

# SOCIETY FOR PEDIATRIC PATHOLOGY

## NEWSLETTER

Summer 1995

### FROM THE EDITOR'S DESK

Greetings. Attention all contributors to the Newsletter! Would it be possible for you to send newsletter materials on a disc? This would reduce costs and labor.

I am sure many of you are impressed with Denis Benjamin's editorials in our Pediatric Pathology journals. Issues discussed are very interesting, provocative and timely. "How much is necessary," is now in the hands of the Practice Committee and I expect we should have a report soon.

On May 25 and 26 I attended a conference at the Willard Inter-Continental Hotel titled "Restructuring Autopsy Practice for Health Care Reform."

There were 189 registrants. Dr. Kevin Bove also attended and kindly agreed to write a short summary of the meeting. Personally, I was extremely impressed with the conduct of the session and the issues put forward. A few of the highlights to me were that **the autopsy is a right for the next of kin**. We must educate the public on the benefits of the autopsy so that when a request is made for permission to perform such, it is not so devastating for the family. Educating the public appears to be an important issue with Dr. Sidney Wolfe who is collecting seminal autopsy cases for future publication (I am sending him a case). You can write to him: Sidney M. Wolfe, M.D., Director, Health Research Group, 2000 P Street, NW, P.O. Box 19404, Room 708, Washington, DC 20036. I raised the question that numerous medications may have an adverse interaction on the patient and some of these medications may be new.

(continued on page 2)

### PRESIDENT'S MESSAGE

- Joel Haas, MD

"What We Learn From History is That We Don't Learn from History" - or do we?

I offer, for your reflection, a few observations from my collection of Pediatric Pathology Club and Society Newsletters dating from 1970.

In the early 1980's we began debate over the need for pediatric pathology boards. In 1981 the ACGME authorized the club to provide CME credits. Just after the San Francisco Chronicle publicized the 1984 Annual Meeting, the Pediatric Pathology Club became the Society for Pediatric Pathology. The 1985 officers reported that 50 (of a total of 350) SPP members were involved in committee activities. After the 1985 Madison fall meeting, leadership and senior members remained for a Planning Retreat. Priorities established for implementation included "...complete efforts to establish specialty boards, refine/define a relationship with *Perspectives in Pediatric Pathology*, establish a Society journal, study the impact of the pediatric autopsy on health care, interact with other societies, emphasize education in pediatric pathology practice, consider retaining professional management, develop a funding strategy and a budget plan, establish relevant registries, develop programs in resident and student education, public relations, and lobbying. 1986 saw the first Lotte Strauss prize given, and a contract signed with the publisher of *Pediatric Pathology*. In 1987 the newsletter assumed its current classy format, reminded us that dues of \$110 included subscriptions for two journals, had no President's Message and in April advertised 15 jobs. 1989 saw a reborn President's Message announcing committee planning for a process to accredit fellowship programs, up to 18 job postings (viewed by some as a crisis), and the news that the American Board of Pathology had accepted the Society's proposal for certifying special competence in Pediatric Pathology. The Society in 1989 adopted the paradigm of emphasizing pediatric pathology research as an instrument for ensuring the future of our specialty. A two day Research Committee and leadership planning retreat in November was followed by the first two Young Investigator awards in 1990. The custom established then has seen \$110,000 of Society funds invested in this effort.

(continued on page 2)

**Included with this Newsletter:**

**Directory Update Form**

**Call for Abstracts for the Spring 1996 Meeting**

**Abstract Instructions**



### ...PRESIDENT'S MESSAGE, cont'd.

So there you have the observations. One's perception of these may be clouded by more recent events, e.g., the imposition of the "one year rule by" the ABP and ACGME, medical economic turmoil, down sizing, and Society growing pains.

But think about it. Have we learned from history? I think so. In the above litany are at least 13 sentinel accomplishments and a few tasks we might consider carrying forward.

I'll close, bashing one more icon, "...innovation is hard to schedule." Our Long Term Planning Committee is charged with presenting to Council a concrete proposal for substantive long term planning...maybe another Madison-type retreat. Would you like to attend?

