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EVANSTON, ILLINOIS

AUTHOR INDEX

SUBJECT INDEX

Items of pediatric and medical interest from other sources which appeared in this volume are included in the index and are followed by "note" in parentheses. "Ethics" includes items and topics of interest to ethicists as well as ethical issues per se.

The Elixicon® Years

(theophylline) Suspension 100mg/5ml

Optimal dosage flexibility in asthma therapy from tots to teens

Children are not "little adults"...they tend to require larger amounts of theophylline/kg/day.

High concentration–low volume (100mg/5ml)
Maximum therapeutic serum concentrations for effective bronchodilation

24-hour protection
Dosage can be individualized with convenient q6h schedule

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Contains no alcohol, sugar or dye

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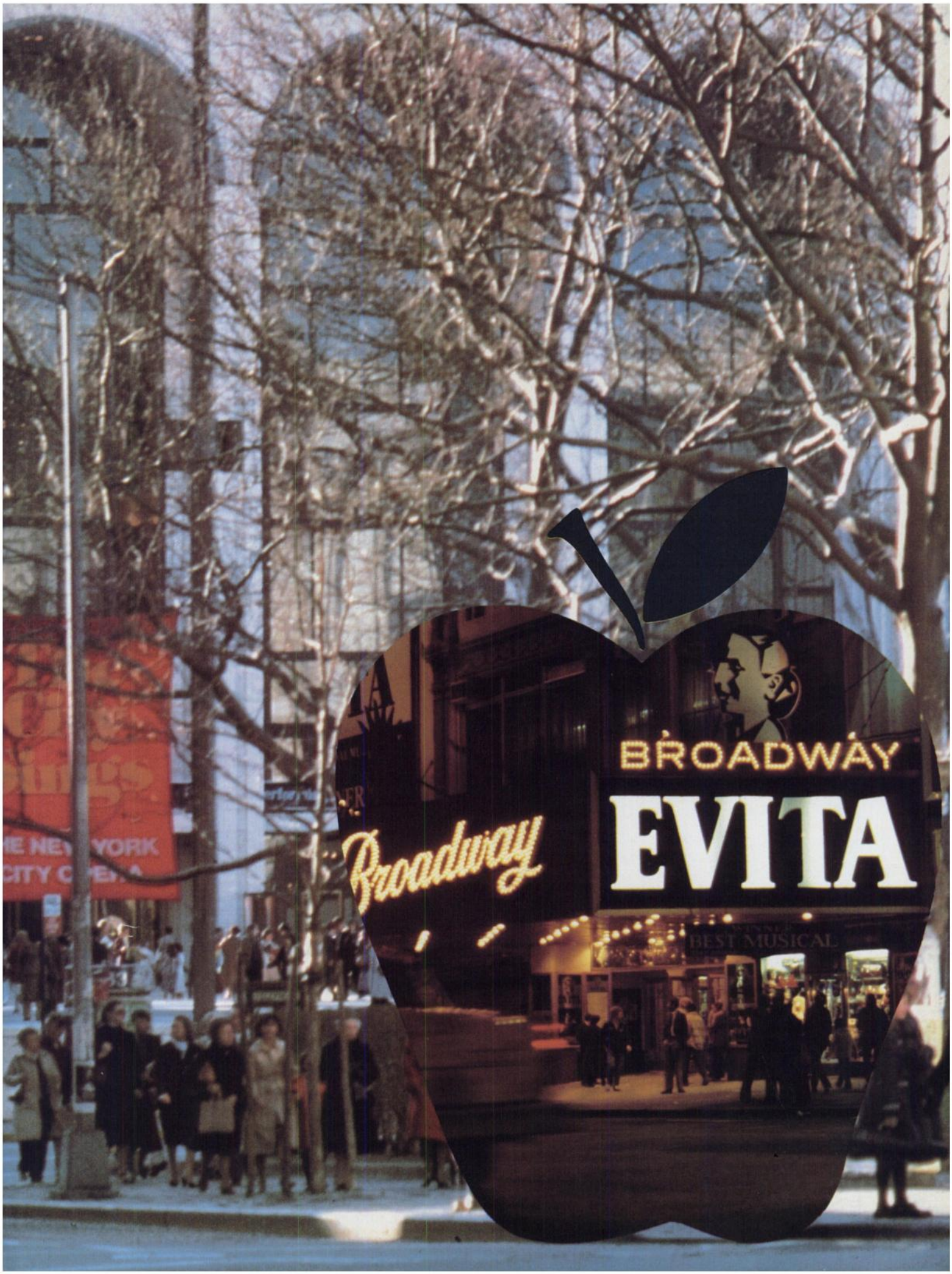
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1982 Annual Meeting American Academy of Pediatrics New York City October 23–28

Plan to attend the AAP's Annual Meeting in exciting New York City this fall. Broaden your professional skills with the latest information on a wide variety of pediatric developments. Special emphasis on PREP topics. Exchange ideas, problems and solutions with colleagues and leading authorities. Topics include:

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- Basics of Adolescence
- Behavioral Disorders
- Fluids and Electrolytes
- Infectious Diseases
- Neurology
- The Newborn
- Acutely Ill Child
- Medical Marriages
- ENT
- Adolescent Therapy
- Emergencies
- Endocrinology
- Management of Chronic Intestinal and Liver Disorders
- Hematology
- Family Therapy (Psychiatry)
- Dermatology

Plenary Sessions

- Quality Life for the Child—Keynote Address,
- Featured addresses: Hugh Downs, ABC 20/20, Mayer Edward I. Koch, C. Everett Koop, William Pollin
- Neonatal Hepatitis B Infection
- Neonatal Herpes Simplex Infections
- Neonatal Therapy of Bacterial Meningitis
- Immunization Update—1982
- Adolescent Sexual Issues in Pediatric Practice
- Depression
- Pursuit of Thinness
- Clinical Use of Synthetic Human Growth Hormone
- Testosterone Enanthate to Treat Growth Delay
- Reactive Hypoglycemia
- Monoclonal Antibodies
- Interpreting Clinical Laboratory Tests
- Acute Hemorrhagic Conjunctivitis

Round Tables

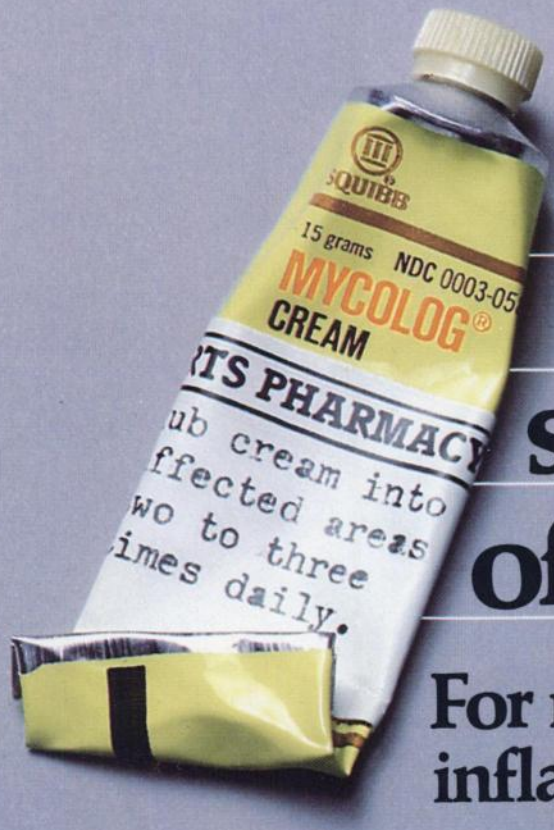
- Common Clinical Disorders of Attention and Memory in Childhood
- Incorporating Adolescents into Pediatric Practice
- Electrocardiology for the Pediatrician
- Breast Feeding
- Computers and Office Practice
- Failure to Thrive
- Taping, Splinting and Simple Casts
- GI: Chronic Diarrhea, Inflammatory Bowel Disease
- Children with Handicaps
- Hematology
- Ophthalmology
- Father's Role in Child Rearing
- Rheumatology
- Dermatology
- Adolescent Eating Problems
- Cardiology—General Update
- Office Management of Allergic Diseases
- Normal Speech and Language Development
- Nutrition Update
- Diagnosis and Management of Viral Infections
- Repair of Lacerations
- Gifted Child—Challenge and Responsibility for Pediatricians
- Interpreting Psychometric Tests
- Behavioral Disorders
- Oncology
- Preparing for Medico-Legal Encounters as Witness or Defendant
- Endocrinology
- Resuscitation/Stabilization
- Women—Stress Management
- Depression
- Adolescent Gynecology
- Pulmonary Function Testing
- Practical Immunology
- Neonatology
- Parasitic Infections
- Management of Pediatric Airway
- Seizures
- Sports Medicine
- Poisoning
- Persistent Cough
- Visual Diagnosis
- Diabetes
- Emergency Radiology
- Nephrology
- Growth and Development
- Antimicrobial Therapy Update
- Nutrition of Premature Infants
- Genetics

Sections

- Workshop: Examining Adolescent Male Genitalia
- Childhood Hyperactivity and Diet
- Update on Asthma
- Cardiology
- Children's Health and Nuclear War
- Promoting Breast Feeding
- Youth Sports
- Diseases of the Chest

. . . And More

For more information and registration forms, contact: Annual Meeting, Department of Education, American Academy of Pediatrics, P.O. Box 1034, Evanston, IL 60204. Or call toll-free 800/323-0797.



