



Stalking Disrupts Lives, Leaves Emotional Scars Perpetrators Are Often Mentally Ill

Lynne Lamberg

NEW ORLEANS—Being followed, approached, and harassed by unwanted phone calls, letters, or even gifts makes people feel exposed, threatened, and powerless. Stalking violates boundaries of personal space. Anyone potentially is at risk.

People who are stalked often drastically alter many aspects of their daily lives. They may take different routes to and from work each day. Some leave their jobs because their stalker's behavior disrupts their own and others' work. They may curtail going to movies, religious services, and other public events. Some move to another city or country, diminishing contact with families and friends. Some develop anxiety disorders and increase their drinking and smoking. One in three is physically and/or sexually assaulted by the stalker. One in four ruminates about or attempts suicide. A few have been murdered.

Despite these grim costs, such people often believe they must have done something to provoke the stalker, and do not tell others. A team of Australian psychiatric researchers advises those who are stalked to report stalking, protect themselves, get police involved, and seek counseling.

Paul Mullen, DSc, Michelle Pathé, MBBS, FRANZCP, and Rosemary Purcell, MPsych, of the Victorian Institute of Forensic Mental Health, Fairfield, Victoria (<http://www.forensicare.vic.gov.au/>), described the psychological and social impact of stalking, outlined a typology of stalkers, and provided guidelines for clinicians working with both those who are stalked and stalkers at the annual meeting of the

American Psychiatric Association (APA) here in May.

Mullen, Pathé, and Purcell received the Manfred S. Guttmacher Award from the APA and the American Academy of Psychiatry and the Law for their contribution to forensic psychiatry literature. They are coauthors of *Stalkers and Their Victims* (Cambridge University Press, 2000).

The term "stalking" once applied only to hunters, Mullen said in accepting the award. Journalists took up the term only a decade ago to describe overzealous pursuit of celebrities by deranged fans. Such behavior was no novelty, though. John Hinckley shot President Ronald Reagan in 1981, allegedly to gain attention from movie star Jodie Foster, whom he had hounded for years. Mullen's group defines stalking as repeated intrusive contacts and/or communications that instill fear or distress in another person.

Stalkers may phone the objects of their attention hundreds of times a day, send a deluge of letters, e-mail, or faxes, or leave notes attached to the person's car or other property. Some follow those they stalk and loiter nearby. Some go further, scratching their initials on the person's car, slashing tires, or making death threats. Some spread malicious gossip. Some order unwanted goods to be delivered to the person they are hounding, such as a pizza at 2 AM or magazine subscriptions. They may cancel the person's electric service. Some send unsolicited gifts, from the mundane (flowers) to the menacing (dead animals). Some stalkers initiate spurious legal action, claiming that those they are harassing have harassed them. Such strikes, Mullen said, increase the

person's feeling of vulnerability. Indeed, people who are stalked use terms such as "emotional rape" and "psychological terrorism" to describe their predicament.

Stalkers most often are male, unemployed, and not in current relationships, Mullen said, almost the reverse of their typical prey. Stalkers come from all socioeconomic classes. One stalker Mullen saw was a socially inept psychiatrist who lavished unwanted attention on a professional colleague of whom he became enamored.

In 45% of some 400 stalking cases Mullen and colleagues have studied, harassment occupied 2 intense days and abated in about 2 weeks. In the rest, stalking persisted for 6 months or longer on average, sometimes for years. Short-term harassment usually involves strangers, Mullen said, while longer stalking episodes typically involve prior intimates, casual acquaintances, and work associates. A report on these findings is in preparation.

WHO STALKS AND WHY

Mullen and colleagues classify five types of stalkers:

- **Rejected stalkers** are motivated by a desire for reconciliation and/or revenge. Their stalking becomes a substitute for the lost relationship, Mullen said, however much of a caricature the stalkers' behavior becomes. Some derive satisfaction from inflicting pain. They often have personality disorders and are among the most persistent and intrusive stalkers. They are predominantly male and represent 36% of the approximately 200 stalkers on whom Mullen and his colleagues based their book.



