major task forces on the Joint Commission for Mental Health of Children, three are headed by analysts. And at its annual meeting in Boston last week, the Psychoanalytic Association held sessions on such topics as hippies, sex education and youth unrest—and this time they were publicized.

Psychoanalysts as a group have not usually received any credit for this kind of work, Dr. Berezin says. "When we wear so many hats, we are never identified as analysts. Now we are pushing identification a little."

But while psychoanalysts are easeing into an information effort, they show no inclination to modify the discipline to fit community psychiatry. "If an analyst," says Dr. Berezin, "loses that sense of intrapsychic behavior, he stops being a psychoanalyst. I can't analyze a marriage. My expertise is to help the individual understand his conflicts."

The association has, however, officially backed community psychiatry. "We want to make it very clear that the organization is concerned with this," says Dr. Moore. "We should perhaps have done it earlier. It might have helped eliminate the concept of a psychoanalyst working only with one affluent patient and being unconcerned with the broader aspects of mental health."

Analysts, says Dr. Moore, will not decry other kinds of mental therapy, so long as they do not lose sight of the individual in a bureaucratic approach to mental health. ◇

STARTS JUNE 30

Relabeling oral contraceptives

The eight United States manufacturers of birth control pills have agreed upon nine pages of new labeling that the Food and Drug Administration has requested to call doctors' attention to possible dangers. The new labeling is to accompany all packages of oral contraceptives coming off the production line after June 30, and advertisements, which run only in professional journals, are to reflect the revision starting Sept. 1.

A meeting of the manufacturers was held in Washington at the request of Dr. Herbert L. Ley Jr., director of FDA's Bureau of Medicine (SN: 5/11 p. 449). The labeling was revised especially to inform physicians of recent British studies that show a seven- to tenfold increase in thromboembolic (bloodclot) deaths and diseases among users of birth control pills as compared with other women.

The new ADA labeling advises that if thrombophlebitis, cerebrovascular disorders, pulmonary embolism or retinal thrombosis should occur or be suspected, the pill should be discontinued immediately.

A study comparable to that carried out in Great Britain is under way in the United States and will be completed early next year.

The British studies concluded:

Category	Mortality Rates		Hospitalization Rates (Morbidity)
	Age 20-34	Age 35-44	Age 20-44
Users of oral contraceptives	1.5/100,000	3.9/100,000	47/100,000
Non-users	0.2/100,000	0.5/100,000	5/100,000

MALADJUSTED CHILDREN

They don't all need therapy

There are an awful lot of maladjusted children in American schools; the boys are worse off than the girls; but many will get better with age, even in the face of a shortage of competent people to help them.

These are the results of a study of studies—some 50 surveys made over the past 44 years are included—undertaken at the University of Chicago.

Maladjustment serious enough to call for professional help runs about 10 percent in children aged 5 to 12. Sex differences emerge sharply, with 14 percent of the boys showing serious problems and only 5 percent of the girls afflicted.

Chicago's Prof. John C. Glidewell did the work at the request of the Joint Commission on Mental Health of Children, which plans to include it in a national report next year.

Dr. Glidewell says the study reveals no increase in maladjustment among elementary school children during the 44 years, although a number of other studies have suggested an increase of emotional disturbance among teenagers.

There is a word of caution: The information, taken as it is from previous surveys, is heavily weighted toward white middle-class children.

One recent study in slum areas, for instance, found an extraordinarily high rate of trouble: Nearly 70 percent of the 2,000 children studied had some adjustment problems, compared to the overall figure of 35 percent.

So far, there is no indication of a difference between races on level of maladjustment. The one piece of work that compared races, holding social class constant, was done in St. Louis, Mo., in the 1950's; Negroes showed a slightly lower level of psychiatric trouble than whites. But this work needs confirmation.

At a very basic level, the concept of maladjustment needs better definition. The concept has changed over the years; what would be considered maladjustment in 1922, such as breaking social norms, would no longer be viewed in that light. Some strange or rebellious behavior may be essentially healthy. How much represents true psychiatric disturbance requiring the assistance of mental health professionals is simply unknown.

Maladjustment, in Dr. Glidewell's terms, includes four types of problems: personal distress, as revealed through nervous tension, excessive daydreaming, crying or fearfulness and sleep troubles; social ineptness, such as apathy, withdrawal, or overaggressiveness; antisocial behavior, including lying, stealing and destructiveness, but not including delinquency, and problems of development, such as stuttering, bedwetting and temper tantrums.

Something like 35 percent of all school children have some trouble along these lines, but only 10 percent are serious enough to justify clinical attention.

Even then, the case for treating so many children is by no means established. Many children grow out of their emotional difficulty and there is some risk in referring them for psychiatric help.

Between 40 and 60 percent of the children will get better without psychiatric attention, explains Dr. Glidewell, and referring a child often stigmatizes him. Teachers are aware of this; they weigh the risks against possible benefits and refer about 3.7 percent of the children—when facilities are available.

Facilities, however, are not always available. "I don't want to leave the impression that there is no problem," says Dr. Glidewell, but it is not as large as the 10-percent figure would indicate. "I'm certainly not going to say we ought to build facilities to take care of 10 percent of all children." It is not feasible for one thing; 10 percent represents, in actual numbers, three million children.