A lot of relief has been squeezed out of this tube

For rapid relief of itch,* inflammation,* infection*

There's only one

Mycolog® Cream

Nystatin–Neomycin Sulfate–Gramicidin–Triamcinolone Acetonide Cream

*This drug has been evaluated as possibly effective for all indications.

See brief summary on next page.

SQUIBB®

MYCOLOG® CREAM
Nystatin—Neomycin Sulfate—Gramicidin—Triamcinolone Acetonide Cream

DESCRIPTION: Mycolog Cream (Nystatin–Neomycin Sulfate–Gramicidin–Triamcinolone Acetonide Cream) provides 100,000 units nystatin, neomycin sulfate equivalent to 2.5 mg neomycin base, 0.25 mg gramicidin, and 1 mg triamcinolone acetonide (0.1%) per gram in an aqueous perfumed vanishing cream base.

INDICATIONS: Based on a review of this drug by the National Academy of Sciences – National Research Council and/or other information, FDA has classified the indications as follows: **Possibly effective:** In cutaneous candidiasis; superficial bacterial infections; the following conditions when complicated by candidal and/or bacterial infection: atopic, eczematoid, stasis, nummular, contact, or seborrheic dermatitis, neurodermatitis, and dermatitis venenata; infantile eczema; lichen simplex chronicus; pruritus ani; and pruritus vulvae.

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

CONTRAINDICATIONS: Viral diseases of the skin (such as vaccinia and varicella); fungal lesions of the skin except candidiasis; history of hypersensitivity to any product component. Not intended for ophthalmic use; should not be applied in the external auditory canal of patients with perforated eardrums; should not be used when circulation is markedly impaired.

WARNINGS: Because of the potential hazard of nephrotoxicity and ototoxicity, prolonged use or use of large amounts of this product should be avoided in the treatment of skin infections following extensive burns, trophic ulceration, and other conditions where absorption of neomycin is possible.

Usage in Pregnancy: Although topical steroids have not been reported to have an adverse effect on the fetus, the safety of topical steroids during pregnancy has not been absolutely established; therefore, do not use extensively on pregnant patients, in large amounts, or for prolonged periods.

PRECAUTIONS: Watch constantly for overgrowth of nonsusceptible organisms (including fungi other than candida). Should superinfection due to nonsusceptible organisms occur, administer suitable concomitant antimicrobial therapy; if favorable response is not prompt, discontinue the preparation until adequate control by other anti-infectives is effected. If extensive areas are treated or if the occlusive technique is used, the possibility exists of increased systemic absorption of the corticosteroid; suitable precautions should be taken. If irritation develops, discontinue the product and institute appropriate therapy.

ADVERSE REACTIONS: Sensitivity reactions to topical use of gramicidin are rare. Hypersensitivity to nystatin is extremely uncommon. Hypersensitivity to neomycin has been reported and articles in the current medical literature indicate an increase in its prevalence.

The following local adverse reactions have been reported with topical corticosteroids either with or without occlusive dressings: burning sensations, itching, irritation, dryness, folliculitis, secondary infection, skin atrophy, striae, miliaria, hypertrichosis, acneform eruptions, maceration of the skin, and hypopigmentation. Contact sensitivity to a particular dressing material or adhesive may occur occasionally. Ototoxicity and nephrotoxicity have been reported.

For full prescribing information, consult package insert.

HOW SUPPLIED: Available in 15, 30, and 60 g tubes. The product is also available in jars of 120 g (4 oz) for hospital or institutional use only.

SQUIBB®

Issued September 1981

American Academy of Pediatrics

Section On Pediatric Nephrology

The Section Committee cordially invites all FELLOWS with an interest in the field of pediatric nephrology to apply for Section Membership.

APPLICATIONS for Section Membership may be obtained from the Section Secretary at the address below.

AMERICAN ACADEMY OF PEDIATRICS
P.O. Box 1034
Evanston, Illinois 60204

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A limited number of bound volumes of *Pediatrics in Review,* Volume 2 (ten issues—July, 1980 — April, 1981) are now available. Each issue contains valuable information on child care, drawn from the course content for the AAP PREP (Pediatrics Review and Education Program) material.

Pediatrics in Review covers both recent advances in pediatrics and topics for review. The bound volume is a handy reference which you will use time and time again. To receive your copy of this limited edition volume, complete the order form and return with U.S. $40.00 plus $2.00 for postage and handling.

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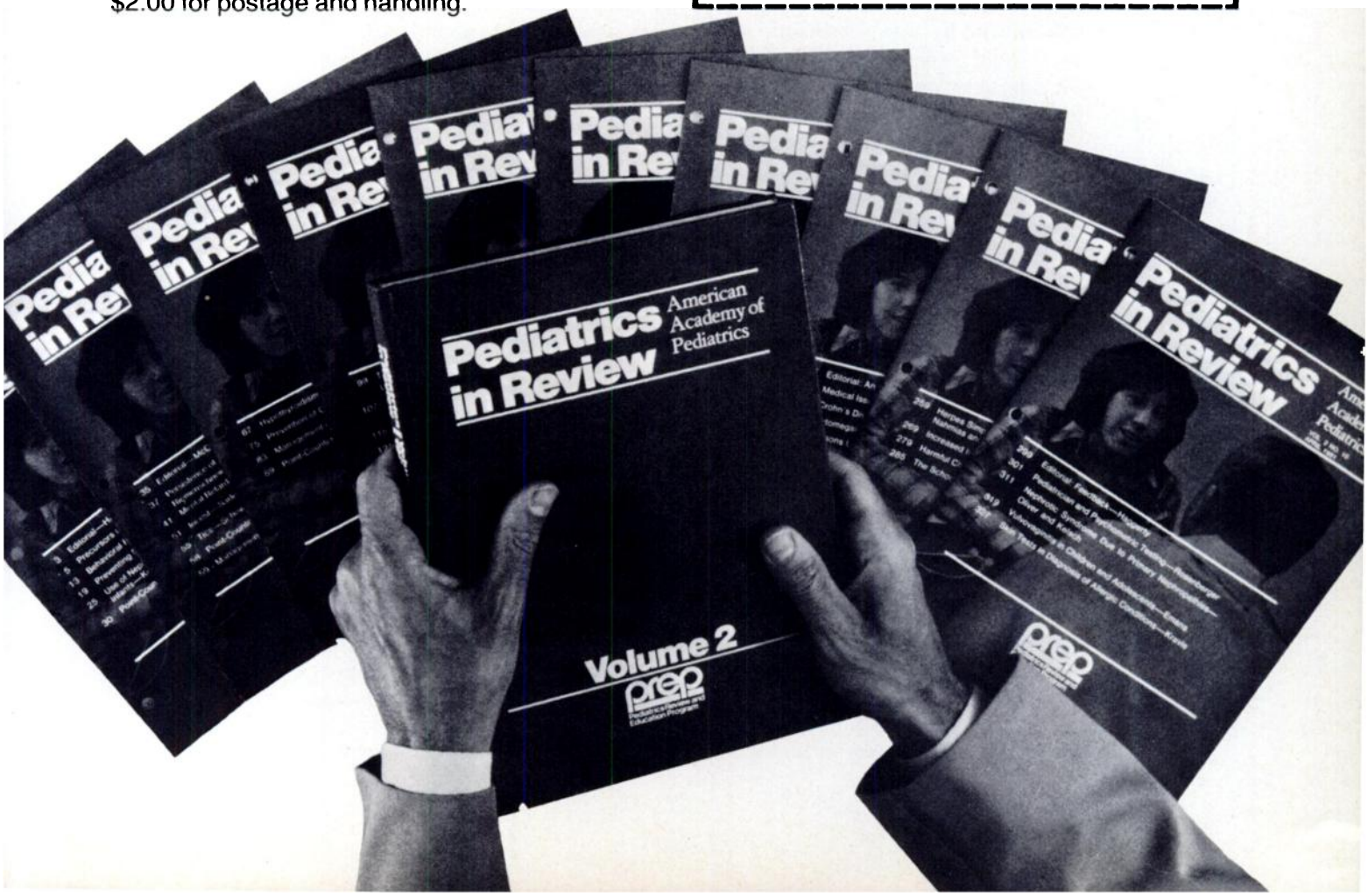


GOOD RIDDANCE TO YOU

At Brown University's commencement, startled graduates had it socked to them straight from Professor Jacob Neusner's mouth:

We the faculty take no pride in our educational achievements with you.... With us you could argue about why your errors were not errors, why mediocre work really was excellent, why you could take pride in routine and shipshod presentation. For four years we created an altogether forgiving world, in which whatever slight effort you gave was all that was demanded. When you did not keep appointments, we made new ones. When your work came in beyond deadline, we pretended not to care.

Why? Despite your fantasies, it was not even that we wanted to be liked by you. It was that we did not want to be bothered, and the easy way out was pretense: smiles and easy Bs.

Few professors actually care whether or not they are liked by peer-paralyzed adolescents, fools so shallow as to imagine professors care not about education but about popularity. It was, again, to be rid of you. So go unlearn the lies we taught you.

From *Forbes,* Oct 26, 1981.

