9/27/07

Mac + Louise attended
her retirement party—
4 or 5 speeches praising
her work + leadership—
Do those speeches— +
Helen's full speech— exist?

Alan Leveton is a key
person— worked w. Helen
even after her retirement. Is he
alive?

TWAS THE NIGHT BEFORE HALLOWEEN.....

The Annual Child Study Unit Halloween party was held on October 29, 1982 at the Castle Glasser. A "bewitching" time was had by all. Witches, warlocks, hobos, henchmen, historical figures, lady's in waiting and gypsies mingled amid the brightly decorated halls and entry way. We munched on delectable horsdoeurves, scrumtious main dishes and decadent deserts.

Yet, while in the midst of hoopla and gaiety a witch family blew in with the cold and damp in search of a "Witch Doctor" to heal their Halloween miseries. Our resident "Witch Doctor" quickly switched from her costume character of Mary Queen of Scots, gave an attentive ear to the laments of the Witch family and saved them all from their miseries. (Except for the youngest warlock who appeared on Monday with a few more things on his mind for the "Witch Doctor" to heal.)

During the evening's events Helen Gofman was presented with an invitation requesting her attendance at a Festschrift being given in her honor on February 7, 1983. A Festshrift is a European custom of tribute and feasting to honor very special professors and other such professionals. The CSU Festschrift will include presentations from old and recent fellows, Jack Hutchings from MIH, and present staff members followed by a champagne reception at the Faculty-Alumni House. We congratulate Helen on her long years of service to the University and the Child Study Unit and will all attend the Festschrift with bells on our toes and pride in our hearts.

Our thanks go out to that underground covey of elves who decorated the party, organized the festivities, kept an eye on the kids, and all in all kept things from being a total frenzy.

Sandy Lehane
Society Editor

Someone: Find speaker and his own

****

EDITORIAL SIDELINES.....

This is the first edition of the CSU Enquirer. We are open to any comments, additions, information that you may have regarding our paper. Remember, this is your paper and your way of communicating to those you don't often see around the old CSU. We are also open to renaming the paper, please feel free to drop suggestion to us. We are looking forward to a good future for our paper and opening up the communication between us all.

Sandy Lehane
Bonnie Durandetto
Co-Editors

1964

Year's Training Fellowship in the Area of Diagnosis and Management of Common Deviation in Children's Growth and Development.

1. Aim to train pediatricians in understanding and management of children (and their families) with deviations in growth and development.

These common developmental deviations will include:

A. The child with chronic illness, e.g., asthma, convulsive state, fibrocystic disease, chronic nephritis, diabetes.

B. The child with a physical handicap, e.g., the dwarfed child, the child with congenital heart disease.

C. The child with a learning difficulty, e.g., mental retardation, minimal cerebral dysfunction, hearing loss.

D. The child with delayed maturation, e.g., delayed speech development.

E. The child from an underprivileged environment, e.g., cultural deprivation, broken home.

2. Method: The fellow would receive training from the staff of the PMHU in:

A. Interviewing techniques.

B. Basic concepts of growth and develpment, particularly as these relate to parent-child relationships.

C. Recognition and treatment of deviations in emotional growth and development caused by the problems listed under 1.

D. Recognition and treatment of deviations in physical development caused by chronic illness, physical and mental handicaps, delayed maturation, underprivileged environment.

E. Evaluation and application of the consultative skills of pediatric psychology, pediatric neurology, hearing and speech to the management of these problems.

F. Use of community resources in helping families care for and provide constructive programs for these children.

The staffs of the PMHU would work closely with the staffs of the Hearing and Speech Clinic and the Pediatric Specialty Clinics in supervising the Fellows in a year's experience in diagnosis and follow-up of a representative group of children with the above problems. In addition to the fellow's learning from direct responsibility in caring for these children, they would also participate in ongoing conferences relating to learning problems, speech and hearing difficulties, management of hospitalized children and research studies in specific in specific language disabilites. Individual teaching sessions would also be scheduled weekly with the PMHU staff.

At present we have three applicants for such a training fellowship. It is anticipated that this training will be used to increase the fellow's skill and understanding of growth and development and its deviations which he will apply to his practice and/or for teaching in the field of pediatrics.

Helen Gofman, M.D.
Director
Pediatric Mental Health Unit

12/2/64

Add (+)

						48
						2853
	6		32		452	724
5	1	5	24	75	137	82
1	2	7	40	8	245	6215

7

Subtract (—)

8	5	14	84	745	6204	700904
0	4	8	36	368	530	9018

14

Multiply (×)

4	23	420	834	636	420.3	7.952
2	3	4	7	208	29	3.7

21

Divide (÷)

Carry to two decimal places

$6\overline{)968}$ $3.\overline{)9.105}$ $31\overline{)6263}$ $5.2\overline{)572}$ $536\overline{)4762}$

$4\overline{)8}$ $9\overline{)72}$

28

Add (+) Reduce all fractions to lowest terms.

				$6\frac{1}{5}$
	$\frac{1}{2}$		$3\frac{2}{5}$	4
$\frac{1}{3}$	$\frac{1}{4}$	$2\frac{4}{5}$	$2\frac{1}{4}$	$\frac{2}{7}$
$\frac{1}{3}$	$\frac{1}{8}$	$7\frac{2}{5}$	$1\frac{5}{6}$	$9\frac{4}{5}$

33

Subtract (—)

$\frac{7}{8}$	$4\frac{2}{3}$	8	$7\frac{1}{6}$	$19\frac{1}{5}$
$\frac{3}{8}$	$2\frac{2}{3}$	$1\frac{3}{5}$	$\frac{3}{4}$	$14\frac{2}{3}$

38

Multiply (×)

$\frac{3}{4} \times \frac{4}{5} =$	$\frac{2}{3} \times 9 =$	$\frac{5}{8} \times \frac{6}{7} =$	$4\frac{3}{8} \times \frac{2}{3} =$	$25\frac{1}{2}$
				$16\frac{3}{4}$

Subtract

$$\begin{array}{r} 7xy \\ \underline{3xy} \end{array}$$

Divide

$\frac{1}{2} \div \frac{3}{4} =$

$\frac{7}{8} \div 3\frac{2}{3} =$

Average

26
45
97
82

Express in %

$\frac{3}{4} =$

$.45 =$

$\frac{7}{100} =$

Write as a common fraction

$3\% =$

$66\frac{2}{3}\% =$

52

Write as a decimal fraction

$4\frac{1}{2} =$

$\frac{3}{5} =$

$9/100 =$

Find

120 % of 20 =

$\frac{2}{3}$ % of 300 =

2.3 % of 40 =

What % of 60 is 15?