### ...FROM THE EDITOR'S DESK, cont'd.

Could they have contributed to the death of the patient? How do we definitively investigate this? Dr. Wolfe suggested that a clinical pharmacologist be consulted and always procure serum for possible analysis.

Because the autopsy procedures in pediatric pathology are different from the adult autopsy, I would propose that we have videos made available for the perinatal and pediatric autopsy. These should be accompanied by streamlined global autopsy protocols (devoid of unnecessary verbiage).

Please see inside advertisements for meetings in Bordeaux, France, September 21-23, 1995 and Washington, D.C. on March 23 and 24, 1996.

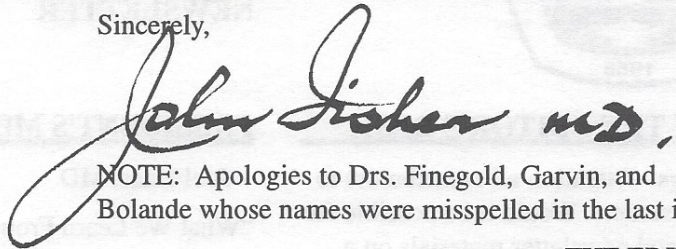
Several members have expressed interest in a program dealing with managed care issues facing pediatric pathologists. This is clearly a topic of great practical concern to all of us, but one that is in different stages of evolution in various regions of the country and changing so rapidly that it seems to defy a rational approach. Steve Qualman, Chair of the Practice Committee, has identified potential speakers for a short symposium that could be held in conjunction with the Spring meeting in Washington. However, as you can see from the enclosed preliminary program, there is very little time that is not already accounted for; and there would have to be sufficient premeeting interest to assure that the costs of the symposium would be covered. If you would be interested in the SPP putting on a workshop or symposium at an upcoming meeting, please xerox and complete the box below and fax or mail it to Ted Pysher, Chair of the Education Committee, by September 1 (fax: 801-588-3169, internet: pctpyshe@ihc.com, snail mail: 100 N Medical Drive, Salt Lake City, UT 84113).

Results and plans will be announced in the next newsletter.

*Editor's Note: Let's try to get Rep. Newt Gingrich as a speaker.*

Looking forward to seeing you in Baltimore in the Fall!

Sincerely,



NOTE: Apologies to Drs. Finegold, Garvin, and Bolande whose names were misspelled in the last issue.

THE EDITOR

*I would attend a program on managed care at the Spring 1996 meeting (please rank the following options):*

- Friday afternoon (approximate cost -- \$50. Note probable conflict with committee and council meetings)
- Friday evening (same approximate cost if no meal is included)
- Saturday luncheon (approximate cost of \$50 for symposium plus box lunch with time limited to one hour)

## Correspondence

**From J. Bruce Beckwith, MD to Jay Grosfeld, MD, Department of Surgery, James Whitcomb Riley Hospital for Children**

Dear Jay:

As you know, during the past year when I was president of the Society for Pediatric Pathology, I was working with Michelle Vahlkamp of the American Academy of Pediatrics, and with Bob Touloukian, your predecessor as Chair of the surgical Section of the AAP, exploring the possibility of developing a formal association of Pediatric Pathologists with the Surgical Section.

In the Winter 1995 issue of the Newsletter of the SPP, I enclosed a form designed to determine the level of interest among the members of the SPP in developing an association of this sort. A reminder was included in the Spring Newsletter, which has now been out for over a month. A total of 36 responses have been received to date, from a society with more than 450 members. The responses break down as follows:



CURRENT MEMBERS OF AAP - 8 responses, all of which would probably continue their involvement in the AAP and become active in the Surgical Section, provided a satisfactory format was achieved. Several expressed caveats indicating that Pathology would have to have a very effective leadership and presence in the Section in order to hold their interest and continued participation.

CURRENT NON-MEMBERS OF AAP - Of 28 responders, 16 indicated they would probably become involved if a satisfactory format was achieved. Ten others said they might be interested, but would not be in the first wave of applicants. Two were not interested.