MINIATURE MECHANICAL MARVELS

Player pianos and music boxes with their punched-roll or spiked-barrel memories were the ancestors of computers. One of the oldest music boxes I have is an eighteenth-century serinette that, when cranked by hand, plays a program of high-pitched bird whistles through tiny organ tubes. Such bird organs were designed to teach canaries to sing—an early response to the realization, later confirmed by biologists, that birds don't sing if they don't hear singing. Jet propulsion began with the steam-driven reaction motor devised by Hero of Alexandria; he also used cams in his automata. Later automata, the princely toys, were programmed by intricate cams to execute series of motions of considerable length and complexity. (A cam is a rotating irregular plate that moves a follower held against its edge.)

There were attempts to synthesize speech long before Edison recorded and reproduced the human voice. As far back as 1770, toymaker Frederich von Knaus showed the Austrian emperor an automaton that reproduced speech, and in 1779 the Imperial Academy of Science at St. Petersburg awarded its annual prize for a device that articulated all the vowels by projecting air from a bellows into tubes of different shapes.

Toys showing animation (called zoetropes, pantascopes, praxinoscopes, phenakistoscopes, and thaumatropes—magical names!), in which the motion was provided mechanically so that the eye could glimpse successive positions of an image, were the forerunners of modern cinematography. Games of chance using dice stimulated the development of the science of statistics. The first Chinese firecrackers were really toys used for amusement and display, but they led to the use of gunpowder in weapons.

The gyroscope, so important in modern inertial-guidance systems, found its first use in one of the most ancient of toys—the spinning top. Tops have been popular toys throughout the ages, sometimes combined with optical and sound effects (humming tops). A toy monorail train was kept upright on a single track by a gyroscope long before Sperry employed gyroscopes in aircraft instruments and to stabilize ocean liners. The principle of a Bourdon tube—a flattened flexible tube that straightens out under pressure—was used in pneumatic toys, such as a rubber monkey that plays a drum when a rubber bulb is squeezed.

From Spilhaus A: Miniature mechanical marvels. *Technology Review,* January 1982, pp 51–57.

One thing separates a Kip® from a Nuk®. A Kip can't separate.

A piece of a Nuk.

The Nuk Orthodontic Exerciser is a fine product. But as the Nuk people themselves warn on the back of their package, you should always test it to be sure that the nipple portion doesn't separate.

At The First Years, safety is a virtual obsession. (Our Mothers' Council wouldn't have it any other way.) So when we designed *our* orthodontic pacifier, we did things differently.

Another piece.

Another piece.

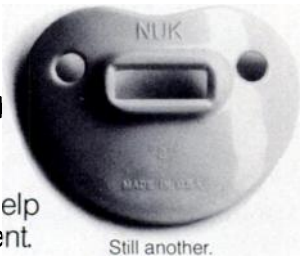
The Kip Orthodontic Pacifier.
One-piece for safety, all-soft for comfort.

To make Kip totally safe, we made it in one piece. And safety is just one of its virtues.

Kip's super-soft vinyl stays soft. Without getting sticky the way latex can.

Kip's naturally shaped nipple resembles the soft, soothing nipple of a nursing mother.

Kip's soft shield pulls inward to help keep growing teeth in proper alignment.



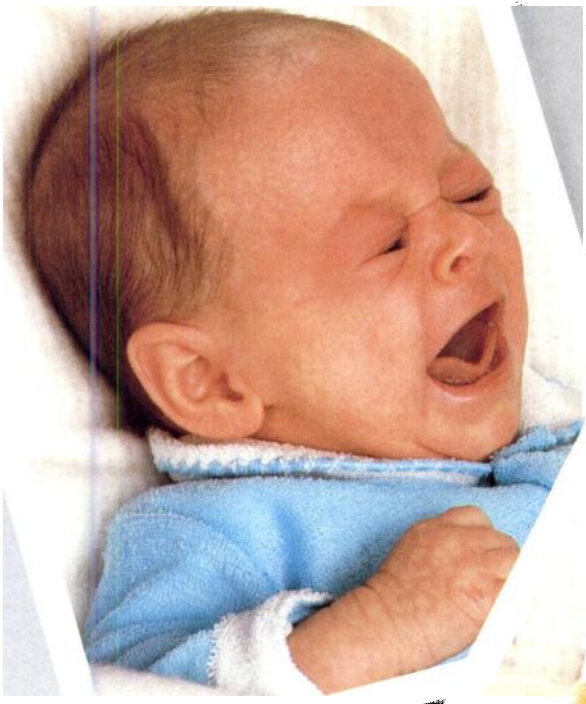
Still another.

The fact is, Kip offers everything new mothers should look for in an orthodontic pacifier.

And unlike Nuk, Kip offers it all in one piece.

the first years®

201 products for children, designed by mothers.



allergies and diarrhea
this week

gone the next

The difference is NURSOY®

soy protein formula

Contains no cow milk,

the most common food allergen in infants. Nursoy® contains easy-to-digest soy protein isolate, with all essential amino acids for good growth, helps prevent eczema, respiratory distress and diarrhea due to allergy to cow milk.

Contains no corn syrup solids.

Allergy to corn is equal or second only to wheat among food allergies, and corn syrup is the most common offender in corn allergy. Nursoy® is the only nationally available soy formula without corn syrup solids.

Contains no lactose.

Feeding lactose to infants with permanent lactase deficiency or with temporary lactase deficiency due to viral infections can result in severe diarrhea. With Nursoy® you avoid the diarrhea, colic, eczema and vomiting due to lactose intolerance. Nursoy® contains sucrose, the carbohydrate recommended by the Committee on Nutrition of the Mother and Preschool Child, National Research Council, for infants intolerant of lactose.

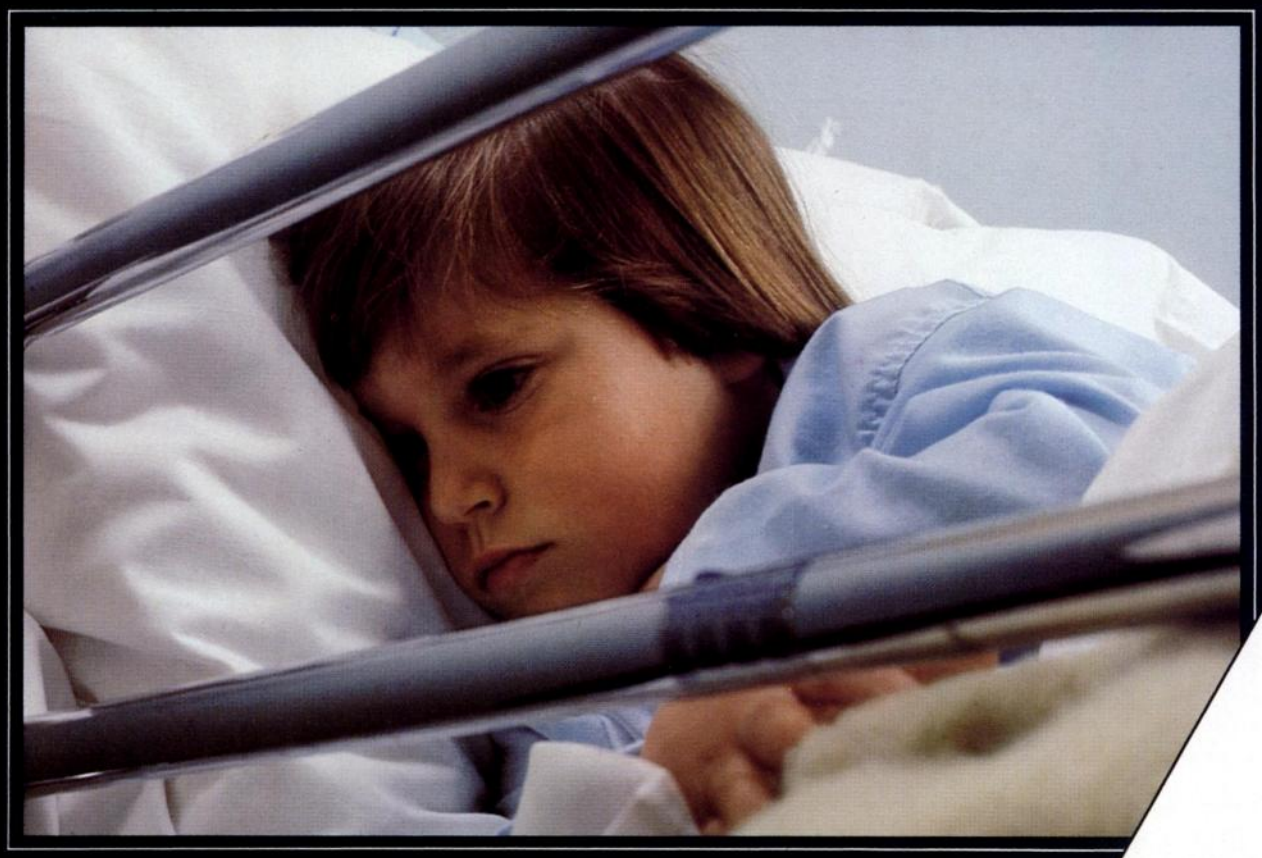
Only Nursoy®, of the leading soy formulas, eliminates all three of the major food offenders in infants.

So when you suspect food allergy, it makes sense to switch to Nursoy.® Nursoy® also costs substantially less than other soy protein formulas, particularly important when the child must have a milk substitute for a prolonged period.

Wyeth Laboratories
Philadelphia, PA 19101

Concentrated liquid–13 fl oz
Ready-To-Feed–32 fl oz

When it hurts, and a simple analgesic won't do...