Cyberstalking: A Growing Threat

Stalkers increasingly take to the Internet, according to *Stalking and Domestic Violence*, the May 2001 US Department of Justice Report to Congress. While cyberstalkers may live far from those whom they harass, their behavior often proves as unsettling and disruptive as following or telephoning does, the report states. Cyberstalking also may foreshadow physical violence.

Stalkers may swamp their prey—typically a former intimate partner—with dozens of emails or instant messages, often using automated senders or anonymous remailers that make it hard to identify the source. Some post incendiary messages in chat rooms, prompting third parties to beleague or threaten the object of their ire. One man posed as his former partner in a sexual chat room. He said she fantasized about being raped and gave her name and address, triggering middle-of-the-night knocks on her door. Another man said a woman's 9-year-old daughter was available for sex, and posted her phone number with an invitation to call any time.

Women are twice as likely as men to be stalked by strangers and eight times as likely to be stalked by former intimates, the report states. Most of those who are stalked via the Internet do not contact law enforcement agencies, believing that such behavior is not a crime or that they will not be taken seriously. Indeed, in some cases, police simply told women to turn off their computers, the report said. Some who are stalked block or filter stalkers' messages, not appreciating that threats may escalate over time.

Most major internet service providers (ISPs) have an address to which subscribers can send complaints of abusive or harassing email. That address usually is: abuse@ISP domain name.

Various state and federal laws help combat cyberstalking, although some apply only to actual threats, not harassment. Whether existing laws cover behavior that prompts third parties to harass someone is not clear. The report urges the ISP industry to enforce policies prohibiting cyberstalking, and law enforcement agencies to improve their own response to cyberstalking complaints.

The report suggests that Internet users adopt a gender-neutral, nonidentifying screen name to protect themselves from cyberstalkers. Ironically, stalkers typically use the same tactic to pursue their prey. *Stalking and Domestic Violence* is scheduled to be posted online this month at <http://www.ncjrs.org/pdffiles1/ojp/186157.pdf>.—LL

- **Intimacy seekers** identify the object of their affection as their true love. Some imagine that the person they are stalking reciprocates such feelings. Many "star-stalkers" fall into this category. Their sought-after partner's indifference may enrage them. They made up about 34% of the Australian study group. Many intimacy seekers have serious mental illnesses such as delusional disorders, Mullen said, and need psychiatric intervention. They also need help to overcome social isolation. Getting them a pet, he said, might be a good start.

- **Incompetent suitors** are those whose stalking is sustained by hopefulness. Their stalking of a particular person usually lasts only a short time, but these people—who often are intellectually limited—then may pursue others. They comprised 15% of the stalk-

ers. With tutoring, Mullen said, they sometimes can acquire acceptable courting and other social skills.

- **Resentful stalkers** often are aggrieved workers who feel humiliated or treated unfairly. They may carry out a vendetta against a specific person or choose someone at random as representative of those they believe harmed them. If convicted, they often resist treatment, and protest that they are the ones being persecuted, striking back at their oppressors. Stalking makes them feel powerful. They rarely develop empathy for those they stalk, Mullen said, and are the most difficult group to engage in treatment. They comprised 11% of the total.

- **Predatory stalkers** stalk someone as preparation for a physical or sexual assault and take pleasure in caus-

ing sadistic pain. Many have paraphilias and prior convictions for sexual offenses. They represented 4% of the stalkers, and were exclusively male. Mullen said they require treatment appropriate for sexual offenders.

Stalking is not a mental disorder, Mullen stressed, but rather behavior to which mental disorder contributes. Stopping stalking may require both legal sanctions and treatment of psychopathology. Most stalkers with personality disorders can benefit from a combination of social skills training and psychotherapy focusing on issues that sustain stalking, such as a sense of entitlement and support. Therapy for those with delusional disorders involves pharmacotherapy and psychotherapy. While stalking involves obsessional behavior, Mullen said, few stalkers have a true obsessional disorder.

