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A new edition of School Health: A Guide for Health Professionals is now available. "This is a manual that all pediatricians should have in their office if they are engaged in the care of pre-school, elementary and high school children," according to the chairman of the Committee on School Health which revised the book.

School Health gives practical and helpful information on how school health programs function and how these programs fit into the school structure. It discusses the problems of pre-school age children, elementary school children and adolescents, and has a section on children with special educational needs. In addition, it reports on screening tests needed as well as the essentials of history and physical examination, follow-up procedures and record keeping. Other points of interest are: health education, physical education, physical activities for children with handicaps, dental care, school sports programs, communicable disease, emergency care in schools, school personnel problems and school safety.

The appendices have a wealth of information on immunization schedules, vision and hearing screening, maturity classification, screening for scoliosis, dental conditions, terminology for heart murmurs, school health appraisal forms, sports field examinations, first aid equipment and supplies, health supervision of food handlers, school policies on first aid and hemoglobin and hematocrit values. 1981 Indexed: 297 pages.

Note AAP Fellows (not Junior Fellows) may receive one free copy by calling 800-323-0797.
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)**
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The new “Red Book” is here...

The 19th edition of the Academy’s quick reference guide to more than 100 communicable diseases is now available for purchase.

New sections of this authoritative handbook, officially known as the “Report of the Committee on Infectious Diseases,” include recently described diseases caused by coronaviruses, Legionella pneumophila, hepatitis B and non A and non B hepatitis, Kawasaki disease and yersinia species, and use of new vaccines and specific immune globulin preparations for hepatitis, rabies, varicella-zoster, and pneumococcal infection. 1982; 32 tables; indexed; 379 pages.

Note: All Fellows and Junior Fellows will be mailed one complimentary copy in June.

Please send me: 1 copes.  American Academy of Pediatrics
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Shoe therapy for the toed-in or toed-out child

Treating toeing-in or toeing-out usually requires that the feet, legs, or both, be turned in a direction opposite to that of the deformity. They must then, for a time, be maintained in this corrected or overcorrected position. Casts, or bars mounted on shoes or, sometimes, therapeutic shoes alone, aid in the treatment.

Therapeutic shoes may be specially shaped, stiffened or wedged to augment the effect of bars or to prevent reversion after casting or simply to encourage the patient to walk straighter.

Three basic types of therapeutic shoes are generally used: outflare (swung-out), straight last and inflare (swung-in).

For varus or toed-in feet, outflare shoes—Markell's Tarso Pronator® and Tarso Outflare®—are suggested. In milder cases, our straight-last Tarso Medius® may be indicated.

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NEOSPORIN® Ophthalmic Ointment Sterile (Polymyxin B—Bacitracin—Neomycin)
Description: Each gram contains: Polymyxin B Sulfate 5,000 units, bacitracin zinc 400 units, neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base), special white petrolatum.

Brief Disclosure below applies to both the solution and the ointment.

INDICATIONS: For the short-term treatment of superficial external ocular infections caused by organisms susceptible to one or more of the antibiotics contained therein.

CONTRAINDICATIONS: Contraindicated in those persons who have shown sensitivity to any of the components.

WARNINGS: Prolonged use may result in overgrowth of nonsusceptible organisms. Ophthalmic Ointment may retard corneal healing.

PRECAUTIONS: Culture and susceptibility testing should be performed during treatment. Allergic cross-reactions may occur which could prevent the use of any or all of the following antibiotics for the treatment of future infections: kanamycin, polymyxin, streptomycin, and possibly gentamicin.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizing agent. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Complete literature available on request from Professional Services Dept. PML.
Now age is no barrier to successful asthma therapy...

NEW INTAL®
cromolyn
sodium
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Up till now, the benefits of long-term Intal® therapy were only available to patients able to use the Spinhaler® turbo-inhaler correctly. Now the introduction of the new Intal Nebulizer Solution guarantees that even your younger patients can benefit from the proven efficacy of Intal.

Clinical studies have demonstrated that Intal dramatically reduces coughing, wheezing and dyspnea when administered via power-driven nebulizer. And unlike bronchodilators, which merely relieve the symptoms of asthma, Intal acts on one of its fundamental causes, an excess sensitivity to various pharmacologic, physical and chemical stimuli. In fact, Intal is the only medication that reduces the overall severity of asthma by reducing the level of hyperreactivity.

Intal acts directly on the bronchial airways. Little drug is absorbed systemically and side effects are rare—a significant consideration in managing younger children with asthma. And Intal therapy is rarely associated with the nausea, irritability and headaches that may occur with bronchodilator therapy.

Please see next page for prescribing information.
NEW
INTAL® (cromolyn sodium, USP)
NEBULIZER SOLUTION
FOR INHALATION USE ONLY — NOT FOR INJECTION

Simplifies asthma management in younger patients

Brief Summary

INDICATIONS AND USAGE: Intal Nebulizer Solution is indicated in the management of patients with bronchial asthma in whom bronchodilator reversibility test has been performed and who have demonstrated bronchodilator reversibility. Intal Nebulizer Solution may be used in patients who have bronchoconstrictor effects of histamine and/or methacholine. Intal Nebulizer Solution may be used in patients who have bronchospasm during administration.

PRECAUTIONS:

CONTRAINDICATIONS: Intal Nebulizer Solution is contraindicated in those patients who are hyperreactive to cromolyn sodium.

WARNINGs: Intal (cromolyn sodium, USP) Nebulizer Solution has no role in the treatment of an acute attack of asthma, especially status asthmaticus.

The prophylactic effect of cromolyn sodium is usually evident after several weeks of treatment, although some patients show an almost immediate response. In some animal toxicity studies, a previously unreported proliferative arterial lesion found predominantly in the kidneys occurred in both treated and untreated macaque monkeys. The possibility that the increased incidence of the lesion in the treated monkeys is due to the administration of cromolyn sodium can neither be affirmed nor refuted. For additional details, see Animal Toxicology in the package insert. The relevance of these data to man is unknown.

In considering the long term administration of Intal Nebulizer Solution to a patient, the physician should take into consideration the possible risk as well as the degree of efficacy achieved in the individual patient.

PRECAUTIONS:

General: In view of the biliary and renal routes of excretion for cromolyn sodium, consideration should be given to decreasing the dosage or discontinuing the administration of the drug in patients with impaired renal or hepatic function.

It is recommended that the patient’s ability to concentrate inosine phosphoribosyltransferase be observed during the course of Intal Nebulizer Solution therapy; the drug should be discontinued.

Occasionally patients may experience cough and/or bronchospasm following cromolyn sodium inhalation. At times, patients with cromolyn sodium induced bronchospasm may not be able to continue its administration despite prior bronchodilator administration. Rarely very severe bronchospasm has been encountered.

Symptoms of asthma may recur if Intal Nebulizer Solution is reduced below the recommended dosage, or discontinued.

Carcinogenicity: Long-term studies have been conducted in mice (12 months) and rats (24 months) using cromolyn sodium injected intraperitoneally. There was no effect of the treatment on the incidence of neoplasia.

Pregnancy: Pregnancy Category B.