TYLENOL® with Codeine elixir℣

NEW TYLENOL® with Codeine CAPSULES℣

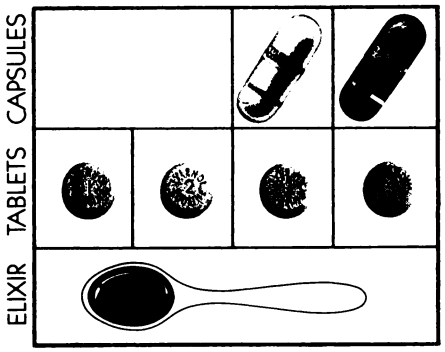
Each 5 ml of elixir contains 12 mg codeine phosphate* plus 120 mg acetaminophen (Alcohol 7%).
Each capsule contains acetaminophen 300 mg plus codeine phosphate* as follows: No. 3—30 mg (½ gr); No. 4—60 mg (1 gr). Capsules should not be administered to children under 12.
***Warning:** May be habit forming.

The narcotic-containing analgesic especially formulated for children.†

†Please see "Warnings" section in the Summary of Prescribing Information on the following page for information on usage in children. Safe dosage of the elixir has not been established in children below the age of three.

TYLENOL® with Codeine

(acetaminophen and codeine)



Summary of Prescribing Information
Description
Tablets: Contain codeine phosphate*: No. 1—7.5 mg (⅛ gr); No. 2—15 mg (¼ gr); No. 3—30 mg (½ gr); No. 4—60 mg (1 gr)—plus acetaminophen 300 mg.
Capsules: Contain codeine phosphate*: No. 3—30 mg (½ gr); No. 4—60 mg (1 gr)—plus acetaminophen 300 mg.
Elixir: Each 5 ml contains 12 mg codeine phosphate* plus 120 mg acetaminophen (alcohol 7%).
***Warning:** May be habit forming.
Actions: Acetaminophen is an analgesic and antipyretic; codeine an analgesic and antitussive.
Contraindications: Hypersensitivity to acetaminophen or codeine.
Warnings: *Drug dependence:* Codeine can produce drug dependence of the morphine type and may be abused. Dependence and tolerance may develop upon repeated administration; prescribe and administer with same caution appropriate to other oral narcotics. Subject to the Federal Controlled Substances Act.
Usage in ambulatory patients: Caution patients that codeine may impair mental and/or physical abilities required for performance of potentially hazardous tasks such as driving a car or operating machinery.
Interaction with other CNS depressants: Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) with this drug may exhibit additive CNS depression. When such a combination is contemplated, reduce the dose of one or both agents.
Usage in pregnancy: Safe use not established. Should not be used in pregnant women unless potential benefits outweigh possible hazards.
Pediatric use: Safe dosage of this combination has not been established in children below the age of three.
Precautions: *Head injury and increased intracranial pressure:* Respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.
Acute abdominal conditions: Codeine or other narcotics may obscure the diagnosis or clinical course of acute abdominal conditions.
Special risk patients: Administer with caution to certain patients such as the elderly or debilitated and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture.
Adverse Reactions: Most frequent: lightheadedness, dizziness, sedation, nausea and vomiting; more prominent in ambulatory than in nonambulatory patients; some of these reactions may be alleviated if the patient lies down. Others: euphoria, dysphoria, constipation and pruritus.
Dosage and Administration: Dosage should be adjusted according to the severity of the pain and the response of the patient. It may occasionally be necessary to exceed the usual dosage recommended below in cases of more severe pain or in those patients who have become tolerant to the analgesic effect of narcotics. TYLENOL with Codeine tablets and capsules are given orally. The usual adult dose is: Tablets No. 1, No. 2, and No. 3 and capsules No. 3: One or two every four hours as required. Tablets and capsules No. 4: One every four hours as required. TYLENOL with Codeine elixir is given orally. The usual doses are **Children (3 to 6 years):** 1 teaspoonful (5 ml) 3 or 4 times daily; **(7 to 12 years):** 2 teaspoonsful (10 ml) 3 or 4 times daily; **(under 3 years):** safe dosage has not been established. **Adults:** 1 tablespoonful (15 ml) every 4 hours as needed.
Drug Interactions: CNS depressant effect may be additive with that of other CNS depressants. See Warnings.
For information on symptoms/treatment of overdosage, see full prescribing information.
Full directions for use should be read before administering or prescribing.
TYLENOL with Codeine tablets and capsules are manufactured by McNeil Pharmaceutical Co., Dorado, Puerto Rico 00646.
Caution: Federal law prohibits dispensing without prescription.

18039

McNEIL PHARMACEUTICAL
McNEILAB, INC.,
SPRING HOUSE, PA 19477

HISTORY OF OXYGEN THERAPY AND RETROLENTAL FIBROPLASIA

As medical technology improves and more patients survive conditions which once meant certain death, the demand for better treatment of problems which may afflict these survivors has increased. This is particularly true for infants who develop retrolental fibroplasia. It is now known that the administration of oxygen which saves the lives of numerous premature and low birthweight infants also causes the development of retrolental fibroplasia—in many instances leading to permanent blindness.

The Committee on Fetus and Newborn of the American Academy of Pediatrics strives to make conditions ideal for all newborn infants, and it has become increasingly concerned about the infants who develop retrolental fibroplasia. In an attempt to compress the work done by researchers throughout the world into one document—and thus more easily see possible causes and solutions as well as stimulate more research—the Committee prepared and wrote the History of Oxygen Therapy and Retrolental Fibroplasia. This document, which was published as a supplement to *Pediatrics*, is available to all persons involved with or interested in the treatment of newborn infants, especially infants who are at high risk for developing retrolental fibroplasia.

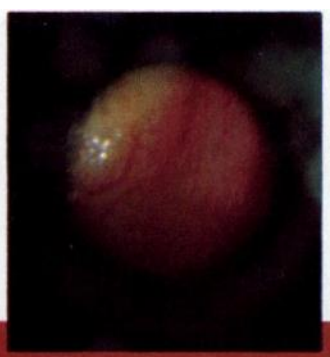
The sequence of events concerning the use of oxygen and the development of retrolental fibroplasia is given. Considerable attention has been paid to the historical background of modern care for premature infants, the status of medical practice when oxygen was first used on premature infants, and the process of dissemination of new research data. Included are the Academy's recommendations on the use of oxygen through the years, the current state regulations on the use of oxygen, and six pages of references which go back as far as 1862.

AMERICAN ACADEMY OF PEDIATRICS
Department P, P.O. Box 1034
Evanston, Illinois 60204

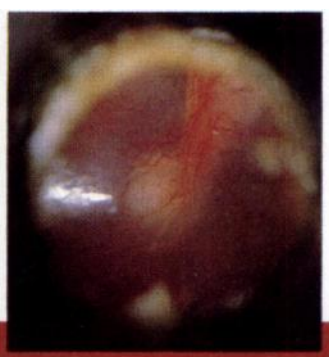
Bactrim™ succeeds ...even where

OTOSCOPIC VIEW

Tympanic membrane after 10 days of ampicillin therapy, 9/14/79



Same patient after 10 days of BACTRIM therapy, 9/24/79



Five-year-old female presented on 9/4/79 with acute otitis media, pain, but no fever. Treated with ampicillin 250 mg P.O. *q.i.d.* On 9/14/79 tympanic membrane still bulging and yellow; no fever or pain but decreased energy and appetite. Bioassay to confirm compliance was positive for ampicillin. Case was considered an ampicillin treatment failure. Deep nasopharyngeal culture revealed heavy growth of *H. influenzae* resistant to ampicillin by disc sensitivity and beta-lactamase tests. On 9/14 therapy switched to Bactrim Pediatric Suspension 1½ teaspoonfuls (7.5 ml) *b.i.d.* Tympanic membrane no longer bulging by 9/18; movable, with normal architecture, on 9/24.

in acute otitis media*
ampicillin fails

IN VITRO†

100% sensitivity. In a recent study of ampicillin-resistant *Haemophilus* isolates, 191 *H. influenzae* strains were cultured from the middle ear, nasopharynx and throat of children with acute otitis media. All 191 of these ampicillin-resistant strains proved sensitive to Bactrim *in vitro*.[1]

Dual action slows resistance. Resistance to ampicillin is now estimated to occur in 18% of all *H. influenzae* isolates nationwide, with some densely populated areas reporting resistance rates of nearly 40%.[2] The incidence of reported *H. influenzae* or *S. pneumoniae in vitro* resistance to Bactrim has been minimal. Dual-action Bactrim attacks susceptible pathogens at two successive steps in their bacterial metabolism. It deprives the bacteria of folate coenzymes,[3-5] and thus retards the development of resistant strains. *In vitro* studies have shown that bacterial resistance develops more slowly with Bactrim than with either component alone.

IN VIVO

93% effective. In two controlled clinical studies of children who had acute otitis media due to ampicillin-resistant *H. influenzae* or who were unresponsive to aminopenicillins, therapy with Bactrim proved successful in 25 of 27 patients—93% overall efficacy.[1]

Unexcelled efficacy with B.I.D. convenience. In a recent comparative study of 132 children with acute otitis media due to *H. influenzae* or *S. pneumoniae,* Bactrim on a *b.i.d.* dosage schedule achieved a level of efficacy unexcelled by ampicillin *q.i.d.*[6] There was a similarly low incidence of side effects (see adverse reactions section in the product information). Bactrim also proved superior at eradicating *H. influenzae* in nasopharyngeal cultures. Bactrim is contraindicated in patients hypersensitive to its components and in infants under two months. To date, there are limited data on the safety of repeated use of Bactrim in children under two years of age. Bactrim may be administered to patients allergic to penicillins.