The therapist needs to confront stalkers' efforts to deny, minimize, or justify their behavior, Mullen said. Stalkers may say they pleaded guilty because the lawyer insisted on it or claim phone company records showing they made 220 phone calls to their prey in one day are wrong.

Some stalkers can be helped to develop a modicum of empathy for those they stalk. "Some say this is the only relationship they will ever have," Mullen said, "and they often are right."

STALKING OF PHYSICIANS

Medical professionals are over-represented among people who are stalked, Mullen said in an interview. He and his colleagues in Australia are studying the prevalence of physicians among those who have been stalked, as are other researchers in the United States, United Kingdom, and elsewhere in Europe. It is too early, Mullen said, to distinguish among the vulnerabilities of different specialties.

Lonely and mentally unstable patients may misconstrue the physician's ordinary attention and concern. Patients who stalk physicians, Mullen said, most often develop an inappropriate fixation on the physician, usually romantic. Some view the physi-



cian as an idealized father or mother. Angry patients or patients' relatives sometimes stalk a physician they believe has mistreated them, intending to wreak some kind of retribution. It is not yet clear, Mullen said, whether stalking of physicians is more or less likely than stalking of other people to progress to threats and violence.

Psychiatrists and other mental health professionals stalked by patients, he said, often get little support from colleagues. Some report that colleagues have told them, "If you managed the transference properly, this wouldn't have happened." Having met such rejection, Mullen said, therapists often continue to struggle with patients they never should have seen again. Physicians need to let such patients know they are not interested in and never will be interested in an inappropriate relationship.

HELP FOR STALKERS' PREY

People who have been stalked need reassurance that they are not to blame, Mullen said, just as people who have been raped do. They need to tell the stalker directly and clearly that they do not want a relationship; refuse all further communication; keep a diary of additional contacts by the stalker; put duplicate copies of documents in a safe place; improve home security; and in-

form friends, neighbors, workplace colleagues and superiors, and the police.

Some people suggest that someone who is being stalked meet the stalker and talk it out. Mullen's advice: "Don't." When the singer Madonna had to go to court to confront her stalker, he said, "it was a great day for the stalker." Madonna's testimony nonetheless helped put her stalker behind bars for 10 years.

People who get repeated unwanted phone calls sometimes obtain an unlisted number. A stalker finds the new number in 48 hours on average, Mullen said, reinforcing the person's sense of helplessness. The person who is being stalked should keep the original number "as the stalker's number," he suggested, install an answering machine, and keep and date the tapes. The unlisted number can then be used for personal calls.

Effects of stalking may linger after the stalking stops; these include heightened fear and perception of vulnerability. People who have been stalked therefore may need treatment for depression and other symptoms of posttraumatic stress disorder. Families should participate in treatment, Mullen said, to bolster the person's self-confidence. In a study of 100 people who had been stalked, Pathé and Mullen found that support groups helped validate distress and diminish isolation (*Br J Psychiatry*. 1997;170:12-17).

Useful Resources

- Stalking Research Center, National Center for Victims of Crime: <http://www.nvc.org/>.
- Victim Service Helpline, National Center for Victims of Crime, available 8:30 AM-8:30 PM, EDT, Monday-Friday: 1-800-FYI-Call (1-800-394-2255)
- Survivors of Stalking: <http://www.soshelp.org/>.—LL

The 1989 murder of television star Rebecca Schaeffer by a stalker prompted California to enact the nation's first antistalking law in 1990. While such laws now exist in all 50 states and the District of Columbia, they lack uniformity. Police, judges, and sometimes even those who are stalked may find it hard to decide when seemingly innocuous activities, such as sending gifts or simultaneously attending public events, constitute harassment.