Ans.....

6 is 20% of what number?

Ans.....

30 is what % of 200?

Ans.....

Solve

$(-5)(+9) =$

$(3)^3 =$

$(4^2)^3 =$

$(25)^{\frac{1}{2}} =$

65

Solve for X

$7 : 28 :: 12 : X$

Solve for x

$x - 4(6 - 7x) = 34$

Reduce

$-28y + (-3y)$

Find square root

$\sqrt{1764}$

69

Factor

$X^2 - 7X + 12$

Divide

$a^7 \div a^2$

Solve for x and y

$$\begin{aligned} x + y &= 8 \\ 3x + y &= 4 \end{aligned}$$

Solve for a

$$\frac{a+3}{a-3} = \frac{a+4}{a-6}$$

Reduce

$$\frac{a-b}{a^2+b^2} \cdot \frac{a^4-b^4}{(a-b)^2}$$

75

Find simple interest on \$1000 for 36 days at 4%

Ans.....

If the base of the logs is 10,

$\log 10^5 =$

$\log (1/100) =$

$\log (10 \times 100) =$

79

1-1.8	8-3.1	15-4.2	22-5.0	29-5.9	36-7.1	43- 8.5	50-10.4	57-11.8	64-13.6	71-15.5
2-2.0	9-3.3	16-4.4	23-5.2	30-6.1	37-7.3	44- 8.8	51-10.6	58-12.0	65-13.8	72-15.9
3-2.2	10-3.5	17-4.5	24-5.3	31-6.2	38-7.5	45- 9.0	52-10.8	59-12.3	66-14.1	73-16.4
4-2.3	11-3.6	18-4.6	25-5.4	32-6.4	39-7.7	46- 9.3	53-11.0	60-12.5	67-14.3	74-16.7
5-2.5	12-3.8	19-4.7	26-5.5	33-6.5	40-7.9	47- 9.6	54-11.2	61-12.8	68-14.6	75-17.1
6-2.7	13-3.9	20-4.8	27-5.6	34-6.7	41-8.1	48- 9.9	55-11.4	62-13.0	69-14.9	76-17.4
7-2.9	14-4.1	21-4.9	28-5.8	35-6.9	42-8.3	49-10.2	56-11.6	63-13.3	70-15.2	77-18.0

Funding problems have affected treatment...

tor problems are related to the children's inability to read, but they have found that a visual-motor coordination test devised by Keith Beery when he was at UCSF screens these children from their peers.

The test has children replicate geometric figures printed on the page. Because the "clumsy" children also have problems in visual-motor coordination, Morrison and Cart are conducting a study to see if these tests can be used to identify subgroups of children with reading difficulties. This study will be completed shortly.

Whether or not social changes have influenced the kinds of cases referred to LPPI's Child and Adolescent Service, funding problems definitely have affected treatment.

LPPI long has been a center for children whose problems require hospitalization. But recent funding cuts now have forced LPPI staff to replace long-term hospitalization with short-term acute hospital treatment. To determine how effective the new approach is, John Beblar and Joe Green are studying outcomes among patients on LPPI's child and adolescent wards.

Other child psychiatric researchers at LPPI work closely with UCSF pediatricians on several projects.

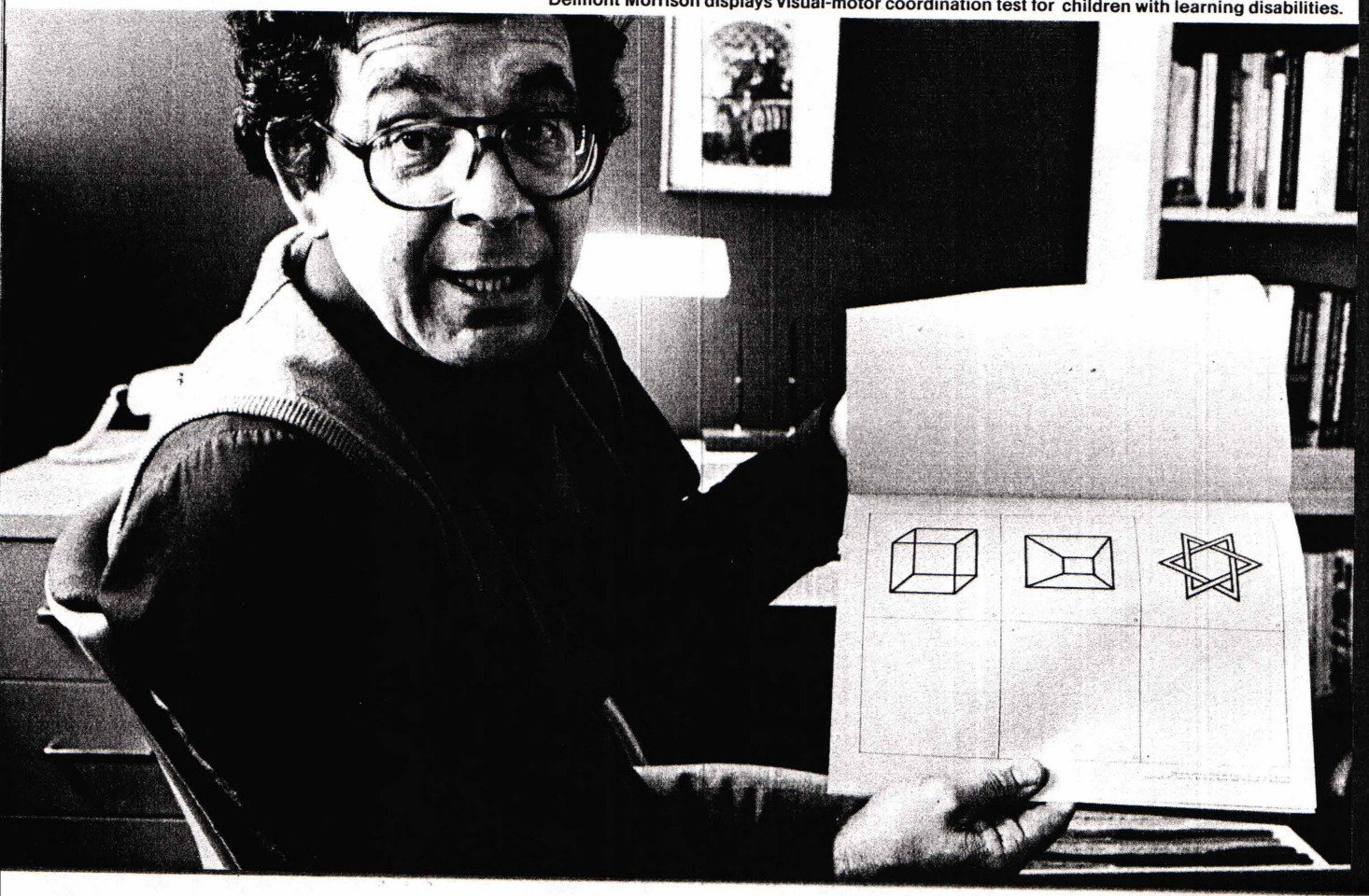
The largest of these is an ongoing study, begun in 1965, of infants born prematurely, or with other high-risk conditions that led to their placement in intensive care nurseries (ICNs). Concerns have been raised that these ICN "graduates" might go on to develop psychological or neurological problems.