I was disappointed by the small numbers of responses, and by the limited degree of enthusiasm expressed by members of the SPP in proceeding with an affiliation. I don't know how many pathologists might be required to achieve a significant presence in your Section, and if you and your colleagues feel these numbers are sufficient to proceed with further exploration of the matter, I will be happy to participate in that process. However, for the time being I will not take further action on this matter, and will await the decision of the Surgical Section about whether to drop the matter at this point, or proceed to explore it further. My personal view is that we have not received a very strong mandate from our membership concerning this proposal.

**From J. Bruce Beckwith, MD to Denis Benjamin, MB, BS and John Fisher, MD**

Dear Denis and John:

I just returned from a meeting in Manchester with the pathologists involved in the various nephroblastoma clinical trials going on East of the Atlantic. An interesting item came up, concerning the lack of awareness of many members of the PPS concerning upcoming SPP meetings, and vice versa. Liliane Boccon-Gibod was the only one who is a member of both the PPS and the SPP, so she gets the notices for both meetings. It occurred to me that we need to have a better mechanism for notification of interested pediatric pathologists in all countries of forthcoming significant meetings of pediatric pathologists. I understand that members of the PPS do receive *Pediatric Pathology*, but they do not of course get the SPP Newsletter. I suggested to them that one solution would be to join both societies, as Liliane has done (hopefully with an arrangement that would avoid paying for two subscriptions to the journal). I know at least one of them plans to do so as soon as she gets an application form.

However, even more effective would be a routine announcement of forthcoming meetings of SPP and

PPS, sufficiently in advance so abstract forms could be obtained and submitted by interested attendees from abroad. Alternatively, we could put SPP notices in the journal, and PPS notices could be in our Newsletter.

*Teratology* is a good example of a journal that incorporates a lot of Society notices. It seems to me there is a place for that in *Pediatric Pathology*, which would give our international colleagues more of a sense of involvement or at least awareness of SPP functions.

I am suggesting that the two of you, along with other appropriate members of Publications and Education Committees, might consider ways to address this issue in one or both of your publications.

**From Claire Langston, MD to John Fisher, MD (forwarding information)**

The American Board of Pathology develops, administers, and evaluates twelve certifying examinations. The Anatomic Pathology, Clinical Pathology, Cytopathology, Dermatopathology, Forensic Pathology, Hematology, Immunopathology, Medical Microbiology, Neuro-pathology, and Pediatric Pathology examinations each use projected slides as part of the examination. These slides must be of exemplary quality. They should be 35mm in size, mounted, clearly identified, oriented for horizontal projection only, and have no identification of source.

If you have such material that you would be willing to contribute with a short history or description, the American Board of Pathology would be pleased to be in receipt. Please be aware of the following conditions of contribution and acceptance:

The contribution should:

1. Not be publicly acknowledged by the contributor.
2. Be the only such slide and with no known copies.
3. Not be assumed to be accepted nor guaranteed to be used.
4. Not be assumed to be credited as to contribution.
5. Form the basis for Category II CME credit per CME guidelines for the contribution.
6. Not have been widely used in lectures, seminars, courses, or workshops, particularly at the national level.
7. Be clear, bright, and sharp from a projected distance of ninety feet.

(continued on page 8)



## Invited Commentary on CAP/ASCP Conference: Restructuring Autopsy Practice for Health Care Reform

Washington, DC ❖ May 25-26, 1995

submitted by Kevin Bove, MD

This two day conference featured lively interaction among an outstanding roster of mainly non-pathologist speakers and an animated audience, mainly composed of pathologists concerned for the future of the autopsy. All was provocatively moderated by George Lundberg and summarized cogently by Rolla Hill. I am unable to do justice to the richness and gravity of the interplay and debate in a brief report such as this. Fortunately, a published summary is planned for each of the presentations and the discussions which followed.

Implications of the long-term decline in autopsy rates in the USA to about 5% of all natural deaths in 1992 were examined from the standpoints of families, clinicians, pathologists, hospitals, accrediting agencies, private health insurers, federal health insurance programs and larger societal interests including medical education, collection of valid vital statistics, monitoring of safety and efficacy, etc. Most importantly perhaps, significant questions were raised and answers proposed regarding the value of the autopsy.