Reproduction studies performed in rabbits, rats, and mice at doses up to 600 times the human dose have revealed no evidence of impaired fertility or harm to the fetus due to cromolyn sodium. There are, however, no adequate and well controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Reproduction studies with parenterally administered cromolyn sodium have been performed in rabbits, rats, and mice. Adverse fetal effects (increased resorptions and decreased fetal weight) were noticed only at very high parenteral doses that produced maternal toxicity. The relevance to the human is not known.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Intal Nebulizer Solution is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of 2 years have not been established.

ADVERSE REACTIONS: The adverse reactions which have been observed in clinical trials with Intal Nebulizer Solution are as follows:

Cough, Nasal congestion, Nausea, Sneezing, Wheezing

Other reactions have been reported in clinical trials; however, a causal relationship could not be established:

Dryness, Nasal itching, Nose bleed, Nose burning, Serum sickness, Stomatache

In addition, adverse reactions have been reported with Intal (cromolyn sodium) 20 mg Capsules. The most frequently reported adverse reactions attributed to Intal capsules (on the basis of reoccurrence following readministration) involve the respiratory tract and include:

Bronchospasm, Cough, Laryngeal edema (rare). Nasal congestion, Pharyngeal irritation, Hyperventilation

Other adverse reactions which have also been attributed to Intal capsules (on the basis of reoccurrence following readministration) are:

Angioedema, Dizziness, Dysuria and urinary frequency, Joint swelling and pain, Lactation, Nausea and headache, Rash, Swollen parotid gland, Urticaria

In addition, the following adverse reactions have been reported as rare events and it is unclear whether these are attributable to Intal capsules:

Anaphylaxis, Anemia, Exfoliative dermatitis, Hemoptysis, Hoarseness, Myalgia, Nephrosis, Periarthritic vasculitis, Pericarditis, Peripheral neuritis, Photodermatitis, Polymyositis, Pulmonary infiltrates with eosinophilia, Vertigo

DOSAGE AND ADMINISTRATION: The usual starting dosage for adults and children 2 years of age and under is the contents of one ampule administered by nebulization four times a day. One ampule contains 20 mg cromolyn sodium. Intal Nebulizer Solution should be administered from a power-operated nebulizer having an adequate flow rate, equipped with a suitable face mask. Hand operated nebulizers are not suitable for the administration of Intal Nebulizer Solution. Patients should be advised that the effect of Intal Nebulizer Solution therapy is dependent upon its administration at regular intervals, as directed. Intal Nebulizer Solution should be reduced into the patient’s therapeutic regimen when the acute episode has been controlled, the airway cleared and the patient is able to inhale adequately.

Once a patient is stabilized on Intal Nebulizer Solution, if there is no need for steroids, the frequency of administration may be titrated downward to the least frequent level consistent with the desired effect. The usual decrease is from four to three Intal Nebulizer Solution ampules per day. It is important that the dosage be reduced slowly, maintaining close supervision of the patient, to avoid exacerbation of asthma. It should be emphasized that in patients who have been titrated down to less than four ampules per day, an increase in dosage may be needed if the patient’s clinical condition worsens.

CORTICOSTEROID TREATMENT AND ITS RELATION TO INTAL NEBULIZER SOLUTION USE: An attempt to decrease corticosteroid administration and particularly to institute an alternate-day regimen should be made in asthmatic patients receiving corticosteroids. Concomitant corticosteroids, as well as bronchodilators, should be continued following the introduction of Intal Nebulizer Solution. If the patient improves, an attempt to decrease corticosteroids should be made. Even if the steroid-dependent patient fails to improve following Intal Nebulizer Solution administration, gradual tapering of steroid dosage may nonetheless be attempted. It is important that the dose be reduced slowly, maintaining close supervision of the patient, to avoid an exacerbation of asthma. It should be borne in mind that prolonged corticosteroid therapy frequently causes a reduction in the activity and size of the adrenal cortex. Relative adrenocortical insufficiency upon discontinuation of therapy may be avoided by gradual reduction of dosage.

However, a potentially critical degree of insufficiency may persist asymptptomatically for some time even after gradual discontinuation of adrenocortical steroids. Therefore, if a patient is subjected to significant stress, such as a severe asthmatic attack, surgery, trauma or severe illness while being treated or within one year (occasionally up to two years) after corticosteroid treatment has been terminated, consideration should be given to reinstating corticosteroid therapy. When the inhalation of Intal Nebulizer Solution is impaired, as may occur in severe exacerbations of asthma, a temporary increase in the amount of corticosteroids and/or other medications may be required.

It is particularly important that great care be exercised if for any reason Intal Nebulizer Solution is withdrawn in cases where its use has permitted a reduction in the maintenance dose of steroids. In such cases, concurrent observation of the patient is essential since there may be sudden reappearance of severe manifestations of asthma which will require immediate therapy and possible reintroduction of corticosteroids.

HOW SUPPLIED: Intal (cromolyn sodium, USP) Nebulizer Solution is supplied in a double ended glass ampule containing 20 mg cromolyn sodium in 2 ml purified water.

NDC 0585-0673-01 48 ampules × 2 ml Intal Nebulizer Solution should be stored below 30°C (86°F) and protected from direct light.

CAUTION: Federal law prohibits dispensing without prescription. Manufactured for: Fisons Corporation By: Fisons plc
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The most dangerous days of life are the first twenty-eight. "Standards and Recommendations for Hospital Care of Newborn Infants" is an authoritative reference for guiding the newborn safely from delivery to discharge. The manual details the facilities and staff needed to provide optimum newborn care and describes antenatal risk screening, resuscitation and evaluation in the delivery room, oxygen therapy, control of infection and intensive care. It also describes normal newborn care and feeding, family participation in the care of the newborn, regionalization of perinatal care and transfer procedures. The "Newborn" manual is a must for every physician and nurse who provide newborn care. 1977 Indexed: 178 pages.

Please send me the following:

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□ Check for $_______ is enclosed. Personal order must be prepaid. Make check payable to: American Academy of Pediatrics.

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OPPORTUNITIES

Fifth pediatrician to join general pediatric suburban Philadelphia group in comfortable and convenient eastern Montgomery county. Active newborn service. Subspecialty training preferred but not required. Reply Box #108201. 

The University of Alabama in Birmingham is seeking candidates for the position of Chairman of the Department of Pediatrics and Physician-in-Chief at the Birmingham Children's Hospital. Applicants should apply in writing with a copy of their curriculum vitae and bibliography to W. Mitchell Sams, Jr, MD, Department of Dermatology, UAB/University Station, Birmingham, AL 35294. The University of Alabama in Birmingham is an Equal Opportunity Employer. 

MASSACHUSETTS—Pediatrician to take over 40-year established solo practice close to Boston. Completely equipped air-conditioned office including x-ray and laboratory. Will continue as associate part-time. No investment. Reply Box #108202. 


NEW YORK—Pediatrician, Board-certified or eligible, to join Capital Area Community Health Plan, a federally qualified HMO, serving 38,500 members. Practice includes hospital and office-based care. Present multispecialty staff includes six pediatricians and three family practice physicians. CHP is located in New York's capital district, within easy reach of Boston, New York City, and Montreal. The area offers a wide range of residential styles, and has an abundance of cultural and recreational options. Professionals enjoy attractive salary and fringe benefits. Position available immediately. Address inquiries to Stanley E. Kilty, MD, Medical Director, CHP, 1201 Troy Schenectady Rd, Latham, NY 12110. Collect phone calls are welcome. (518) 783-3110. 