UCSF pediatrician William Tooley of the Cardiovascular Research Institute now has more than 800 children enrolled in his study of ICN graduates. With LPPI's Philips, Tooley is assessing their emotional status at age eight and older. Preliminary results are favorable in this age group. Working with CVRI associate research psychologist Jane Hunt, and with psychologists in the Child Study Unit, Tooley also is analyzing the neuropsychological status of the ICN grads from birth through grade school.

The Child Study Unit, now headed by child psychiatrist Martin Glasser, also is involved in several other research areas. Helen Gofman, co-director, Alice Whitsell and Leon Whitsell are conducting a 20-year follow-up of children with learning and language disabilities. Glasser and Jane Rowe are studying the distinctive behaviors of infants who have hearing problems, in order to instruct pediatricians in how to spot hearing problems in early infancy.

Since 1981 Director Glasser has been under the joint sponsorship of the psychiatry and pediatrics departments in an effort to bring the knowledge of these two disciplines into close cooperation in dealing with youngsters with these disabilities.

The Child Study Unit also is working with the Children's Renal Center on two studies of children with severe kidney problems. Psychologist Mary Crittenden soon will publish new findings on the cognitive abilities of children undergoing dialysis. Glasser, Carolyn Piel and Renal Center director Malcolm Holliday also are conducting a pilot study to determine the benefits of nutritional, metabolic and environmental interventions for children with congenital renal disease. ■



Delmont Morrison displays visual-motor coordination test for children with learning disabilities.

WERB

WILLENKIN

WERDEGAR

JENDRESEN

BERROL

GOTTFRIED

WILDES

GLASSER

GORTNER

ESTES

SHELDON BERROL, MD: Chief, physical medicine and rehabilitation, SFGH. He is former chair of physical medicine and rehabilitation at the Ralph K. Davies Medical Center. A fellow of the Australian College of Rehabilitation Medicine, Berrol also is past director of the Model Health Injury Rehabilitation Program, a federally funded project that developed nationally accepted guidelines for the treatment of patients with head injuries.

EUGENE L. GOTTFRIED, MD: Clinical professor and vice chair, laboratory medicine, and director, clinical laboratories, SFGH. He received his MD degree from Columbia in 1954 and has held teaching and research appointments at Albert Einstein College of Medicine and Cornell. He most recently served for more than 10 years as director of the clinical hematology laboratories at Cornell.

THOMAS O. WILDES, MD: Chief, otolaryngology, SFGH, and assistant professor, otolaryngology, UCSF. He is a graduate of UC-Davis residency and fellowship programs in otolaryngology, maxillofacial surgery and plastic and reconstructive surgery. He received his MD degree from Tulane University in 1971.

MARTIN E. GLASSER, MD: Director, UCSF Child Study Unit, and assistant professor, psychiatry and pediatrics. He has been a child psychiatrist since 1975 at SFGH, where he helped organize the Infant-Parent Program under the late Selma Fraiberg. HELEN GOFMAN, associate professor, pediatrics, is serving as co-director.

LOUIS E. GONZALES, DDS: Acting chief, community dentistry, SFGH. He heads the 30-chair dental clinic there. A '74 graduate of the UCSF School of Dentistry, Gonzales also is adjunct lecturer of restorative dentistry.

SUSAN R. GORTNER, PhD: Acting chair, family health care nursing, School of Nursing, replacing the late Eugenia Waechter. Gortner, who is also associate dean of research, came to UCSF in 1978. She is responsible for planning and reviewing the department's teaching programs and research components as well as its fiscal management and faculty recruitment.

CARROLL L. ESTES, PhD: Chair, social & behavioral sciences, School of Nursing. Estes, who is also professor in this department, is director of the Aging Health Policy Center. She came to UCSF in 1972 as lecturer in the Human Development Program in psychiatry.

PUBLICATIONS

STEPHEN K. CARTER, Med, S/M: Co-editor, *Principles of Cancer Treatment,* McGraw Hill, 1981.

ARTHUR D. COLMAN, Psychr, S/M: *Earth Father, Sky Father: Changing Concepts of Fathering,* Prentice-Hall, 1981.

JOEL GURIN, former associate editor, *UCSF Magazine:* Co-author, *The Dieter's Dilemma,* Basic Books, 1982.

DIANNE R. HALES, former associate editor, *UCSF Magazine:* Co-author, *Fitness After Fifty,* Charles Scribner's & Sons, 1982; and with **ROBERT K. CREASY, Ob/Gyn, S/M,** *New Hope for Problem Pregnancies,* Harper & Row, 1982.