References: 1. Data on file, Hoffmann-La Roche Inc., Nutley, NJ. **2.** CDC warns Hemophilus flu is gaining in war with ampicillin. *Med World News 21*:16, 21, June 23, 1980. **3.** Burman LG: *Lancet: 1409*, June 28, 1980. **4.** Hitchings GH: *J Infect Dis 128* (suppl): S433-S436, Nov 1973. **5.** Bushby SRM: *J Infect Dis 128* (suppl): S442-S462, Nov 1973. **6.** Shurin PA, *et al*: *J Pediatr 96*: 1081-1087, June 1980.

*Due to susceptible *H. influenzae* or *S. pneumoniae*
†*In vitro* activity does not necessarily correlate with clinical results.

ROCHE®

Bactrim™ Pediatric
(40 mg trimethoprim and 200 mg sulfamethoxazole per 5 ml)
suspension

...succeeds with cherry flavor and B.I.D. convenience, too.

Please see summary of product information on following page.

Tympanometry

...In Just Seconds

The GSI 27 makes tympanometry a simplified, accurate procedure to greatly increase your office capabilities. Used by supportive personnel with minimal training, it provides good, repeatable test results for quick identification and tracking of serous otitis media.

New Hand-Held Probe! This comfortable probe is lightweight and does not require entry within the ear canal. Automatic start makes it easily used with infants or adults. The three LED's further aid the operator in quickly positioning the new probe.

Patients Will Thank You! Tympanometry will save your patients' time and the additional expense of outside referrals. A GSI 27 printout provides objective test results to assist in diagnosis and immediate treatment.

Top Performance at Low Cost! In every business there's a name for quality. In the audiometer industry it's GSI. The GSI 27 is backed by Grason-Stadler's reputation for quality, reliability and service at an affordable price.

For more details or a demonstration contact:

GSI Grason-Stadler
537 Great Road
P.O. Box 5
Littleton, MA 01460
Tel: 617/486-3514
Twx: 710/347-6892

Please return this coupon to:

GSI Grason-Stadler

Grason-Stadler, Inc. Dept. P
537 Great Road, P.O. Box 5
Littleton, MA 01460

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☐ Please send me the GSI 27 brochure. ☐ Please arrange a demonstration.

GENERAL INFORMATION

PEDIATRICS publishes papers on original research or observations and special feature or review articles in the field of pediatrics as broadly defined. Papers on material pertinent to pediatrics will also be included from related fields such as nutrition, surgery, dentistry, public health, child health services, human genetics, animal studies, psychology, psychiatry, education, sociology and nursing.

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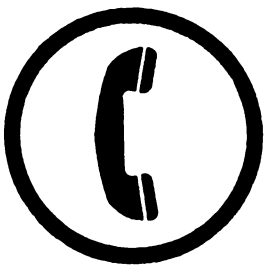

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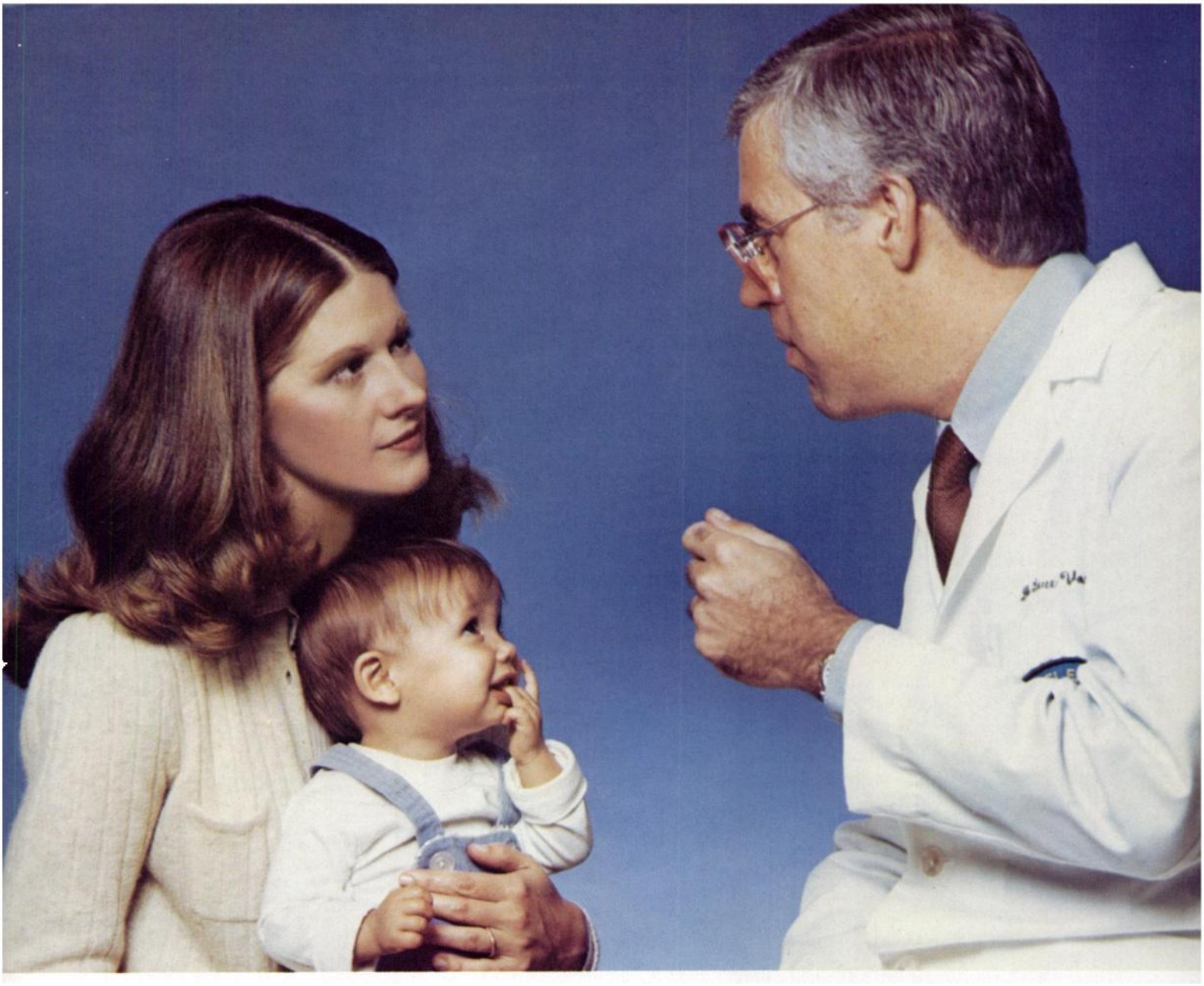

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□

PEDIATRIC CARDIOLOGIST—Department of Pediatrics, University of California, Davis, Medical Center is seeking an academically oriented physician for a full-time faculty position at the associate or professor level to serve as director of pediatric cardiology. Requires participation in clinical, teaching and research activities. Must be Board-certified in pediatrics and pediatric cardiology and possess administrative skills. Please submit CV, copies of publications, and the names and addresses of at least five references to Michael Miller, MD, Department of Pediatrics, 4301 X St, Sacramento, CA 95817. The University of California is an Equal Opportunity/Affirmative Action Employer. Position closes 6/30/82.

PEDIATRIC RHEUMATOLOGIST—Full-time, academic, Board-certified/eligible in pediatrics or internal medicine; two-year fellowship in pediatric rheumatology completed; clinical research potential; rheumatology computer database research experience. Contact Division of Pediatric Rheumatology, Pavilion Bldg, Rm 1-29, Children's Hospital Medical Center, Cincinnati, OH 45229.

□

TEXAS—Pediatrician (BC/BE) to join expanding solo practice in medium-size town, close to coast. High salary ($45,000) first year, leading to partnership. Reply Box #068202.

□

CALIFORNIA—BE/BC general pediatrics and neonatology. Small Level II neonatal nursery. Southern California community. Two-physician pediatric group. Please, only hard-working, easy-going applicants. Compensation to $80,000/year. Drs Ellis and Ortiz, 1600 S Imperial Ave, #6, El Centro, CA 92243.

□

PACIFIC NORTHWEST—Anticipated opening late summer for Board-eligible or Board-certified general pediatrician with special interest in neonatology to direct Level II nursery in 250-physician HMO. Twenty-eight member department provides full pediatric services for members of Kaiser Foundation Health Plan of Oregon. Please respond with CV to M. W. Goldberg, MD, President, Northwest Permanente, PC, 1500 SW 1st Ave, Portland, OR 97201. Equal Opportunity Employer.

□

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The Ontario Crippled Children's Centre, a 106-bed rehabilitation hospital for children and young adults, with an active out-patient department, school, and rehabilitation engineering resource, seeks an experienced paediatrician to provide leadership for ward physicians, paramedical staff and various categories of trainees.

The successful candidate will be interested not only in clinical care but also in the educational and research activities of the Centre.

This position is available starting in the summer. The Centre provides all Ontario Hospital Association benefits.