CARBONDALE CLINIC—Vacation center of Southern Illinois and the home of Southern Illinois University needs sixth general pediatrician. Medical school affiliation, family practice residents, hospital-based neonatologists, four of five weekends free, time off increases to eight weeks. Send resume/references to: C. Norman Geyer, MD, Carbondale Clinic, 2601 West Main, Carbondale, IL 62901. (618) 549-5361. 

PEDIATRIC CARDIOLOGIST—Board-certified/Board-eligible to join Board-certified pediatric cardiologist. Please send CV to William N. Evans, MD, 3101 Maryland Parkway #105, Las Vegas, NV 89109. 

PEDIATRIC NEUROLOGIST needed in 124-doctor multispecialty clinic; four-physician department includes one pediatrician; 288-bed hospital adjacent; liberal fringe benefits and salary leading to equal ownership; community of 100,000 with large midwestern university and medical school providing opportunity for teaching. Write including CV to Chief Executive Officer, Carle Clinic, 602 W University Ave, Urbana, IL 61801. 

PENNSYLVANIA—BC/BE pediatrician to join three young pediatricians in rapidly growing Pocono region practice. Outstanding career opportunity in excellent recreational area. Competitive salary and benefits. Reply Box #108204. 

MIDDLE TENNESSEE—BE or BC pediatrician, preferably university trained, to join busy three-physician group. Prefer generalist who can do high level of newborn care in a nursery that functions as Level II center. Salary and fringes very competitive. Reply Box #108215. 

NEONATOLOGIST—Billings, Montana. Seeking full-time neonatologist to direct 21-bed Level 2 NICU. 5,000 births in service area. Excellent salary and benefits. Outstanding potential for qualifield teacher, consultant, and practitioner. Contact Dr Tom Robertson, The Circle/Physician Placement, Inc. (703) 821-8955. 

COLORADO—Pediatrician to join six BC pediatricians in established multispecialty group with growing fee-for-service and HMO practice. Send CV: Joseph Corrigan, MD, 209 South Nevada, Colorado Springs, CO 80903. 

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Continued on page A126
DENVER—BC/BE pediatrician to join two pediatricians and CHAP in hospital-based private practice: intensive care, referral consultation, and teaching responsibility. Neonatology or intensive care experience given preference. Attractive remuneration. Send CV to: Consultant Pediatrics and Newborn Medicine, c/o Porter Memorial Hospital, 2525 South Downing, Denver, CO 80210. (303) 761-6916.

MASSACHUSETTS—BC/BE pediatrician to join established and growing solo practice 30 miles south of Boston. Excellent coverage. University affiliation. CV please. Reply Box 108217.

SOUTH CAROLINA—Board-eligible or certified neonatologist to join two neonatologists at a large, community teaching hospital with 24-bed, regional NICU. Residents and practitioners present. Teaching opportunities, clinical research, regional perinatal involvement and developmental clinic available. Excellent working conditions and fringe benefits. New 36-bed NICU under construction. Contact Dr David Wells or Dr Jerry Ferlauto, Greenville Hospital System, 701 Grove Rd, Greenville, SC 29605.

Faculty position in academic pediatrics. Board-certified pediatrician with clinical skills ranging from intensive to primary care pediatrics. Intensive care background required. Associate/assistant professor level; competitive salary. Candidate should be capable of serving as general pediatric consultant to referring pediatricians and family physicians in central Massachusetts. Send CV to J. B. Henshaw, Chair, Department of Pediatrics, University of Massachusetts Medical Center, 55 Lake Ave North, Worcester, MA 01605. An affirmative action/equal opportunity employer.

PEDIATRICIAN—Board-eligible, for 30-year pediatric group in midwest executive suburb, served by medical school-affiliated community hospital of highest quality. One-year salary, leading to corporate partnership on retirement of senior partner within following year. No immediate investment, good fringe benefits, excellent community, schools. CV to Box #108206.

PEDIATRICIAN—Immediate opening available for Board-certified or eligible pediatrician. Full-time position in hospital-based, academic ambulatory setting. Position involves clinical care, teaching, and research. Reply with CV to William G. Bithoney, MD, Comprehensive Child Healthcare Program Director, Children's Hospital Medical Center, 300 Longwood Ave, Boston, MA 02115. An Equal Opportunity Employer.

OHIO General/Ambulatory pediatrician in the division of general pediatrics. The Department of Pediatrics at the Medical College of Ohio is seeking a general pediatrician with a strong commitment to resident and medical student teaching, patient care, and clinical research. Board-certified/eligible in pediatrics. Faculty rank and salary commensurate with experience. Applications to: George A. Nankervis, PhD, MD, Department of Pediatrics, Medical College of Ohio, CS 1008, Toledo, OH 43699.

PEDIATRIC EMERGENCY MEDICINE, HENRY FORD HOSPITAL, DETROIT, MICHIGAN—The Department of Pediatrics and the Division of Emergency Medicine, Department of Medicine, invite applicants to head our new pediatric emergency medicine division. This new position will offer a unique opportunity to work in concert with the staff of our emergency medicine division, department of medicine. In the fall of 1982, Henry Ford Hospital will be opening a large new addition which will include new emergency medicine facilities. Annual patient visits will be in excess of 70,000. An area in this unit has been dedicated to the care of children and should greatly enhance our ability to render periodic and emergency care to the child. This facility is part of the Henry Ford Hospital system which includes a 1,000-bed, urban teaching hospital and ambulatory clinics as well as ambulatory care facilities located throughout the Detroit metropolitan area. The new staff member is expected to help develop the division. The position will involve the supervision of other staff members and the training of both pediatric and emergency medicine house officers. Clinical research is encouraged. A keen interest in being involved in an academic environment is important. A curriculum vitae and letters of recommendation will be required of serious candidates. Staff benefits at Henry Ford Hospital are excellent. The salary for this position is negotiable. Interested physicians may contact: Dr John A. Anderson, Chairman, Department of Pediatrics, Henry Ford Hospital, 2799 West Grand Blvd, Detroit, MI 48202. Henry Ford Hospital is an Equal Opportunity Employer.

TEXAS—BC/BE pediatrician to join established pediatrician in a 17-physician multispecialty clinic. Central Texas—lakes, sports, cultural activities. Send CV to Administration, 2205 South Loop 363, Temple, TX 76502 or call (817) 778-2123.

EMERGENCY SERVICE PHYSICIANS/LE BONHEUR CHILDREN'S MEDICAL CENTER/DEPARTMENT OF PEDIATRICS/UTCHS—Seeking full-time physicians, Board-certified or eligible, having either completed postgraduate training in emergency medicine, critical care subspecialty, or acquiring appropriate experience in pediatric emergency medicine. Positions involve direct patient care, house staff supervision, and teaching responsibilities. University appointments available depending on qualifications. Direct inquiries: John F. Gwin, MD, Director, Emergency Services, Le Bonheur Children's Medical Center, 848 Adams, Memphis, TN 38103.