In the United States, one of every 12 women and one of every 45 men have been stalked at some time in their lives, according to *Stalking and Domestic Violence*, the May 2001 US Department of Justice Report to Congress. The report identifies cyberstalking (see sidebar) as a new challenge for law enforcement and includes tips for Internet users on how to protect themselves. □

Psychiatrists Explore Legacy of Traumatic Stress in Early Life

Lynne Lamberg

NEW ORLEANS—Some children and adolescents live in areas beset by war. Others are caught up in earthquakes, floods, hurricanes, and other natural disasters. Some are hurt in car crashes, and some develop cancer or other life-threatening illnesses. Some witness deaths or are wounded by shootings on the street or even at school. Some are harmed by strangers and some by those

closest to them. Some commit acts of violence themselves.

Psychiatrists and others who contend with the sequelae of traumatic stressors on the young have plenty of work to do. They must conduct age-appropriate assessments, weigh the reliability of children's memories of traumatic events, try to heal psychological wounds, and sometimes testify in court about the severity of a child's injuries and the prognosis for that child's fu-

ture. Research in progress aims to identify brain pathways involved in the development of posttraumatic stress disorder (PTSD) and to follow traumatized children into adulthood.

Specialists in various facets of PTSD in children and adolescents explored recent advances in the field at the annual meeting of the American Psychiatric Association (APA) here in May.

PTSD follows exposure to an extreme traumatic stressor that threatens



Further Reading

PTSD in Children and Adolescents provides a state-of-the-art review of the topics discussed in this article, with chapters by each of the PTSD symposium speakers and colleagues. The book is edited by Spencer Eth, MD, professor and vice chair of psychiatry and behavioral sciences at New York Medical College, New York City, who also chaired the APA symposium (Washington, DC: American Psychiatric Publishing, Inc; 2001; \$29.95).—L.L.

the individual's life or causes serious injury or that involves witnessing or learning about an actual or threatened death or serious injury of another person, particularly someone close. People of all ages may react to such experiences with intense fear, helplessness, or horror. Children sometimes display disorganized or agitated behavior.

PTSD evokes a characteristic symptom cluster that usually starts within 3 months of the trauma. It includes persistent reexperiencing of the event or stressor, persistent avoidance of triggers or reminders of the event, numbing of general responsiveness, and persistent symptoms of increased arousal, according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR; Washington, DC: APA; 2000)*. Community-based studies suggest that 8% of US adults experience PTSD at some time in their lives.

Repetitive play, which is a form of rumination, suggests the occurrence of recurrent or intrusive thoughts in children, said Wilfred van Gorp, PhD, professor of psychiatry at Weill Medical College of Cornell University, New York City. In the first rigorous study of childhood trauma, psychiatrists observed children playing "tornado games" 1 week after a tornado devastated Vicksburg, Miss, in 1953 (*Am J Psychiatry*. 1956;113:416-422).

Adults with PTSD often report distressing dreams and nightmares of the event. Children may have generalized

nightmares or awake from sleep sobbing or screaming without being able to describe the content of their dream. They also may complain of headaches, stomachaches, or other physical symptoms.

NEW ASSESSMENT TOOLS

In evaluating a child or adolescent for PTSD, van Gorp said, one must consider the youngster's age, sex, cognitive ability, verbal ability, capacity to identify emotions, and cultural background. Comorbidity is common. People of all ages with PTSD may have anxiety and depression, cognitive problems affecting attention and memory, and social and behavioral problems.

Until recently, there were few validated and accessible diagnostic tools based on *DSM-IV* criteria for PTSD in children and adolescents, van Gorp said. Now, several are available. Some use self-report symptom checklists while others use structured interviews.

One new assessment tool, known as *Darryl*, is designed for children aged 6 years or older. A young boy of indeterminate ethnicity, *Darryl* is featured in 19 cartoons that depict the main PTSD symptom clusters: reexperiencing, avoiding or blunting feelings, and hyperarousal. The examiner shows each cartoon to the child and reads a script describing the symptom. The child conveys his or her own experience by selecting "never," "some of the time," or "a lot of the time" on an accompanying thermometer.