Please submit application and resume to:

D. A. Gibson, M.D., F.R.C.S. (C)
Medical Director
Ontario Crippled Children's Centre
350 Rumsey Road
Toronto, Ontario, Canada
M4G 1R8

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CONNECTICUT—Board-certified/eligible pediatrician to join busy solo practice in city serving 250,000. Subspecialty interest helpful but not required. University-affiliated hospital with large residency program. Send CV to Box #068203.

□

OREGON COAST—Pediatrician to join 20-physician group. Two other pediatricians. Good salary and other fringes. No immediate investment. Send CV to Charles Winters, 1900 Woodland Drive, Coos Bay, OR 97420. (503) 267-5151.

□

PENNSYLVANIA—Nephrologist. Academic pediatric nephrologist at assistant professor level, with strong commitment to teaching and research, to join two other young pediatric nephrologists at the Children's Hospital of Pittsburgh. This position is affiliated with the University of Pittsburgh School of Medicine. Apply to Demetrius Ellis, MD, Division of Nephrology, Children's Hospital of Pittsburgh, 125 DeSoto St, Pittsburgh, PA 15213. An Equal Opportunity Employer.

□

MIDWEST—Immediate neonatology position in medical school-affiliated community perinatal center. Interest in teaching students, house officers; service; research essential. Box #068205.

□

DIRECTOR OF REHABILITATION AND OUT-PATIENT PHYSICIAN

The Ontario Crippled Children's Centre, a rehabilitation hospital for children and young adults with active out-patient services, hospital unit, and many supporting departments including a school and rehabilitation engineering resource, seeks a physician certified in physical and rehabilitation medicine.

The successful candidate will guide rehabilitation programmes in the Centre, supervise the Out-Patients Department, and participate in the educational and research activities of the Centre.

This position is available immediately. The Centre provides all Ontario Hospital Association benefits.

Please submit application and resume to:

D. A. Gibson, M.D., F.R.C.S.(C)
Medical Director
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350 Rumsey Road
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FLORIDA—Neonatologist, BC/BE to join two neonatologists at Level III perinatal center. 500 admissions per year. Clinical responsibilities, active teaching, newborn follow-up and outreach, full pediatric residency program; coverage of Level II center. Available July 1, 1982. Send CV to Box #068204.

□

PEDIATRICIAN—Outstanding opportunity to join well-established four-physician pediatric professional corporation. Outstanding attractive western Michigan community. High income potential. Teaching and medical school affiliation; research opportunities. Reply Box #068208.

□

NEW JERSEY—Saint Michael's Medical Center, a teaching hospital, is seeking a Director of the Division of Ambulatory Pediatrics. Responsibilities include teaching, clinical care, and administration. Good opportunities exist for clinical research. Salary and academic appointment commensurate with experience. Send curriculum vitae and names/addresses of three references to Arnold Slyper, MD, Department of Pediatrics, Saint Michael's Medical Center, 268 High St, Newark, NJ 07102. (201) 877-5497.

□

NEONATOLOGIST—Board-certified/Board-eligible for staff neonatologist position at a Level III regional neonatal center. Contact Dr John R. Howick, Jr, Director of Neonatology, T. C. Thompson Childrens's Hospital Medical Center, 910 Blackford St, Chattanooga, TN 37403. (615) 778-6170.

□

DIRECTOR OF MEDICAL CLINICS—Full-time pediatric faculty person at associate professor/professor level for director of medical clinics in large urban university-affiliated children's hospital. Responsibilities will include administration of the ambulatory care training program and instruction of pediatric and family medicine house staff as well as medical students. This individual will also be expected to provide guidance and stimulation for ongoing clinical research. Interested applicants should send curriculum vitae to Larry E. Fleischmann, MD, Professor and Interim Chairman, Department of Pediatrics, Children's Hospital of Michigan, 3901 Beaubien Blvd, Detroit, MI 48201. Equal Opportunity/Affirmative Action Employer.

□

NEONATOLOGY position at Level III perinatal center in Department of Pediatrics, West Virginia University School of Medicine. Must be Board-certified or eligible. Involves patient care, teaching, and research. Send CV to Barbara Jones, MD, Chairman, Department of Pedatrics, West Virginia University School of Medicine, Medical Center, Morgantown, WV 26506.

□

CALIFORNIA—PEDIATRICIAN, part-time/half-time. Join active pediatrician adjacent to medical center. 30 minutes from Los Angeles. Ideal opportunity for long-term association. Send resume to Box #058202.

□

DIRECTOR OF PEDIATRICS—400-bed acute general teaching hospital seeking a salaried director, full-time faculty member of medical school. General pediatrician or pediatric subspecialist with teaching experience preferred. Limited private practice permitted. Reply Box #058204.

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Board-eligible or certified pediatrician to join four-physician pediatrics department in 65-physician multispecialty group located 90 miles east of San Francisco. Interest in neonatology desirable. Competitive compensation and excellent fringe benefits. Early partnership. Respond with curriculum vitae and references to: C. R. Maino, MD, Gould Medical Group, 600 Coffee Rd, Modesto, CA 95355.

□

PENNSYLVANIA—Progressive 305-bed general hospital located in desirable city, close proximity to resort and major east coast centers, requires full-time hospital-based pediatric cardiologist/neonatologist or pediatric intensivist/neonatologist, Board-certified or eligible in either or both specialties to join two full-time neonatologists in a regional Level III NICU, located in a university-affiliated community hospital. Duties will include NICU coverage, appropriate consultations, and medical supervision of a 4-bed pediatric ICU. Competitive remuneration and benefits. Forward CV to Harvey M. Yorke, Senior Vice-President, Allentown Hospital, 17th and Chew St, Allentown, PA 18102, or call collect (215) 821-2205.

□

PEDIATRICIAN—Board-certified/eligible: Immediate opportunity to join group practice; presently three members, one retiring in July 1982. Well established practice serving approximately 60,000 population. 138-bed hospital well equipped and staffed to support needs. Located in Michigan with heavy summer tourist activity. Write: R. J. La Gro, President, Community Health Center 274 E Chicago St, Coldwater, MI 49036.

□

BOSTON—Board-certified pediatrician/pulmonologist to join clinical and research group July 1, 1982. Send CV to Daniel C. Shannon, MD, Massachusetts General Hospital, Boston, MA 02114. Affirmative Action/Equal Opportunity Employer.

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MICHIGAN TECHNOLOGICAL UNIVERSITY HEALTH SERVICE seeks a replacement primary care Director/Chief of Medical Staff. The health facility is a medically oriented, ambulatory service, servicing a university student population of 7,700. Annual student visits are approximately 10,000. Liberal fringes, meeting allowance, and vacation benefits complement a competitive salary and allow adequate enjoyment of the rural all-season recreation area. Contact David Schwalm, PA Administrator, Michigan Technological University Health Services, Houghton, MI 49931, or call (906) 487-2435. Michigan Technological University is an Equal Opportunity Educational Institution/Equal Opportunity Employer.

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PEDIATRIC INTENSIVIST—Board-certified pediatrician to direct private practice hospital-based pediatric intensive care activities. Four to six beds established for pediatric intensive care. Progressive 500-bed community hospital located in Midwest with numerous regional activities including perinatology and neonatology. Send curriculum vitae and references to: Box #058207.

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ASSOCIATE PROFESSOR—Child Study Center, University of Oklahoma Teaching Hospitals. Academic appointment in section of developmental pediatrics, department of pediatrics at assistant professor level. Candidate must have completed training in developmental and behavioral pediatrics, care of handicapped children, or neurology in addition to pediatrics residency. Demonstrated clinical, teaching, and research skills are necessary as well as capability for program development administration. Contact Ellidee D. Thomas, MD, Child Study Center, 1100 Northeast 13th, Oklahoma City, OK 73117. (405) 271-5700.

□

UNIVERSITY OF OKLAHOMA—Faculty position in the section of general pediatrics at the assistant professor level, for a Board-eligible/certified pediatrician with demonstrated skills in ambulatory research and teaching. Major activity base will be the residents' continuity clinic, and innovative primary care service, teaching, and research program with impressive computer resources. Send curriculum vitae and names/addresses of three references to Owen M. Rennert, MD, Chairman, Department of Pediatrics, University of Oklahoma, PO Box 26901, Oklahoma City, OK 73190.

□

SOUTHERN CALIFORNIA—BC/BE pediatrician to join progressive, prosperous three-member group in rapidly growing, pleasant foothill community. Excellent opportunity. Contact: Rudolf Brutoco, MD, 3833 Emerald, LaVerne, CA 91750. (213) 915-8608.

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New multispecialty fee-for-service group needs another pediatrician. Rapidly growing suburb of Kansas City, Missouri; 30,000 population; no other pediatricians; 115-bed hospital-local, 300-bed-15 miles. Fully equipped office, lab, x-ray, ancillary specialties. Guaranteed minimum. Paid malpractice and health insurance. Contact: Dr James Muehlberger or Dr Sallie Veenstra, 1001 N Independence Ave, Lee's Summit, MO 64063. (816) 524-5600.

□

UTAH/ACADEMIC NEPHROLOGIST, at the Assistant Professor level, to participate in a comprehensive university-based Pediatric-Adolescent Renal Disease Program. The program serves a five-state area and includes inpatient and outpatient services, acute and chronic dialysis, and renal transplant follow-up care. Teaching, patient care, and research will be expected. A hypertensive renal diagnostic laboratory is presently being developed. Cultural and recreational activities are abundant and close to the University. Salary and benefit packages are highly competitive. Please reply to Richard L. Siegler, MD, Head, Pediatric Nephrology, and Acting Chairman, Department of Pediatrics, University of Utah Medical Center, 50 North Medical Drive, Salt Lake City, UT 84132.