OHIO—General/Ambulatory Pediatrician in the division of general pediatrics. The Department of Pediatrics at the Medical College of Ohio is seeking a clinical director with academic orientation and experience in patient care, teaching, administration, and clinical research. Applicant must be Board-certified in pediatrics; candidates with ambulatory fellowship training preferred. Faculty rank and salary commensurate with experience. Applications to: George A. Nankervis, PhD, MD, Department of Pediatrics, Medical College of Ohio, CS 1008, Toledo, OH 43699.
NEONATOLOGIST—Board-certified or eligible to team with three others in a tertiary level, 20-bed capacity unit with a transport system and an active high risk developmental follow-up clinic. Interest in research and teaching emphasized. Submit curriculum vitae to: A. J. Herrera, MD, Chief of Neonatology, St Agnes Hospital, 900 Caton Ave, Baltimore, MD 21229.

FACULTY POSITION IN AMBULATORY/GENERAL ACADEMIC PEDIATRICS—St Jude Children’s Research Hospital is seeking a full-time BE/BC pediatrician committed to teaching and patient care with a strong interest in clinical research. Opportunities to study health problems among children and adolescents living in a well-defined local community are excellent. The program is closely associated with the Division of Ambulatory Pediatrics at the University of Tennessee and a faculty appointment is available. Salary and benefits are commensurate with training and experience. For further details contact: Dr Sandor Feldman, Director General Pediatrics, St Jude Children’s Research Hospital, Memphis, TN 38101. (901) 522-0300.

PHYSICIAN IN GENERAL PEDIATRICS RESEARCH—Department of Pediatrics of Case Western Reserve University School of Medicine seeks individual to lead research efforts in division of general pediatrics. Individual may be pediatrician and/or PhD in related field. Areas of interest or training could include, but not limited to: development, behavior, school/learning problems, infectious diseases, clinical pharmacology, epidemiology, sociology, etc. Academic rank in salary commensurate with prior training and experience. Start up funding available. Send CV and three references to Jerome A. Paulson, MD, Director, Rainbow Ambulatory Practice, Rainbow Babies & Children’s Hospital, 2101 Adelbert Rd, Cleveland, OH 44106. AA/EOE.

HEADSHIP, DEPARTMENT OF PEDIATRICS—The University of Illinois College of Medicine in Chicago announces a search for a Head of its Department of Pediatrics and Chief of the Pediatric Service at the University of Illinois Hospital. The College of Medicine, located in the Westside Medical Center of Chicago, has over 800 students and is immediately adjacent to the newly constructed university hospital, which offers the most advanced facilities available. Candidates should be Diplomates of the American Board of Pediatrics (or its equivalent), have a commitment to research, and have the ability to administer a comprehensive academic program, including undergraduate, graduate, and continuing education in pediatrics. Interested individuals should write to: Dr John S. Garvin, Chairperson, Search Committee, Professor and Head, Department of Neurology, PO Box 6998, Chicago, IL 60680. The University of Illinois at the Medical Center is an Equal Opportunity/Affirmative Action Employer.

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 Children’s Hospital Medical Center, 910 Blackford St, Chattanooga, TN 37403. (615) 778-6170.

EXEMPLARY OPPORTUNITY, ACADEMIC GENERAL PEDIATRICS—Department of Pediatrics, Case Western Reserve University, seeks individuals for research, teaching, and practice in general pediatrics at a university medical center. Interest in adolescent medicine, school health, behavioral pediatrics, or developmental pediatrics helpful. Ample time reserved for pursuit of scholarly activities. Academic rank and salary commensurate with experience. Send CV to: Jerome A. Paulson, MD, Medical Director, Rainbow Ambulatory Practice, Rainbow Babies & Children’s Hospital, 2101 Adelbert Rd, Cleveland, OH 44106. AA/EOE.

ATLANTA, GEORGIA—We need a fourth Board-certified or eligible pediatrician to join our progressive, academically oriented practice in Atlanta’s most desirable suburban area. Send curriculum vitae. Box #108208.

EXCELLENT OPPORTUNITY, ACADEMIC GENERAL PEDIATRICS—Department of Pediatrics, Case Western Reserve University, seeks individuals for research, teaching, and practice in general pediatrics at a university medical center. Interest in adolescent medicine, school health, behavioral pediatrics, or developmental pediatrics helpful. Ample time reserved for pursuit of scholarly activities. Academic rank and salary commensurate with experience. Send CV to: Jerome A. Paulson, MD, Medical Director, Rainbow Ambulatory Practice, Rainbow Babies & Children’s Hospital, 2101 Adelbert Rd, Cleveland, OH 44106. AA/EOE.

UTAH—Pediatrician looking for BE/BC pediatrician to join growing general pediatric practice near Salt Lake City. Salary leading to early partnership. Excellent cultural and recreational facilities. Reply Box #108209.

Tampa Bay area needs pediatrician—Large multispecialty clinic with hospital located on the west coast of Florida is seeking a third recently trained BC/BE pediatrician to join an established, rapidly growing practice. Teaching opportunities are available through a local medical school. Our location offers unlimited cultural, recreational, and leisure activities. Competitive first year income with no investment required. Send CV to Box #108211. An Equal Opportunity Employer M/F.
BC/BE pediatrician to join busy academically oriented pediatricians in upstate New York, near Albany. Academic appointment available. Great living for summer or winter enthusiasts. Send CV Box #108212.

MARYLAND—Excellent opportunity for young BC/BE pediatrician to join growing practice in city serving 75,000. Very good starting salary. One hour from Washington and Baltimore. Ideal opportunity for long-term association with easy-going, hard-working general pediatrician. Send CV to Box #108216.

Metropolitan new private group practice with university affiliation and teaching responsibilities, seeks new associate July 1983. Specialty training preferable, not necessary. Send resume to Box #108214.

PENNSYLVANIA—Opening for second neonatologist in large community teaching hospital with Level II NICU facilities. 2,600 deliveries annually. Opportunities for: patient care, teaching of family practice and obstetrics, clinical research. Location: beautiful south-central Pennsylvania. Send resume and three references to: Merle S. Bacastow, MD, Vice President, Medical Affairs, York Hospital, 1001 South George St, York, PA 17405.

ST. JOHN’S EPISCOPAL HOSPITAL
BROOKLYN, NY

DIRECTOR

DEPARTMENT OF PEDIATRICS

The candidate must have a broad experience in direct patient care and teaching, and demonstrated proficiency in administration and leadership. The candidate must be able to qualify for senior academic rank on the faculty of Downstate Medical Center, and be Board-certified or eligible in pediatrics.

Applications and nominations for the position of Director of Pediatrics Department are invited. Please send curriculum vitae and letters of recommendation to:

Alfonso Yu Chan, MD
Director of Quality Assurance
St John’s Episcopal Hospital
1545 Atlantic Avenue
Brooklyn, NY 11213

(212) 467-7000, ext 2181
STAFF PHYSICIAN

The Chest Devisio, The Hospital for Sick Children, Toronto, Canada, requires a staff physician at the Assistant Professor Level. Applicants will be Royal College or Board-certified in pediatrics with experience in pediatric chest disease. In addition, ability to develop an independent research program and an aptitude in teaching are essential. Duties include teaching, patient care, and research. Salary will be commensurate with qualifications. Enquiries should be sent to Dr J.A.P. Turner, Head, Division of Chest Diseases, The Hospital for Sick Children, 555 University Ave, Toronto, Ontario, Canada M5G 1X8.