A child who has been exposed to trauma may underreport symptoms in a face-to-face interview. Interviews with parents or teachers may enlarge the picture, van Gorp said, addressing such issues as problems with sleep, interaction with peers, and school performance.

FORENSIC ISSUES

Some structured interview assessment tools aren't appropriate for forensic use. They ask what would be construed as leading or contaminating questions, said James Rosenberg, MD, director of the Forensic Neuropsychiatry Medi-

cal Group, Westlake Village, Calif. The American Academy of Child and Adolescent Psychiatry adopted standards for the assessment and treatment of PTSD in children and adolescents in 1998 that help provide a foundation for forensic examinations (<http://www.aacap.org/new%5Fweb/clinical/ptsdsum.htm>).

Expert witnesses often are asked to describe the typical course of PTSD and to predict outcomes for a particular child. There's no consensus on whether one sex is more likely than the other to develop the disorder, Rosenberg said. Girls are sexually assaulted more often than boys, for example. Boys experience more serious unintentional injuries and physical trauma.

After exposure to the same traumatic event, such as a school shooting, older children are more likely to develop reexperiencing and hyperarousal symptoms, Rosenberg said, while younger ones more often display avoidance symptoms. In adolescence, he noted, PTSD may delay or impair development of independence and self-sufficiency.

Debate continues on whether a child who meets some but not all criteria for PTSD has as serious a problem as a child with a full range of symptoms. This is particularly a concern in younger children who may have dramatic symptoms in one category, Rosenberg said, yet appear to have few or none in another. What's at stake is the extent of damages for emotional distress the child is entitled to receive in a civil case.

Trauma in several populations thought to be at increased risk for PTSD is understudied. Some 500 000 children are in foster care, most of whom typically entered this system at age 3 years. Many have a history of physical and sexual abuse, neglect, and abandonment. One study found that boys with substance abuse problems engaged in high-risk behaviors that put them at risk for trauma, such as driving while drunk or hanging out in alleys. Adolescent girls with substance abuse problems more often experienced some trauma first and then abused drugs or alcohol, presumably in



an attempt to self-medicate (*Am J Psychiatry*. 1997;154:752-757).

The risk of PTSD for children involved in motor vehicle crashes may be similar to that for those exposed to violent crimes. One study found that 25% of children and adolescents physically injured in traffic incidents met criteria for PTSD (*Pediatrics*. 1999;104:1293-1299). The presence or lack of comforting by parents proved a greater influence on the child's likelihood of developing PTSD than the extent of physical injuries the child experienced. Such outside factors may become an issue in personal injury litigation.

For a child, testifying in a courtroom may be stressful, even traumatic, Rosenberg said. Younger children are more susceptible to suggestion, intimidation, and inappropriate cross-examination than older ones.

JUVENILE OFFENDERS

Rates of PTSD among incarcerated youth are approximately four to eight times higher than those in a community sample and may be twice as high in girls as in boys, said William Arroyo, MD, clinical assistant professor of psychiatry and behavioral sciences at the University of Southern California School of Medicine, Los Angeles.

Surveys suggest most incarcerated youth have been exposed to myriad potentially traumatic events, including physical and sexual assaults and witnessing homicide and other acts of violence. Most also experienced poverty, abuse, and neglect, additional risk factors for development of trauma-related psychopathology. Some incarcerated young people cited their own violent acts as the trigger for their PTSD symptoms. The role of racial and ethnic factors is unclear, Arroyo said. The majority of youth in recent studies have been Latino or African American, he added.

As the juvenile justice population is overwhelmingly male, Arroyo said, there have been few studies in young female offenders. In one study, however, 20% of girls reported having been

forced to have sexual intercourse before age 14 (James, CB. *Incarcerated Youth Needs Assessment Survey*. Los Angeles: Charles Drew University; 1999).

