October 15 to 18, Marriott and Holiday Inn Hotels, Denver, Colorado

Hotel

The attached hotel reservation card should be mailed *directly to the Town & Country Hotel in San Diego as soon as possible. It must reach the hotel by August 23, 1981.* In order to qualify for the special Institute rate, you must use the attached card and meet the August deadline. Rooms will be assigned on a space available basis after this date.

A deposit of $50 is required with each hotel reservation.

Registration

Additional copies of the preliminary program, registration form and hotel reservation cards are available from:

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30 mg capsules

RESTORIL (temazepam) has the shortest half-life of any current hypnotic benzodiazepine. It will provide hypnotic action with minimal to no drug accumulation. Most patients awake from a full night's sleep alert and refreshed. Also, RESTORIL therapy affords sleep right from the first night for patients with insomnia, e.g., outpatients, and hospitalized or convalescent/nursing home patients. RESTORIL (temazepam) has been tested and proved effective in the patients' bedrooms—the environment where the problem exists.

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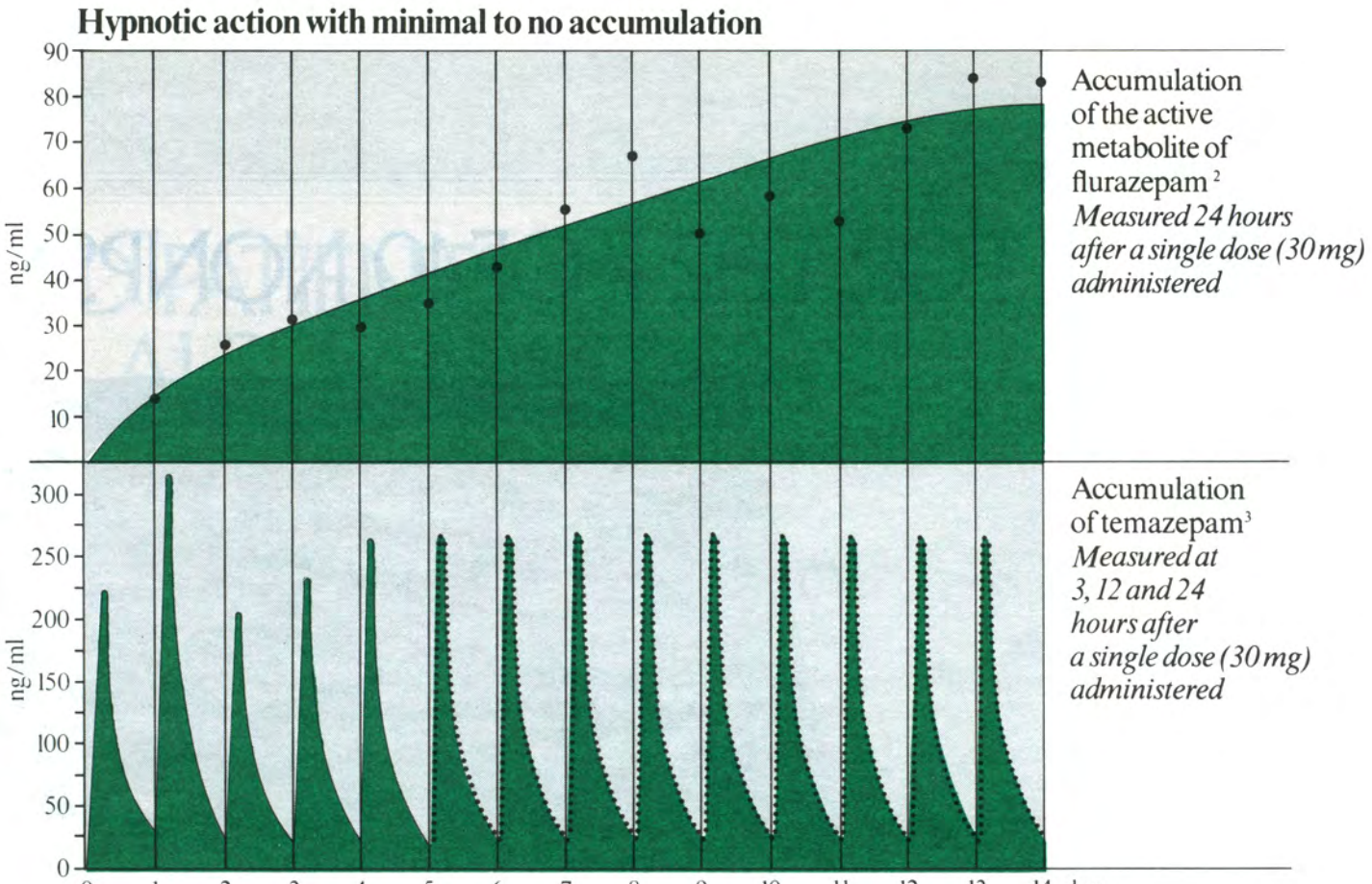
RESTORIL® (temazepam) has a mean half-life of 10 hours, the mean half-life of flurazepam is 65 hours. This shorter half-life permits clearance of most medication prior to the next dose.

The half-life of RESTORIL (temazepam) parallels normal sleep time thereby reducing the frequency of middle-of-the-night and early morning awakenings.

An alert awakening... and an alert patient

Because of the short half-life of RESTORIL (temazepam) there is minimal to no accumulation of drug in the body, leaving the patient essentially free of drug effect and showing little or no impairment of behavior in the morning. In placebo-controlled studies, patients receiving RESTORIL (temazepam) reported being at least as awake in the morning and as alert the following day as did the patients who received placebo.



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RESTORIL (temazepam) shows minimal to no accumulation in the body. The activity is essentially limited to the night of ingestion ... the effect is not additive. This rapid elimination and lack of accumulation virtually eliminates residual hangover effects. Most patients awaken from a full night's sleep feeling alert and refreshed. REM sleep remains virtually unchanged.

Useful for most adult insomniacs

RESTORIL (temazepam) has been used effectively in adult and elderly patients* with recurring insomnia and in situations requiring restful sleep.

** Recommended initial dose for elderly patients is one 15 mg capsule.*

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In 21 double-blind, placebo-controlled studies involving 1,221 adult patients (508 of whom received RESTORIL), RESTORIL (temazepam) proved to be an effective sleep agent.

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- Significant improvement in general quality of sleep
- Residual medication effect essentially absent
- REM sleep remains essentially unchanged
- No tolerance reported to date after approximately one month of use (25 patients)

Patients receiving RESTORIL (temazepam) should be cautioned about possible combined effects with alcohol and other CNS depressants, and about operating machinery or driving a vehicle after ingesting the drug.

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INDICATIONS AND USAGE: Restoril® (temazepam) is indicated for the relief of insomnia associated with complaints of difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings. Since insomnia is often transient and intermittent, the prolonged administration of Restoril is generally not necessary or recommended. Restoril has been employed for sleep maintenance for up to 35 consecutive nights of drug administration in sleep laboratory studies.

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CONTRAINDICATIONS: Restoril is contraindicated in pregnant women. Benzodiazepines may cause fetal damage when administered during pregnancy. An increased risk of congenital malformations associated with the use of diazepam and chlordiazepoxide during the first trimester of pregnancy has been suggested in several studies. Also, ingestion of therapeutic doses of benzodiazepine hypnotics during the last weeks of pregnancy has resulted in neonatal CNS depression. Consider a possibility of pregnancy when instituting therapy or whether patient intends to become pregnant.

PRECAUTIONS: In elderly and debilitated patients, it is recommended that initial dosage be limited to 15 mg. The usual precautions are indicated for severely depressed patients or those in whom there is any evidence of latent depression; it should be recognized that suicidal tendencies may be present and protective measures may be necessary.

If Restoril is to be combined with other drugs having known hypnotic properties or CNS-depressant effects, due consideration should be given to potential additive effects.

Restoril is a controlled substance in Schedule IV. Caution must be exercised in addiction-prone individuals or those who might increase dosage.

Information for Patients: Patients receiving Restoril should be cautioned about possible combined effects with alcohol and other CNS depressants. Patients should be cautioned not to operate machinery or drive a motor vehicle. They should be advised of the possibility of disturbed nocturnal sleep for the first or second night after discontinuing the drug.

Laboratory Tests: The usual precautions should be observed in patients with impaired renal or hepatic function. Abnormal liver function tests as well as blood dyscrasias have been reported with benzodiazepines.

Pregnancy: Pregnancy Category X. See Contraindications.

Pediatric Use: Safety and effectiveness in children below the age of 18 years have not been established.

ADVERSE REACTIONS: The most common adverse reactions were drowsiness, dizziness and lethargy. Other side effects include confusion, euphoria and relaxed feeling. Less commonly reported were weakness, anorexia and diarrhea. Rarely reported were tremor, ataxia, lack of concentration, loss of equilibrium, falling and palpitations. And rarely reported were hallucinations, horizontal nystagmus and paradoxical reactions, including excitement, stimulation and hyperactivity.

DOSAGE AND ADMINISTRATION: *Adults:* 30 mg usual dosage before retiring; 15 mg may suffice in some. *Elderly and debilitated:* 15 mg recommended initially until individual response is determined.

SUPPLIED: Restoril (temazepam) capsules—15 mg, maroon and pink, imprinted "RESTORIL 15 mg"; 30 mg, maroon and blue, imprinted "RESTORIL 30 mg". Packages of 100, 500 and Control-Pak® packages of 25 capsules (continuous reverse-numbered roll of sealed blisters). SDZ 0-100

Before prescribing, see package insert for full product information.

1. Sleeping Pills, Insomnia, and Medical Practice. Washington, DC, National Academy of Sciences, Institute of Medicine: Division of Mental Health and Behavioral Medicine, 1979, p 143.
2. Kaplan SA, et al: J Pharm Sci *62*: 1932, 1973: Mean of 4 patients through 14 days of therapy.
3. Schwarz HJ: Br J Clin Pharmacol *8*:23s 1979: Mean of 7 patients through 5 days of therapy (solid line), projected to 14 days (dotted line).

Human Life

Continued from page 7

parts of her body. The consequences are severe and often last for years. . . ."

Regarding incest, Goldstein noted that it is now known to be prevalent within all economic and social classes, "causing severe psychiatric damage, often family dissolution, and to be perpetuated in a multi-generational victim-victim relationship. . . . Not only is the child a victim of her family, but the parents are victims of their past, which is sometimes remarkably similar to their child's present. . . ."

Citing statistics on adolescent pregnancy and the concomitant psychologic, social, and economic sequelae of early childbearing, Goldstein concluded that they are almost all adverse. "Pregnancies that end in abortion or miscarriage are, at the least, upsetting and sometimes traumatic to the pregnant women. Those pregnancies that result in births, however, most of which are unintended—have the most obvious negative consequences and are of the most concern."

Citing an article in a October 1978 issue of the *South Africa Medical Journal* by Drower and Nash, on "Therapeutic Abortion on Psychiatric Grounds," Goldstein said the article also discussed findings of the 1974 Lane Commission that made the following generalizations about psychiatric sequelae: "Therapeutic abortion has little influence, for good or ill, upon the course of an existing serious mental illness; in those who are temporarily unstable, continuation of an unwanted pregnancy is more likely to have adverse effects than a therapeutic abortion; and to those distressed by an unwanted pregnancy (suffering from 'reactive depression'), abortion usually brings quick, substantial and lasting relief."

Quality of Life

Concluding, Goldstein pointed out to the subcommittee that the psychiatric profession is concerned with the quality of life, and as such the effect of unwantedness on an infant. While opponents seem to suggest that women who choose abortion have been morally irresponsible, sexually promiscuous, and selfishly uncaring, "our clinical experience does not support these covert assumptions," she said.

In opposing the Human Life Amendment, Goldstein said, APA also reaffirms its position that abortion is a medical procedure in which physicians should respect the patient's right to freedom of choice, with a psychiatrist being called on as consultant to patient or physician in those cases in which either the patient or physician requests such consultation "to expand mutual appreciation of motivation and consequences;" and affirms "that the freedom to act to interrupt pregnancy must be considered a mental health imperative with major social and mental health implications." 7B-17

Davis Appointed

JOHN M. DAVIS, M.D., formerly professor of psychiatry at the University of Chicago, has been appointed as the first Gilman Professor of Psychiatry, a newly endowed professorship at the department of psychiatry at the Abraham Lincoln School of Medicine of the University of Illinois Medical Center in Chicago. He is also director of research at the Illinois State Psychiatric Institute.

Improvement Seen After Short Term Care of Psychotics

THE CONDITION OF short-term schizophrenics does not begin to deteriorate after their release from a psychiatric hospital.

That is the conclusion of an outcome study presented at APA's annual meeting. Roy R. Grinker, Sr., M.D., Martin Harrow, Jerry F. Westermeyer, Marshall Silverstein, Bertram Cohler, and Beth Jacobs of the Michael Reese Hospital in Chicago conducted the research.

The investigators assessed 44 schizophrenic and 47 nonschizophrenic patients at the same point in their hospitalization. The patients were reassessed twice, three and five years after hospital discharge. Follow-up evaluations covered social, work, and family functioning; neurotic, depressive, and psychotic symptoms; rate of rehospitalization, and posthospital drug treatment and psychotherapy. This population of young psychiatric patients is one of only a few such samples studied for long-term outcome.

It was found that 16 percent of the schizophrenics showed good functioning at the first follow-up, while 45 percent showed very poor adjustment. Two years later, the same subjects showed significant improvement in two areas: level of psychotic symptoms and rate of rehospitalization. But overall functioning for the schizophrenics was still poor at the second follow-up.

Non-schizophrenics significantly improved in their adjustment as the follow-up period lengthened. Their adjustment at both follow-ups was much better than that of the schizophrenics.

The researchers suggest that, while the outcome for schizophrenic patients remains negative, it is more favorable than it was in the early part of this century. During the initial phases of schizophrenia, they did not find a downhill clinical course. In general, the data indicated that, for many patients, deterioration only occurs in the early stages of the disorder and improvement may be observed five or more years after hospital discharge. The researchers stressed that although the picture is more optimistic, a large percentage of the schizophrenics they studied still showed clear difficulties in functioning and adjustment.

They added that the sample consisted entirely of upper-middle class subjects whose environment was potentially more favorable to recovery than that of lower-class subjects. Less advantaged patients might not show the same improvement over time. The investigators said they will study a lower-class sample of schizophrenic patients in the future. 6B-20

APA Fall Meetings

THE FALL MEETINGS of the APA councils and components have been scheduled for September 23–26, 1981, in Washington, D.C. Components will be located in the Highland, Dupont Plaza, and Embassy Row Hotels. A plenary session and reception for all participants will be held late Thursday afternoon, September 24. Members of components will be sent specific details of their meetings and hotel reservation cards during the summer. The Board of Trustees will begin their meeting at noon on September 26, and will continue as necessary through September 27.

Zurcher

Continued from page 1

delay in obtaining a subpoena retards the development of evidence and often fosters the destruction of valuable evidence, particularly in white collar or organized crime.

The compromise law, though, left non-journalists to rely on administrative guidelines to limit federal law officials' use of search warrants to look for evidence in criminal investigations. And psychiatrists have had limited success in influencing these rules to prevent what they see as intrusions of privacy. "We were dismayed by the final regulations," commented Chair of APA's Committee on Confidentiality Marcia Goin, M.D. The guidelines now may leave open to scrutiny not just patients' medical records, but working notes containing patient dreams, thoughts, and free-flowing associations, she said. The final guidelines also specify that patients' records placed by a doctor in a clinic or hospital also fall within their purview.

Goin compared the scope of the rules to a net thrown to pick up one piece of information. It's possible to find "many people with violent fantasies who are not committing crimes," she said.

Even before the legislation was passed, she maintained, psychiatrists out of ethical duty would disclose information if the public good outweighed the private need. But, she noted, pointing to a sign of the times, "people are scared, and it's hard for them to comprehend that what they're giving away is not going to answer their fears."

The guidelines do place responsibility on federal officers to be aware of the importance of personal privacy interests, particularly where they involve intrusions into professional and confidential relationships. Generally, they note, a subpoena, administrative summons, or governmental request will be an "effective alternative" and "considerably less intrusive" to using a search warrant to get documentary materials from "disinterested third parties." The avowed purpose is to make sure search warrants are not used unless alternative methods would "substantially jeopardize" the availability or usefulness of the evidence. The guidelines go on to lay out criteria for assessing this and the required procedures for obtaining a search warrant.

The restrictions are tighter for obtaining from disinterested third party physicians, lawyers, or clergy, confidential information from patients, clients, or parishioners "which was furnished or developed for the purposes of professional counseling or treatment." A search warrant is ruled out unless a subpoena or other such means would not only "substantially jeopardize" the availability and usefulness, but unless access "appears to be of substantial importance [APA had argued for "probable cause"] to the investigation."

Bearing on these decisions of whether advance notice would be likely to result in destruction, alteration, concealment, or transfer of the materials sought, say the guidelines, are such questions as whether a suspect has access to the materials and whether the possessor has an interest in preventing disclosure. Other considerations are whether immediate seizure is imperative to prevent injury, to preserve the value of evidence, or to avoid a delay that would obstruct an ongoing prosecution or investigation.

The guidelines specifically rule out as a legitimate basis for use of a search warrant, however, "the fact that the disinterested third party possessing the materials may have grounds to challenge a subpoena or other legal process."