Dr. Edmund Pellegrino, an ethicist, lucidly discussed the moral obligations of pathologists, clinicians and institutions, to each other and to the family of the deceased based upon the concept that *permission to perform an autopsy is a covenant (sacred trust) with the deceased, the family, the institution and society* and equally based upon our shared conviction that autopsies have value. He suggested that one of the few benefits of managed care might be a refashioning of the autopsy to increase its value so as to better meet these moral obligations.

Stephen McPhee, MD, a professor of clinical medicine at USC, after acknowledging historical benefits of autopsies cited the following bases for disenchantment of clinicians. Often pathologists seem not to understand clinical medicine, seem poorly trained to do autopsies, and communicate their own disinterest in the process. Autopsy reports are delayed, fail to address pertinent issues, fail to distinguish between major and minor findings, are too long and largely unreadable. His suggested remedies included training in how to request permission to do autopsies, *better communication before the autopsy begins, more timely reporting, and fuller exploitation of the autopsy as an educational tool*. He indicated the desirability of *streamlining the report-*

*ing format* and providing a lay summary and he urged pathologists to address cause of death issues directly.

Alvin Feinstein, MD, a Yale epidemiologist, saw a decline of interest in the necropsy, the CPC, and the nosology of disease occurring together for a similar reason: the scientific challenge for the clinician has changed from diagnosis to prognosis, therapy, and application of new technology. He suggested dormant areas in the autopsy domain that ought to be revived, such as better correlation between signs, symptoms and lesions, more consistency in histopathological diagnoses, a better system for describing the extent and severity of lesions, and a *focus on reasons for success and non-success of clinical efforts*. He also emphasized the potential value of autopsy data, even at low rates, for screening of prevalent subclinical diseases in the general population. He seemed to be saying that we should continuously adapt the autopsy to the challenges of the day.

Seth Haber, MD, clinical professor of pathology at Stanford, stated the problem with startling directness. *"Make the autopsy relevant and meaningful or we will not succeed."* David Chernoff, Blue Cross of California executive, stated that without new and ongoing quality assessment initiatives based upon current autopsy findings there is not likely to be any money for autopsies from managed care organizations. He reminded us that the objectives of these organizations are to provide cost effective quality services achieved by eliminating distorted incentives and through increased coordination. He challenged autopsy pathologists to work together to develop quality initiatives and "come to the party." Dr. Horowitz's response from the audience, "OK, but with appropriate payment for professional services," struck a common cord as judged from the enthusiastic applause that followed. All participants conceded the estimable position of the autopsy as the basis for modern medicine and its consistent value in the study of individual cases for the benefit of involved care givers and families. However, many speakers representing government, provider organizations or vantage points other than that of the working pathologist, questioned whether the autopsy as we practice it, consistently contains sufficient value to warrant financial support by third party payors for medical services. Almost facetiously and certainly without conviction, several speakers suggested that financial support for autopsy services already exists in many third party arrangements requiring only that hospital administrators be persuaded to do their duty and allocate funds intended, if not always explicitly, for the support of the autopsy.



As the conference ended in a prolonged, animated and sometimes heated discussion, it seemed apparent to me that we must respond to these criticisms if the autopsy is to survive and that perhaps those of us who still perform substantial numbers of autopsies with reasonable skill and relish should lead the way. A consensus seemed to exist, at least among the speakers, that change is required. The central message is for us to reexamine all facets of the process of requesting, preparing, performing, processing and reporting autopsies and determine what changes are necessary to increase the value of the autopsy to those with whom we have a "sacred covenant," to use Dr. Pellegrino's term. It is in this context that we should address questions regarding use of the autopsy in education, in outcomes analysis, and in death certification. Specific remedies that were discussed included standardization of language and format, improved data collection, data banking, and the creation of regionalized autopsy services where feasible. Robert Trelstad, MD of Robert Wood Johnson Medical School put it very well when he said, "An effective health care system must understand its losses." To this end he proposed that we must learn to better manage the valuable information that can be derived from well performed autopsies.