This advertisement is directed to persons who are legally eligible to work in Canada.

PEDIATRICIAN: The Hitchcock Clinic, a component of the Dartmouth-Hitchcock Medical Center, is seeking a generalist/ambulatory pediatrician, BC/BE, for a rural pediatric practice, in a lovely central New Hampshire college town. The practice includes ambulatory teaching responsibilities for residents and medical students. Full academic appointment at Dartmouth Medical School. Guaranteed salary, excellent fringe benefits. Available immediately. Send CV to George Little, MD, Chairman, Department of Maternal & Child Health, Dartmouth-Hitchcock Medical Center, Hanover, NH 03755. AA/EOE

DIRECTOR, PEDIATRIC EDUCATION—Austin, Texas. Three-year, 12-resident, accredited, community-based program in 350-bed municipal hospital with programs in IM, FP, OB/Gyn, surgery, pathology, and psychiatry. Contact: Earl Matthew, MD, Brackenridge Hospital, 1500 East Avenue, Austin, TX 78701.

NEONATOLOGIST for expanding Level III perinatal program. Must be Board-certified or eligible. Over 5,000 deliveries per year plus transport service. Competitive salary. University appointment. Contact Jeffrey Pomerance, MD, MPH, Cedars-Sinai Medical Center, 8700 Beverly Blvd, Los Angeles, CA 90048. (213) 855-4431. Cedars-Sinai Medical Center is an Equal Opportunity Employer.

FLORIDA—BC/BE pediatrician to join four-physician group in Broward County, July 1983. Corporate benefits. Send CV to Baris Litvak, MD, 201 North University Drive, Plantation, FL 33324.

The University of California, San Francisco School of Medicine, and its affiliate, Valley Medical Center of Fresno, seeks a Chief of Pediatrics and Director of the Pediatrics Residency Program. Valley Medical Center, a 400-bed county facility is the principal teaching hospital of the UCSF Medical School's new clinical branch in the Fresno central San Joaquin Valley region of California. The training program in pediatrics (18 residents), which places emphasis in primary care, is integrated with the Valley Children's Hospital of Fresno. We seek an individual with significant background of experience in clinical teaching, research, and academic administration in pediatrics who would quality for appointment at associate professor or professor level. Please direct inquiries to the Chairman of the Search Committee, Richard A. Lockwood, MD, Director of Medical Affairs, Valley Medical Center, 445 S Cedar Ave, Fresno, CA 93702. (209) 453-5005. The University is an Equal Opportunity/Affirmative Action Employer.

WASHINGTON, ON PUGET SOUND—PEDIATRICIAN wanted to join expanding 24-physician multispecialty group. Prefer to have subspecialty in neonatology, neurology, or allergy. Drawing area of 160,000 west of Seattle. Excellent salary plus bonus with partnership after one year. Contact: R. B. Pinckey, Administrator, The Doctors Clinic, 2512 Wheaton Way, Bremerton, WA 98310. (206) 478-6286.

Small multispecialty group. Immediate opening available. Fee for service. Excellent salary, fringe benefits and productivity bonus. Rural setting. Dedication to patient care and rapport required. Write Box #098214.

SOUTHWEST—Pediatrician, Board-certified/Board-eligible, to join six pediatricians in congenital multispecialty group. University affiliation. Good salary. Diverse recreational opportunities and enough free time to enjoy them. Reply with CV to Box #098204.


CALIFORNIA—Excellent part-time or full-time private practice opportunity. Join active pediatrician adjacent to medical center. Beautiful northern California community near Stanford University. Benefits include free space and personnel for six months. Ideal for long-term association. Call (408) 358-2627.

PEDIATRICIAN WANTED—Board-eligible or certified experienced in neonatology for a high Level II nursery, full-time position. Write: Parvin Fadakar, MD, Pediatrics, Mount Sinai Hospital, 500 Blue Hills Avenue, Hartford, CT 06112.
INA HEALTHPLAN OF TEXAS, INC.

INA Healthplan of Texas, Inc. is a prepaid health plan designed to serve residents of the greater Dallas area. Its physician provider group, North Central Texas Independent Practice Association, PA (NCTIPA), has positions available for primary care internists, pediatricians, gynecologists, general surgeons, and family practitioners.

INA Healthplan is a subsidiary of INA Corporation, which currently operates successful HMOs in Arizona, California and Florida, and Washington, and has become established as an innovative leader in the health care field.

Physicians will enjoy a stimulating clinical practice in outstanding facilities, free of the business aspects of office management; excellent salary and fringe benefits; plus all the advantages of living in “Big D,” one of the most progressive and rapidly growing cities in the Sun Belt!

For further information, please respond with CV to:
Medical Director
INA Healthplan of Texas, Inc.
PO Box 401828
Dallas, TX 75240

BC/BE pediatrician to join four-physician department in a multispecialty group, practicing quality general pediatrics, in suburb north of Boston. Reply Box #098206.

NEONATOLOGIST(S)—BC/BE to join established private neonatology group practice in desirable location in 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 #098207.

ASSISTANT PROFESSOR—Academic pediatrician to join section of general pediatrics at large university-affiliated children’s hospital. Responsibilities include supervision of house staff and medical students in a pediatric ambulatory facility, a traditional pediatric clinic setting, and a newly developed continuity care program. In-patient responsibilities on both regular wards and a Level II nursery occur on a rotational basis. Board-certification/eligibility required and demonstrated ability and interest in clinical research desirable. Contact Owen M. Rennert, MD, Chairman, Department of Pediatrics, University of Oklahoma, PO Box 26901, Oklahoma City, OK 73190.

MIDWEST—Private specialty group seeks to expand into pediatrics . . . 300,000+ community, 550-bed community hospital complex, Level II nursery. Salary, incentive, and complete benefits. Call Steven Schulte. (309) 757-9300.

VIRGINIA—Part-time pediatrician wanted in beautiful northern Virginia area. BC/BE; Academically Oriented, Inc. Send resumé to Box #098208.


CALIFORNIA—Pediatric cardiologist to join the pediatric department at the Kaiser Permanente Medical Center in Sacramento. Must be willing to do some general pediatrics. Send curriculum vitae to: Kieran J. Fitzpatrick, MD, The Permanente Medical Group, Inc, PO Box 254999, Sacramento, CA 95825. An Equal Opportunity Employer.

MIDWEST—Fifth full-time neonatology position available immediately at a Level III regional perinatal center. Generous salary and fringe benefits. University appointment a possibility. Reply with CV and two letters of recommendation to Box #098210.

PEDIATRIC INTENSIVIST OR PULMONOLOGIST—Looking for a dynamic person to direct and develop pediatric intensive care unit. Hospital has a regional NICU with three full-time neonatologists. Great opportunity and potential for rapid growth and regional center. Salary and benefits commensurate with experience and qualifications. Interested candidates please apply with CV to Box #098216.