In applying for a warrant to search files of psychiatrists and others specifically named, federal officers would have to get the authorization of a deputy assistant attorney general, except in emergencies when it could be approved by a U.S. attorney if the deputy assistant attorney general is notified within 72 hours. The Justice Department turned down a suggestion by the Treasury Department that approval by a high-ranking official in these cases was not necessary and unduly burdensome. "[T]his requirement," they said, "is incorporated as a means of evidencing special concern for the privacy interests that may be implicated in such a search."

In these cases, or after oral requests, written records must be transmitted to the Attorney General within seven days, and records of their disposition will be kept on file. —B.S.H.

Sabshin

Continued from page 10

proposal to lump the existing network of community-based mental health services into large block grants that would be given to the states to administer as they saw fit. While the Administration contends that such a plan would reduce costs and paperwork, and allow states the flexibility to address local needs, Sabshin pointed out that "the block grant approach does not reckon with the traditional 'step sister' role accorded to treatment of the mentally ill in relation to other health programs at the state level. The mentally ill," he emphasized, "by virtue of the stigma they still bear and the very nature of their handicaps, have rarely been able to represent their needs effectively for an appropriate share of available funds." He also noted that many states lack the expertise required to manage such complex programs and are, in addition, without the important reporting and oversight mechanisms that have evolved through federal funding.

"By funding a block program at 75 percent of FY 1980 total levels, the Administration will, in effect, be assuring that the generally low priority assigned at the state level to the treatment of the mentally ill in appropriate community-based programs will not only continue, but likely will be further diminished as local programs compete for funding at the state level," he said. "The net effect will be to deprive the most vulnerable of our population—the elderly, severely disturbed children and adolescents, the chronically mentally ill—of access to care that has long been promised, but which only in the past few years has begun to emerge as a reality." 7B-18

Rassekh Elected

HORMOZ RASSEKH, M.D., of Council Bluffs, Iowa, has been elected president-elect of the Iowa Medical Association.

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Registration: $40 *Closing date: September 7, 1981*

Harvard Medical School
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Department of Psychiatry

announces a
postgraduate course in

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October 2–4, 1981

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This course will provide an intensive up-to-date review of psychopharmacology and related areas for practicing psychiatrists. Topics will include preclinical and clinical pharmacology of the major psychoactive drug classes, diagnosis and treatment of unwanted effects, and medical/legal issues. Teaching in lectures, small group seminars, and workshops will be supplemented by a comprehensive syllabus. Lecturers will include members of the Massachusetts General Hospital (MGH) Departments of Medicine, Neurology, and the Legal Staff. Much of the material will expand on developments reported monthly in the MGH Newsletter, *Biological Therapies in Psychiatry*.

*As an institution accredited for continuing medical education, the Harvard Medical School certifies that this continuing medical education offering meets the criteria for approximately **24 credit hours in Category I** of the Physician's Recognition Award of the American Medical Association, provided it is used and completed as designed. These credits will apply to APA continuing education requirements.

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PN 7/17/81

"Doctors never knew I was a drunk. I was too good an actress."

Yet, as Jan Clayton recalls it: "I desperately wanted them to know."

"There came a time in my life—my drinking life—when my health got so bad, I went to a doctor. I remember, at that time, how looking in the mirror was like looking into the windows of my soul... loathing what I was seeing, knowing that something had to be done.

"I would have appreciated an honest confrontation from my doctor then, when I grew frightened about my drinking. It would have saved me some painful years.

"Of course, it wouldn't have been easy for any doctor if he had confronted me. I would have been offended, even outraged, and probably would have stalked out of his office. But the inevitable progression of the disease, I know now, would have driven me to another doctor...and another.

"When I think back, I can't help feeling that if enough doctors had truthfully confronted me about my treatable disease—oh yes, treatable!—I would somehow have found the courage to be truthful about it, too.

"As it turned out, with help some years later, I did find the courage.

"And that was the beginning of my rehabilitation."

Jan Clayton

BRIEF SUMMARY
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INDICATION

ANTABUSE is an aid in the management of selected chronic alcoholic patients who want to remain in a state of enforced sobriety so that supportive and psychotherapeutic treatment may be applied to best advantage. (Used alone, without proper motivation and without supportive therapy, ANTABUSE is not a cure for alcoholism, and it is unlikely that it will have more than a brief effect on the drinking pattern of the chronic alcoholic.)

CONTRAINDICATIONS

Patients who are receiving or have recently received metronidazole, paraldehyde, alcohol, or alcohol-containing preparations, e.g., cough syrups, tonics and the like, should not be given ANTABUSE.

ANTABUSE is contraindicated in the presence of severe myocardial disease or coronary occlusion, psychoses, and hypersensitivity to disulfiram or to other thiuram derivatives used in pesticides and rubber vulcanization

WARNINGS

ANTABUSE should never be administered to a patient when he is in a state of alcohol intoxication or without his full knowledge. The physician should instruct relatives accordingly.

The patient must be fully informed of the ANTABUSE-alcohol reaction. He must be strongly cautioned against surreptitious drinking while taking the drug and he must be fully aware of possible consequences. He should be warned to avoid alcohol in disguised form, i.e., in sauces, vinegars, cough mixtures, and even aftershave lotions and back rubs. He should also be warned that reactions may occur with alcohol up to 14 days after ingesting ANTABUSE (disulfiram).

The ANTABUSE-ALCOHOL REACTION:

ANTABUSE plus alcohol, even small amounts, produces flushing, throbbing in head and neck, throbbing headache, respiratory difficulty, nausea, copious vomiting, sweating, thirst, chest pain, palpitation, dyspnea, hyperventilation, tachycardia, hypotension, syncope, marked uneasiness, weakness, vertigo, blurred vision, and confusion. In severe reactions there may be respiratory depression, cardiovascular collapse, arrhythmias, myocardial infarction, acute congestive heart failure, unconsciousness, convulsions, and death.

The intensity of the reaction varies with each individual, but is generally proportional to the amounts of ANTABUSE and alcohol ingested. Mild reactions may occur in the sensitive individual when the blood alcohol concentration is increased to as little as 5 to 10 mg per 100 ml. Symptoms are fully developed at 50 mg per 100 ml and unconsciousness usually results when the blood alcohol level reaches 125 to 150 mg.

The duration of the reaction varies from 30 to 60 minutes to several hours in the more severe cases, or as long as there is alcohol in the blood.

DRUG INTERACTIONS: Disulfiram appears to decrease the rate at which certain drugs are metabolized and so may increase the blood levels and the possibility of clinical toxicity of drugs given concomitantly.

DISULFIRAM SHOULD BE USED WITH CAUTION IN THOSE PATIENTS RECEIVING PHENYTOIN AND ITS CONGENERS, SINCE THE CONCOMITANT ADMINISTRATION OF THESE TWO DRUGS CAN LEAD TO PHENYTOIN INTOXICATION. PRIOR TO ADMINISTERING DISULFIRAM TO A PATIENT ON PHENYTOIN THERAPY, A BASELINE PHENYTOIN SERUM LEVEL SHOULD BE OBTAINED. SUBSEQUENT TO INITIATION OF DISULFIRAM THERAPY, SERUM LEVELS ON PHENYTOIN SHOULD BE DETERMINED ON DIFFERENT DAYS FOR EVIDENCE OF AN INCREASE OR FOR A CONTINUING RISE IN LEVELS. INCREASED PHENYTOIN LEVELS SHOULD BE TREATED WITH APPROPRIATE DOSAGE ADJUSTMENT.

It may be necessary to adjust the dosage of oral anticoagulants upon beginning or stopping disulfiram, since disulfiram may prolong prothrombin time.

Patients taking isoniazid when disulfiram is given should be observed for the appearance of unsteady gait or marked changes in mental status and the disulfiram discontinued if such signs appear.

In rats, simultaneous ingestion of disulfiram and nitrite in the diet for 78 weeks has been reported to cause tumors, and it has been suggested that disulfiram may react with nitrites in the rat stomach to form a nitrosamine which is tumorigenic. Disulfiram alone in the diet of rats did not lead to such tumors. The relevance of this finding to humans is not known at this time.

CONCOMITANT CONDITIONS: Because of the possibility of an accidental ANTABUSE-alcohol reaction, ANTABUSE (disulfiram) should be used with extreme caution in patients with any of the following conditions: diabetes mellitus, hypothyroidism, epilepsy, cerebral damage, chronic and acute nephritis, hepatic cirrhosis or insufficiency.

USAGE IN PREGNANCY: The safe use of this drug in pregnancy has not been established. Therefore, ANTABUSE should be used during pregnancy only when, in the judgment of the physician, the probable benefits outweigh the possible risks.

PRECAUTIONS

Patients with a history of rubber contact dermatitis should be evaluated for hypersensitivity to thiuram derivatives before receiving ANTABUSE (See Contraindications).

It is suggested that every patient under treatment carry an Identification Card, stating that he is receiving ANTABUSE and describing the

Guiding the alcoholic patient into a total treatment program...

"In accepting this challenge, the physician should be assured that, working within the framework of a total treatment program, the prognosis for rehabilitation is usually excellent and the experience most gratifying...for the physician as well as his newly productive, enormously grateful patient."

Stanley E. Gitlow, M.D.

Formerly President, American Medical Society on Alcoholism, Clinical Professor of Medicine, The Mount Sinai School of Medicine, New York, N.Y.

1. Recognition

Whenever compulsive drinking is causing trouble in a marriage, on the job, or with close friends—and when the patient continues to drink despite these repeated difficulties in personal relationships—the diagnosis of alcoholism is nearly always justified.

2. Confrontation

"You may very well offend the patient," according to Dr. Gitlow, "especially if you're the first to confront him with the reality of his alcoholism. But it's a risk that must be taken. Even if your first efforts are not successful, you're actually making it easier for the second...or the third...doctor who confronts him."

And once the patient recognizes and accepts his problem, through tactful yet forthright confrontations, he has taken his first positive step toward rehabilitation.

3. Rehabilitation

The physician, after his diagnosis is made and ultimately accepted by the patient, must then decide the extent of his own personal involvement in the total recovery program. He may elect to:
(A) refer the patient for detoxification...to another physician, hospital, or alcoholism program featuring integrated medical services.
(B) personally assist the patient to achieve a state free of alcohol...before referring him to the resources of a total treatment program.
(C) accept the challenge of full treatment responsibility following diagnosis and detoxification.
This involves investigation and evaluation of community resources for assistance in formulating a long-term recovery plan with the patient's participation.

Recommended throughout the long-term rehabilitation process may be the valuable support of ANTABUSE® (disulfiram)...especially in patients who have the desire to stop drinking but lack the willpower.
Under the deterrent protection of ANTABUSE, these alcoholic patients may have a better chance of taking advantage of the total treatment program.

Antabuse®
(disulfiram)
for help on the way back

☐ The alcoholic patient's willingness to start on ANTABUSE can be a valid indicator of his motivation to come to grips with his addiction.
☐ His abstinence from alcohol while on ANTABUSE is based on education—the patient's awareness of the highly discomforting reactions that can occur. Ingestion of even the slightest amount of alcohol can cause previously administered ANTABUSE to block normal degradation of the alcohol...sharply increasing the concentration of acetaldehyde in the blood by 5 to 10 times and triggering a most unpleasant experience.*
☐ His willingness to stay on ANTABUSE can be an expression of commitment to actively cooperate in a long-range total treatment program.

*Note: The patient must be given a clear and detailed account of the effects of ingesting even a small amount of alcohol after he has taken ANTABUSE and must be told that such effects may occur even up to 14 days after the last dose.

*Please see prescribing information below.

symptoms most likely to occur as a result of the ANTABUSE-alcohol reaction. In addition, this card should indicate the physician or institution to be contacted in emergency. (Cards may be obtained from Ayerst Laboratories upon request.)

Alcoholism may accompany or be followed by dependence on narcotics or sedatives. Barbiturates have been administered concurrently with ANTABUSE (disulfiram) without untoward effects, but the possibility of initiating a new abuse should be considered.

Baseline and follow-up transaminase tests (10-14 days) are suggested to detect any hepatic dysfunction that may result with ANTABUSE therapy. In addition, a complete blood count and a sequential multiple analysis-12 (SMA-12) test should be made every six months.

Patients taking ANTABUSE Tablets should not be exposed to ethylene dibromide or its vapors. This precaution is based on preliminary results of animal research currently in progress which suggests a toxic interaction between inhaled ethylene dibromide and ingested disulfiram resulting in a higher incidence of tumors and mortality in rats. Correlation of this finding to humans, however, has not been demonstrated.

ADVERSE REACTIONS

(See Contraindications, Warnings, and Precautions.)
OPTIC NEURITIS, PERIPHERAL NEURITIS AND POLYNEURITIS MAY OCCUR FOLLOWING ADMINISTRATION OF ANTABUSE.

Occasional skin eruptions are, as a rule, readily controlled by concomitant administration of an antihistaminic drug.

In a small number of patients, a transient mild drowsiness, fatigability, impotence, headache, acneform eruptions, allergic dermatitis, or a metallic or garlic-like aftertaste may be experienced during the first two weeks of therapy. These complaints usually disappear spontaneously with the continuation of therapy or with reduced dosage.

Psychotic reactions have been noted, attributable in most cases to high dosage, combined toxicity (with metronidazole or isoniazid), or to the unmasking of underlying psychoses in patients stressed by the withdrawal of alcohol.

One case of cholestatic hepatitis has been reported, but its relationship to ANTABUSE (disulfiram) has not been unequivocally established.

DOSAGE AND ADMINISTRATION

ANTABUSE should never be administered until the patient has abstained from alcohol for at least 12 hours.
INITIAL DOSAGE SCHEDULE: In the first phase of treatment, a maximum of 500 mg daily is given in a single dose for one to two weeks. Although usually taken in the morning, ANTABUSE may be taken on retiring by patients who experience a sedative effect. Alternatively, to minimize, or eliminate, the sedative effect, dosage may be adjusted downward.
MAINTENANCE REGIMEN: The average maintenance dose is 250 mg daily (range, 125 to 500 mg); it should not exceed 500 mg daily.
NOTE: Occasional patients, while seemingly on adequate maintenance doses of ANTABUSE, report that they are able to drink alcoholic beverages with impunity and without any symptomatology. All appearances to the contrary, such patients must be presumed to be disposing of their tablets in some manner without actually taking them. Until such patients have been observed reliably taking their daily ANTABUSE tablets (preferably crushed and well mixed with liquid), it cannot be concluded that ANTABUSE is ineffective.
DURATION OF THERAPY: The daily, uninterrupted administration of ANTABUSE must be continued until the patient is fully recovered socially and a basis for permanent self-control is established. Depending on the individual patient, maintenance therapy may be required for months or even years.
TRIAL WITH ALCOHOL: During early experience with ANTABUSE, it was thought advisable for each patient to have at least one supervised alcohol-drug reaction. More recently, the test reaction has been largely abandoned. Furthermore, such a test reaction should never be administered to a patient over 50 years of age. A clear, detailed, and convincing description of the reaction is felt to be sufficient in most cases.

However, where a test reaction is deemed necessary, the suggested procedure is as follows:

After the first one to two weeks' therapy with 500 mg daily, a drink of 15 ml (½ oz) of 100 proof whiskey or equivalent is taken slowly. This test dose of alcoholic beverage may be repeated once only so that the total dose does not exceed 30 ml (1 oz) of whiskey. Once a reaction develops, no more alcohol should be consumed. Such tests should be carried out only when the patient is hospitalized, or comparable supervision and facilities, including oxygen, are available.
MANAGEMENT OF ANTABUSE (disulfiram)-ALCOHOL REACTION: In severe reactions, whether caused by an excessive test dose or by the patient's unsupervised ingestion of alcohol, supportive measures to restore blood pressure and treat shock should be instituted. Other recommendations include: oxygen, carbogen (95 per cent oxygen and 5 per cent carbon dioxide), vitamin C intravenously in massive doses (1 g), and ephedrine sulfate. Antihistamines have also been used intravenously. Potassium levels should be monitored particularly in patients on digitalis since hypokalemia has been reported.

HOW SUPPLIED

ANTABUSE—No. 809—Each tablet (scored) contains 250 mg disulfiram, in bottles of 100. No. 810—Each tablet (scored) contains 500 mg disulfiram, in bottles of 50 and 1,000. 7470/181T

Ayerst AYERST LABORATORIES
New York, N.Y. 10017

Human Research Rules to Apply Only to Fed Grants

CHANGES IN the Department of Health and Human Services' regulations regarding the protection of human subjects involved in research projects, which go into effect on July 27, will apply only to research that is funded, in whole or in part, by DHHS grants, contracts, cooperative agreements, or fellowships.

Natalie Reatig, of NIMH's Pharmacological and Somatic Treatments Branch, explained to a symposium on the future of psychiatric research at APA's New Orleans annual meeting that the Department determined "that there is no clear statutory mandate to require non-federally funded research to adhere to its regulatory policies. Investigators conducting research which is not funded by DHHS, therefore, can not be compelled . . . to submit their protocols to Institutional Review Boards (IRBs)." She added, however, "DHHS will still require institutions which receive DHHS funds to provide an assurance that the rights and welfare of human research subjects will be protected . . . regardless of the source of funding." Thus, non-DHHS funded projects at such institutions can expect to continue to have requirements, but they will not be forced to comply with regulations mandated in the federal guidelines.