BARBARA HUTTMAN, Nurs Admin: *The Patient's Advocate,* Viking Press, 1981.

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PHILIP R. LEE, Health Policy Studies, and CARROLL L. ESTES, CHARLENE HARRINGTON, ROBERT J. NEWCOMER, LENORE E. GERARD, MARY C. KREGER, A.E. BENJAMIN, JR. and JAMES H. SWAN, S/N: *Long-Term Care for California's Elderly: Policies to Deal with a Costly Dilemma,* California Policy Seminar, monograph #10, Institute of Governmental Studies, UC-Berkeley, 1981.

HOWARD I. MAIBACH and RAZA ALY, Derm, S/M: Editors, *Skin Microbiology: Relevance to Clinical Infection,* Springer-Verlag, 1981.

A.J. MALERSTEIN and MARY AHERN, Psychr, S/M: *A Piagetian Model of Character Structure,* Human Sciences Press, 1982.

RONALD D. MILLER, Anes & Pharmacol, S/M: Editor, *Anesthesia,* Churchill Livingstone, 1981.

KALI SICHEN and LILLIAN WONG, Ob/Gyn, S/M: Author and illustrator, respectively, *Kali's Cyklometric Kalender,* Beehive Publications, San Bruno, 1981.

SOL SILVERMAN, JR., S/D: *Oral Cancer,* American Cancer Society, 1981.

ROBERT E. STAPLES, S/N: *Black Masculinity: The Black Male's Role in American Society,* Black Scholar Press, 1982.

SAMUEL J. STEGMAN, THEODORE A. TROMOVITCH and RICHARD G. GLOGAU, Derm, S/M: *Basics of Dermatologic Surgery,* Year Book Medical Publishers, 1981.

ILZA VEITH, Emrts, History Health Sci: *Englishman or Samurai: The Story of Will Adams,* Coronado Press, Lawrence, Kansas, 1981.

ANTHONY I. WASSERMAN, Med Info Sci: Editor, *Tutorial: Software Development Environments,* IEEE Computer Society, 1981; co-editor, *Automated Tools for Information Systems Design,* North-Holland Publishing Co., 1982.

CAROLYN L. WIENER, S/N: *The Politics of Alcoholism,* Transaction Books, 1982.

CONTINUING EDUCATION

SCHOOL OF DENTISTRY

Endodontics. July 9.
Occlusal Equilibration. July 16.
Crown & Bridge. July 31.
Silverado Seminars. Aug. 26-28.
Partial Dentures. Stockton, CA. Sept. 16.
Organic Occlusion. Sept. 17.
Facial Pain. Sept. 23 & 24.
Periodontics. Sept. 25.
Oral Surgery. Oct. 1.
Facial Pain. Monterey, CA. Oct. 8 & 9.
Nitrous Oxide. Oct. 15.
Endodontics. Oct. 16.
TMJ. Oct. 22 & 23.
Periodontics. Stockton, CA. Oct. 28.
Dental Materials. Oct. 29.
Electrosurgery. Oct. 30 & 31.

All courses held in C 701, UCSF, unless otherwise noted. For further information call (415) 666-1101.

SCHOOL OF MEDICINE

Topics in Emergency Medicine. Sheraton, Fisherman's Wharf, S.F. June 28-July 2.
Family Practice Board Review Course. Cole Hall & HSW 300, UCSF. July 6-8.
Selection & Technique for Use of Muscle & Musculocutaneous Flaps in Reconstructive Surgery. Fairmont Hotel, S.F. Aug. 12-14.
Fine Needle Aspiration of Breast & Thyroid. Aspen, Colorado. Aug. 21-28.
Intensive Residency in Occupational Medicine, Session I. Golden Gateway Holiday Inn, S.F. Aug. 23-Sept. 3.
Fourth Postgraduate Course in Medical Mycology (Dermatomycology). HSW 300, UCSF. Sept. 16-18.
Pulmonary Update. Miyako Hotel, S.F. Sept. 30-Oct. 2.
The Skin from A to Z: Tips on Practical Therapy & Office Techniques. Cole Hall, UCSF. Oct. 2 & 3.
Advanced Annual Seminar in Urologic Surgery. Golden Gateway Holiday Inn, S.F. Oct. 15 & 16.
Topics in Emergency Medicine. Sheraton, Fisherman's Wharf, S.F. Oct. 25-29.

For further information call (415) 666-4251.

OBSTETRICS & GYNECOLOGY

Advances in Obstetrics & Gynecologic Endocrinology. Hyatt Regency, S.F. Oct. 23-25.

For further information call (415) 666-2639.

PSYCHIATRY

Sexual Issues in Medical Office Practice. Cole Hall, UCSF. Sept. 24 & 25.

For further information call (415) 681-8080, x256 or x555.

RADIOLOGY

Advances in Diagnostic Imaging. Fairmont Hotel, S.F. Aug. 26-28.
CT of the Spine: Cervical, Thoracic & Lumbar. Fairmont Hotel, S.F. Oct. 7-9.

For further information call (415) 666-5731.

SCHOOL OF PHARMACY

Fourth Annual Recognizing & Managing Poisoning & Toxicological Emergencies. Jack Tar Hotel, S.F. June 4 & 5.
Cardiology (tentative). Sahara Tahoe Hotel. Oct. 16.

For further information call (415) 666-4194.