People working in the field, Arroyo said, worry that the juvenile system will become, as for many adults, a de facto hospital. About 0.4% of US youth under age 18 currently are in custody. Families seldom are involved in assessment or preparation for discharge, he said, a serious shortcoming of the present system.

TREATMENT OF PTSD

Cognitive-behavioral treatment (CBT) approaches have demonstrated efficacy in both children and adults with PTSD, said Soraya Seedat, MB, of the University of Stellenbosch, Cape Town, South Africa. They arguably are viewed as first-line treatment, either alone or in conjunction with psychotropic medications and family involvement.

Severe psychological trauma may alter the neurobiology of the stress response, Seedat noted. Models of fear-conditioning implicate the amygdala and other regions of the limbic system. They also suggest that several neurochemical systems hold relevance for treatment. Symptoms of PTSD, such as panic attacks, insomnia, exaggerated startle, and autonomic hyperarousal, she said, are characteristic of increased noradrenergic function.

The plasticity of the brain in children and adolescents, Seedat said, argues for fewer biological treatments. But the negative impact of PTSD on development calls for early intervention. Relatively little empirical research has been conducted on use of medications to treat PTSD in children and adolescents.

Sertraline is the first medication approved by the US Food and Drug Administration for PTSD in adults. There are no published controlled studies of it or other selective serotonin reuptake inhibitors (SSRIs) in children and adolescents with PTSD. Nonetheless, SSRIs may prove to be first-line treatment for children and adolescents,

Seedat said, as they have been found safe and effective for other disorders in young people, including anxiety and mood disorders, commonly comorbid with PTSD.

Physicians who choose to use an SSRI, she suggested, should start at a low dosage and gradually titrate up to the dosage used for depression. She suggested starting with a 3-month trial and continuing for 12 months or longer, as needed.

While there are no randomized trials of the use of tricyclic antidepressants for treating childhood PTSD, she said, such medications may benefit children and adolescents who have reexperiencing symptoms, such as intrusive memories and flashbacks. Still needed, she said, are comparative, randomized placebo-controlled trials of cognitive-behavioral treatment, medications, and a combination of the two approaches.

CHILD TRAUMA TO ADULT PTSD

To select the best treatment, clinicians need better ways to predict likely consequences of early life trauma on each child, said Rachel Yehuda, PhD, of the traumatic stress studies program in the Department of Psychiatry at Mount Sinai School of Medicine, New York City.

The type of event and chronicity of exposure likely influence the consequences, she said. Single-episode traumas are associated with a higher degree of recovery than repeated or chronic ones. A study of children who survived the collapse of the slag dam in Buffalo Creek, WVa, in 1972 suggests that most children recover by adulthood from the ill effects of natural disasters. Other studies suggest that most children recover even after exposure to some extreme events such as war, given family and other sources of social support. Yehuda and colleagues found, however, that nearly half a group of child survivors of the Holocaust continued to have PTSD more than 50 years later (*J Trauma Stress*. 1997;10:453-463).

More than 50 studies show that repeated physical or sexual abuse has nu-



merous sequelae in adulthood, including sexual dysfunction, anxiety, depression, and suicidality. No single outcome, however, she noted, has been shown to be a specific indicator of trauma early in life.

Some studies show that 10% to 55% of children who experienced physical and sexual abuse have PTSD symptoms. Such symptoms appear in 50% to 75% of these people in adulthood. "Sleeper effects" may explain these findings, Yehuda said. Sexual dysfunction shows up only after people start to have sexual relationships. Some psychological responses require developed cognition and maturity.

Only in adulthood do people recognize the magnitude of what was inflicted on them earlier. The experience of early maltreatment also appears to boost the likelihood of being ill-treated later on.