In a second regulatory change with impact upon psychiatric research, several categories of research will be exempt from mandatory review by IRBs, even when funded directly by DHHS. These exempt activities, usually ones with little or no risk to subjects and that would not ordinarily require consent of the subjects, are as follows: *a)* educational practices and tests conducted in commonly accepted educational settings, such as research on instructional strategies or on comparative techniques or curricula, which can not be identifiable as to subjects; *b)* survey, interview, and observation research, unless such research deals with sensitive aspects of the subject's behavior—illegal conduct or sexual activity, for example, when data are recorded in such a way that subjects could be identified or if damage to them could occur if information obtained was made public; *c)* research in which respondents are public officials or candidates for public office; *d)* collection or study of existing data, documents, pathological or diagnostic specimens, when such data are publicly available and if information is recorded in a non-identifiable manner; and *e)* program evaluation activities involving no deviation for the subjects from the normal requirements of their involvement in the program being evaluated.

A third change explained by Reatig involved the establishment of a provision for an "expedited review procedure to replace full IRB deliberation for certain types of research activities that entail only negligible amounts of risk or inconvenience to subjects." She cautioned, however, that this "expedited review procedure allows only for approval; it is not the Department's intent to permit an IRB member singlehandedly to disapprove a research project. Any recommendation for disapproval resulting from an expedited review procedure would be referred back for review to the full IRB."

Among the activities eligible for expedited review according to the new regulations are "the collection of human materials such as saliva and excreta; blood samples by venipuncture in small amounts from adults; recorded data from adults using non-invasive procedures such as weighing, electrocardiogram, and the like; moderate exercise by healthy volunteers; use of existing data which do not contain individual identifiers and studies of individual or group behavior which do not involve manipulation of subjects' behavior and which do not involve stress to subjects. . . . Expedited procedures could also be used to approve minor changes in previously approved protocols and to satisfy DHHS requirements for annual review when no major changes are proposed."

Informed Consent

The issue of informed consent, perhaps the most controversial aspect of the new regulations according to Reatig, came under considerable scrutiny from both within and without DHHS, particularly on how to deal with those potential subjects labeled as "institutionalized mentally disabled" (IMDs). There was much public opposition to a proposal in which IMDs would receive special attention by the IRBs, based on the assumption that they are, by nature of their status as mentally ill patients, incapable of making decisions or acting in their own best interests. Though regulations dealing with IMDs are still pending, Reatig commented that DHHS officials are leaning toward expanding the category considered incompetent to "address situations wherein disease, physical condition, *or* state of mental stress might affect a subject's ability to comprehend or weigh information sufficiently to give a 'valid' consent." While no formal oversight mechanisms are currently forseen regarding the obtaining of informed consent, the regulations as they currently read do spell out that potential benefits and risks of harm must be more rigorously evaluated when selecting subjects who are hospitalized, otherwise institutionalized (though prisoners are not included here), or of low socioeconomic status.

The regulations will continue to require that consent be obtained from the subject's legal guardian if the subject is incapable of giving such consent to participate. "No special instructions are given concerning how to determine when the representative steps in or who that individual must (or even might) be," Reating added. "Subjects who are adjudicated as legally incompetent will have an appointed legal guardian. For persons *functionally* but not legally incompetent, it is usually the most available next of kin."

The newly promulgated regulations do, however, say that eight specific elements of information must be supplied to a potential research subject, and suggest, in addition, six other elements to be supplied "when appropriate." Reatig stressed in her presentation that difficulties arise here because "the 'standard' for competency becomes more difficult to meet as the number of elements considered necessary for 'valid' consent increases. For this reason, it is extremely important

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that the new regulations allow IRBs to approve consent forms that do not include, or that alter, some or all of the elements of informed consent. . . ." Waivers or alterations might, for example, be approved where minimal risk is involved, even if subjects are suffering from chronic or acute mental disabilities, are the victims of accidents, are being given drugs that impair mental functioning, or are aged and suffering from diminished capacity. Here, she cautioned, efforts should still be made to insure that the subject is aware of the decision that needs to be made regarding research participation.

In discussing the implications for psychiatric research of the informed consent regulations and recommendations, Reatig said that they would "enable participation by subjects who might otherwise be considered unable to give a 'valid' consent, if obliged to absorb each of the required 'elements'. The option to tailor the content and presentation of information," she stated, "in order to optimize the possibility for persons to make their own decisions should enhance the self-respect and autonomy of the so-called 'mentally disabled'." She added that the forbidding prospect of frequent adversarial proceedings before research could begin is avoided with these recommended procedures.

The eight pieces of information to be supplied to research subjects include: *a)* a statement of purpose, duration, and procedures for the project; *b)* a description of "foreseeable risks and discomforts" that could affect the subject; *c)* a description of benefits expected from the research; *d)* a disclosure of alternative procedures that could be more advantageous to the subject; *e)* a description of confidentiality safeguards; *f)* if "more than minimal risk" is involved, an explanation of possible compensation and/or medical treatments available to the subject; *g)* persons to contact for answers to questions about the research or about any difficulties that could arise during it; and *h)* a statement that refusal to participate or a decision to discontinue participation will in no way penalize the subject, including deprivation of any benefits due. 7B-11

'Street People' Around the Globe

MOST PEOPLE CONSIDER the disheveled 42-year-old man to be crazy. He wanders the streets during the day foraging for food in garbage dumps and begging from passersby. At times he sits or falls asleep in the rain. His long beard and hair are tangled and unkempt.

Fortunately, a middle-aged married woman has taken it upon herself to look after this lost soul. She provides him with some food and allows him to sleep under her home. A few female friends and neighbors help her see that he bathes and washes his clothes. He, in turn, often helps the women with their daily chores, and serves as a "watchman" against intruders at night.

This man, who might be termed a "street person" or a "vagrant psychotic" in the United States, lives in a rural village in Laos. He was one of 35 persons identified locally as "bā" (crazy, insane) in an area of 27 villages and then interviewed by Joseph Westermeyer, M.D., of the University of Minnesota Department of Psychiatry. Westermeyer wanted to compare their condition to the plight of the increasing numbers of chronically ill people who wander the streets of many North American cities. These people lose their contacts and family support over time, and find it increasingly difficult to obtain long-term care in psychiatric hospitals.

Westermeyer, who reported his work at APA's annual meeting, collected information on the subjects' social interactions, demographic characteristics, medical records, and psychological histories. Several clinical rating scales also were completed after observation and interviews with subjects, their families, and fellow villagers.

See "Foragers," page 29

Conference

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also in evidence in studies of people of different socioeconomic status, regardless of the race of the researcher.

"A review of transcultural studies provides considerable information to support the concept that one's cultural background is apparent at birth, and continues to have impact, in health and illness, throughout one's life," she said. "Therefore, it is essential for the diagnostician to carefully study each factor that influences development, and to examine the variables within the environment which can help or hinder sound growth and adaptation." She urged caution when making a psychiatric assessment of someone from a different culture, paying heed to cultural reference points.

Presenting an "Agenda for the Future," at the close of the conference, Bruce Ballard, M.D., assistant professor of psychiatry and associate dean at Cornell University, and chair of the selection/advisory committee of the APA/NIMH Minority Fellowship Program, noted several areas that he said are essential to recognize "in working with residents and other mental health personnel, if we are to incorporate a transcultural perspective into the field of mental health."

First, he noted, there is a group outlook and process "that characterizes any institution of which we are a part." Second, all patients are complex from a cultural perspective. "A third area that is a key part of understanding transcultural issues in the treatment situation has to do with life styles of patients that may be strikingly unlike the life style of the therapist." A fourth area concerns situations in which the supervisor and supervisee are from differing cultural groups, and each views the other as an "outsider," with the danger of dismissing legitimate observations made by anyone. A final area, "is the vulnerability we all have to stereotypic thinking when under stress."

Concluding, Ballard stressed that the agenda for the future of transcultural psychiatry should include the following eight educational and organizational tasks:

- Continued research with an intensive effort to sort out investigator bias.
- A sustained effort by psychiatric educators to bring transcultural psychiatry into the educational mainstream in mental health.
- Inclusion of training experiences for psychiatrists with patients from different cultures.
- Inclusion of training experiences that involve colleagues of different cultures.
- Increased training experiences to examine destructive prejudices and attitudes that make it difficult to understand the data in a transcultural study.
- Continued examination of more effective ways to bring mental health expertise where it is needed.
- Examination of the role of contemporary history and current events in the lives of patients and mental health professionals.
- Continued political activism to gain support for efforts in transcultural psychiatry.

Also on the program were Lindbergh S. Sata, M.D., chair of the department of psychiatry at St. Louis University, who spoke on "Reflections of Culture in Music: Adaptative and Disordered Responses," and a panel on the "Psychiatric Clinical Issues Within a Culture," with Robert Bergman, M.D., associate professor and assistant director of postgraduate education at the University of New Mexico; Ezra Griffith, M.D., assistant professor of psychiatry at Yale University; Pedro Ruiz, M.D., professor and vice chair of the department of psychiatry at Albert Einstein and director of the Bronx Psychiatric Center; and Elisabeth Chan Small, M.D., liaison psychiatrist in obstetrics and gynecology at the New England Medical Center. 7B-23

Talbott Urges Fight for Funds for Chronic Ill

By Bruce Bower

JOHN A. TALBOTT, M.D., spoke to the Mental Health Association of the Bronx and Manhattan on May 20 and exhorted his colleagues "to fight now as we never have before." Talbott, professor of psychiatry at Cornell University Medical College in New York and recipient of the association's 10th Richard I. Baum Award for Human Service, is no wild-eyed evangelist, but his call to arms was clear—mental health professionals must combat proposed budget cuts that will knock the legs out from under already inadequate programs for the chronic mentally ill.

"We know a great deal about adequate treatment and care of the chronic mentally ill, we have a national plan, and are beginning to develop local community support programs—what we need now is an opportunity to implement what we know," said Talbott.

Federal committees, APA conferences, and presidential commissions have examined the problem of treatment and care for the chronic patient since 1975, but Talbott referred to a number of disturbing trends that dampen the accumulated findings.

First, while states continue their policy of deinstitutionalization without providing substantial community support services, the numbers of old and young chronic mentally ill are rapidly increasing. There are now two to three million Americans with moderate to severe mental disability, most of whom have prolonged courses of illness.

The numbers of young persons seeking treatment, said Talbott, are increasing especially quickly. This population is largely composed of transient males between the ages of 20 and 35 with criminal records, histories of drug abuse, and episodes of impulsive behavior. They lack the skills and social support systems that aid treatment, although they use services frequently. Because they do not have long hospitalization histories, they are often ineligible for community support services.

Another disturbing signal Talbott mentioned is the continued lack of alternatives to current treatment settings—hospitals, nursing homes, and single room occupancy hotels. Halfway houses and hostels can be more effective than institutional centers, but money has not moved with pa-

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tients from institutional to community settings.

This is partly the result of imbalanced financial incentives that push deinstitutionalization without providing for aftercare. States realize 65 to 80 percent savings on federal entitlements such as SSI, Medicaid, and Medicare when patients leave institutions. No similar incentives exist to encourage the use of community care.

Reimbursement policies add to the problem. Insurers pay private practitioners 40 percent less than public agencies for comparable services. They also discourage alternative care. For example, Medicaid reimburses nursing homes but not halfway houses, and SSI generally refuses payment for people living in halfway houses or group homes.

There is now a consensus on how to care for and treat the chronic mentally ill, said Talbott. The National Plan for the Chronic Mentally Ill, published in January, calls for comprehensive services, funding for both institutional and community settings, reimbursement realignment, personalized, long-term staff contact with individual patients, and further research.

"The bad news," Talbott said, "is that at the federal, state, and local levels we are encountering big problems in carrying out this plan. With the federal goverment's lumping of mental health into a block grant with 16 other programs; with cuts in services and teaching (and to a lesser degree research); with huge cutbacks projected in Medicaid; with the states' inability to move monies from institutional to community settings and provide adequate housing alternatives; and with localities from California to Massachusetts facing taxpayer revolts, we have an impending disaster."

In order to implement what we already know about the treatment of the chronic mentally ill (or what Talbott referred to as "the ability to breathe under water"), he urged his audience to carry the message to their congresspersons by writing letters. In addition, he asked each of them to call five friends who care about the mentally ill and have them do likewise.

"The present administration can shelve the funding needed for proper services," Talbott told *Psychiatric News*, "but they can't shelve the ideas behind those services. Given a new administration, funding will eventually come along." 7B-19

Cheshire Awarded

McKINLEY CHESHIRE, M.D. was recently awarded the Distinguished Service Award of the Parent-Child Study Center of the Palm Beaches, Inc., a center devoted to providing mental health services to children, adolescents, and families in Palm Beach County, Florida, and four surrounding counties.

McKinley was honored because he "believes that quality medical care is the benchmark by which all medical standards must be judged. A true believer that separate services for specific needs can only result in better mental health. Through this gentleman's efforts the Parent-Child Study Center became that separate facility and was given the chance to perform the quality care that he so believes in."

Foragers

Continued from page 27

Eleven of the 35 subjects obtained food, clothing, and shelter through scavenging and begging, although four of them still had some family contacts. These "foragers," who are roughly analogous to this country's "street dwellers" and "bag ladies," were compared to the remaining 24 nonforagers.

Westermeyer found that, prior to becoming mentally ill, foragers had less frequent social contacts with family, friends, and community than the other subjects. More foragers had married and moved away from their home district prior to their mental disorder.

With the onset of mental illness, foragers had fewer social contacts than nonforagers. Despite their alienation, they scored slightly better than nonforagers on rating scales for psychopathology and neurotic symptoms. This, said Westermeyer, was probably due to the fact that all of the foragers had been ill for at least two years and no longer suffered the acute effects of their disorder.

The seven foragers without current family contact showed the most paranoia, especially about poisoned food. Foragers took poorer care of themselves and had a worse appearance than nonforagers.

In four cases, one individual or family became a sponsor for a forager, providing him with food and other resources. Such was the case for the man mentioned above who was befriended by the sympathetic woman.

"Foragers in Laos with sponsors tended to have better hygiene, nutrition, and protection," said Westermeyer, "especially when the sponsors took an active part in supervising their eating, self care, and other activities."

He added that adult psychiatric patients placed with foster families in Canada showed a decrease in symptoms. But like the Laotian foragers with sponsors, they showed no improvement in social functioning.

Westermeyer called the phasing out of mental hospitals in the United States over the last decade "a mixed blessing for mentally ill people," trapping many on the streets and in the boarding houses of our major cities while others have escaped the alienation and despair of involuntary commitment.

What can be done for the unfortunate outcasts with no family ties or avenues of support?

"While foraging by mentally ill people as a social policy is not supported by this study or by the literature," concluded Westermeyer, "lay sponsorship of mentally ill persons as a social policy should receive further consideration.

Altruistic support may not prove to be a panacea, he added, but neither have community psychiatric approaches. Sponsorship of the chronically ill has great potential in some cases, especially when it is consistently applied.

The most successful sponsor in Westermeyer's study was a man who, after returning from military duty, gradually weaned his brother away from living in the forest and eating out of garbage dumps. After several years the "bā" brother was living in his sibling-sponsor's home, eating with his family, and doing limited work under supervision. He had gone from "forager" to "nonforager," a living testament to the influence a committed sponsor can exert. 7A-14

Briefly Noted

Conference

THE AMERICAN Society of Law & Medicine in the Public Interest will co-sponsor a conference from September 11–12, 1981, in San Francisco, on "Refusing Mental Health Treatment: Values in Conflict." Registration fee is $180 for members of sponsoring organizations and $200 for nonmembers, and includes two luncheons, a reception, and course materials. During this two-day conference a distinguished faculty of psychiatrists, lawyers, and others will examine the legal, medical, and ethical aspects of court decisions involving right to refuse treatment, and their prospective effect upon the care of psychiatric patients. The power to treat under police power and parens patraie will be discussed, as well as problems of commitment, competency determinations, and dangerousness. The program meets the criteria for 11 hours of Category I credit toward the Physician's Recognition Award of AMA. Further information is available from Conference Registrar, American Society of Law & Medicine in the Public Interest, 520 Commonwealth Ave., Boston, Mass. 02215.

Meeting

THE FALL meeting of the American Association for Social Psychiatry will be held October 29–30, 1981, in New York City, immediately prior to the WPA/APA Regional Meeting, on the theme Psychosocial Futurology: The Multiaxial Role of Social Psychiatry." Topics to be discussed include social psychiatry, metapsychiatry, the future, and positive view of mental health. Free communications are still being accepted. Registration fee is $25 for students, $75 for members, and $100 for nonmembers. Further information is available from Robert Cancro, M.D., 550 First Ave., New York, N.Y. 10016.

Case Book

Continued from page 5

der, Catatonic Type, Subchronic.

"Ideally," according to the editors, "this book should provide several examples of virtually all the diagnostic categories in *DSM-III*. Obviously a book of such scope could not be completed and made available within the first year after the publication of *DSM-III*—a time of great need for such a book. We therefore decided to publish this first edition with a small number of cases. Our plan is to publish a second edition within a year or two. To this end we are now collecting additional cases to illustrate categories not covered in this edition or to replace some of the cases and discussions presented here. We invite the reader to submit comments about the cases included here and new cases for possible inclusion in a second edition."

Copies of the *DSM-III Case Book* are available from the American Psychiatric Association, Publications Sales Department, 1700 18th St., N.W., Washington, D.C. 20009, at the following prices: 400 pages, casebound, $29.95, ISBN 0 89042 050 5; and soft cover, $16, ISBN 0 89042 051 3. All orders under $16 must be prepaid. 7B-25

Conference

THE CONTINUING Education Committee of the New York State Psychiatric Association (Division of Area II Council) is sponsoring an all-day conference on October 3, 1981, in New York City, on the topic "Continuing Education: Newer Dimensions for the '80s." Registration fee is $35.