E/SD

COMMITTEE ON HUMAN RESEARCH
INITIAL SUBCOMMITTEE REVIEW APPLICATION
COVER PAGE

PRINCIPAL INVESTIGATOR (UCSF Faculty) Emeritus
(Name & Degree) Helen F. Gofman M.D.
Mailing Address 1045 Clayton St
(Campus) San Francisco 94117
University Title Assoc Prof. Emeritus **Dept.** Ped
Phone Number 664-2913 **Is P.I. Sponsor/ Advisor Only?**

CO-P.I.
(Name & Degree) Alice Whitsell M.A.
Mailing Address Behavioral & Developmental
(Campus) Pediatrics A 203 - Box 0314
University Title Emeritus Director, Pit Reading - Lang Div. Clinic **Dept.** Ped
Phone Number **SUBMISSION DATE**

PROJECT TITLE
(Up to 150 Spaces) Dyslexia Follow up Study

EXPEDITED REVIEW CATEGORY NUMBER 11 (from PART V-B of the *UCSF Guidelines for Research Involving Human Subjects*, October 1987) H5400-01311-08
HEPC Project # 87001311

NAMES/DEGREES OF ALL OTHER INVESTIGATORS:

HISTORY OF THIS PROJECT:
Previous CHR approval #
☐ New
☐ Modification (Highlight changes in protocol.)
☒ Renewal (Expiration Date Mar 1. 1995)

PROCEDURES (List all procedures to be done for purposes of the study, including surveys, chart reviews, etc.):
Chart review
interview & review
~~collage~~ ~~ation~~ of data

SITE (Check and discuss in protocol):
☐ Parnassus ☐ VAMC ☐ SFGH ☐ MtZION
☐ Other UCSF site ☐ Foreign
Other 1045 Clayton St San Francisco. Cal

SUBJECTS (Discuss in protocol.)
Estimate total number of subjects at all sites checked above.
(If multicenter, discuss overall number of subjects in protocol.)
Number (This Year) (Total for Study)
Source(s) Re letter
Reimbursement attached

Special Subject Populations: (Check and discuss in protocol. See Appendix G of *CHR Guidelines*.)
☐ HIV-Infected Individuals
☐ Minors
☐ Fetuses, Pregnant Women
☐ Those Unable to Speak or Read English
☐ Those Unable to Consent for Themselves
☐ Prisoners

FUNDING:
Will this study be funded?
☐ Yes ☒ No ☐ Pending
☐ Federal Gov. ☐ Other Gov. (i.e., State, City, WHO)
☐ Pharmaceutical/Device Co. ☐ Other Private
☐ Campus & University-wide Programs
☐ Departmental
Agency/Sponsor Name (Grant/Contract #, if known):
we are funding this ourselves

Helen Gofman February 24 1995
PRINCIPAL INVESTIGATOR'S SIGNATURE & DATE

(See reverse side for instructions and format.)

COV-SUB.OK (8/92)

* Note 12/07 by ed: Dr. Jones was Dr. Reece T. Jones, Chair UCSF Com'tee on Human Research. See folder "Consent Form Issue"

1045 Clayton St
San Francisco. Cal
94117
February 23. 1995

Dear Dr. Jones.

This is a request for special consideration concerning the progress of the Dyslexia follow up Study for the interval Mar. 24. 1994 to Mar 1. 1995 for the following reasons.

① When we compiled the list of potential subjects (and their birth dates) we hoped to interview by telephone and contacted the Dept. of Motor Vehicles, which has been a useful source of information for addresses of subjects in many U.C. follow-up studies, we ran into problems. New laws recently passed by the State Legislature to prevent potential criminals and insurance makers obtaining this information from the Dept of Motor Vehicles seemed to stand in our way. In an effort to get this essential information, we have been working with Senator Marks' office; a staff member is trying to help but still unable to give us the "green light." State Bureaucracy seems difficult to bend.

② Increasing space problems at U.C SF threatened the loss of our research files when the former Reading Clinic was converted to a research unit for the Division of Developmental and Behavioral Pediatrics (formerly the Child Study Unit) I therefore moved all our files

and relevant data to 4 file cabinets I purchased and for which I have been given space in my husband's study at our home.

(3) Health Problems. As we have said previously, we probably are "a little old" to be conducting this study (although follow-up of patients from childhood to adult status does require "mature investigators).

Alice Whitsell, now in her eighties, with health problems of her own, has extra obligations in caring for her husband who has had many health problems in the last few years. Her time for interviews is more limited and unpredictable

This year (in my 78th year) I have walked in her path with my own health problems. All my life I have had good near vision and poor far vision in my left eye and poor near vision and good far vision in my right. I didn't realize this until I was in college & I had learned to read with my left eye and see far with my right. I had never worn glasses.

I have been followed by Dr Robert Stamper M.D since 1986 for glaucoma and have done well with medical treatment. In July 93 I had cataract surgery and and lens replacement for far vision in my right eye. This was very successful.

In the Spring of 1994 I began to have very poor vision in my left eye due to an increasingly darkening cataract. I had terrible reading - even with glasses and had to "work" at recognizing letters in words (A useful experience for someone evaluating dyslexia). I was also experiencing poor balance and difficulty walking on inclines (I live on a steep hill) or uneven surfaces - made worse by poor lighting - I thought this was because of my vision difficulty.

I was reluctant to schedule interims while trying to get an appointment for surgery. (These days some Medicare "gate keepers" think one good eye is enough for "senior") Finally in October I had a successful replacement of a lens for reading in my left eye. Now I have built-in bi-focals!

Unfortunately my balance and walking difficulty did not improve, but in fact increased. My primary physician noted a + Romberg, poor balance, trouble with heel-toe walking. I am now undergoing a work up for poor equilibrium (neurology, ENT consults, MRI etc) and again have been reluctant to schedule interviews. So we have added no new subjects this year for follow-up.

Would you consider a moratorium for the interval Mar 24. 1994 to Mar 1. 1995? for this research project? I hope that after the consultations I am undergoing and with the help of ~~the~~ Senator Hatch's office we can begin telephone interviews.

In the meantime I have been able to locate 24 more possible subjects in the Bay Area and will try to schedule them for direct interviews. when my time schedule is more certain. N.B.

We have very interesting, & I think, potentially valuable data so far. We would be heart broken to see it destroyed because Alice Whitell and I started late in life and are too slow in carrying it out eoc *

For my part, less travelling and outside activities and keeping close to home will increase my time to schedule this research in 1995-96. *

Sincerely

Helen Hofman M.D.

home telephone 664-2913

* Note by eoc: Helen broke her hip in Dec 1996 due to her balance problem; a very difficult recuperation.

WHAT A CHILD MUST BE ABLE TO DO IN ORDER TO LEARN TO READ AND WRITE - AN EXERCISE FOR ADULTS.