The take home message from this session was unmistakable and somber: *Reinvent the autopsy or it may wither.* Clearly, however, it is not as bad as all that at the children's hospitals with which I am familiar. We, with our pediatric colleagues, seem to have gotten many of the things right that our colleagues have forgotten or abandoned. Nonetheless, the central message of this conference is applicable to our endeavors as well. Undoubtedly, each one of us could do more with the information in our autopsy reports than we now do at our own institutions and beyond. Where autopsy rates remain high, I think we have a special obligation to find ways to increase the value in the autopsies we perform, within our institutions and collectively, before this pernicious disease strikes us.

**A wise old owl sat on an oak,  
The more he saw, the less he spoke;  
The less he spoke, the more he heard;  
Why aren't we like that wise old bird.**

**Edward Richards (U.S. poet)**

## **Society for Pediatric Pathology Awards**

Nominations are invited for the Dr. Lotte Strauss Prize to be presented at the 1996 Annual Meeting of the Society for Pediatric Pathology in Washington, DC on March 23-24, 1996. The Strauss Prize recognizes meritorious work by an individual 40 years of age or younger in a subject germane to pediatric pathology, published or accepted for publication during 1995.

The winner, selected by a committee of the Society, will receive a \$1,000 cash prize, round trip airfare to Washington, DC and a two-day expense allowance. Announcement of the winner and a certificate presentation will be made at the Sidney Farber Lecture on Sunday, March 24, 1996.

Nomination requires submission of six copies of the completed paper, a supportive letter from the nominee's sponsor and six copies of the nominee's curriculum vitae. These should be mailed to Roma Chandra, MD, Chairman, Committee on Distinctions and Awards, Society for Pediatric Pathology, Department of Pathology, Children's National Medical Center, 111 Michigan Avenue, NW, Washington, DC 20010. **Deadline for receipt of complete nomination package is November 6, 1995.**

### **Dr. Harry B. Neustein Memorial Award**

The Neustein Award recognizes meritorious work involving electron microscopy in the study of disorders of children. The Award is given to the principal author of a platform or poster presentation at either the Spring or Fall meeting of the Society. The work must be identified as in competition for this Award. The winner will receive an illuminated certificate, a \$250.00 cash award, and award notification will be published in the Society Newsletter.

### **Gordon L. Vawter Award**

The Vawter Award recognizes the best platform or poster presentation by a pathologist in training (fellow, resident, medical or dental student) at the Spring and Fall meeting of the Society. Presenter must be first author of the presentation and must identify work as being in competition for this Award by checking off appropriate box in abstract form. The winner will receive an illuminated certificate, a \$500.00 cash award, and award notification will be published in the Society Newsletter.



## Upcoming Meetings

### Preliminary Program for the SPP Annual Meeting March 23&24, 1996

Washington Hilton Hotel, Washington, D.C.

Abstracts for both SPP and USCAP must be postmarked no later than September 20, 1995.

**Friday, March 22** Committee and Council Meetings  
Registration

#### Saturday, March 23

**Morning** Platform Sessions and Poster Discussion

**Afternoon** Symposium -- Pediatric Ophthalmopathology

Moderator: Gordon Klintworth, Duke University, Durham, NC

*The Lens Orchestrates the Development of the Anterior Segment of the Eye*

David C. Beebe, Washington University School of Medicine, St. Louis, MO

*Ophthalmic Manifestations of the Phakomatoses*

Hans E. Grossniklaus, Emory University School of Medicine, Atlanta, GA

*Retinopathy of Prematurity*

Dale L. Phelps, University of Rochester School of Medicine and Dentistry, Rochester, NY

*Clinical Molecular Genetics of Retinoblastoma*

Thaddeus P. Dryja, Massachusetts Eye & Ear Infirmary, Harvard Medical School, Boston, MA