The program is designed to address the needs and problems of chairpersons and members of program committees, and continuing education committees of district branches, directors of education of state psychiatric centers, municipal and private hospitals, psychiatric clinics and community mental health clinics, private practitioners, and all others interested in on-going education of psychiatrists.

Presentations will include "How to Assess Needs," by Lester E. Shapiro, M.D.; "Innovative Teaching Methods," by Ian Alger, M.D.; "We Can Evaluate Program Effectiveness," by Paul Taylor, Ph.D.; and "Developing Individual Learning Programs," by Lea Mesner, M.A.

There will also be workshops on "State Psychiatric Centers," "General Hospitals," "Community Mental Health Centers," "APA—District Branches," and "Small Study Groups." The program meets the criteria for six credit hours in Category I toward the physician's recognition award. Further information is available from Lester E. Shapiro, M.D., 43 Andover Rd., Rockville Centre, N.Y. 11570.

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PSYCHIATRIC INSTITUTES OF AMERICA has inpt. and outpt. opptys. for qualified psychiatrists in over 15 locations throughout the U.S. Interested applicants should send a complete C.V., reqs. for location, and compensation to Norman A. Zoeber, Senior Vice-President, PIA, 1010 Wisconsin Ave., N.W., #900. Wash., D.C. 20007.

ALABAMA

MEDICAL DIRECTOR-PSYCHIATRIST—FOR CMHC PRGM. BD. CERT. OR ELIG., LIC. TO PRAC. MEDICINE IN THE STATE OF ALABAMA. DUTIES INCLUDE INPT. CARE OF CTR. CLIENTS IN A COMMTY. HOSP., CONSUL. TO CTR. OUTPT. AND DAY TRTMT. PRGMS., AGENCY AND COURT CONSULS., EMERG. SVCS. LOC. IN NORTH ALABAMA, SERVING A ONE-COUNTY CATCHMENT AREA OF 186,000 IN A NEW FACIL. WITH A STAFF OF 75. SAL. NEGO., EXCEL. FRNG. BNFTS. SEND RESUME TO: GARY W. PORIER, PH.D., EXECUTIVE DIRECTOR, HUNTSVILLE-MADISON COUNTY MENTAL HEALTH CENTER, 660 GALLATIN ST., HUNTSVILLE, AL 35801. AN EOE.

PSYCHIATRIST—Full-time Med. Director for a large urban compre. MHC affiliated with local health dept. Primary duties include direct patient care within variety of inpt., outpt., and rsdntl. prgms. serving children, adults, elderly, and chronically mentally ill; development of med. policy; consul. with multi-discpl. staff. Bd. Elig. req'd. Exper. preferred. Avail. immed. County Civil Service appt. with annual sal. of $62,899, plus liberal frng. bnfts. For more info. contact the Executive Director, Jefferson-Blount-St. Clair Mental Health/Mental Retardation Authority, 3820 3rd Ave. South, Birmingham, AL 35222. Phone: (205) 595-4555.

ALASKA

PSYCHIATRIST—(Bd. cert. or elig.). Twenty yr. old JCAH accred. 153 bed MH institution. Medical staff of seven, support staff of 237. Ten plus million annual budget. Faculty affiliation with the Univ. of Washington Med. Schl. avail. Sal. in the 70's. Very attractive frng. package. Alaska is an EOE. Address inquiries, CV and two letters of reference to: Harold T. Conrad, M.D., Medical Superintendent, Alaska Psychiatric Institute, 2900 Providence Ave., Anchorage, AK 99504; Phone (907) 277-6551.

CALIFORNIA

ATTN: Rsdnts. & Director Rsdncy. Trng. Prgm. We would like to offer a stipend for a 3rd yr. rsdnt. who would like to do an elective in our multi-discpl. prvt. MH prac. See our other posn. offered in this paper under Psychiatrist—San Gab. Valley. If interested please contact Mark S. Kosins, M.D., 213-285-2241, 735 W. Duarte Rd., Arcardia, CA 91770.

CHILD PSYCHIATRY FELLOW POSNS. Div. of Child, Adol., and Family Psychiatry Univ. of CA Davis, loc. in Sacto. currently accepting applications for Child Psychiatry Fellows. Trng. prgm. includes supervised psychotherapeutic exper. with range of psychiatric problems of childhood and adolescence; emphasis on thorough knowledge of child and family development. Trng. also considers aspects of psychiatric admin. pertinent to child psychiatry, pediatric and primary care consul. and liaison, prevention, emerg. svcs., mental retardation, work with commty. MH practice. Prgm., small in size, affords close, frequent, personal contact with faculty. Contact Robert Dorn, M.D., Chief, Child, Adolescent and Family Psychiatry, UCD Medical Center, 2315 Stockton Blvd., Sacramento, CA 95817.

CHILD PSYCHIATRY INPT. ADMIN. AND TCHNG. POSN. AVAIL. McAuley Neuropsychiatric Institute of St. Mary's Hosp. Med. Ctr., San Francisco, is seeking a child psychiatrist to direct the Children's Inpt. Svc., a 16 bed unit for children from the public and prvt. sectors, regionally and locally, in the context of an excel. psychodynamically oriented psychiatry trng. prgm. with 6 child fellows and 16 gen. rsdnts. Sal. nego. in the range of $33,000 for a projected 30 hrs. per week with liberal frng. bnfts. Additional opptys. for prvt. prac. If interested, send a CV to Henry Massie, M.D., Director Child Psychiatry Training, 450 Stanyan St., San Francisco, CA 94117.

PSYCHIATRIST—Beginning June 1, 1981. Seek eclectric, energetic psychiatrist to work in a 40-bed Youth Authority rsdntl. prgm. treating adol. males with histories of psychiatric problems. A multi-discpl. trtmt. team of psychologists, social workers, teachers, nurses, and youth counselors will be assisted by you in providing evals., consul., and direct trtmt. Psychodynamic, Gestalt, Transactional Analysis, and behavioral emphasis. Biofeedback laboratory equipped. Staff development trng. avail. in therapy skill-building. Sal. ranges from $48,700 to $58,000 dependent upon trng. accomplished. Contact Dewey C. Willis, Program Administrator, Northern Reception Center-Clinic, 3001 Ramona Ave., Sacramento, CA 95826. Phone (916) 739-2130.

PSYCHIATRIST: San Gabriel Valley, 10 mi. East of LA. We need a full time energetic Bd. Cert. or elig. Psychiatrist to augment our Multi-discpl. Prvt. MH Prac. which includes M.D.'s, Ph.D.'s, LCSW's, MFCC's—Our grp. is team oriented and the Psychiatrist is involved in direct svcs. to inpts. and outpts., consuls., supervision, etc. There is much room to grow with a great deal of autonomy preserved. An interest in adols. is helpful but not req'd. We work hard, and the financial & emotional rewards are commensurate to our efforts—The work environment is pleasant and enjoyable, but the pace can be hectic at times—we need to fill the posn. now but will wait for the right person—Please call Mark S. Kosins, M.D., 213-285-2241, if seriously interested, for further details, an interview will be necessary. 735 W. Duarte Rd., Arc. CA 91770.

PSYCHIATRISTS—Opptys. in CALIFORNIA at a prgsv., 1200 bed psychiatric facil., conveniently loc. in a pleasant, foothill setting. We offer a choice of prgms., competitive sals., regular hrs., excel. bnfts., and the advantages of an inter-discpl. team approach toward the trtmt. of mental disorders. For more info., contact Delmar Gregory, M.D., Patton State Hospital, 3102 E. Highland Ave., Patton, CA 92369, tel. (714) 862-8121, ext. 326.

PSYCHIATRY RSDNCY.—Approved four-yr. (incldg. internship) and three-yr. psychiatric rsdncys. avail. in a commty.-based, psychodynamically-oriented prgm. at the clin. branch of the Univ. of California San Francisco Schl. of Medicine in Fresno. Excel. full-time tchng. staff. Opptys. to collaborate with rsdnts. in other specialties, to teach med. students, to work in rural settlings and with Mexican-American patients, to practice in a variety of clin. settings, and to do research. Strong didactic prgm. and extensive indiv. supervision. Stipends in $20,000–$29,000 range. Contact: George F. Solomon, M.D., Professor of Psychiatry in Residence, University of California San Francisco, P.O. Box 11867, Fresno, CA 93775. Phone (209) 445-3276.

Central California—Kings View MH Svcs. for Tulare County, a unit of a not-for-profit corp. which provides MH and dvlpmtl. disability svcs. throughout Central Calif., has immed. openings for qualified PSYCHIATRISTS. Posns. offer challenging oppty. for direct practice, staff trng., consul. and collaboration with external agencies. Requires Calif. lic. to practice medicine and resdncy. in gen. psychiatry. Sal. $46,496 to $68,672 D.O.E. Excel. bnft. package. For further info. contact Robert Erickson, LCSW, Clin. Director, 1830 S. Mooney Blvd., Visalia, CA 93277. (209) 732-6631 or send C.V. An EO/AAE.

L.A. Area—Prvt. prac. grp. Choice of 8 locations. Gen. Psychiatry, multi-dicpl. Owner posn. 3 yrs. Hi income potential. Retirement pl., Prvt. Inpt. & Outpt. Sponsored visit for appropriate candid. Sal. + bonus + bnfts. = potential $90,000/yr. Write & CV Rose Vincent, #203, 415 W. Carroll Ave., Glendora, CA 91740.

Los Angeles—PSYCHIATRIST—Clin. Research and tchng. posn. in UCLA affil. VA Med. Ctr. Applicant expected to direct 15-bed clin. research unit emphasizing schizophrenia and carry out own research prgm. Must have published exper. in clin. research, neuro/psychopharm. preferred and qualify for acad. appt. EOE. Send CV to Arthur Kling, M.D., Chief, Psychiatry, VAMC, Sepulveda, CA 91343.

Los Angeles/Newport Beach—Dynamic, multidiscpl., prvt. group seeking applicants in CHILD PSYCHIATRY and ADULT PSYCHIATRY. Applicants in Child Psych. should have interest in developmental disabil. and behav. approaches and be ABPN elig. Applicants in Adult Psych. should have background in behav. and biol. approaches and be ABPN cert. or within 2 yrs. of rsdncy. All applicants must have current Calif. med. lic. Excel. income potential and stimulating work environ. Send C.V. to Gene R. Moss, M.D., Behavioral Medical Group, Inc., 400 Newport Center Dr., Newport Beach, CA 92660.

Newport Beach–Huntington Beach—The Neuropsychiatric Medical Group, a full-time prvt. practice psychiatric grp. with offices in Huntington Beach and Newport Beach is now accepting applications for a full time psychiatrist/partner–Posn. avail. Sept. 1981. We will consider only highly qualified applicants who are (or soon will be) bd. cert., are well trained and experienced in psychoanalytic psychotherapy, biological psychiatry, inpt. and outpt. work; with one or more yrs. of post rsdncy. exper. CA lic. req'd. Address inquiries with CV to Douglas G. Kahn, M.D., 17822 Beach Blvd., Suite 437, Huntington Beach, CA 92647.

Sacramento—Univ. of California, Davis, Dept. of Psychiatry has openings for 2 ACAD. CHILD PSYCHIATRISTS. Quals.: M.D. Degree, completion of approved Gen. Rsdncy. in Psychiatry and Child Psychiatry Fellowship; elig. or cert. by Gen. and Child Psychiatry Boards, active Calif. license. Write Robert Dorn, M.D., Dept. of Psychiatry, 2315 Stockton Blvd., Sacramento, CA 95817. Open until filled but no later than June 30, 1982. The Univ. of Calif. is an EO/AAE.

San Bernardino—PSYCHIATRIST—Diversified clin. respons. in an extensive and well-staffed compre. county MH prgm. OPD, INP. Outread, pre-care, aftercare, adults, chldrn., and geriatrics. Sal. $64,944. Prvt. prac. permitted; malpractice insur. provided; usual bnfts.; *or* indiv. or inc. contract for $73,788 w/o bnfts. Contact Bill Floyd, M.D., Prgm. Chief, San Bernardino County Dept. of Mental Health, 700 E. Gilbert St., San Bernardino, CA 92415; (714) 383-3960.

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, 1981, 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 Francisco—HALF TIME PSYCHIATRIST wanted to provide consul., med. coverage and staff dvlpmt. in large rsdntl. trtmt. ctr. for disturbed adols. Sal. nego. in range of $22,000 for 20 hrs. per week with frng. bnfts. Send CV to Dr. Peter Chang, Clinical Director, Youth Campus, 501 Cambridge St., San Francisco, CA 94134.

COLORADO

Greeley—CMHC PSYCHIATRIST: Oppty. for challenging outpt. and inpt. clin. work with multi-discpl. team in a stimulating commty. with excel. svcs. and recreation only one hr. from Denver. Above average sal. and growth potential. Write Dale Peterson, Director, Weld Mental Health Center, Inc., 1306 11th Ave., Greeley, CO 80631 or call 303-353-3686. EOE.

La Junta—An estab. CMHC in this city has a current opening for a STAFF PSYCHIATRIST. Respons. will include Outpt. and some Inpt. svcs., with moderate travel within the Catchment Area. Entry sal. is nego., depending upon indiv. quals. and exper., from $50,000 to $60,000, plus generous frng. bnfts. An acad. affil. is possible. Please respond, with a copy of the C.V. to: FORREST ASSOCIATES, P.O. Box 850, Murray, KY 42071 or call (collect) (502) 753-9772. Forrest is retained by the Center.

CONNECTICUT

Middletown—PSYCHIATRISTS—Clin. Team leader and tchng. posns. avail. in dynamic 700-bed commty. MH facil. Affiliation with Yale Univ. affords opptys. for faculty appt. Accredited four-yr. rsdncy. trng. prgm. Sal. commensurate with exper. and trng., outstanding bnft. package incldg. possibility of on-campus housing. Send resume to Superintendent, Connecticut Valley Hospital, P.O. Box 351, Middletown, CT 06457. AA/EOE.

Newington—Posns. for PSYCHIATRISTS in inpt. svc. of Regional Hosp. Multidiscpl. approach. Excel. opptys. for advancement. Convenient beautiful loc. close to excel. schools and cult. ctrs. in central Conn. Excel. frng. bnfts. Houses avail. at nominal rent. 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 CMHC's for ambulatory psychiatry in a commty. setting. Three and four yr. prgms. avail. dep. on level of trng. Extensive didactic tchng. schedule includg. basic and clin. neurology. Supervision provided for inpt. and outpt. exper. with adult and adols. Apts. avail. for married rsdnts. with no childrn. at no cost. Limited housing for married physicians with families. Sal. 1st yr. $19,395, 2nd yr. $20,499, 3rd yr. $21.181, 4th yr. $22,578. Write to Robert B. Miller, M.D., Superintendent, Fairfield Hills Hosp., Newton, CT 06470.

DELAWARE

Well trnd., bd. elig. or bd. cert. GEN. PSYCHIATRIST to join well-estab. Prvt. Psychiatric Grp. in Wilmington. ½ hr. drive to Phila., 2 hr. drive to NYC and Wash., D.C. Interest in inpt. work preferred. Please send resume to Box P-623, *Psychiatric News*.

DISTRICT OF COLUMBIA

FOR RENT: APT./OFFICE. 750 sq. ft. renovated one BR apt. Ideally loc. for 2 person office or for combined office living purposes. 2 blocks from future Tenley Metro station. Avail. Aug. 1. $590. 966-3605 evenings.

FLORIDA

PSYCHIATRIST to serve as Director of the North Florida Evaluation and Trtmt. Ctr. with full faculty appt. as Asst., Assoc., or full Professor with the Univ. of Florida, College of Medicine, Dept. of Psychiatry. Must have M.D. degree and be Bd. Elig. or Cert. in Psychiatry with documented background in forensic psychiatry. In addition to serving as Clin. Director to the Ctr. which is a center for the trtmt. of forensic patients, respons. will include tchng., research, and patient care activities. Application deadline: July 31, 1981. Anticipated starting date: September 1, 1981. Sal.: nego. Send applications to George W. Barnard, M.D., Professor of Psychiatry, Box J-256, JHMHC, Gainesville, FL 32610. EOE/AAE.

Fort Lauderdale—PSYCHIATRIST—Mixed office and hosp. practice. Two yr. contract followed by association if agreeable. $50,000 plus fringes. H. Bruce Jones, M.D., 305-966-6657.

Tallahassee—Full-time staff psychiatrist posns. are open from time to time with a well-estab. compre. CMHC offering multi-svcs. to urban-rural area of 230,000. Exceptional environment, recreat., and family setting. Two State Univs. and Junior College. Ctr. offers wide range of outpt. and transitional care prgms., including crisis stabilization unit and adol. rsdntl. trtmt. facil. Duties shared with other full-time psychiatrists. Contracting commty. hosp. provides inpt. care. Fla. Lic. and Bd. Elig. req'd. Excel. frng. bnfts. Send vitae to: Personnel Administrator, Apalachee Community Mental Health Services, P.O. Box 1782, Tallahassee, FL 32302.