1st: LANGUAGE

The abilities to understand and use spoken language are basic to learning to read. Most children by the time they enter kindergarten or 1st grade are able to do this. They are able to understand the meaning of many words and use them in sentences. Their main job in the first years in school is to learn to associate their spoken language (speech) with written language (reading and writing). If they have trouble with spoken language , this next step in learning to use printed and written language can be very hard for them. Trouble with language is one of the important causes of difficulty learning to read.

2nd: OTHER SKILLS are needed, too, in order to learn to understand printed or written language. This exercise of learning to read again will explain what these skills are. It may help you understand how difficult the task can be.

A few sentences written in a made up "new alphabet" (see Figure 1) which have no more meaning for the adult than our alphabet has for the child can enable you to feel, again, what it is like to open your primer for the first time. To do this, please look at Figure 1 on the next page.

If the first line in Fig. 1 says, "The boy saw a dog," (words #1,2, 3,4,5), you can continue to "read" the other two sentences by recognizing many of the same letters used in the first sentence. This is a decoding process. The letters decoded in their particular order stand for words; the words thus decoded when put together in a sentence give meaning. Reading, therefore, involves decoding the individual words and then understanding the message of this series of words. In decoding Fig.1, you may notice the easy confusion between words #2 and #7, and the confusion among words #3, #8, and #12, or the

impulse to decode word #9 as "bad, or bag". You may understand the child with a learning disorder mistaking, for example, boy for dog, or was for saw because of easy confusion with the letters or with the order of the letters in the words.

Being able to understand the message (language understanding) is very important in this decoding process. In the above exercise, when "new letters" are introduced as in word #9, the use of context clues (what makes sense) helps you decode the word.

In order to decode these words in Fig.1, you must attend to visual detail in telling one letter from another, first the letter's shape and then its position in space. For example:

1st you need to see that the different positions of the triangle make it into different letters in this new alphabet. See the triangle in words #2, #8 and #9.

[Educational and psychological literature describe these skills as visual attention, visual discrimination, visual perception]

2nd you have to remember the order or sequence of the letters and that they must go from left to right on the page.

[Educational and psychological literature describe these skills as visual sequencing and left-right discrimination]

3rd notice that decoding new words, for example word #13, may be helped by knowing the sounds the letters make (phonetics). To do this, you must be able to hear differences in sounds and remember the order of sounds in the word.

[Educational and psychological literature describe these skills as auditory attention, auditory discrimination, auditory sequencing]

A complicated task - but even more is required!

In addition to reading, the first grader is expected to begin to write words--written spelling. Try now to print from memory the word for away in the "new" alphabet. You may note difficulty recalling the shapes of the letters and their order in the word [visual perception and ...]. Many children may have difficulty remembering these when they are asked to print or write words on the blackboard or paper [visual or perceptual-motor function].

And finally, many children have the added burden of poor finger control [fine motor function] of their pencil movements when they write. They are often told about their "messy papers".

Not all children at the time of school entrance have the necessary skills to accomplish this task. For example, some 6-year-olds may have very good language understanding and usage perhaps like a 10-year-old child, but be more like a 4-year-old in visual-motor skills. On the other hand, some 6-year-olds may be skilled in gross and fine-motor coordination and visual-motor skills, but be delayed in language skills. The range and variety of skills the first grade teacher must try to meet in teaching reading and writing is indeed wide.

Most 1st grades are not designed to meet the variety of strengths and weaknesses that children bring to the classroom. It seems that we expect all children starting first grade to be able to use the same teaching method, the same primer and all children to learn at the same rate. Children are different and our school system continues to have trouble dealing with these many differences.

Helen Gofman, M.D.
Professor Emeritus, Pediatrics
Child Study Unit, UCSF

(01hgexer.adu)

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A key list to the Dyslexia Follow-Up Adult Interviews ~ 1990-1994

1. Sheila Ireleton Aug 12 89
2. Rod Mayoney Aug 29 89
3. Scott Moore Aug 31 89
4. Frank Sieple Sept 15 89
5. Susan Lemenek Oct 89
6. Bruce Jones Dec 26 89
7. Mary Ann Byrne = Cannock Mar 20 89 90 found
8. Joseph Jerusa Aug 8 90 found
9. Claude Ashen Aug 11 90 found
10. Daniel Hoffman Aug 21 90 found
11. John Cosa Sept 24 90 found
12. David Curtis Oct 9 90 found
13. Jack Laws Dec 18 90 found
14. David Finkelstein Dec 19 90 found
15. Owen Thomas found ~~Dec 20 90~~ Dec 21 90
16. Eileen Smith found Mar 12 91
17. James Schneifler found Mar 30 91

Maryann Cannock found 3/20/1990

2190 Crestmoor Dr.
San Bruno, CA 94066
Mar. 20, 1976

Dr. Helen Gofman
Director, Child Study Unit
U.C. Medical Center
San Francisco, CA 94143

Dear Dr. Gofman:

Following your telephone conversation with my husband Fred on Friday, I checked our files and found the enclosed which I thought might be helpful in identifying Scott's records with you.

I am also enclosing a copy of an essay he wrote, as well as a resume he did during his first year at MIT. (He is now a junior there.)

I am sure that the successes he's had to date would not have happened without the help of your program. We were also fortunate that he had a very understanding counselor in junior high school (sixth through eighth grade here). At that point, he was just beginning to "take off" but many teachers were (understandably) concerned about his handwriting and seemed to equate it with his possible performance. When some of his teachers in accelerated classes wanted to demote him, the counselor would ask, "Can he do the work?" Invariably, their reply would be "Yes ... but HIS HANDWRITING!" The counselor would then pull out the UC report and explain about his coordination difficulties. And this in spite of the fact that each semester I would ask the counselor to alert the teachers of Scott's particular problems.

When Scott entered high school, we figured it was time for him to "sink or swim" and we no longer mentioned any of his difficulties.

Over the years, his coordination has improved considerably although his spelling and handwriting would win no awards. He is an expert swimmer. He taught himself to play the guitar, starting out as a real monotone and ending up with a good ear for music.

We hope our experience will be of some help to others. There is no way we can adequately thank you for the help UC gave Scott. We are sure it changed the direction of his life.