CHILDREN’S HOSPITAL OF EASTERN ONTARIO

PAEDIATRIC NEUROLOGIST

The Children’s Hospital of Eastern Ontario, Ottawa, invites applications for the above position. This individual will join the present complement of two in the Neurology Service.

The position is a geographic full-time post at the Hospital, which is the paediatric teaching unit of the Department of Paediatrics of the University of Ottawa. The University appointment would be commensurate with the experience of the candidate. Experience in related research as well as EEG interpretation and evoked potentials would be advantageous.

The Children’s Hospital of Eastern Ontario is a modern 301-bed facility serving a one million plus paediatric population and provides paediatric teaching to all levels of undergraduate and postgraduate students.

Interested persons should apply to Dr Pierre Beaudry, Chairman, Department of Paediatrics, University of Ottawa, and Chief, Department of Paediatrics, Children’s Hospital of Eastern Ontario.

401 Smyth Road
Ottawa, Ontario
K1H 8L1
PENNSYLVANIA—Board-certified/eligible pediatrician to join solo incorporated practice. Residents at hospitals. University position available. Additional night coverage in effect. Excellent community to raise family—one hour from Philadelphia. Mark S. Reuben, MD, 200 N 13th St, Reading, PA 19604.

PEDICATRICIANS—Texas Tech University Health Sciences Center, Regional Academic Health Center at Amarillo, Panhandle of Texas, is committed to the education of primary health care practitioners. Its Department of Pediatrics is recruiting four Board-certified pediatricians with subspecialties in developmental disabilities, cardiology, neonatology, and hematology/oncology. Applicants must be committed to patient care and teaching, have a strong interest in research, and be sub-board eligible or certified. Faculty appointment and salary commensurate with experience and qualifications. Apply with curriculum vitae and three letters of reference to Rolf Habersang, MD, Associate Chairman, Department of Pediatrics, Texas Tech University Health Sciences Center, 1400 Wallace Blvd, Amarillo, TX 79106. EOE/Affirmative Action Employer.

Two full-time positions at 747-bed medical school teaching hospital. Candidates will be responsible for coordinating a 6-bed pediatric (non-neonatal) intensive care unit. Prefer experienced person or subspecialist in pulmonary or infectious disease or pediatric intensive care. Minority applications welcomed. Send CV to Director of Newborn Services, St Elizabeth Hospital Medical Center, 1044 Belmont Ave, Youngstown, OH 44501.

SUNBELT OPPORTUNITY PEDIATRICS

A new 240-bed teaching hospital needs:

PEDICATRICIAN


MEDICALLY CHALLENGING

COMPETITIVE SALARY

EXCELLENT FRINGE BENEFIT PACKAGE

Contact Dr Harry McGaw, Medical Director, South Louisiana Medical Center, 1978 Industrial Boulevard, Houma, LA 70360, or call collect (504) 868-8140, extension 1285.

WISCONSIN—Director, Pediatric ICU, Milwaukee Children’s Hospital. Fourteen-bed multidisciplinary unit with over 600 admissions yearly, located in the only tertiary pediatric teaching hospital in Wisconsin. Faculty appointment. Excellent benefits. For further information, please contact William J. Gallen, MD, Professor of Pediatrics, Medical College of Wisconsin, Milwaukee, WI 53233. Equal Opportunity Employer, M/F/H.

WISCONSIN—Twelve-member multispecialty group in a community of 25,000 seeking second pediatrician. Excellent fringe benefits. Generous first year salary. Partnership second year. Reply with CV to Box #088204.


LOUISIANA—Two neonatologists, BC/BE, on a tenure track at a university hospital. Presently three neonatologists and two perinatologists. Research opportunities available. 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.
Continued from page A131

SOUTH—PEDIATRICIAN BC/BE to join established two-physician pediatric practice. Excellent lab, x-ray facilities in office with significant number of referred patients. Top first year guarantee, partnership after one year. Available immediately, but will consider resident finishing in July 1983. Metropolitan area 180,000, office physically connected to excellent 400-bed hospital with all specialties, Level II nursery. Level III nursery in city. Malpractice, health insurance, moving expenses paid. Hunting, fishing, water sports, many cultural opportunities, three hours to coast, good schools. Please send CV to Dr Allen White, Suite 500, 1722 Pine Street, Montgomery, AL 36106 or call collect (205) 834-7166 (day), (205) 265-3264 (night), or (205) 264-0103 (night).

FAMILY PRACTITIONER, OBSTETRICIAN-GYNECOLOGIST, AND PEDIATRICIAN needed to join multispecialty group (four family physicians, general surgeon, internist, and pediatrician) in well equipped offices. Liberal salary with fringes leading to ownership in professional association. Complete 185-bed hospital with family practice residency program next door. Excellent schools and recreational facilities. Contact John M. McGill, Medical & Surgical Group, 1105 Decker Drive, Baytown, TX 77520. (713) 427-1761.

NEONATOLOGIST—Third neonatologist BE/BC needed for 35-bed regional intensive care unit, Las Vegas, NV. Fee for service situation with salary leading to partnership. Faculty appointment and clinical research possible. Submit CV and references to: Bernard H. Feldman, MD, Sunrise Hospital, 3186 S Maryland Pkwy, Las Vegas, NV 89109.

SOUTH CAROLINA—Board-certified/Board-eligible pediatrician to join two established pediatricians in a multispecialty group practice. Located in a rapidly growing area near beaches and cosmopolitan areas. Teaching position available. Well equipped hospitals. Reply Box #088208.

NORTHERN CALIFORNIA—Second pediatrician needed for private pediatric practice. In the heart of the redwoods, near the ocean. Guaranteed salary. Contact John Mogel, MD, 3305 Renner Drive, Fortuna, CA 95540. (707) 725-9355.


PENNSYLVANIA, POTTSVILLE—Two young BC pediatricians. Rapidly growing practice, including consultative pediatrics. New office. Need third associate to continue as quality rather than quantity practice. Need time for family, education, recreation. Reply Box #088202.

FLORIDA—PEDIATRICIAN to join three young pediatricians in an academically oriented private practice. Applicant must be able to provide quality care for both inpatients and outpatients. Located on Florida's west coast. Reply Box #088211.

SAN FRANCISCO BAY AREA—The Sunnyvale Medical Clinic, a 45-physician multispecialty clinic located in the San Francisco Bay area for 30 years seeks a well-qualified pediatrician to join their five-member department. We are ideally located in the culturally and academically advanced Silicon Valley of northern California, close to San Francisco and Stanford University with enjoyable year-round outdoor living. Interested candidates should send curriculum vitae to Walter Saphir, MD, 596 Carroll St, Sunnyvale, CA 94086.

PEDIATRICIANS needed for community hospital. Relocation expenses and guaranteed income available. Please send CV to: Dept S-12, 2296 Henderson Mill Rd, Suite 306, Atlanta, GA 30345.