GEORGIA

Rome—(55 miles Northwest of Atlanta)—PSYCHIATRIST for a CMHC providing outpt. and substance abuse trtmt. prgms. Newly renovated facil. with staff of 80 incldg. 2 psychiatrists. Sal. $48,906; after six mos. $51,198; 26% frng. bnfts., incldg health insur., social security, malpractice insur., retirement, professional trng., 15 paid sick days, 15 paid annual lv. days, 12 paid holidays. Prvt. Prac. opptys. Posn. avail. immed. Write to Thomas E. Joiner, ACSW, Dir., Coosa Valley CMHC, 1300 E. First St., Rome, GA 30161. Phone (404) 295-6412.

ILLINOIS

CHIEF, PSYCHIATRIC LIAISON-CONSUL. INST. OF PSYCHIATRY, NORTHWESTERN UNIV. MED. SCHL.—An exper'd. psychiatrist to provide organizational, educational, clin. and research leadership for the psychiatry liaison—consul. prgm. The svcs. are provided to Northwestern Memorial Hosp., the 1,100 bed primary tchng. facil. of Northwestern Univ. Med. Schl. Applicants should be bd.-cert. in Psychiatry, have at least two yrs. of exper. in administering psychiatric prgms., and able to be licensed in Illinois. Sal. and level of faculty appt. commensurate with exper. Reply to: Eric A. Plaut, M.D., Vice Chairman, Dept. of Psychiatry and Behavioral Sciences, Northwestern University Medical School, 320 E. Huron, Chicago, IL 60611.

PSYCHIATRIST. A Chicago-based grp. specializing in adol. and child psychiatry is seeking a bd. cert. Psychiatrist on a full or part-time basis. Bd. cert. or elig. Child Psychiatrist is preferred. The Psychiatrist will work with adols. on an inpt. basis utilizing an inter-discpl. team concept. For consideration please submit CV to: Judith Stoewe, M.D., Associates in Adolescent Psychiatry, 1508 Sherman, Evanston, IL 60201. An EOE.

PSYCHIATRIST—Outstanding oppty. to associate with youthful cert. partner in 48-man multi-specialty grp. New and beautifully equipped offices in a modern accred. facil. Drawing area nearly 400,000 with well staffed modern hosps. and 30-bed psych unit within 5 minutes of clinic. Stimulating big 10 univ. commty. of 100,000 with superb cultural advantages. Ideal for family. Med. Schl. tchng. affiliation if desired. Excel. guarantee and frngs. Early associateship with income based exclusively on productivity. We cover visit expenses of applicant and spouse. Send CV for info. to Box P-620, *Psychiatric News*.

INDIANA

CHILD PSYCHIATRIST. The Center for Mental Health, Anderson, Indiana, has avail. a child psychiatrist posn. for Children and Adol. Svcs. Candidate must be bd. elig. or bd. cert. Anderson is an urbanized commty. 35 mi. northeast of Indianapolis. The Ctr. offers a full range of svcs. as a CMHC serving a catchment area of 140,000. New facils. were recently completed. Sal. nego. with excel. frng. bnfts. Contact: Richard DeHaven, Administrator, or Dr. Thomas Fedor, Medical Director, The Center for Mental Health, P.O. Box 1258, Anderson, IN 46015.

Indiana Univ. Schl. of Medicine will have an opening for a senior ACAD. CHILD PSYCHIATRIST at the Assoc. or Full Professor level in the Fall of 1981. Applicants must be interested in at least half-time clin. research. Other tchng. and clin. duties are nego. Sal. commensurate with quals. Indiana Univ. is an EOE and faculty appts. are made without discrimination on the basis of sex, race or religion. Send C.V. to: James E. Simmons, M.D., Riley 341, Indiana University School of Medicine, Indianapolis, IN 46223.

PSYCHIATRIST—The Center for Mental Health, Anderson, Indiana, has avail. a psychiatrist posn. for Adult Outpt. Svcs. Candidate must be bd. elig. or bd. cert. Anderson is an urbanized commty. 35 mi. northeast of Indianapolis. The Ctr. offers a full range of svcs. as a CMHC serving a catchment area of 140,000. New facils. were recently completed. Sal. nego. with excel. frng. bnfts. Contact: Richard DeHaven, Administrator, or Dr. Thomas Fedor, Medical Director, The Center for Mental Health, P.O. Box 1258, Anderson, IN 46015.

INDIANAPOLIS—GEOGRAPHIC FULL-TIME FACULTY POSN. AVAIL., DEPT. OF PSYCHIATRY, INDIANA UNIV. SCHL. OF MEDICINE. POSN. WOULD BE IN THE OUTPT. DEPT., AND WOULD INCLUDE TWO DAYS A WEEK AS VISITING CONSUL. AT THE STUDENT MHC IN BLOOMINGTON. WE ARE LOOKING FOR A YOUNG CLIN.-RESEARCH-ORIENTED PSYCHIATRIST WHO WOULD BE INTERESTED IN PARTICIPATING WITH US IN THE ESTABLISHMENT OF SPECIALTY CLINICS IN THE AREA OF AFFECTIVE DISORDERS. INDIANA UNIV. IS AN EO/AA EDUCATOR, EMPLOYER, AND CONTRACTOR, M/F. APPLICATIONS SHOULD BE DIRECTED TO: HUGH C. HENDRIE, M.B. Ch.B., ALBERT E. STERNE PROFESSOR AND CHAIRMAN, DEPT. OF PSYCHIATRY, INDIANA UNIV. SCHOOL OF MEDICINE, 1100 WEST MICHIGAN ST., INDIANAPOLIS, IN 46223.

Muncie—The estab. and expanding CMHC in this Univ. City has current openings for a MEDICAL DIRECTOR-PSYCHIATRIST, with a nego. entry sal. to $68,000; and for two STAFF PSYCHIATRISTS, with nego. entry sals. to $57,000. Candidates should be motivated for commty. prac. and have appropriate quals. and exper. levels. The bnfts. pckg. offered is very generous and an acid. affil. is possible and encouraged. The commty. offers a plesant four-seasonal climate and a moderate cost-of-living. Please respond with a copy of the C.V. to: FORREST ASSOCIATES, P.O. Box 850, Murray, KY 42071 or call (collect) to (502) 753-9772. FORREST is retained in support of the Center.

IOWA

PSYCHIATRIST—Bd. cert. or elig. for full time faculty posn. in univ. affiliated gen. hosp. Respons. for med. supervision of outpt. MH svcs. Newly constructed modern facility with compre. MH prgm. and multi-discpl. clin. staff. Active med. education prgm. Posn. may carry faculty appt. with major midwest med. schl. Newly revised sal. scale (effective July 1) from $58,000–$65,000 per annum with an outstanding frng. bnft. package incldg. four (4) weeks paid vac. time per yr. plus two (2) additional weeks to attend expense paid CME activities. Other bnfts. include paid malpractice, life and disability insur. and med. licensure fees. Hosp. loc. in large prgsv. metro area with numerous cultural and recreat. opptys. incldg. several colleges and univs., art and science ctr., newly completed civic ctr. and nearby lakes. For further info. call or write Greg Rohs, M.D., Dept. of Psychiatry, Broadlawns Medical Center, Des Moines, IA 50314. EOE.

WANTED: A PSYCHIATRIST to head an adult psychiatric team in a commty. oriented prgsv. State Hosp.

Small, peaceful and friendly commty. of 5,500 loc. in southwest Iowa. Plenty of recreat. and excel. schools. About 1½ to 2½ hrs. drive from Omaha, Des Moines, and Kansas City. Sal. range from $42,000 to $54,000, depending upon exper. and quals. Iowa lic. req'd. 40-hr. week and on-call about once a week. CONTACT: K. V. Shah, M.D., Clinical Dir., Mental Health Institute, Box 338, Clarinda, IA 51632; or call collect: (712) 542-2161. EO/AAE.

KANSAS

PSYCHIATRY RSDNCYS.—Posns. avail. in accred. Univ. prgm. Compre. trng. Heavy emphasis on tchng. Research encouraged. Write or call collect Ronald L. Martin, M.D., Director of Psychiatric Residency Training University of Kansas Medical Center, 39th & Rainbow Blvd., Kansas City, KS 66103. (913) 588-6412.

Newton—Prairie View has an opening for PSYCHIATRIST to join a staff of 5 other psychiatrists and 25 other clinicians practicing in a setting where excellence is emphasized. Prairie View is a mennonite sponsored non profit psychiatric facility which operates: 1) a 43 bed inpt. unit serving a wide referral area, 2) a CMHC and, 3) a management consul. and continuing education prgm. Low staff turnover attest to congenial working atmosphere. Med. Schl. affiliation. Sal. competitive. Contact George Dyck, M.D., Medical Director, Prairie View Inc., 1901 East First St., Newton, KS 67114, (316) 283-2400.

KENTUCKY

AREA MED. DIRECTOR/PSYCHIATRIST—Posn. open in Louisville, KY for an area med. director/psychiatrist. All outpt. No night duty. Med. schl. faculty appt. avail. May have own prvt. prac. Sal. range $45,000–$65,000. Phone collect: Edward Tyler, M.D., Seven Counties Services, (502) 585-5947. At APA in New Orleans contact Ray Milan, M.D.

PSYCHIATRIST—F.T., Bd. cert. or Bd. elig. to participate as Staff Psychiatrist in prgsv. CMH-MR prgm. in beautiful Appalachian S.E. Kentucky. Posn. avail. immed. Sal. competitive, depending on exper. Generous frng. bnfts. incldg. retirement, vac., sick lv., professional conference fees and moving expenses. Real oppty. to practice commty. psychiatry. Agency JCAH accred. Contact: Ralph Lipps, Reg. Personnel Mgm., Cumberland River CCC, P.O. Box 568, Corbin, KY 40701 or phone (606) 528-7010. An EOE.

Hopkinsville—STAFF PSYCHIATRIST openings in 350 bed JCAH accred. psychiatric hosp. using trtmt. team concept, extra income thru work with CMHC, outstanding frng. bnfts. including free malprac. insur., housing avail. Kentucky lic. required, completion of three yrs. approved rsdncy. Starting sal. nego. Please write or call Mr. Gary H. Latham, Hospital Director, Western State Hospital, Hopkinsville, KY 42240. Ph. (502) 886-4431. An EOE.

Louisville—PSYCHIATRIST. Immed. opening for Staff Psychiatrist in 128-bed JCAH accred. and fully lic. Adult Psychiatric Hosp., using trtmt. team concept. Excel. bnfts. include free malprac. insur., lib. vac., holiday & sick leave, and retirement prgms. Univ. affil. and extra income through work at local C.M.H.C. possible. Sal. nego. Lic. to practice med. in Kentucky and completion of Psychiatry rsdncy. req'd. To apply contact Charles B. Hood, Personnel Director, CENTRAL STATE HOSPITAL, Louisville, KY 40223; (502) 245-4121.

MAINE

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. and one Child Psychiat. We need you to share in medication review, supervision of a 10-bed Inpt. Unit, 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 indivs., fams., and/or grps., and consul. to other prof. staff. We would be int. in applics. from indivs. who have completed apprvd. psychiat. rsdncys. and who have ints. in working with a gen. population. Aroostook County has a peaceful, pollution-free, rural environ. in which both summer & winter recreat. opptys. abound. There are rolling hills, trout streams, and lakes, small towns, 2 branches of the Univ. of Maine, and a jet airport. Frng. bnfts. incl. reloc. costs; 4 wks. vac.; a retirement prgm.; med., life, and disability insur.; and a compet. sal. Submit resume or call: Robert R. Vickers, Exec. Dir., Aroostook Mental Health Center, 1 Vaughn Place, Caribow, ME 04736; (207) 498-6431.

Maine—If you are coming or are interested we would be glad to help: Maine Psychiatric Association, Exec. Secretary, Esther M. Dudley, RFD #1, Box 477, North Whitefield, ME 04353; (207) 549-5786.

MARYLAND

BAHRAIN (ARABIAN GULF)—Needed: Bd. Cert. Psychiatrist for a consultant posn. in Dept. of Psychiatry, Ministry of Health, Bahrain. Command of Arabic language req'd. Sal. and bnfts.: according to quals. and exper. Please send C.V.'s to: ALI M. MATAR, M.D., 6910-E Lachlan Circle, Baltimore, MD 21239.

CHILD PSYCHIATRY—The Dept. of Psychiatry and Behavioral Sciences is seeking a DIRECTOR for the Division of Child Psychiatry at Johns Hopkins Hosp. and Schl. of Medicine. This posn., distinguished in its History, has been developed with new space and expanded research prgms. We are particularly looking for an indiv. committed to research in Child Psychiatry with an estab. record of such accomplishment. Hopkins is an EOE. Please send three copies of CV to Paul R. McHugh, M.D., Director and Psychiatrist-in-Chief, The Johns Hopkins Hospital, 600 North Wolfe St., Baltimore, MD 21205.

PSYCHIATRIST—We are looking for a bd.-elig. person to work in our prvt., 40-bed psychiatric hosp. in Maryland. Team work and leadership capabilities are very important to us. Our beautiful setting of 115 rural acres is located only 70 miles from the Washington-Baltimore area. We take pride in a 35-yr. reputation, excel. svc., and innovation. Our sal. and frng. bnfts. can be tailored to meet your needs. Posn. is avail. effective July 1, 1981. Please take a few minutes to write or call David Rutherford, CEO, Brook Lane Psychiatric Center, P.O. Box 1945, Hagerstown, MD 21740, 301-733-0330 for information.

MASSACHUSETTS

PARTNERSHIP in prvt. practice with lic. psychologist for sale. Psychiatrist/Psychologist wanted to join well-estab. lucrative practice set up as prvt. MHC. This is housed in completely refurbished . . . charming Victorian house with opulent furnishings. 45 mins. to Boston, 45 min. from Cape Cod. Oppty. for a variety of Texas Modalities (indiv., grp., marital) and patients (child, adol., adult) Consultation to hosp., schls., and business possible. Income range 75M–100M. Investment in house necessary. Please forward serious replies and resume to Box P-622, *Psychiatric News*.

PSYCHIATRISTS—Seeking half-time indiv. for posn. in independent CMHC to provide gen. outpt. duties in our Adult Counseling Prgm. Duties include evals., trtmt., tchng. and consul. in a multi-discpl. setting. Sal. range from $17,500 to $20,000. Contact: Abe Genack, M.D., Medical Director, Metropolitan Beaverbrook Mental Health and Retardation Center, 372 Main St., Watertown, MA 02172. An EOE.

PSYCHIATRIST with desire to work in an innovative CMHC which provides Emerg. Svcs., Day Trtmt., Social and Vocational Rehab., Aftercare, Nursing Home Svcs., and Rsdntl Alternatives to an adult population. Full or part-time. Respons. include diagnostic and med. consultation and staff supervision. Sal. competitive. Please send C.V. to David S. Lauterbach, Director, Community Treatment Program, Nichols Rd., Fitchburg, MA 01420. EOE.

PSYCHIATRISTS—Tufts Medical Schl. affiliation. One half time posn. Adult Svcs., CMHC. Acad. appt. depending on quals. Sal. $20K plus. Send resume to Ronald Abramson, M.D., Trinity Mental Health Center, 132 Union Ave., Framingham, MA 01701. Phone (617) 879-2250.

MICHIGAN

CHAIRMAN, DEPT. OF PSYCHIATRY, UNIV. OF MICHIGAN MED. SCHL.—Univ. of Michigan Med. Schl. is seeking an outstanding acad. physician to assume the Chair of its Dept. of Psychiatry. Quals. include: national stature as a leader in the field of psychiatry, demonstrated commitment to tchng. and administration, and an estab. reputation in investigative and research activities. Respond to: Robert E. Reed, M.D., Associate Dean, M7320 Medical Science Building I, Univ. of Michigan Medical School, 1335 East Catherine St., Ann Arbor, MI 48109. A non-discriminatory, AAE.

Ann Arbor—CHILD PSYCHIATRY FELLOWSHIPS avail. July 1, 1981 at Univ. of Michigan Med. Ctr. in well-estab., academically-structured prgm. emphasizing intensive indiv. supervision. Contact Saul I. Harrison, M.D., Professor of Psychiatry, Children's Psychiatric Hospital, University of Michigan Medical Center, Ann Arbor, MI 48109, (313) 763-1037.

MINNESOTA

CHALLENGING OPPTY. for commty. PSYCHIATRIST (bd. cert. or bd. elig.) with a staff of psychiatrists of the West Central Commty. Svcs. Ctr., Inc., a compre. commty. MH prgm. The Ctr. serves an eight county area with a pop. of approx. 150,000. Posn. requires leadership participation in the total range of psychiatric svcs. through diversified and expanding prgms., incldg. an inpt. unit and a network of alcohol svcs. Svcs. are provided at two major locations. The central office is loc. in Willmar, the central city of west central Minnesota, loc. 100 miles west of the Twin Cities. The other location of Hutchinson is midway between Willmar and the Twin Cities and is the commercial ctr. for that area. In both ctrs. there is an excel. professional climate, with good educational facils. and well developed commty. svcs. Fine recreat. opptys. are readily avail. The sal. is nego. with good frng. bnfts. Interest in this posn. may be directed to either P. V. Mehmel, Ph.D., Program Director, or Lennox Danielson, M.D., President, Board of Directors, West Central Community Services Center, 1125 S.E. 6th St., Willmar, MN 56201; (612) 235-4613.