Sincerely,

Peg Moor

Peg Moor

Fred's office phone: 986-4001
My " " : 589-5900, X 63
Home phone: 583-9265

P.S. It appears Scott attend the UC program during the school year of 1964-65 and the summer sessions of 1965 and 1966

TEMPERAMENTAL PROFILE

1. ACTIVITY LEVEL Low - High 1 4					
2. BIOLOGICAL REGULARITY Regular - Irregular 1 4					
3. APPROACH/WITHDRAWAL TO NEW SITUATIONS Approach - Withdrawal 1 4					
4. ADAPTABILITY TO CHANGE IN ROUTINE Easily - Difficult 1 4					
5. LEVEL OF SENSORY THRESHOLD High - Low 1 4					
6. POSITIVE OR NEGATIVE MOOD Positive - Negative 1 4					
7. INTENSITY OF RESPONSE Low - High 1 4					
8. DISTRACTIBILITY Low - High 1 4					
9. PERSISTENCE AND ATTENTION SPAN High - Low 1 4					

RECORD BOOKLET

THE LINCOLN-OSERETSKY MOTOR DEVELOPMENT SCALE

Name _____ Birth Date _____ Age _____ Sex _____

Education _____ Physical Defects _____ Score _____ Percentile Rank _____

Examined at _____ Examiner _____ Date _____

ITEM	DESCRIPTION	R - L	Trs.	Pts.	Notes
1	Walking backwards, 6 ft.		2		
2	Crouching on tiptoe		2		
3	Standing on one foot	R/L	2/2	/	
4	Touching nose		1		
5	Touching fingertips	R/L	2/2	/	
6	Tapping rhythmically with feet and fingers		1		
7	Jumping over a rope		1		
8	Finger movement		3		
9	Standing Heel to toe		2		
10	Close and open hands alternately		3		
11	Making dots		2		
12	Catching a ball	R/L	5/5	/	
13	Making a ball	R/L	2/2	/	
14	Winding thread	R/L	1/1	/	
15	Balancing a rod crosswise	R/L	3/3	/	
16	Describing circles in the air		1		
17	Tapping (15'')	R/L	2/2	/	
18	Placing coins and matchsticks		1		

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ITEM	DESCRIPTION	R - L	Trs.	Pts.	Notes
19	Jump and turn about		1		
20	Putting matchsticks in a box		1		
21	Winding thread while walking	R/L	1/1	/	
22	Throwing a ball	R/L	5/5	/	
23	Sorting matchsticks	R/L	1/1	/	
24	Drawing lines	R/L	2/2	/	
25	Cutting a circle	R/L	1/1	/	
26	Putting coins in box (15'')	R/L	1/1	/	
27	Tracing mazes	R/L	1/1	/	
28	Balancing on tiptoe		1		
29	Tapping with feet and fingers		1		
30	Jump, touch heels		1		
31	Tap feet and describe circles		1		
32	Stand on one foot	R/L	1/1	/	
33	Jumping and clapping		1		
34	Balancing on tiptoe	R/L	1/1	/	
35	Opening and closing hands		1		
36	Balancing a rod vertically	R/L	3/3	/	

6-7-67

Dear Mrs. Whitsell:

Enclosed is a ticket to my graduation. The information about time and place are on the bill.

Hope to see then.

Sincerely,

Ed Joseph

ABRAHAM LINCOLN HIGH SCHOOL

San Francisco

COMMENCEMENT EXERCISES

June 15, 1967

California Masonic Memorial Temple

1111 California Street

Admit One 8:00 p.m.

12/3/07 Edw. Joseph's folder is alphabetically with the other "indiv." folders

cially true when dealing with the promotion of a child's health and the prevention of disease. Today, many of the health problems of children and youth are due to multiple factors and require multiple interventions. The pediatrician, to be effective, therefore requires, in addition to specific knowledge of disease processes knowledge of growth and development; family development, function, and culture; and reactions to stress, loss, and separation.

We have also accepted the child as a local citizen with the rights and responsibilities to live, play, and grow in his own community. This requires changes in our service delivery, with local pediatricians, school staff, community health, mental health, and social service providers working effectively together in community-based networks. The pediatrician must have knowledge of community institutions, their resources and functions, and have the skills to work with other professionals and other agencies in order to understand and treat the whole child in the context of the family.

The concepts embodied in this approach have been variably embraced by behavioral pediatrics, developmental pediatrics, biosocial pediatrics, and chronic illness pediatrics. Each term suggests a different orientation or emphasis. At issue, in addition to a name, is whether these abilities and skills are a subspecialty or an integral part of general pediatrics. Expanding our knowledge base about psychological and social development of children and families, educating the providers, and improving psychosocial services require resolution of these issues in order to achieve our mutual goal—optimal child health. Clarity is required not only for providers, but also for families and educators, and especially for those who are being asked to pay the bill.

Helen Gofman, an eminent figure shaping contemporary pediatrics, said in her valedictory on her retirement in 1983:

> I have seen (in the past 36 years) a tremendous change in the teaching and acceptance of biopsychosocial issues as part of pediatric practice. When I started . . . there were no textbooks, manuals, or syllabi available; in fact, the term behavioral pediatrics was as yet unknown. (Today we have) a model for behavioral pediatric training that enables pediatrics to treat the whole child—to consider his physical, intellectual, language, temperament and coping, his family's system, his community—rather than caring for an organ system.
>
> I see this as a critical time for behavioral pediatrics and for pediatrics itself. Without attention to biopsychosocial issues, pediatricians may become caretakers (only) of organ systems.[1]

The Federal Maternal and Child Health (MCH) program (Title V of the Social Security Act) has had a long and distinguished history of contribution to this area. Over the years MCH has supported such activities as training programs at the interface between pediatrics and child psychiatry; Child Development and Evaluation clinics; interdisciplinary training in university-affiliated facilities, pediatric pulmonary centers, and adolescent health; research leading to *Child Health and the Community*, Haggerty, RJ, et al; the Chronically Ill Children project of the Vanderbilt Institute on Public Policy Studies; Ruth Stein's Evaluation of a Home Care Unit; and, for the past 50 years, the individual State's Crippled Children's Services programs.