□

PEDIATRIC junior faculty members in cardiology, endocrinology, and neonatology. Candidates must be Board-eligible or certified in pediatrics and respective subspecialty. Cardiologist should have a strong interest in clinical research, particularly in the neonatal cardiorespiratory area, and will be expected to develop programs in pediatric intensive care and SIDS monitoring. All three must be willing to rotate on general pediatric call and must have a strong interest and demonstrated ability in teaching. Applications from minority candidates and women encouraged. Equal Opportunity Employer. CONTACT: R. J. McKay, Jr, MD, Department of Pediatrics, Given Bldg, University of Vermont College of Medicine, Burlington, VT 05405.

□

MIDWEST PEDIATRICIAN with some training and interest in practicing part-time neonatology, as well as general pediatrics, to join group of eight pediatricians, two of whom are fully trained neonatologists, in multispecialty group. Would help to staff a well-developed regional perinatal program with delivery base of 9,000. Located in beautiful upper midwest community of 135,000. Write Box #058209.

□

NEONATOLOGIST(S), BC/BE to join established private neonatology group practice in desirable location of Oklahoma City. Emphasis on primary care in modern, expanding Level III perinatal center. Participation in immediate development of Level II facilities in affiliated metropolitan hospitals with active obstetrics units. Ample opportunities for teaching, research. Outstanding working conditions; excellent long-term potential. Rewarding salary and benefits. Send CV to Box #048201.

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ASSOCIATE DIRECTOR, UNIVERSITY OF CONNECTICUT PRIMARY CARE RESIDENCY PROGRAM—Applicants must be well qualified in modern general pediatrics, with subspecialty competence (preferably in adolescence) desirable but not mandatory. Primary responsibilities involve supervision of 50-inpatient service and nurseries. A major component of duties involves the teaching and supervision of residents at all levels, as well as medical student clerks. It is essential that the applicant be capable of teaching, enjoys it, and is qualified for an academic medical school appointment. Send CV and names of two references to: Benjamin C. Berliner, MD, Director, Waterbury Regional Department of Pediatrics, Waterbury Hospital, 64 Robbins St, Waterbury, CT 06720.

□

PEDIATRIC NEUROLOGIST—The Department of Pediatrics, Children's Hospital, Columbus, Ohio is seeking a pediatric neurologist who is Board-certified or Board-eligible in neurology with special competence in child neurology. Candidates should have demonstrated potential in teaching and research, with experience in electrodiagnostic techniques desirable. The section of neurology has a diverse clinical program, which includes a video-EEG monitoring and telemetry laboratory. This position offers challenging opportunities for academic growth and development in the neurosciences, and an academic appointment at Ohio State University. If interested, contact Francis S. Wright, MD, Children's Hospital, 700 Children's Drive, Columbus, OH 43205. (614) 461-2343. Affirmative Action/Equal Opportunity Employer.

□

PEDIATRIC INTENSIVIST/NEONATOLOGIST-CRITICAL CARE UNITS—Four full-time pediatric intensivists/neonatologists seek an associate in the continuing development of quality care and service in the 47-bed critical care units at the university-affiliated Childrens Hospital of Orange County. Instruction of residents and students is encouraged and expected. Must be pediatric Board-certified or eligible with completion of a pediatric intensive care, pulmonary, or neonatology fellowship. Salary negotiable depending on experience and qualifications. Position available July 1, 1982. To apply, send curriculum vitae and three references to Harriet Opfell, MD, Medical Director, Childrens Hospital of Orange County, PO Box 5700, Orange, CA 92668. An Equal Opportunity Employer.

□

ADOLESCENT MEDICINE—Full-time academic position July 1982. To join active ambulatory, consultation, and teaching service at large institution. To help develop community and school-based program. Send CV: Patricia Langehennig, MD, Head, Section of Adolescent Medicine, Department of Pediatrics, Cook County Hospital, 700 S Wood, Chicago, IL 60612.

□

PEDIATRICIAN—Board-eligible, for well-established pediatric group in Chicago executive suburb, served by university-affiliated community hospital, two others, within easy distance of major medical schools. One year salary, leading to corporate partnership, on retirement of senior partner. Reply Box #048203.

TEXAS, HOUSTON—Pediatricians needed for After Hours Children's Clinic. No hospital rounds. Flexible hours, generous financial salary. Malpractice paid. Contract guaranteed work for 6 months or 1 year. Write Box #048204.

□

PENNSYLVANIA—Pediatrician wanted, Board-certified/eligible for partnership in general pediatrics in beautiful western Pennsylvania community. Modern JCAH, 321-bed hospital with active obstetrical department serving an area comprising 300,000 people. Community offers good schools and university educational opportunities, cultural and year-round activities. Reply Box #048207.

□

NEW YORK—BC/BE pediatrician wanted for part-time position with solo practice in Mid-Hudson Valley, 80 miles from New York, 60 miles from Albany. Reply Box #048209.

□

Free AAP Publications List: For a free catalog of manuals, patient education materials and committee statements published by the American Academy of Pediatrics write: Publications Dept., AAP, P.O. Box 1034, Evanston, IL 60204.

□

LOUISIANA—Neonatologist BC/BE on tenure track at a university hospital. Four neonatologists and two perinatologists on staff at present. Research opportunities. Salary and level of faculty appointment commensurate with experience. Please reply with curriculum vitae to: Chief, Neonatology Section, Department of Pediatrics, LSU Medical Center, PO Box 33932, Shreveport, LA 71130. Equal Opportunity Employer.

□

PEDIATRICIAN in Southern California solo practice needs part-time associate; four-person call group. Excellent opportunity for mother or retiree wishing to remain active; 50,000 in community, near medical center; excellent cultural and recreational activities. Salary negotiable. Send curriculum vitae to Box #048206.

□

NEONATOLOGIST/Expanding upper Midwest multispecialty clinic is seeking a Board-certified neonatologist. Clinic is major referral center for a tri-state area, is affiliated with medical school, and has outstanding regional medical library facility. Excellent benefit program includes: disability and life insurance, hospitalization, generous vacation and educational leave with attractive retirement program. Salary open. Send CV to M.J.E. Johnson, MD, Medical Director, or E. W. Colbert, Executive Director, Box 1818, Bismarck, ND or call (701) 222-5413.

□

SOUTH—A rapidly expanding neonatal program needs a Board-eligible or certified neonatologist to join a three-person group. Practice geared to primary health care in Level II and III nurseries. Salary and benefits superior to most in area. Ideal location, offering cultural/sporting events; convenient to beaches, lakes, and mountains. Reply Box #128102.

Continued on page A79

INFECTIOUS DISEASE—The Department of Pediatrics, Wright State University School of Medicine and the Children's Medical Center, Dayton, Ohio, are seeking an academic pediatrician to be Head, Division of Infectious Disease. The candidate to be selected must have completed fellowship training in infectious disease and have a strong commitment to teaching, patient care, and research. Applicants must be licensed or licensable to practice in Ohio. Qualified physicians from minority groups and women are encouraged to apply. Interested applicants should send their curriculum vitae to: Maurice D. Kogut, MD, Professor and Chairman, Department of Pediatrics, Wright State University School of Medicine, The Children's Medical Center, One Children's Plaza, Dayton, OH 45404. Affirmative Action/Equal Opportunity Employers.

□

TENNESSEE—Board-eligible or certified pediatrician sought to join group of hospital-based pediatricians in east Tennessee. Practice involves management of challenging in-patient, ER, and ICU patients. Referrals from local and surrounding communities with population base of 800,000. Excellent compensation plus professional liability insurance provided. For details please contact Joe Woddail in confidence, toll-free 1 (800) 325-3982 or write PO Box 27352, St Louis, MO 63141.

□

DIRECTOR - NEONATOLOGY

A 770-bed tertiary care center located in Southwestern Ohio has an immediate opening for Director of Neonatology.

The opportunity offers:

- A hospital based position with a clinical faculty appointment
- Certified Level III Perinatal/Neonatal Center — serving 10 county area
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Interested candidates please forward curriculum vitae in confidence to:

John E. Hill, Director
Manpower Development
NKC, Inc.
224 East Broadway
Louisville, Kentucky 40202 or
Call Collect (502) 589-8760

E.O.E.

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PRACTICE FOR SALE

NORTHWESTERN PENNSYLVANIA—32-year-old pediatric practice for sale or limited partnership. Terms negotiable. Over 7,000 visits per year. Over 150 newborns. 180-bed hospital with Level II nursery. Hunting, skiing, boating, and fishing. Two large lakes nearby. Ideal location for pediatrician, pediatric allergist, and pediatric psychiatrist to be the nucleus of a potentially large clinic. Hospital has a psychiatric unit. There is also an active mental health clinic in the community. Buffalo and Pittsburgh 1½ and 3 hours away. Available immediately. Owner changing career; will introduce. Box #068201.

□

Active solo pediatric practice, located in the very rapidly growing northwest area of Houston, Texas. Many young families. Great potential for growth. Reply Box #058201.