MEDICAL DIRECTOR—Minnesota Security Hosp., a forensic psychiatry trtmt. ctr. for the State of Minnesota, seeks a management oriented psychiatrist to direct and administer trtmt. units/prgms. for 200 patients, incldg. special chemically dependent and sex offender units. New facility to be occupied during September, 1981, loc. on campus of regional ctr. in St. Peter providing a variety of MH svcs. for south central Minnesota. Anticipated starting sal. of $60-$67,500 with liberal frng. bnfts., incldg. fully paid malpractice coverage, tax deferred investment plan, and oppty. to attend continuing education functions during work hours. Potential for univ. appt. Safe college commty. of 9,000 loc. in prosperous rural area and scenic river valley only 70 minutes from Minneapolis-St. Paul, 12 minutes from all-American city of 40,000 and state univ., and easy driving distance to rural and lakeshore home settings. Many area fishing lakes, four-season climate, and numerous outdoor recreat. opptys. avail. yr. round. Contact Joseph W. Solien, Chief Executive Officer, St. Peter Regional Treatment Center, 100 Freeman Drive, St. Peter, MN 56082. (507) 931-7115. An EO/AAE.

PSYCHIATRIST—Consider an employment situation that offers a competitive sal., a 40 hr. week, malprac. coverage, 30 days paid vac., and other excel. frng. bnfts., in a JCAH accred. prgsv. med. ctr. The City of St. Cloud, Minnesota, and the surrounding area boasts of the high quality of family living that is afforded its rsdnts., who enjoy clean air, easy access to a wide variety of four-season outdoor recreat. opptys., excel. educational facilities which include a State Univ., St. John's Univ. and the College of St. Benedict, and a full range of svcs. avail. in a metropolitan setting while maintaining the quality of suburban and rural living. Lic. in any state accepted. Financial assistance to defer cost of relocation. EOE. Write: Chief of Staff, Veterans Administration Medical Center, St. Cloud, MN 56301, or call the Personnel Service (612) 252-1670.

Minneapolis—UNIV. OF MINNESOTA Dept. of Psychiatry seeks an ASSISTANT PROFESSOR. The posn. requires a major commitment to research and scholarship in the area of psychopharm. and psychoendocrinology. The successful applicant will share with other faculty members responsibility for a 24 bed adult ward. In addition to providing a site and patient material for clin. research, the ward also has a trng. mission for rsdnts., med. students, psychology interns, and other health svcs. students. Applicants should be bd.-elig., with demonstrated interest and ability in psychiatric research. Preference given to persons with fellowship exper. The Univ. of Minnesota is an AAE and specifically invites and encourages applications from women and minorities. Resume to Jerome Kroll, M.D., Box 393 Mayo, Univ. of Minnesota Hospitals, Minneapolis, MN 55455.

MISSISSIPPI

PSYCHIATRIST—Estab. rural CMHC serving four counties in Northeast Mississippi. Oppty. for bd. elig. psychiatrist for diversified clin. practice with multi-discpl. staff. Sal. and frng. bnfts. very competitive. Oppty. for part-time prvt. practice. Ample outdoor recreation facilities; 85 miles from Memphis. Send resume to: Paul W. Hunninen, ACSW, Executive Director, P.O. Box 830, Corinth, MS 38834. Phone: (601) 287-4424. EOE.

PSYCHIATRISTS AND GEN. PRACTICE PHYSICIANS wanted for state MH prgms. Multi-discpl. approach with broad range of clin. opptys. Sal. competitive, liberal frng. bnfts. Miss. lic., or elig., req'd. Reply to A. G. Anderson, M.D., 1102 Robert E. Lee Bldg., Jackson, MS 39201. 601/354-7041.

Vicksburg—PSYCHIATRIST/CLIN. DIRECTOR for CMHC. Clin. supervision of two O.P. staffs and an Alcoholism Halfway House staff. Respons. for Emerg., Inpt., Outpt., Aftercare and Halfway House svcs. Must be able to be licensed in Miss. Currently utilize three part-time psychiatrists from Jackson. No psychiatrists live/work in Vicksburg-Yazoo catchment area. Sal. nego. Send vita to: Director, Warren-Yazoo M.H. Service, P.O. Box 1418, Vicksburg, MS 39180.

MISSOURI

ACAD. PSYCHIATRY: OCCASIONAL OPENINGS FOR FACULTY POSNS. AT UNIV. OF MISSOURI HEALTH SCIENCES CTR. CLIN. CARE, TCHNG., AND RESEARCH WITH SPECIAL EMPHASIS ON PSYCHOSOMATIC/LIAISON, PSYCHOTHERAPY, PSYCHOBIOLOGY CHILD PSYCHIATRY, AND PUBLIC HEALTH PSYCHIATRY. SUBSTANTIAL FLEXIBILITY IN CLIN. ASSIGNMENTS BASED ON INDIV. INTEREST. STRONG AA/EOE COMMITMENT. WRITE: J. M. A. WEISS, M.D., DEPT. OF PSYCHIATRY, UMC SCHOOL OF MEDICINE, COLUMBIA, MO 65212.

CHILD PSYCHIATRISTS—assume respons. as Clin. Dir. of large psychiatric trtmt. unit for children & adol. Active inpt., outpt. and day hosp. prgms. staffed by 4 fulltime child psychiatrists and full complement of other trtmt. staff. Applicant also invited for staff child psychiatrists. Sal. dep. upon quals. and exper. from $50,000 to $54,000. Additional 2,200 for Am. Bds. or equiv. Liberal frng. bnft. Paid malprac. insur. EOE. Mo lic. req. Apply M. Fujita, M.D., St. Louis State Hospital, 5400 Arsenal, St. Louis, MO 63139. (314) 644-8001.

PSYCHIATRISTS: DIRECTOR OF MEDICAL SVCS. Coordination and direction of med. svcs. in compre. CMHC. Broad range of consultative and trtmt. activities within Ctr. and commty. at large. Sal. $55,000–$60,000 range. GENERAL PSYCHIATRIST: Consul. and trtmt. of diverse patient pop. Sal. $50,000–$60,000 range. Both posns.: Exceptional frng., partial reloc. expenses pd. Send vita to Todd D. Schaible, Ph.D., Burrell CMHC, P.O. Box 1611 SSS, Springfield, MO 65805. EO-AAE.

STAFF PSYCHIATRISTS—Fulltime posns. avail. Sal. from $50,000 dep. on quals. Additional $2,200 for Amer. Bds. or equiv. Liberal frng. bnfts. Paid malprac. insur. EOE. Mo. Lic. req'd. Apply A. Mallya, M.D., St. Louis State Hospital, 5400 Arsenal, St. Louis, MO 63139, (314) 644-8005.

STAFF PSYCHIATRISTS: Prgsv. state hosp. in scenic area, 60 miles south of St. Louis, MO, to work in inpt./outpt. setting. Min. requirement: 3 yrs. approved psychiatric rsdncy. and elig. for MO license (FLEX). Sal. range: $50-60 thousand based on exper. Generous frng. bnfts. Please apply or call collect: Dr. Kamath, Chief of Medical Staff, Farmington State Hospital, Farmington, MO 63640, phone: 314-756-6792.

St. Joseph—PSYCHIATRIST. Req's.: Bd. elig. or completion of 3 yrs. rsdncy. Missouri lic. or eligibility for temporary lic. required. 400 bed psychiatric hosp. Various active prgms., adult psychiatric, youth ctr., alcohol, vocational rehab., commty. outpt. svcs. Excel. retirement, sick and vac. bnfts. Sal. $52,000–$63,000 depending on quals. and exper. $2,200 differential for specialty bd.; additional bnfts. for on-call duties. Excel. schl. system, friendly commty., 30 mi. K.C. Int. Airport. Apply Nicholas Bartulica, M.D., Supt., Box 263, St. Joseph, MO 64502. EEO/AA.

NEBRASKA

PHYSICIAN/PSYCHIATRISTS to fill six (6) posns. for the Nebraska Dept. of Institutions in Eastern Nebraska (Norfolk, Hastings, and Lincoln—an attractive area of the state with cultural and recreat. opptys.). We are seeking highly qualified indivs. interested in working in either urban or rural commtys. Since regional center psychiatrists are in charge of the care of their patients, indivs. who apply must be flexible and able to make effective use of the professional freedom we provide. A mix of inpt./outpt. svc.; acad. affiliation possible; and a modicum of prvt. practice may be permitted. Sals. highly competitive: up to $65,000 depending on entry level and exper. Excel. frng. bnfts; many opptys. for professional advancement in a stable economic and social environment. Send resume with names, addresses, and telephone numbers of refs. we may contact to: Dr. Charles W. Landgraf, Jr., Dir. of Med. Svcs., Hastings Regional Center, Hastings, NE 68801. APPLICATION DEADLINE: October 20th, 1981. EO/AAE.

NEW HAMPSHIRE

PSYCHIATRISTS—New Hampshire Hosp. is seeking psychiatrists, either bd. cert. or elig., for senior staff psychiatric posns. in this J.C.A.H. accred. public psychiatric hosp. in N.H., consisting of 700 beds, organized on a prgm. system, incldg. units for Adults, Children, Adols., Forensic, Geriatric, and Med./Surgical. The facility is situated in Concord, pop. 35,000. There are excel. educational, social and recreat. facilities. Only an hour or less from mtns. (skiing), lakes, Boston, and the Atlantic Ocean. Permanent New Hampshire Med. Lic. req'd. Sal. nego., depending on education and exper., with possible faculty appt. at Dartmouth Med. Schl. Perquisites of ample leave for illness, vac., and education. Excel. bnfts. incldg. free med. insur. Call collect Stephen N. Harnish, M.D., (617) 224-6531, ext. 2002, or write, with C.V. and references, to N.H. Hospital, 105 Pleasant St., Concord, NH 03301. An EOE.

NEW JERSEY

DIRECTOR, CHILD & ADOL. PSYCHIATRY—Large northwest New Jersey hosp., a major affiliate of Columbia Univ. College of Physicians and Surgeons, seeks Director of Child & Adol. Psychiatry. Effective clin. and tchng. prgm. Respons. include outpt. child and adol. prgm. as well as liaison with Dept. of Pediatrics. Certification in adult and child psychiatry preferred, some yrs. exper. preferred. Sal. nego. Please send all inquiries with CV to Harvey Hammer, M.D., Chairman, Dept. of Psychiatry. (All replies will be held strictly confidential). MORRISTOWN MEMORIAL HOSPITAL, 100 Madison Ave., Morristown, NJ 07960. An EOE M/F.

PSYCHIATRISTS, PART TIME. Part-time posns. in accred. CMHC in Central Jersey conveniently loc. to Univs., Jersey Shore and NYC. Sal. nego. Send detailed resume to: Dr. Richard Cassone, Medical Director, South Amboy Memorial Hosp. and CMHC, South Amboy, NJ 08879; (201) 721-1000.

NEW MEXICO

Albuquerque—PSYCHIATRIST wanted to join large multispecialty grp. in Southwest. Desire an indiv. who will function as a gen. adult psychiatrist in an outpt. setting with subspecialty interest and trng. in some combination of the following: sexual dysfunction therapy, child adol. psychiatry, sleep disorders, consul. and liaison psychiatry, or chemical dependency. Direct CV and inquiries to A. R. Cooper, M.D., Section of Psychiatry and Psychology, Lovelace Medical Center, 5400 Gibson Blvd., S.E., Albuquerque, NM 87108.

NEW YORK CITY & AREA

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 Michael Ford, M.D., Deputy Director Clinical, Manhattan Psychiatric Center, Ward's Island, NY 10035.

Professional suite on East End Ave. on Manhattan's upper East side. Quiet safe neighborhood. Suite has prvt. street entrance, counseling room, waiting room, full modern kitchen and bath. Bldg. is a luxury cooperative with 24 hr. door man, all svcs. incldg. garage. Monthly maintenance $408.00. Purchase price $120,000. For sale by owner. (212) 734-0222.

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.

PSYCHIATRIST, TO INTEGRATE ECLECTIC GRP., PART-TIME, EVENINGS AND/OR SATURDAYS, ORIENTED TOWARD NUTRITIONAL/BIOLOGICAL PSYCHIATRY, RESEARCH OPPTY. 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, with exper. in consul.-liaison psychiatry and mental retardation and related developmental disabilities, as Director of the Psychiatric consul. prgm. at Staten Island Developmental Ctr., New York. This is an acad. appt. at the New York Univ. Med. Ctr. with the clin. work based at the State Institution. The posn. offers challenging work with inter-discpl. teams and carries tchng. duties for NYU Child Psychiatry Fellows on rotation and also responsibility for insvc. trng. A new special day trtmt. unit for seriously disturbed developmentally disabled clients, with full staffing incldg. 3 NYU psychologists,

offers exceptional opptys. for combined behavioral and psychopharmacological research. Faculty appt. and sal. contingent on quals. and previous professional exper. Generous NYU frng. bnfts. Send resume's to: Åke Mattsson, M.D., Director, Div. of Child and Adolescent Psychiatry, New York University Medical Center, 550 First Avenue, New York, NY 10016. NYU is an EO/AAE.

PSYCHOPHARMACOLOGIST—Psychiatrist to head a 30 bed inpt. unit in a large hosp. ctr. which has ongoing prgms. with acad. institutions (New York Hosp., Cornell Med. Ctr., New York Med. College, Long Island Jewish-Hillside Med. Ctr.) should have a firm background in psychopharm. and exper. in carrying out research protocols. Tchng. and admin. exper. desirable. New York Lic. Bd. elig. in Psychiatry essential. Sal.: $43,000–$60,000 depending on quals. and svcs. provided. Hosp. Ctr. loc. in a suburb of NYC only 15 mins. from Manhattan. Write to: Baron Shopsin, M.D., Chairman, Dept. of Neurosciences & Director of Research, CREEDMOOR PSYCHIATRIC CENTER, 80-45 Winchester Blvd., Queens Village, NY 11427. EOE M/F.

NEW YORK STATE

PSYCHIATRISTS are needed to work in our admission, social rehab., geriatric, and outpt. svcs. Reqs.: Completion of psychiatric rsdncy. and lic. to prac. in NYS. Sal. commensurate with quals. within following range: Psychiatrist I: $42,825–$45,825; Psychiatrist II: $46,609–$52,120; Psychiatrist III: $48,215–$53,725 with oppty. to participate in the extra svc. prgm. for addt'l. pay up to $22,000. Housing avail. at moderate cost. Ctr. operates on the med. model, has an active and spirited med. staff, and is loc. 40 miles from N.Y. City, close to beaches and other recreation areas. Address inquiries to Mrs. Francese, Personnel Dept., Pilgrim Psychiatric Center, Box A, West Brentwood, NY 11717. EOE/AA/Handicapped.

Rockland Psychiatric Center has immed. openings for Bd. Elig. and Bd. Cert. PSYCHIATRISTS for Clin. and admin. posns. as a result of recent functional reorganization. Opptys. exist for research at renowned Rockland Research Institute. Faculty appt. possible through med. college affiliation. Starting sal. $43,025 to $48,635. 7% annual increase anticipated. Liberal frng. bnfts. amounting to approx. 30% of sal. Metropolitan New York location. Temporary housing avail. Send CV to Barin G. Desai, M.D., Clinical Director, Rockland Psychiatric Center, Orangeburg, NY 10962 or call (914) 359-1000, Ext. 2203. An EO/AAE.

Auburn—PSYCHIATRIST—Cayuga County MHC has a posn. avail. for a Psychiatrist interested in Commty. Psychiatry. Share clin. duties with a full-time Psychiatrist/Director. Svcs. include inpt., outpt. and related svcs. Multidiscpl. staff. Rural setting with close proximity to Syracuse, Cornell, Rochester. Yr. round recreat. opptys. in beautiful Finger Lakes Region. Current N.Y.S. Lic. and Bd. Cert. or Bd. Elig. reqd. Sal. competitive with excel. frng. bnfts. Write or call Peter P. Midura, M.D., Director, 146 North St., Auburn, NY 13021. Phone 315-253-0341. We are an EOE.

Ogdensburg—PSYCHIATRIST at commty.-oriented psychiatric ctr. loc. in Ogdensburg on the St. Lawrence River in Northern New York. 2 hrs. from Lake Placid and Montreal, 1 hr. from Ottawa. Essentially acad. and rural commty. (6 colleges in 30-mi. radius). Thousand Islands vacationland area—hunting, fishing, skiing. 500 adult inpt. clients; small children's unit and alcoholism rehabilitation unit on grounds. Extensive outpt., day care, family care and other commty. prgms. No malprac. insur. needed. Bd. Cert. or Elig. New York lic. or limited permit a must. Write: Lee D. Hanes, M.D., Director, or Warren Harris, M.D., Deputy Director, St. Lawrence Psychiatric Center, Ogdensburg, NY 13669, or call collect (315) 393-3000. We are an EOE.

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.: $40,030–$50,207. 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

CHILD and ADULT psychiatrists for grp. with comp. prvt. psychiatric hosp. in growing area. Inpt., Outpt., Indiv., grp., family-dynamic orientation. Excel. financial; prof.; supervisory; tchng. career oppty. Resume—Box P-613, *Psychiatric News*.

PSYCHIATRIST wanted to join multi-discpl. staff of CMHC in Western North Carolina. Job description will consider both the needs of the ctr. and the interests of person chosen to fill the posn. Ctr. has active adult and children's outpt. svcs., innovative commty. support svc. for the chronically mentally ill, substance abuse prgm., rural satellite clinics, and inpt. unit in adjacent gen. med. hosp. Primary respons. will include the inpt. and commty. support svc. areas. Interest in child or adol. psychiatry desirable. Applicants should be Bd. Elig. or Cert. Prvt. prac. time nego. Posn. avail. February 1982. Asheville is a city of 55,000 offering an ideal four seasons climate, numerous cultural opptys., and a large and sophisticated med. commty. It is loc. amidst the Blue Ridge and Great Smoky Mtns., with extensive local opptys. for white-water sports, hiking, back-packing, skiing, and fishing. Sal. competitive. Contact: Donald Macdonald, M.D., Medical Director, Blue Ridge CMHC, 356 Biltmore Ave., Asheville, NC 28801; Phone: (704) 258-3500. An EOE.