ILLINOIS/PEDIATRICIAN—Board-eligible/certi- fied, for Chicago metropolitan area. ANCHOR Organization for Health Maintenance is a well established, rapidly expanding, federally qualified HMO affiliated with Rush-Presbyterian St. Luke's Medical Center and presently operating six multispeciality group offices. The position will also hold a faculty appointment at Rush Medical College and offers an excellent fringe benefit program in one of the world's finest entertainment and cultural centers. Contact: Michael A. Stocker, MD, Medical Director, ANCHOR Organization for Health Maintenance, 1725 West Har- rison St, Chicago, IL 60612. (312) 666-7611.

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.

PRACTICE FOR SALE


JOINT PEDIATRIC PRACTICE FOR SALE—Young, growing, and established practice on southern New England seacoast. Community hospital adjacent to two major university teaching centers within one-hour radius. Available summer-fall 1982, terms negotiable. Send full CV in confidence to Box #098212.
FLORIDA—Ft Lauderdale suburb, solo practice, returning to training, available July 1983. Reply Box #108205.


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**POSITION/PRACTICE WANTED**

**PEDIATRICIAN**—Board-eligible, university-trained, seeking part- to full-time employment in general pediatrics in the Pittsburgh, Pennsylvania metropolitan area. Reply (412) 363-5021.

**PEDIATRICIAN**—32, Board-eligible, completing fellowship in pediatric rheumatology, would like to join solo or group practice with university affiliation in the Northeast. Box #108213.

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**FELLOWSHIPS, RESIDENCIES**

**TOXICOLOGY FELLOWSHIP**—A clinical fellowship in toxicology is available at the Children’s Hospital Medical Center, Boston, Massachusetts. Openings are available beginning July 1, 1983 for a period of one to two years. At least two years of postgraduate residency training in either pediatrics or medicine is required. Interested persons should contact Frederick H. Lovejoy, Jr, MD, Children’s Hospital Medical Center, 300 Longwood Ave, Boston, MA 02115.

**PEDIATRIC NEUROLOGY FELLOWSHIP**—Approved three-year training program at Cleveland Clinic has openings for July 1983. Completion of PL-2 required. Comprehensive program will prepare individuals for academic or practice careers. Active clinical service with three full-time pediatric neurologists. Opportunity for clinical and laboratory research. There is a full-time neuroscience faculty of 18. Contact A. David Rothner, MD, Cleveland Clinic Foundation, 9500 Euclid Ave, Cleveland, OH 44106.

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**PEDIATRIC NEUROLOGY FELLOWSHIP**—Position available in three-year training program at Duke University Medical Center beginning July 1, 1983. Apply before January 31, 1983 to Dr D. Lewis, Chief Division of Pediatric Neurology, Duke University Medical Center, Box M3430, Durham, NC 27710.

**PEDIATRIC INFECTIOUS DISEASE FELLOWSHIP**—July 1, 1983, Medical College of Virginia. A two-year position with clinical and research training. Contact Stuart P. Adler, MD, PO Box 163, MCV Station, Richmond, VA 23298, AA/EOE.

**FELLOWSHIP IN DEVELOPMENTAL PEDIATRICS**—Two-year and three-year fellowships in developmental pediatrics are available at The John F. Kennedy Institute (in affiliation with The John Hopkins Hospital) for January and July 1983. The fellowships include a six-month rotation through a 40-bed in-patient service and another six-month rotation through an active child patient service (child development clinic). Additional rotations include pediatric neurology, child psychiatry, genetics and biochemical laboratory, EEG laboratory, and neurosciences. Candidates must have completed a three-year training in pediatrics. For further information write to: Arnold J. Capute, MD, MPH, Deputy Director, The John F. Kennedy Institute, 707 N Broadway, Baltimore, MD 21205.

**ILLINOIS**—Loyola University of Chicago, Foster G. McGaw Hospital, Neonatology Fellowship. Applications are now being accepted for the academic year beginning July 1983. A 30-bed NICU is part of regional Level Ill perinatal center. Fellowship rotation includes: maternal high-risk unit, neonatal high-risk follow-up clinic, NICU, clinical or basic science research, and opportunity to participate in outreach education. The NICU admits approximately 400 patients per year (40% weigh <1,500 gm). Attending staff consists of four neonatologists and two perinatologists. Two positions are available at the first year level. For applications write: Craig L. Anderson, MD, 2160 S First Ave, Maywood, IL 60153 or call (312) 531-3326.

**PL-1, 2, and 3 positions beginning July 1, 1983 in a top pediatric training program stressing a broad spectrum of academic and ambulatory pediatrics. Program is looking for individuals concerned with public health, preventive medicine, and psychosocial concerns. The training program is flexible and can be tailored for an individual’s needs. The medical center, with its large full-time faculty, is a primary affiliate of the University of Medicine and Dentistry of New Jersey. For further information concerning this progressive and innovative program, contact: Paul A. Paroski, Jr, MD, Assistant Director of Pediatrics for Education. Newark Beth Israel Medical Center, 201 Lyons Ave, Newark, NJ 07112. (201) 926-7328.

**CHILDREN’S HOSPITAL OF EASTERN ONTARIO NEONATAL FELLOWSHIP**—The University of Ottawa, Department of Paediatrics, and the Neonatal Intensive Care Unit of the Children’s Hospital of Eastern Ontario invite applications for the post of neonatal fellow, commencing July 1, 1983. The neonatal intensive care unit is a tertiary care facility receiving over 350 high-risk infants annually from the Eastern Ontario and Western Quebec regions. The Unit is supervised by two geographic full-time pediatric neonatologists and is staffed by pediatric postgraduate residents on a rotating basis. Suitable applicants should have completed two to three years of approved pediatric residency with at least six months of neonatal intensive care experience. Applications including curriculum vitae and appropriate references should be forwarded to: Dr S. B. MacMurray, Director, Neonatal Intensive Care Unit, Children’s Hospital of Eastern Ontario, 401 Smyth Rd, Ottawa, Ontario, Canada K1H 8L1.
FELLOWSHIP OPPORTUNITIES—July 1, 1983. Children's Hospital of Philadelphia; allergy and immunology, cardiology, child development and rehabilitation, emergency medicine, endocrinology, gastroenterology, general pediatrics, genetics, hematology, infectious diseases, metabolism, neonatology, nephrology, neurology, oncology, pathology, pulmonary disease; rheumatology. Send request to Director of the particular Division, Children's Hospital of Philadelphia, 34th & Civic Center Blvd, Philadelphia, PA 19104. Children's Hospital and the University of Pennsylvania are Equal Opportunity Affirmative Action Employers.

NEW YORK/BUFFALO—Pediatric Hematology-Onco-logy Fellowship, two to three years beginning July 1, 1983. The Children's Hospital of Buffalo and Roswell Park Memorial Institute/State University of New York (combined program). Clinical and research training in hematology-oncology with emphasis on coagulation, red cells, and immunology leading to subspecialty board eligibility. Requirement: pediatric training, VQE if applicable. Write Dr James Humbert, Hematology-Oncology Division, CHOB, 219 Bryant St, Buffalo, NY 14222 or Dr Arnold Freeman, RPMI, 666 Elm St, Buffalo NY 14263.

DEVELOPMENTAL PEDIATRICS—One- or two-year advanced fellowship available July 1983 emphasizing longitudinal management of children with physical disability. Individualized training with child advocate-team approach. Experience or training in basic developmental pediatrics encouraged. Extensive clinical research opportunities. Contact J. F. McLaughlin, MD, Department of Pediatrics, RD-20 University of Washington, Seattle, WA 98195.