□

ATLANTA—Suburban East, solo practice grossing $140,000. Great opportunity to establish personal and office growth. Equipment and supplies included. New 100-bed hospital. Price/terms negotiable. Reply Box #058203.

□

Must sell established pediatric practice in Alaska for health reasons. Good price to the right physician. Reply Box #058205.

□

PENNSYLVANIA/SUBURBAN PHILADELPHIA AREA—Thriving solo practice-newly built office adjacent to hospital-excellent coverage-purchase terms negotiable. Reply Box #048205.

□

FLORIDA—Solo pediatric practice for sale; Central Florida; 45 minutes from Disney; gross over $100,000; coverage available. Reply Box #048208.

POSITION WANTED

PEDIATRICIAN with excellent qualifications, including psychotherapeutic training, seeks rewarding position in private practice, HMO, or suitable hospital setting. Prefers New York, Long Island, New Jersey, or Connecticut. Respond Box #068207.

□

BC PEDIATRICIAN, 32, university trained; 5 years' general pediatric practice experience including one year academic; desires position in group/clinic/HMO in Brooklyn/Queens/Nassau Co. Reply Box #068206.

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PEDIATRIC ALLERGIST/IMMUNOLOGIST, BC in both specialities presently holding full-time medical school faculty appointment, would like to relocate. Prefer group, solo, or hospital-based practice. Reply Box #058206.

FELLOWSHIPS, RESIDENCIES

FELLOWSHIP IN LEARNING DISABILITIES AND DEVELOPMENTAL PEDIATRICS—Two-year fellowship working on a multidisciplinary team at a university-based medical center. The program is aimed at preparing trainees for full-time academic, administrative, and service careers in the field. Anticipated starting date: July 1, 1982. Contact: John J. Ross, MD, Chief, Division of Pediatric Neurology, Box J296 JHM Health Center, Gainesville, FL 32610.

□

MASSACHUSETTS—Pediatric Neurology Fellowship—Approved 3-year training program at University of Massachusetts Medical Center has opening for July 1983. Completion of PL-2 year is required. CONTACT: Dr I. F. Abroms, University of Massachusetts Medical Center, 55 Lake Ave North, Worcester, MA 01605.

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PEDIATRIC RESIDENCIES—PL-2 and PL-3 positions are available starting July 1982 at T. C. Thompson Children's Hospital Medical Center in Chattanooga, Tennessee. This is a community hospital affiliated with the University of Tennessee College of Medicine. We offer a complete training program with a broad-based patient population, pragmatic teaching by an active faculty, and an ideal patient load. Subspecialties are represented. Liberal benefits; beautiful area. Contact Dr Brent Morris, T. C. Thompson Children's Hospital Medical Center, 910 Blackford St, Chattanooga, TN 37403, or call (615) 778-6217.

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NEONATOLOGY FELLOWSHIPS—immediate openings. Two-year program in private perinatal center with 20-bed NICU under direction of full-time neonatologists. Perinatologists and pediatric subspecialists on active staff. Emphasis on clinical experience with opportunities for clinical investigations. Contact: Joe Alexander, MD, Mercy Health Center, 4200 W Memorial, Oklahoma City, OK 73120.

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UNIVERSITY OF VERMONT—Neonatal Fellowship opening for July 1, 1983. A 22-bed, rural, university regional intensive care nursery. Active research program in transcutaneous blood gas bilirubin monitoring plus ultrasound studies of intracranial hemorrhage. For applications write: Jerold Lucey, MD, Medical Center Hospital of Vermont, Burlington, VT 05401.

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ADOLESCENT MEDICINE FELLOWSHIP—One-year clinical fellowship available July 1982. Active ambulatory and consultation service at major teaching institution. New community and school-based program. Contact: Patricia Langehennig, MD, Department of Pediatrics, Cook County Hospital, 700 S Wood, Chicago, IL 60612.

PL-2 and PL-3 RESIDENCY AVAILABLE July 1982 at Mercy Hospital & Medical Center, Abraham Lincoln School of Medicine affiliated. The program is fully approved and accredited. Interested applicants should contact Billie Wright Adams, MD, Mercy Hospital & Medical Center, 26th & King Drive, Chicago, IL 60616. An Equal Opportunity Employer.

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NEONATOLOGY FELLOWSHIP—Unexpected opening for July 1, 1982 at the University of Michigan/Holden Perinatal Hospital. Comprehensive experience will prepare individuals for academic and/or practice careers. Faculty of four with research projects in intraventricular hemorrhage; membrane oxygenation (ECMO); cognitive development; CNS imaging; bilirubin. Write or call: D. W. Roloff, MD, Director of Newborn Services, University of Michigan, Box 007, L3018 Women's Hospital, Ann Arbor, MI 48109. (313) 763-4109. An Affirmative Action, Equal Opportunity Employer.

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MISSOURI—Pediatric Gastroenterology Fellowship—Available July 1 or September 1, 1982 at the University of Missouri. Program includes extensive training in clinical care, research, and gastrointestinal procedures. Apply C. Woodruff, Department of Child Health, University of Missouri Health Sciences Center, Columbia, MO 65211.

□

PL-2/PL-3 opening July 1982. Outstanding opportunity; fine university program. Primary through tertiary care; full subspecialty faculty. Brian Zack, MD, CMDNJ-Rutgers Medical School, Middlesex Hospital, New Brunswick, NJ 08903. (201) 937-8675.

GENERAL NOTICES

LEARNING DISABILITIES: CAUSES AND CURES—Looking ahead in the 80s/October 23, 1982. Sponsor: Boston University School of Medicine, Departments of Pediatrics and Neurology. Course Director: N. Paul Rosman, MD. Fee: $100 (includes luncheon and syllabus). AMA Category I: 7 hours. Contact: Ms Donna Marcy, Dept of CME, BUSM, 80 E Concord St, Boston MA 02118. (617) 247-5602.

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BOSTON UNIVERSITY SCHOOL OF MEDICINE, Departments of Pediatrics and Orthopedics present EMERGENCY PEDIATRICS. Dates: October 1–2, 1982. Place: Howard Johnson's 57 Park Plaza Hotel, Boston, MA. Fee: $165 ($100 for RNs, PAs, and residents). For further information contact: Dept of Continuing Medical Education, Boston University School of Medicine, 80 E Concord St, Boston, MA 02118 (617) 247-5602.

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NEONATAL NUTRITION CONFERENCE—Departments of Pediatrics and Nutrition, Case Western Reserve University, September 12–15, 1982. Key speakers will include Drs Edward F. Bell, Rosita S. Pildes, Avroy A. Fanaroff, John H. Kennell, and William B. Pittard III. Write to: Diane Anderson, MS, RD, Rainbow Babies & Childrens Hospital, Rm 706, 2101 Adelbert Rd, Cleveland, OH 44106. Fee: $80. Continuing Education Accreditation has been requested from the ADA, AMA, and from the Ohio Nurses Association.

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The Society for Pediatric Dermatology announces its grants for clinical or basic research in pediatric dermatology ($5,000 maximum). The Society is composed of pediatricians and dermatologists interested in skin diseases in children. The Society holds an annual meeting and publishes a quarterly newsletter. For information regarding the grant membership contact: James E. Rasmussen, MD, University of Michigan Medical Center, Department of Dermatology, Box 031, C-2069 Outpatient Bldg, Ann Arbor, MI 48109. The next annual meeting—Aspen, Colorado, July 13–16, 1982.

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TODAY'S ADOLESCENT AND THE SCHOOL ENVIRONMENT: MEDICAL AND BEHAVIORAL ASPECTS—July 30, 31, August 1, 1982. Cosponsors: American Academy of Pediatrics and the Children's Service, Massachusetts General Hospital, Boston. Location: Parker House Hotel, Boston, Massachusetts. AMA Category I and PREP Credits: 19 hours. Emphasis: Major aspects of health care for the adolescent in secondary school and college, commonly encountered medical problems, sports injuries, and adjustment problems of adolescence. A complete list of guest faculty and a course program will be sent on request. Contact: Jean Dow, Department of Education, American Academy of Pediatrics, PO Box 1034, Evanston, IL 60204. (800) 323-0797.

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PEDIATRICS FOR THE PRACTITIONER—July 11–12, 1982. 1st Annual Disneyland Seminar sponsored by California Chapter 2, American Academy of Pediatrics. SPEAKERS: J. Robert Bragonier, MD (Obstetrics); James G. Garrick, MD (Sports Medicine); Alvin H. Jacobs, MD (Dermatology); Eugene Keller, MD, (Emergency Medicine); John D. King, MD (Orthopedics), Jordan J. Weitzman, MD (Pediatric Surgery). PLACE: Disneyland Hotel, Anaheim, CA. CONTACT: Eve Black, PO Box 2134, Inglewood, CA 90305. (213) 757-1198.

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TWENTY-FIFTH ANNUAL PEDIATRIC PROGRAM, August 1–5, 1982, Aspen, Colorado. Preceded by: Genetics for the Practitioner, July 31, 1982. For information or registration contact: The Office of Postgraduate Medical Education, The University of Colorado School of Medicine, 4200 East Ninth Ave, Box C-295, Denver, CO 80262 or call (303) 394-5241.

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POLICY: Ads must be relevant to the practice of medicine. We reserve the right to revise or reject advertising copy that is deemed objectionable. Although the American Academy of Pediatrics believes the classified advertisements in these columns to be from reputable sources, the AAP does not investigate the offers made and assumes no responsibility concerning them.

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