WANTED: PSYCHIATRIST for prvt. prac. owned by Child Psychiatrist. Office & gen. hosp. prac. with office 2 blks. from hosp. Prac. is relat. new in small town (but fast grow.) area, with large med. catchment and ample oppty. to grow. Ultimate prtnship. anticipated. In Southern Piedmont, near mtns. Reply to Box P-549, *Psychiatric News*.

Pinehurst—Southern Pines— There is a current opening for a STAFF PSYCHIATRIST with an expanding commty. MH prgm. here serving a 5-county region in Southeastern N.C. The successful candidate will join the Med. Director-Psychiatrist and another Staff Psychiatrist in providing Outpt. and some Inpt. trtmt. Some supervision and direction of staff is involved, plus consul. with multi-discipl. colleagues and external agencies. Entry sal. is nego., depending upon indiv. quals. and exper. level, from $42,696 to $58,668; plus extra compensation earned from rotational on-call duties. Frng. bnfts. are excel. Please respond to: FORREST ASSOCIATES, P.O. Box 850, Murray, KY 42071 or call (collect) to: (502) 753-9772. FORREST is retained in support of the Ctr.

NORTH DAKOTA

PSYCHIATRIST, bd. cert. or elig.: Posn. avail. in 52-physician, multi-specialty clinic serving 250,000 within 200-mile radius. Med. schl. affiliation with oppty. for clin. faculty appt. Professional corp. with excel. frng. bnfts.; loc. in downtown Bismarck within 4-block med. complex incld. 2 hosps. totaling approx. 500 beds with a 28-bed psychiatric unit. Locale offers 4-season recreation with an excel. family environment. Contact: M. J. E. Johnson, M.D., Medical Director, Quain & Ramstad Clinic, P.O. Box 1818, Bismarck, ND 58502.

OHIO

CLIN. DIRECTOR—Director of Clin. Svcs.: The Central Ohio Adol. Ctr., a JCAH accred., adol. psychiatric hosp. is searching for an indiv. to serve as clin.-med. director of professional svcs. This person will be expected to lead the clin. activities which include supervision of psychiatry staff and rsdnts., medical support staff, and collateral nonmedical professional staff. The hosp. is looking for an indiv. who will compliment its system's interdiscpl. model of operation. Bd. cert. or elig. in gen. psychiatry, Ohio lic. and exper. with adols. req'd. Acad. appt. is also avail. Half-time to full-time posn. is avail. Candidates should send a C.V. and at least three professional references to: Search Committee, James Ignelzi, Superintendent, Central Ohio Adolescent Center, 1952 W. Broad St., Columbus, OH 43223, (614) 274-7123, Ext. 2046.

PSYCHIATRIST—Posns. avail. immed. for Staff Psychiatrist, bd. cert. or elig., at VA Med. Ctr., Chillicothe, OH. 940-bed med. ctr. with 367-bed Psychiatry Svc., 474-bed Med. Svc., and 99-bed Nursing Home Care Unit having excel. ambulatory care, psychiatric, acute med. and geriatric svcs. JCAH approved. OSMA approved continuing medical education program for AMA Recognition Award. Excel. sal. and Federal bnfts. Contact Paul F. Fletcher, M.D., Chief of Staff, VA Medical Center, 17273 State Route 104, Chillicothe, OH 45601. (614) 773-1141, ext. 202. EOE.

CHILLICOTHE—AN ESTAB. COMMTY. MHC IN THIS CITY HAS A CURRENT OPENING FOR A STAFF PSYCHIATRIST, TO JOIN THE MED. DIRECTOR-PSYCHIATRIST AND THE MULTIDISCPL. STAFF IN PROVIDING TRTMT. AND CONSULTATIVE SVCS., PRIMARILY IN OUTPT. AND RELATED AREAS. SOME SUPERVISION OF STAFF IS INVOLVED, TOGETHER WITH MODERATE TRAVEL WITHIN THE AREA. THE ENTRY SAL. IS NEGO. TO $60,000 (DEPENDING UPON QUALS. AND EXPER.), PLUS AN EXCEL. BNFT. PACKAGE. PLEASE RESPOND, WITH A COPY OF THE C.V. TO: FORREST ASSOCIATES, P.O. BOX 850, MURRAY, KY 42071 OR CALL (COLLECT) TO: (502) 753-9772. FORREST IS RETAINED IN SUPPORT OF THE CENTER.

Dayton—CHILD PSYCHIATRIST—Well estab., compre. MHC, a dept. of a 547-bed gen., tchng. hosp., is seeking a child psychiatrist, bd. cert. or elig. Would be one of 6 FT psychiatrists providing inpt., outpt. and consul. svcs. Thirty-five hr. week; prvt. practice permitted. Hosp. is affiliated with Wright State Univ. Schl. of Medicine for med. student and rsdncy. prgms. Integrated psychiatric rsdncy. Sal. is very competitive and nego. with excel. frng. bnfts. Send C.V. to: Personnel Director, Good Samaritan Hospital & Health Center, 2222 Philadelphia Drive, Dayton, OH 45406. EOE.

OREGON

PSYCHIATRIST—Acute inpt. prgm. seeks leader of interdiscpl. trtmt. team receiving 150 admissions per yr. Affil. with Compre. CMHC serving Eastern Oregon. Loc. in town of 15,000 with major airline svc. Dry climate, excel. outdoor recreat. Sal. up to $45,700. Employer fully pays bnfts.: family hospitalization, family dental, life insur., disability insur., and retirement plan. Housing avail. at reduced cost. Contact J. Albert Baxter, M.D., Eastern Oregon Hospital & Training Ctr., Box A, Pendleton, OR 97801; (503) 276-1711. EOE.

Salem—FORENSIC TRTMT. staff posns. for Bd. Cert. or Elig. psychiatrists. Immed. openings in prgms. for patients on commitment from criminal justice system. Excel. opptys. for Drs. interested in forensic issues, eval. for courts and developing trtmt. prgms. for court mandated patients. and acute trtmt. in a compatible, supportive atmosphere. Sals. $39,398 to $40,920 depending on relevant trng. and exper. Liberal frngs. include full family health and dental insur. plus employer contrib. 6% to tax sheltered retirement fund after 60 mos. Contact D. K. Brooks, M.D., Supt., Oregon State Hospital, 2600 NE Center St., Salem, OR 97310.

PENNSYLVANIA

DIRECTOR OF PSYCHIATRIC SVCS.—Nationally recognized drug and alcohol rehab. hosp. in suburban Philadelphia area is currently accepting applicants for the posn. of Director of Psychiatric Svcs. This is a permanent, full-time oppty. for indiv. with trng. and exper. in drug/alcohol field; admin. interest; broad psychiatric base incldg. diagnosis, medical trtmt., grp. and indiv. therapy. Respons. center on dept. and hosp. admin., and provision of direct psychiatric svcs. Must be elig. for PA Lic., Bd. cert. preferable. Posn. offers challenging oppty., competitive sal., excel. bnfts. Forward resume or inquiries to Ruth M. O'Donnell, Director of Personnel, Eagleville Hospital and Rehabilitation Center, P.O. Box 45, Eagleville, PA 19408. (215) 539-6000. ext. 132.

PSYCHIATRIST—Bd. elig./cert. for half time. Posn. in newly created inpt. facility. Oppty. to work with and develop multi-discpl. team. Flexible hrs. Immed. opening. Competitive sal. Call or send CV to Ira Brenner, M.D., Medical Director, SACRED HEART GENERAL HOSPITAL, Northern Division, 248 N. Marple Rd., Haverford, PA 19041. (215) 527-5230. EOE.

In early July, HEALTH SVCS. MANAGEMENT CORP. will open an 18 bed, adult psychiatric inpt. svc. at the newly constructed 250 bed, N.P.W. Medical Ctr. loc. in the environs of Wilkes-Barre, PA. As a result, we are currently seeking applications from PSYCHIATRISTS who are interested in the development in delivery of specialized inpt. svcs. H.S.M.C. is under contract to manage the N.P.W. psychiatric unit, and is also in the process of establishing a 79 bed prvt. psychiatric hosp. in Wilkes-Barre, offering intermediate inpt. care for children, adols., geriatrics, and substance abusers. Opptys. will exist for involvement at both of the facilities as well as for prvt. practice. The Greater Wilkes-Barre/Scranton area is situated in northeastern PA, at the foothills of the Pocono Mtns. The area provides a range of cultural, educational and recreat. opptys. and is within easy commuting distance to major metropolitan ctrs. Applicants must possess, or be elig. for a PA lic., and must be either bd. cert. or bd. elig. H.S.M.C. provides an excel. sal. and frng. bnft. package. Contact James H. Lawler, M.S.W., President, Health Services Management Corporation, 149 Dana St., Wilkes-Barre, PA 18702. Phone: (717) 829-7900.

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

Pittsburgh STAFF PSYCHIATRIST: With interest in geriatric, cert. or bd. elig., licensed in any state for full time physician in a large, univ. affiliated neuropsychiatric hosp. Sal. range of $42,919–$55,112 plus bonus of $15,000–$22,000, depending on education and exper. Excel. frng. bnfts. Send C.V. to Office of Chief of Staff (11), VA Medical Center, Highland Drive, Pittsburgh, PA 15206 or call Eugene L. Youngue, M.D., Chief Psychiatry Service, 412-363-4900, ext. 483. EOE.

RHODE ISLAND

PSYCHIATRIST—Full or Part-time for Adult Outpt. Prgm. in an innovative CMHC in Southern New England. New facilities. Competent, committed, congenial coworkers. Biopsychosocial, multi-discpl. approach. Brown Univ. appt. possible for qualified applicants. Research in progress. Rewarding work and excel. living in the OCEAN STATE. Sal. $47,250+. Contact: R. Nadol, M.D., Kent County Mental Health Center, 50 Health Lane, Warwick, RI 02886. (401) 738-4300. An EO/AAE.

The charm of seacoast living awaits a creative graduate of an accred. psychiatric rsdncy. interested in full-time team-work within a newly developing CMHC. Potential for medical schl. affil. John Digits, Dir., or Ronald Cavanagh, M.D., East Bay Mental Health Center, Inc., Town Hall, County Rd., Barrington, RI 02806, (401) 245-0540.

Charlestown—PSYCHIATRIST to work in rural, coastal resort catchment area at newly founded CMHC. Work varied and interesting, involves all aspects of Ctr. activity; inpt., outpt. and emerg. svcs. Staff young, hard-working and concerned with professional dvlpmt. Fishing, boating, swimming and hiking are our summer activities. CMHC is close proximity to state univ. Psychiatrists on staff affil. with rsdncy. prgm. at Brown Med. School. Posn. is very demanding but rewards high; sal. more than competitive, frng. bnfts. very lib. Reply to David Kass, M.D., Medical Director, Washington County CMHC, P.O. Box 363, Charlestown, RI 02813. EO-AAE.

SOUTH DAKOTA

PSYCHIATRIST—Bd. Elig. or cert. to function as Staff Psychiatrist in this 409 bed, univ. affil. VA Med. Ctr. loc. in the Black Hills. Posn. offers clin., and possible acad. duties in this modern facility. Excel. sal. and bnfts., incldg. malpractice coverage. Area has an abundance of recreational activities, and no state income tax. Perfect area for children. Modern living quarters are avail. on hosp. grounds at reasonable rental rates. Public Law 95-201 requires proficiency in spoken and written English. Write or phone: Dr. Charles E. Townsend, Chief of Staff, VA Medical Center, Fort Meade, SD 57741. Phone (605) 347-2511, Ext. 497. EOE.

PSYCHIATRIST-MED. DIRECTOR. CMHC desires full-time psychiatrist to provide over-all med. direction, direct patient care, staff trng. and supervision and Commty. Consul. Ctr. is loc. in the rural lake region of the state. Sal. is competitive. Contact N. Van Klompenburg, Director Human Service Agency CMHC—Watertown, SD 57201. 605-886-5841.

Yankton—The Yankton campus of the USD Schl. of Medicine, Dept. of Psychiatry, still has a few openings for competent PSYCHIATRISTS who are interested in tchng. med. students and treating patients. New starting sals. are $50,000 to $65,000 per annum. Acad. rank and starting sal. commensurate with exper., with options to augment income with prvt. prac. If you feel the need to be of service to future physicians and mentally ill persons, contact David W. Bean, M.D., Chairman, Dept. of Psychiatry, USD School of Medicine, and Administrator, South Dakota Human Services Center, P.O. Box 76, Yankton, SD 57078; Phone: 605-665-3671.

TENNESSEE

PSYCHIATRIC RSDNCY—Two posns. (one PGY-II) avail. July 1981 at U. of Tenn. Ctr. for Health Sci. Compre., broad-based prgm. with excel. trng. facil. Contact William L. Clapp, M.D., Director of Residency Training, Rm. 634, 66 N. Pauline St., Memphis, TN 38105. Phone (901) 528-6628. An EO/AAE.

Kingsport—STAFF PSYCHIATRIST (Bd. Cert. or Elig.) needed for commty. MHC to provide direct clin. svcs. to outpts. and inpts. Other duties and respons. may include crisis evals., trtmt. planning, supervision, and other clin. respons. Prefer indiv. with eclectic orientation who can work comfortably as a team-member in a multi-discpl. setting. TN lic. req'd. Sal. nego. and liberal frng. bnfts. Possible affiliation with a Dept. of Psychiatry at a Univ. Med. Schl. Send vitae to E. Douglas Varney, Director, Holston Mental Health Center, 1570 Waverly Rd., Kingsport, TN 37664.

TEXAS

PSYCHIATRIST—Bd. elig. or cert. gen. psychiatrist to work at the Scott and White Clinic, a large multispecialty clinic with 175 consultants and 225,000 patient registrations per yr. Scott and White is the clin. tchng. facil. for the Texas A&M Univ. med. schl. Should have interest in clin. practice and med. schl. tchng. and consul.-liaison exper. is highly desirable. Faculty appt. at Texas A&M Univ. In addition to outpt. consul. and therapy, the dept. operates a 24-bed inpt. unit and is interested in developing prgms. in alcoholism, pain management, acute emerg. care, and liaison work with med. and surgical subspecialties. Significant oppty. for clin. research. Psychiatry Dept. currently has five psychologists and four psychiatrists. Sal. nego. Temple is loc. in Central Texas, 60 miles north of Austin. Near large lakes. Fine climate. Stimulating med. commty. Contact Robert R. Rynearson, M.D., Scott and White Clinic, Temple, TX 76508. (817-774-2585).

PSYCHIATRISTS NEEDED—Sal. range to $47,700. Current Tex. lic. and bd. elig. req'd. Liability protection under state law included. Loc. is in south Tex. close to Mexico and Gulf Coast. Warm yr.-round climate. Bi-cultural area. If interested, contact Clinical Director or Personnel Office, Rio Grande State Center for MHMR, Box 2668, Harlingen, TX 78550; (512) 423-5077. EOE/M/F.

SUPERINTENDENT, BIG SPRINGS STATE HOSP., TERRELL STATE HOSP., AND WICHITA FALLS STATE HOSP. Physician licensed in Texas or reciprocity req'd. Cert. or bd. elig. in psychiatry, with proven admin. ability and exper. Sal. until Aug. 31, 1981–$48,666/yr. with house and utilities included. Annual additional compensation $1000 for bd. cert. and if granted by commissioner, up to $3000 for recruitment and retention. Proposed sal. effective Sept. 1, 1981–$51,000/yr., plus house and utilities and annual compensation $3000 for bd. cert. and if granted, up to $6000 for recruitment and retention. Or non-physician, graduate from recognized college or univ. with masters in hosp. admin., business admin. or related field and 8 yrs. admin. exper. with 5 yrs. in MH. Sal. until Aug. 31, 1981 is $36,780/yr., house and utilities provided. Proposed sal. effective Sept. 1, 1981–$39,200/yr. plus emoluments. Bnfts. include vac., sick lv., state contribution to insur. and social security, retirement prgm., others. Applications must include resume and 3 references. Send to: Mr. Joseph H. Emerson, Chief, Personnel and Training, Texas Dept. of Mental Health and Mental Retardation, P.O. Box 12668, Austin, TX 78711. Posting valid until June 15, 1981 or until filled. After July 15, 1981 inquiries should be made regarding availability of posn. An EO/AAE.

Two Posns.—UNIT DIRECTOR and STAFF PSYCHIATRIST, M.D. or D.O. lic. to practice in Texas. $47,000–$51,000 D.O.E., plus excel. frng. bnft. package, incldg. liability coverage. Austin is a prgsv. city, State Capital loc. in the beautiful Texas lake and hill country. Please submit resume incldg. at least three references to: Personnel Director, Dept. B, Austin State Hospital, 4110 Guadalupe, Austin, TX 78751.