These activities have stressed early identification, coordinated multidimensional care, family support services, case management, interdisciplinary approaches, quality assurance, a community-based approach, and prevention—primary, secondary and tertiary prevention. Preventing the occurrence of the disorder before it is present as well as disability prevention have been central themes to pediatricians and MCH since its beginning some 50 years ago.

Drs. Stein and Jessop have written:

> The goal of care is to confine the consequences of the biologic disorder to its minimum manifestation, to encourage normal growth and development, to assist the child in maximizing potential in all possible areas, and to prevent or diminish the behavioral and social consequences.[2]

As the famous British epidemiologist Archie Cochran once said, "The goal is to move from curing to caring," and it is our hope that the deliberations from this conference will help us further achieve progress toward this goal.

VINCE L. HUTCHINS, M.D., M.P.H.
Director, Division of Maternal and Child Health
Department of Health and Human Services

References

1. Gofman H: Final note from Helen Gofman, M.D., in Annual Report of the Child Study Unit, University of California, San Francisco, to the Division of Maternal and Child Health, Summer, 1983
2. Stein RE, Jessop DJ: General issues in the care of children with chronic physical conditions. Pediatr Clin North Am, vol 31, no 1, Feb 1984

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DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

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Introduction

CONFERENCE BACKGROUND AND OVERVIEW

Fifteen years ago, the term "behavioral pediatrics" first appeared in the pediatric literature. In the ensuing years, first gradually and then exponentially, the term has appeared in editorials, pediatric reviews, and in the title of numerous pediatric texts. This changing terminology reflects the increasing attention being paid to the psychosocial aspects of pediatric health care. Despite, or perhaps because of, this growth, what is meant by "behavioral pediatrics" is frequently questioned. In response to these changing forces within pediatrics, the newly formed Society for Behavioral Pediatrics decided to promote a conference devoted to a discussion of the field of behavioral pediatrics within the parent discipline. The Division of Maternal and Child Health of the Bureau of Health Care Delivery and Assistance agreed to consider financially supporting such a conference. A proposal requesting support was prepared by representatives of the Society for Behavioral Pediatrics and was granted to Stanford B. Friedman, M.D., at the University of Maryland.

The conference was designed to bring together a small (45 to 50 persons) group representing expertise in the issues to be explored. The conference format was the responsibility of a planning committee consisting of Drs. Stanford Friedman and Esther Wender from the Society for Behavioral Pediatrics, Vincent Hutchins, M.D., from the Division of Maternal and Child Health, and William Frankenburg, M.D., Evan Charney, M.D., Robert Haggerty, M.D., and James Perrin, M.D. The Planning Committee met in July of 1984 to develop the conference format and to prepare the list of conference invitees.

The planning committee decided that attendees should consist primarily of pediatricians. For the most part, participants would be pediatricians directly involved in behavioral pediatric service, teaching, and/or research. Other pediatricians would be leaders in fields closely related to or involved in behavioral pediatrics, such as ambulatory, general, or developmental pediatrics and adolescent medicine. In addition, a minority of attendees would be from child psychiatry, psychology, social work, and nursing.

The charge to this conference was to explore issues related to the boundaries and definition of behavioral pediatrics. This entailed addressing such questions as: How should behavioral pediatric care be delivered within the overall structure of pediatric health care? How should behavioral pediatrics relate to other interest areas within pediatrics, such as ambulatory, general, developmental, and adolescent medicine? How should behavioral pediatrics relate to child psychiatry, psychology, nursing, and social work? How should behavioral pediatrics be taught at the residency level, the fellowship level, and to medical students?

The conference format consisted of four major presentations: a keynote address and three position papers. The position papers covered: (1) delivery of pediatric mental health care; (2) relationship of behavioral pediatrics to other disciplines; and (3) behavioral pediatric training. Each of the three major position papers was followed by four formal discussions prepared prior to the conference by one of the participants. Each of the discussants was asked to address a specific aspect of the overall position statement. The conference participants organized into small groups following each position paper to consider the major presentations, as well as the discussant's response.

The conference was to end with a statement of definition to be prepared by a four-member committee assigned to that task. However, the conference participants expressed the belief that such a definition was premature and concluded that more time was required to develop a concise statement that could be agreed on by this or some other group. Moreover, the issue of whether behavioral pediatrics is a "special area of interest" within the field of pediatrics or truly a "subspecialty" was not resolved at this conference.

What follows are the proceedings of this conference, including the keynote address, the position papers, the formal discussant responses, summaries of the small group interactions, and additional commentaries. Responses from the readership of the Journal are encouraged.

This conference is likely to be only one brief stopping point along a continuing dialogue, as the issues are complex and dynamic. The needs of the infants, children, and adolescents that we serve remain as the ultimate guideposts for our deliberations. The provision of optimal medical care to this population is our ultimate goal.

ESTHER H. WENDER, M.D.
STANFORD B. FRIEDMAN, M.D.
Conference Coordinators

THE GOAL OF CARE

The challenge of caring for children is to maintain a sensitive awareness of the individual child while being cognizant of the influences of the child's environment—the family and the community. This is espe-

May 11th

Dear Helen –

Thank you, so much, for your wonderfully kind and generous – and validating – letter. I always have and will continue to value highly your regard.

I have spent some time in the past few years working in several settings as a psychologist. When I was at the CSH, I knew it was special & rare. Now, I know it is quite singular. A very unique language was spoken there – of insights and human interaction and regard, of sharing & exploring that inspired learning and flexibility. I want to thank you, especially, for having nurtured such an environment & for having made me feel so welcome in it. My experiences there have enriched my life for all time.

We continue to live the suburban life, complete with little league baseball. Katie (14) and Will (9) are thriving. Katie is a reader & writer,

an excellent student, except for math. She plays flute in the band & is an avid 4-Her. We have a local farm on the UCI campus. Her last lamb was adopted by Disneyland for their petting zoo. Will lives for Nintendo & imaginary heros. He has some learning disabilities & a measure of hyperactivity & distractibility — a perfect candidate for CSH. I wish Donya could have seen him.

I hope you & Jack are well. I have heard him on the Michael Jackson radio program each year on the anniversary of Chernobyl.

Best regards & lots of love,

Gina