Annual Business Meeting

**Evening** Banquet

#### Sunday, March 24

**Morning** Platform Session and Poster Viewing

Strauss Award Presentation  
Vawter and Neustein Award  
Announcements

**Sidney Farber Lecture**

Lynne Reid, Children's Hospital, Boston, MA

**Afternoon** Workshops

*Iatrogenic Pathology in the Neonatal Period*

Don Singer and Halit Pinar

*The Pathology of Non-Neoplastic Pediatric Lung Disease*

Claire Langston

*Forensic Pathology* Harry Wilson and Robert Kirschner

*Germ Cell Tumors of Childhood* Edith Hawkins and Elizabeth Perlman

*Pediatric Dermatopathology* Denis Benjamin

*Clinicopathologic Correlation of Wilms' Tumor*

J. Bruce Beckwith

*Pediatric Dermatopathology -- Common Genodermatoses*  
Denis Benjamin

**Evening** USCAP Specialty Conference:  
Pediatric Pathology

#### Monday, March 25

**Morning** USCAP Platform and Poster  
Sessions begin

***Common sense is not so common.***

***Voltaire***

**The 41st Annual Meeting of the Paediatric Pathology Society** will be held 21-23 September 1995 in Bordeaux, France.

It is suggested that guests make reservations for accommodations soon. Scientific Sessions will be held on Thursday and Friday, a guest lecture on Friday morning, the Annual General Meeting at the end of the Scientific sessions on Thursday, and the Society dinner in Saint Emillion on Friday evening. For information about this meeting please contact

Professor Liliane Boccon-Gibod  
Laboratoire d'Anatomie Pathologique  
Hopital d'Enfants Armand-Trousseau  
26, avenue du Docteur Arnold Netter  
75571 PARIS Cedex 12  
France  
Phone 33(1)44.73.61.82  
Fax 33(1)44.73.62.82

**The great secret of doctors...is that  
most things get better by themselves;  
most things are better in the morning.  
Lewis Thomas, MD**



## Positions Available

### Staff Position in Pediatric Pathology Butterworth Hospital

The medical staff and administration for the pathology department and pediatric division at Butterworth Hospital are searching for a second pediatric pathologist for the DeVos Children's Hospital. Presently, one pediatric pathologist serves this 120 bed children's hospital, and an associated active obstetric department which includes high-risk obstetrics. The need for the second pediatric pathologist is now obvious given the rapidly increasing workload in pediatric and perinatal pathology. The search committee has defined this now open full-time position as requiring A.P. and C.P. Board Certification or eligibility and fellowship training in pediatric pathology for board eligibility or certification. Duties would include performance in all aspects of pediatric, perinatal, and placental pathology as well as teaching medical students, pediatric residents, pathology residents, medical technology students and others. Area of emphasis for this newly described position is diagnosis of all aspects of pediatric neoplasia including CNS neoplastic disease.

Complete volume figures, scope of practice, and detailed description of benefits and remuneration are available on request to the search committee.

If you know of a fellowship trained Pediatric Pathologist who might be interested in this opportunity, please have him or her send a curriculum vitae to Butterworth Hospital, 100 Michigan Avenue, NE, Grand Rapids, MI 49503 to the attention of Nancy Martens, or call 1-800-788-8410.

### B.C. Women's Hospitals and the University of British Columbia, Pediatric/Obstetric Anatomic Pathologist

The Department of Pathology and Laboratory Medicine, B.C.'s Children's, B.C. Women's Hospitals and the University of British Columbia seek an experienced Pediatric/Obstetric Anatomic Pathologist at the rank of Associate Professor or Full Professor level. This is a full-time grant tenure track position which is subject to final budgetary approval. The equivalent salaried hospital position is at the rank of Associate Pathologist or Full Pathologist. In addition to diagnostic expertise, the successful candidate will have a record of research accomplishment, be a skilled teacher, and have demonstrated abilities as a collaborative leader and team builder. The clinical duties will include pediatric, perinatal, obstetric, surgical and autopsy pathology and forensic pathology. Special skills in pediatric cardiovascular pathology would be an asset. The appointment will be contingent upon successful licensure by the B.C. College of Physicians and Surgeons and salary will be commensurate with qualifications and experience. The start date of this position is January 1, 1996.