Austin—PSYCHIATRIST-MEDICAL DIRECTOR. Bd. (ABPN) elig., prefer cert., commty. oriented psychiatrist to join the Management Team of one of the largest Commty. MH/MR Ctrs. in the sunbelt. Responsible for a staff of seven psychiatrists, fifty percent of whom are Bd. Cert. and, six psychiatric and med. consultants, pharmacy, med. records, infor. and referral, jail call, work with the court system and the local state hosp. Trouble shooting with staff, participating in In Svc. Trng. and managing the Peer Review Process round out this dynamic posn. The beautiful Texas Hill Country, the Highland Lakes with their extensive recreat. development, the prgsv. City of Austin with its highly developed cultural/recreational/educational milieu provide a backdrop for an enjoyable and rewarding lifestyle. Sal. is $51,000.00, paid bnfts. include employee health insur., 24 paid days off plus 12 sick lv. days a yr., optional retirement prgm., malpractice insur. paid, dues paid for National, State and local associations. Texas Med. Lic. req'd. Sent Vita to John Brubaker, ACSW, Executive Director, Austin-Travis County MHMR Center, 1430 Collier St., Austin, TX 78704.

East Texas—Rusk State Hosp.—PSYCHIATRIST, Bd. Cert. or elig. Texas Lic. req'd. JCAH fully accred. facility. Psychiatric/Medical active trtmt. prgm., utilizing trtmt. team approach. Excel. para-professional support staff. Sal. $47,568 to $52,500, depending upon quals. Excel. bnft. package, incldg. 40-hr. work week, malpractice protection, retirement, and tax sheltered income prgm. Friendly sun-belt location. City of 5000 with good schls. and excel. outdoor recreation facilities—hunting, fishing and beautiful forests. Contact J. R. Markette, M.D., Clinical Director, or Otis R. Williams, Personnel Director, Rusk State Hospital, Box 318, Rusk, TX 75785. Phone 214/683-3411. An EO/AAE.

Houston Area—Full or part time PSYCHIATRIST licensed in Texas, to work for prvt. practice psychiatrist. Work in hosp. setting, inpt. drug and alcohol abuse prgm. and adol. patients. Good working conditions, excel. support staff, sal. nego., depending on quals./credentials. Frng. bnfts.; prefer doctor who can start soon. Send CV or contact for info.: Jason D. Baron, M.D., P.O. Box 5487, Pasadena, TX 77505 or telephone: (713) 479-8440.

WEST TEXAS—BIG SPRING STATE HOSP.—STAFF PSYCHIATRIST, BD. CERT. OR ELIG. TEXAS LIC. REQ'D. JCAH FULLY ACCRED. FACIL. PSYCHIATRIC/MED. ACTIVE TRTMT. PRGM. UTILIZING TRTMT. TEAM APPROACH. EXCEL. PARAPROFESSIONAL SUPPORT STAFF. SAL. $47,000 to $53,500 DEPENDING UPON QUALS. EXCEL. BNFT. PACKAGE, INCLDG. 40-HR. WORK WEEK, MALPRACTICE PROTECTION, RETIREMENT, AND TAX-SHELTERED INCOME PRGM. BEAUTIFUL, FRIENDLY SUN-BELT LOCATION CITY OF 30,000 WITH GOOD SCHLS. AND EXCEL. HOUSING. CONTACT: SUPERINTENDENT, BIG SPRING STATE HOSPITAL, P.O. BOX 231, BIG SPRING, TX 79720. (915) 267-8216. AN EO/AAE.

UTAH

PSYCHIATRISTS, 2 POSNS. AVAIL.—GEN, & FORENSIC—Hosp. objective—1 psychiatrist/30 patient; hourly pay plan makes $70,000 per yr. possible with call rotation for bd. cert., $65,000 per yr. if elig. Full acad. appt. possible at Dept. of Psychiatry. Univ. of Utah, Salt Lake City, 40 mins. from Hosp. Susan Mirow, Ph.D., M.D., Clinical Director, Utah State Hospital, P.O. Box 270, Provo, UT 84601. (801) 373-4400 ext. 204.

VERMONT

STAFF PSYCHIATRIST—Compre. CMHC seeks staff psychiatrist to share respons. for psychiatric care in this southwestern Vermont commty. of 35,000. Respons. include inpt. care, emerg. backup, assessments, supervision of enthusiastic staff, quality assurance, trng. prgms. Half-time with excel. oppty. for development of prvt. practice. Send resume to Peter D. Scully, M.D., United Counseling Service, 120 Hospital Drive, Bennington, VT 05201.

VIRGINIA

CONSULTATION/LIAISON ACAD. PSYCHIATRIST being recruited to direct a clin., research and trng. MEDICAL PSYCHIATRY PRGM. in 1,000-bed Medical College of Virginia Teaching Hosp. Medical Psychiatry Prgm. uses inter-discpl., physician-led team approach to evaluate and treat patients with psychologically induced somatic symptoms, psychiatric disease secondary to physical illness and concurrent psychiatric and somatic pathology. Close liaison with medicine. This prgm. is a section of the Division of Consultation/Liaison Psychiatry which has eight doctoral level faculty, an established fellowship prgm., and excel. growth potential. Contact Joel J. Silverman, M.D., Chairman, Division of C/L Psychiatry, Box 710—MCV Station, Richmond, VA 23298. MCV/VCU is an EO/AAE.

DIRECTOR OF OUTPT. SVCS.—To join four psychiatrists at Hosp. complex's CMHC. Primary duties on inpt. unit with some consul. liaison and outpt. respons. Bd. elig. Excel. environment. 350-bed Gen. Hosp. with 54-bed freestanding CMHC with 2,000 outpts., partial hospitalization, emergency svcs. and consul. and educ. prgms. Modern facil. in Virginia's Tidewater Resort area. Minutes from ocean and Chesapeake Bay. Competitive sal. with excel. frng. bnfts. Forward C.V. to Director, Maryview CMHC, 3636 High St., Portsmouth, VA 23707.

Norfolk—Bd. Cert. or elig. PSYCHIATRIST to join a large psychiatric professional corp. in its Norfolk office. Posn. includes inpt. and outpt. work with consultations and liaison with med. commty. Full bnft. prgm. Sal. nego. Contact: Lawrence A. Bernert, Jr., M.D., Psychiatric Associates of Tidewater, Inc., Suite 212, 844 Kempsville Rd., Norfolk, VA 23502. Phone: (804) 461-1644.

Virginia Beach—GEN. PSYCHIATRIST to join large psychiatric professional corp. in this lovely resort area. Must be Bd. Cert., or elig. and within three yrs. of completing rsdncy. Posn. includes inpt. work with adults and adols. in prvt. psychiatric hosp., consultations at adjacent gen. hosp., and outpt. office practice. Excel. bnfts. Sal. nego. Contact: Beryl W. Langley, M.D., Psychiatric Associates of Tidewater Inc., 1701 Will-O-Wisp Drive, Virginia Beach, VA 23454. Phone (804) 481-1211.

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 complement the inpt. activity; 2) a PSYCHIATRIST to work on an adult inpt. unit and complement that activity with outpt. work. 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 interdisciplinary 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, 100 Kingsley Lane, Norfolk, VA 23505, (804) 423-2326.

Wise—A private Psychiatric Clinic in this Southwestern Virginia location is seeking a PSYCHIATRIST to join the Psychiatrist-Director in a full-time affiliation. The practice primarily involves Outpt. and related trtmt. areas, with limited Inpt. respons. A nego. and competitive entry sal. plus excel. frng. bnfts., office facilities and supporting staff are assured. Candidates should enjoy practice in an attractive, scenic non-urban setting which offers abundant recreat. advantages and a moderate cost-of-living. Please respond with a copy of the C.V. to: FORREST ASSOCIATES, P.O. Box 850, Murray, KY 42071 or call (collect): (502) 753-9772. FORREST is retained in support of the Clinic.

WASHINGTON

BD. CERT./ELIG. PSYCHIATRIST to supervise and direct all phases of clin. prgm. in newly estab. 8-bed inpt. psychiatric unit at Lake Chelan Commty. Hosp. Both inpt. and outpt. consul. avail. Numerous opptys. for other creative functions and a professionally challenging career combined with an unlimited potential for outdoor recreation activities. Opptys. for continuing education with Univ. of Wash. Three county catchment area serves 94,500 people. Other MH staff include: clin. psychologists, nurses, social workers, occupational and physical therapists. Chelan is a small rural commty. on beautiful 55 mile long Lake Chelan. Gateway to North Cascades National Park. Recreation area with stable tourist and agricultural economy. Clear, dry climate averages 300 days sunshine per yr. Area offers excel. skiing, hunting, fishing, climbing, sailing, backpacking, golfing, etc. for yr. round outdoor enjoyment. Competitive sal. and bnfts. Flexible sal. and fee-for-svc. arrangements. New offices in hosp. were opened in November, 1980. This posn. offers a high quality, rural lifestyle with many of the amenities of urban living. An ideal place to raise a family while enjoying a professionally challenging career and excel. income. Contact James W. Frymier, Administrator, Lake Chelan Community Hospital, P.O. Box 908, Chelan, WA 98816, or phone (509) 682-2531.

Spokane—CMHC seeks dedicated, energetic, bd. elig. staff psychiatrist. Join 5 full-time psychiatrists, one Commty. Psychiatry rsdnt., and multidiscpl. staff. Varied duties include consul. and direct svc. in rsdntl. care facils., direct svc. trtmt. cases, home visits with aggressive team delivering in-home trtmt. to the chronically mentally ill. Spokane in beautiful Northwest setting, 200,000 people, superb place to live and raise a family. $47,000 to $50,000 sal., excel. frng. EOE M/F. Inquire: Mary Higgins, Exec. Dir., Spokane CMHC, South 107 Division St., Spokane, WA 99202; or call collect (509) 838-4651.

Tacoma—Western State Hosp. has openings for bd. elig. or bd. cert. STAFF PSYCHIARISTS in the forensic and other trtmt. prgms. This is a fully accred. 950-bed state facility loc. on Puget Sound with ocean beaches and marinas. Both salt- and fresh-water fishing. We are 75 miles from Mt. Rainier where skiing and hiking are avail. in two national parks and national forests. We offer CME trng. as well as opptys. to pick up credits through nearby Univ. of Washington prgms. Sal. ranges from $42,972 to $49,836 per yr. (depending on exper.) plus time off and liberal reimbursement for Officer-of-the-Day tours. Staff bnfts. include liberal sick, vac., holiday, and CME paid lv., as well as paid med./dental plan and life and malpractice insur. Vested retirement bnfts. after five yrs. up to a max. of 60% of base sal. plus O.D. pay. Washington state lic. or eligibility req'd. Contact Morgan Martin, M.D., Superintendent, Western State Hospital, Ft. Steilacoom, WA 98494. Phone: (206) 756-9525.

WISCONSIN

Vacancy exists at this 800-bed med. ctr. for an M.D., Bd. Elig. or Bd. Cert. in Psychiatry. Sal. range is $55,000 to $60,000, depending upon quals. If interested, contact R. S. Merrill, M.D., Chief of Staff, VA Medical Center, Tomah, WI 54660. Phone (608) 372-3971, Ext. 213.

Cumberland needs psychiatric help! Our multi-discpl. clinic serves over 100,000 people in 5 counties. Enjoy the pleasures of life in a four-season resort area with access to urban resources. Excel. income and bnfts. also avail. Send resume today: J. M. Rathbun, M.D., Box 518, Cumberland, WI 54829.

Madison—CHILD PSYCHIATRIST/UNIT. CHIEF. Mendota Mental Health Institute is seeking a bd. elig. or bd. cert. child psychiatrist to serve as unit chief of its 18 bed adol. trtmt. unit involved in treating a broad range of adol. problems. The trtmt. approach is broadly eclectic within a multi-discpl. team concept. Starting sal. to approximately $60,000, depending upon quals. WI lic. req'd. Call or write for details. Lee Ecklund, M.D., Mendota Mental Health Institute; 301 Troy Dr., Madison, WI 53704. Phone (608) 244-2411. An EOE.

Madison—FORENSIC PSYCHIATRIST/UNIT CHIEF. Mendota Mental Health Institute is seeking a bd. elig. or cert. psychiatrist to serve as Unit Chief of its Forensic Assessment Unit, which is a small medium security unit involved in carrying out competency assessments for courts. Supervise and direct pt. trtmt. Well staffed Multi-discpl. approach in JCAH accred. regional MH facil. Located in metro area of Madison, WI with population of 200,000, with Univ. of WI, State Capitol and clean industries. Salary to approximately $60,000 plus lib. frng. bnfts. WI lic. required. An EOE. Contact Lee Ecklund, M.D.; (608) 244-2411; Mendota Mental Health Institute; 301 Troy Dr., Madison, WI 53704.

Madison—PSYCHIATRIST/UNIT CHIEF. Mendota MH Institute is seeking a bd. elig. or cert. psychiatrist to serve as unit chief of its adult psychiatric unit. The unit operates under an interdiscpl. team concept and utilizes a broad range of trtmt. modalities. Starting sal. to $60,000, depending upon quals. WI lic. req'd. Call or write for details. Lee Ecklund, M.D., Mendota MH Institute, 301 Troy Dr., Madison, WI 53704. Phone: (608) 244-2411. AN EOE.

Milwaukee—ADULT & CHILD PSYCHIATRISTS for well estab. prvt. psychiatric grp. prac. Eclectic and quality care, both outpt. and inpt. Base sal., incentive bonus. Excel. frng. bnfts. Send resume to: Basil Jackson, M.D., Ph.D., 2130 North Mayfair Rd., Milwaukee, WI 53226 or call (414) 258-9222.

WYOMING

Evanston—FORENSIC PSYCHIATRIST (Medical Consultant-Forensic Psychiatry). Respons. for court ordered eval. of defendants under the insanity pleas and the trtmt. of patients with behavior disorders. Preferably Bd. Cert. with meaningful references and exper. in forensic psychiatry. 350 bed psychiatric/medical active trtmt. hosp. utilizing trtmt. team approach on five trtmt. units. Exceptional supporting staff and consultants, plus excel. bnfts. incldg. 40 hr. work week, health, accident and malpractice insurances, liberal retirement and deferred compensation plans and FREE housing. Present sal. up to $54,324 then $59,808 effective 7-1-81. Excel. recreation opptys. locally and 1½ hrs. from Salt Lake City, UT, for skiing, night life and cultural opptys. Write with full CV to William N. Karn, Jr., M.D., Wyoming State Hospital, P.O. Box 177, Evanston, WY 82930 or call (307) 789-3464. EOE.

CANADA

Nova Scotia—Immed. Opening for F.T. PSYCHIATRIST for modern health trtmt. unit with 54 beds in 200-bed psychiatric hosp.-rehab. ctr. Unit to amalgamate with CMHC to develop compre. MH svcs. under gen. hosp. Proximity to Acadia Univ., quick access to Halifax metro area with med. schl. Sal. up to $59,000. dep. on quals. and exper. Excel. frng. bnfts. and liberal relocation grants for out-of-prov. candidate employed. Reqs. elig. for N.S. lic. and Can. R.C.P.S. cert. or elig. Apply with resume to Dr. P. P. George, Med. Dir., Kings Regional Health and Rehabilitation Centre, Waterville, N.S. B0P 1V0 CANADA.

FOREIGN

CHILD PSYCHIATRIST for chief posn. in children's dept., exper. in psychotherapy of children and adols., tchng. child therapy, German language capability preferred, open for October, 1981, sal. and frng. bnfts. comparable. Michael Balint Institute for Psychoanalysis and Psychotherapy in Hamburg, West-Germany. Send C.V. to Box P-624 *Psychiatric News*.

WEST INDIES

Gloriously private owner-managed **resort.** Only 10 villas scattered over 15 acres beach frontage. Superb food, library, pool, horses, and a big island to explore. Write Rawacou, St. Vincent, W.I.

POSITIONS WANTED

44 yr. old ABPN Cert. Psychiatrist wishes to relocate in the northeast area. Exper'd. in clin. practice, tchng., administration and research. CV and references avail. upon request. Reply Box P-627, *Psychiatric News*.

PSYCHIATRIST, author, political analyst on European and Middle Eastern affairs, historian, former consultant to F.T.C. Div. of Food & Drug Advertising, with management, legal, and other exper., is avail. on P/T basis to review and advise. Reply CONSULTANT M.D., P.O. Box 3495, Grand Central Stn., New York, NY 10017.

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SAN FRANCISCO PSYCH SYMPOSIUM—Sept. 2–6, '81—R. Fieve (Columbia); D. Levinson (Yale); S. Kety (Harvard); J. Frank (Johns Hopkins); J. Wallerstein (Berkeley); B. Simon (Harvard); R. Stoller (UCLA); D. Spiegel (Stanford). 28 hrs. Cat. 1. Write CME, Inc., 2030 E. 4th St., #113, Santa Ana, CA 92705. (714) 547-5186.

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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.
Neuroleptic drugs elevate prolactin levels; the elevation persists during chronic administration. Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin dependent in vitro, a factor of potential importance if the prescription of these drugs is contemplated in a patient with a previously detected breast cancer.
Although disturbances such as galactorrhea, amenorrhea, gynecomastia, and impotence have been reported, the clinical significance of elevated serum prolactin levels is unknown for most patients.

Daily doses in excess of 300 mg should be used only in severe neuropsychiatric conditions. FD&C Yellow No. 5 (tartrazine) in the 150-mg tablet may cause allergic-type reactions (including bronchial asthma), particularly in patients with aspirin hypersensitivity.

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.

Dosage: Dosage must be individualized according to the degree of mental and emotional disturbance, and the smallest effective dosage should be determined for each patient.

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