Theories about the biological effects of stress, Yehuda said, have changed radically since Selye first reported that effects of stress occur while a stressor is present, and posited that recovery begins when the stressor is removed (*Br J Exp Pathol.* 1936;17:234-246). In the 1970s and 1980s, researchers found that biological and behavioral effects of stress could continue and gain strength even after the stressor was re-

moved. Current models of stress contend that some aspects of exposure can be permanent. Molecular biologists have shown that expression of genes can change within minutes following environmental perturbations and cause long-lasting dysregulation.

Early experiences set the level of responsiveness of the hypothalamic-pituitary-adrenal axis and autonomic nervous system, Yehuda noted, allowing these systems to overreact or underreact to subsequent stress. Childhood trauma leaves a person extremely vulnerable to the effects of stress, she said, and specifically to the development of PTSD. □

MISCELLANEA MEDICA

- Ronald Blanck, DO, president of the University of North Texas Health Science Center at Fort Worth, has been elected to the National Board of Medical Examiners. He most recently served as Surgeon General of the United States Army and commander of the US Army Medical Command.

- Helena W. Rodbard, MD, who is in private practice in Rockville, Md, and is a clinical assistant professor at Georgetown University School of Medicine, Washington, DC, has been elected president of the American College of Endocrinology. She also served as president in 1998-1999.

- E. Stephen Edwards, MD, a clinical professor of pediatrics at the University of North Carolina at Chapel Hill School of Medicine, will become president-elect of the American Academy of Pediatrics at its October 2001 national conference and will serve as the 2002-2003 president. For more than 30 years, Edwards has been a managing partner for Raleigh Children and Adolescent Medicine, an independent pediatric practice.

- E. Darracott Vaughan, Jr, MD, the James J. Colt Professor and Chair of the Department of Urology at Weill Cornell Medical College and urologist-in-chief at the New York-Presbyterian

Hospital-Weill Cornell Medical Center, New York City, has been elected president of the American Urological Association.

- David P. Faxon, MD, chief, Section of Cardiology at the University of Chicago Medical Center, Chicago, Ill, has been elected president of the American Heart Association. Robert Roberts, MD, chief of cardiology and professor of medicine at Baylor College of Medicine, Houston, Tex, was named president-elect.

- Arthur B. Dublin, MD, has joined the Department of Radiology at the University of California, Davis, School of Medicine as a professor. Other new appointees at the school are Steven Griffen, MD, an assistant professor in the Department of Internal Medicine, and Xiao-yan He, MD, an assistant professor in the Department of Psychiatry.

- Glenn C. Davis, MD, has been appointed dean of the College of Human Medicine at Michigan State University in Lansing. He was formerly employed in the Henry Ford Health System in Detroit, where he was corporate vice president for Academic Affairs and associate dean at Case Western Reserve University School of Medicine.

- Rita K. Kramer, MD, and Jimmy D. Taylor, MD, have been appointed staff

physicians in the Department of Medicine at Roswell Park Cancer Institute in Buffalo, NY. Also at Roswell Park, Kunle Odunsi, MD, PhD, has been appointed a staff physician in the Division of Gynecologic Oncology, Department of Surgery.

- Doug Dirschl, MD, has been appointed chair of orthopaedics and rehabilitation at Oregon Health and Science University School of Medicine. Also at OHSU, Mark Richardson, MD, is the new chair of otolaryngology/head and neck surgery; John Hunter, MD, is the new chair of surgery; and Judith Bowen, MD, is the new head of general internal medicine and geriatrics.

- Larry R. Kaiser, MD, the Eldridge L. Eliason Professor of Surgery and chief of general thoracic surgery at the University of Pennsylvania School of Medicine, Philadelphia, has been appointed the John Rhea Barton Professor and chair of the Department of Surgery at that institution and chief of surgery at the Hospital of the University of Pennsylvania. He succeeds Clyde F. Barker, MD who served for 18 years.

Editor's Note: Miscellanea Medica appears in the Medical News & Perspectives section occasionally. Items submitted for consideration should be directed to the attention of Marsha F. Goldsmith, Editor, Medical News & Perspectives.