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

PEDIATRIC RESIDENCIES—PL-2 and PL-3 positions are available starting January 1983 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 Medical Center, 910 Blackford St, Chattanooga, TN 37403 or call (615) 778-6217.

PEDIATRICS—PL-3 position available 9/1/82 in university-affiliated, tertiary care hospital. Fully approved program. 100+ general pediatric beds, two infant intensive care units, pediatric intensive care unit, 6,000+ births annually. Contact Drs Betty Craven or Warren Johnson, Wilmington Medical Center, Wilmington, DE 19899 or (302) 428-2583.

GENERAL NOTICES

CHANGES AND CONTROVERSIES IN PEDIATRICS—March 3–6, 1983, Marriott Hotel, Tucson, Arizona, 16.50 hours. Contact: CME Office, University of Arizona, Col-lege of Medicine, Tucson, AZ 85724. (602) 626-6173.

THE SOCIETY FOR BEHAVIORAL AND DEVELOPMENTAL PEDIATRICS is announcing a call for papers to be presented at the Scientific Section of its first meeting which will be held in Washington, DC, at the same time (May 2–5, 1983) as the spring APA/SPR/APS meetings. Abstracts due December 10, 1982. For further information, write to Barry Zuckerman, MD, Program Chairman, Society for Behavioral and Developmental Pediatrics, Child Development Unit, Boston City Hos-pital, Boston, MA 02118.


INFANTILE APNEA SYNDROMES: MEDICAL AND PSYCHOSOCIAL ASPECTS OF MANAGEMENT—February 5–6, 1983, Atlanta, Georgia. An update for pediatricians and other health professionals sponsored by the National SIDS Foundation and the Maryland SIDS Information and Counseling Project. Keynote Speaker: Joseph St Geme, Jr, MD. Faculty: Drs John Brooks, Stanford Friedman, Dorothy Kelly, Norman Lewai, Frederick Mandell, T. Allan Merritt, Richard Naeye, Daniel Shannon, Lois Slovik, and Beth Haight, RN, BS. Approved for 10.25 hours of Category 1 CME credit. Contact Bradley Zebal, MSW, Conference Director, Mary-land SIDS Project, University of Maryland School of Medicine, Suite 400, 10 South Pine St, Balti-more, MD 21201. (301) 528-5062.


CLINICAL CENTER STUDY OF PATIENTS WITH HYPOSPADIAS

The cooperation of physicians is requested in the referral of patients from birth to 18 years of age with midshaft and perineoscrotal hypospadias for a study being conducted by the Developmental Endocrinology Branch, National Institute of Child Health and Human Development at the Clinical Center, National Institutes of Health, Bethesda, Maryland. Patients will receive a complete endocrine evaluation in an attempt to delineate the pathophysiology underlying the genital defect. A surgical repair of the defect, if indicated, will be offered to the patients. Upon completion of the study, the patients will be returned to the care of the referring physician, who will receive a summary of the findings. Physicians interested in having their patients considered for admission may write or telephone: Dr Fernando Cassorla, Developmental Endocrinology Branch, Building 10, Room 10 B 09, Bethesda, Maryland 20205/(301) 496-4686; Dr D. Lynn Loriaux, Acting Clinical Director, National Institute of Child Health and Human Development, Building 10, Room 10 B 09, Bethesda, Maryland 20205/(301) 496-4686.

GRANT SUPPORT AND PRIZE MONEY FOR REYE'S SYNDROME—The National Reye's Syndrome Foundation (NRSF), Inc, 426 N Lewis, Bryan, OH 43506, announces that funds are available: (1) for one year, the NRSF Research Award (submission deadline January 1, 1983, funds available June 1983), (2) for three years, matching funds for the NRSF Research Laboratory Award (same dates), and (3) $500 for the best unpublished scientific article or essay on any aspect of Reye's syndrome by a medical or graduate student, the NRSF Essay Prize (same dates). For application forms write NRSF, for information call Dr J. Dennis Pollack, (614) 422-8352.

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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We try to present an accurate index. Occasionally this may not be possible because of a last-minute change or an omission.
Dear Doctor:

An international study recently published in The New England Journal of Medicine,\(^1\) demonstrated the effectiveness of oral rehydration therapy in treating acute diarrheal illness in pediatric patients. One oral rehydration formula successfully employed in this study had been developed by the Pennwalt Pharmaceutical Division.

Following numerous requests from Pediatricians to market our formulation, Pennwalt is pleased to introduce INFALYTE.

When dissolved in water, each packet of INFALYTE provides (per liter) 50 mmols of sodium and 111 mmols of glucose, thereby affording you the opportunity to treat a broad spectrum of patients. Because the osmolality of INFALYTE is tailored for appropriate electrolyte absorption, it minimizes the problems associated with osmolar diarrhea.

Packaged and priced for parent convenience, INFALYTE’s size and cost will fit any pocketbook.

When talking to parents of infants and young children suffering from mild to moderate dehydration due to acute diarrhea, you can recommend INFALYTE with confidence.

Cordially,

Kare Gundersen, M.D.
Medical Director

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Medicine-by-mouth for nausea and vomiting of motion sickness?

It's enough to make you sick!

Oral therapy is impossible if your patient can't keep the medication down or won't accept it. When relief is urgent, a logical alternative is Phenergan® (promethazine HCl)

Rectal Suppositories: 12.5 mg and 25 mg.

Phenergan®
(Promethazine HCl)
Rectal Suppositories

...the better route.

In Brief

Contraindications: Known hypersensitivity to the drug.

Warnings: Sedative actions additive to sedative effects of CNS depressants; eliminate or reduce dose of concomitant alcohol, barbiturates, narcotic analgesics, etc. When given with promethazine, reduce barbiturate dose by at least 1/2 and analgesics dose, e.g. morphine or meperidine, by 1/4 to 1/2.

Precautions: Caution ambulatory patients against driving or operating dangerous machinery until it is known they do not become drowsy or dizzy from promethazine. Antiemetics may mask symptoms of unrecognized disease and interfere with diagnosis.

Adverse Reactions: Patients may occasionally complain of autonomic reactions, e.g. dryness of the mouth, blurring of vision and, rarely, dizziness. Very rare cases were reported where patients receiving promethazine developed leukopenia. In one instance agranulocytosis was reported. Other toxic agents known to cause these conditions almost always were associated with use of promethazine. Cardiovascular by-effects were rare. Minor increases in blood pressure, occasional mild hypotension were reported. Photosensitivity (extremely rare) contraindicates further use of promethazine or related drugs. Patients with abraded or denuded rectal lesions may experience initial local discomfort with promethazine suppositories. Attempted suicides resulted in deep sedation, coma, rarely convulsions and cardiorespiratory symptoms compatible with depth of sedation present. Paradoxic reaction was reported in children after single doses of 75-125 mg orally (hyperventilation and nightmares).

Composition: 12.5 and 25 mg promethazine HCl with ascorbyl palmitate, silicon dioxide, white wax, and cocoa butter.

See full prescribing information.