All qualified applicants are welcome, especially women, aboriginal people, visible minorities and persons with disabilities.

In accordance with the Canadian Immigration requirements, this advertisement is particularly directed to Canadian citizens and permanent residents.

Applications should be received before September 15, 1995, and include a curriculum vitae and names and addresses of three references.

Send applications in confidence to Dr. James E. Dimmick, Director, Department of Pathology and Laboratory Medicine, B.C.'s Children's Hospital and B.C. Women's, 4480 Oak Street, Vancouver, British Columbia, V6H 3V4, CANADA.

### Anatomic Pathology Position St. Jude Children's Research Hospital

St. Jude Children's Research Hospital, a premier center for treatment and biomedical investigation of childhood catastrophic disease, invites applications for a faculty position at the Assistant or Associate Member level in the Anatomic Pathology Division of the Department of Pathology and Laboratory Medicine. The applicant should be a physician who is Board eligible or Board certified in Anatomic Pathology and has appropriate training and a strong interest in the diagnostic pathology of childhood cancer and other catastrophic disease and their complications. Interest in or evidence of scholarly pursuits and/or potential are required. There is the opportunity for the development of appropriate collaborative research within already well established, internationally competitive programs in virology, immunology, biochemistry, genetics, gene therapy, molecular pharmacology, pharmaceutical sciences, tumor cell biology, bone marrow transplantation, experimental hematology, and brain tumor biology.

Applicants should submit a curriculum vitae and the names and addresses of four references to Jesse J. Jenkins, III, MD, Medical Director of Anatomic Pathology, St. Jude Children's Research Hospital, 332 North Lauderdale Street, Memphis, TN 38105 or call 901/495-3516, FAX 901/495-3100. St. Jude Children's Research Hospital is an equal opportunity employment/affirmative action employer.

### Managed Care Claims an Early Victim!

A children's hospital in financial crisis recently sacrificed a pediatric pathologist to the managed care budget axe. The surprised victim is an experienced, board-certified pediatric pathologist with an academic background and good references. Any help from fellow SPP members is appreciated. Information and inquiries may be sent via John Fisher, MD, Editor, SPP Newsletter.

**The English never draw a line without  
blurring it.**

**Winston Churchill**



## Society for Pediatric Pathology Executive Committee

Joel Haas, MD 313/745-5315	<b>President</b> FAX 313/993-8754
J. Bruce Beckwith, MD 909/824-4137	<b>Past-President</b> FAX 909/824-4881
John J. Buchino 502/629-7900	<b>President-Elect</b> FAX 502/629-7906
Claire Langston, MD 713/770-1871	<b>Secretary-Treasurer</b> FAX 713/770-1032

*Please note: new phone and fax numbers for Dr. Chandra and new fax for Dr. Greco.*

**Archives Committee Chair - M. Alba Greco, MD**  
212/263-6443 FAX 212/263-8284 or 8994

**Awards Committee Chair - Roma Chandra, MD**  
202/884-2051 FAX 202/884-4030

**Bylaws Committee Chair - Hal Hawkins, MD**  
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**Education Committee Chair - Theodore Pysker, MD**  
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**Practice Committee Chair - Stephen Qualman, MD**  
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"Hail, Hail..."

### ...CORRESPONDENCE, cont'd.

8. Depict the problem with a minimum of extraneous information.
9. Have the problem indicated by an arrow or other mark when appropriate.
10. Have a legend easily read without magnification from a distance of ninety feet when projected on an 11x14 foot screen.
11. Not be from a study set i.e., pictures to which some, but not all, of the examination candidates might have access.

All materials should be sent to William H. Hartmann, MD, Executive Vice President, American Board of Pathology, One Urban Centre, Suite 690, 4830 West Kennedy Boulevard, Tampa, FL 33609-2571. NO material will be returned.

Side Note: Neuropathology/Pediatric Pathology examinations will no longer be offered every year. Examinations in these areas will be given in 1995 and every other

**The most efficient part of any organization is the Standing Committee. The minute you give them chairs, the meetings last forever.**

**Robert Obren (U.S. humorist)**