

Managing *Indian Pediatrics* in its Adolescence: Satya Gupta (1976– 80)

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Greetings fellow pediatricians! I will be your guide in the next phase of the journey down memory lane in Cruiser *Indian Pediatrics* 1964-2013. Dr Sisir Bose, the first Captain, was flagged off on this journey from Calcutta in 1964. The significant landmarks achieved during subsequent phases under the navigation of Dr NG Mojumdar, Dr PN Taneja and Dr OP Ghai have been shared with you in previous issues. Tighten your seat belts and let us proceed onwards!

ORGANIZATION OF THE EDITORIAL BOARD AND OFFICE

The steering wheel was handed over to Dr Satya Gupta in January 1976 till March 1980, which covers Volumes 13-17. Dr Satya Gupta has been an inspiration for all pediatricians, especially women. She is a tough gold standard to measure up to, being the lone woman Editor of IP and second woman President of Indian Academy of Pediatrics (1980– 81) after Dr Shanti Ghosh. A description of her career and contribution to the field of Pediatrics has been described in this year's January issue [1].

As Dr Satya Gupta took up the reins of Editor of IP, 3000 issues were being published per month by 1980. The content page of the first two issues of 1976 displayed Dr G Srivastava and Dr NK Anand as the Assistant Editors. In the March 1976 a Journal Committee and Editorial advisory board finds mention for the first time (*Fig. 1*). In those days the editorial office had to relocate with each new editor and there had already been 3 changes since 1964. Each time this would naturally lead to a transitional period in which the new Editor faced problems of re-establishing an efficient office due to the changes in space, staff, and facilities in addition to getting accustomed to the newfound responsibilities. Now the shift was to the Department of Pediatrics, Maulana Azad Medical College, New Delhi (*Fig 1*). Other problems were absence of permanent dedicated secretarial staff and limited funds. These issues were referred to by Dr Satya Gupta in her Presidential address in 1980, when she stated, *'Having being your editor for the last 4 years, I would fail in my duty if I did not draw your attention to the difficulties facing your journal....it has no fixed*

address....need not only financial assistance but also a permanent address'[2]. A permanent editorial office with staff finally materialized much later.

QUALITY OF CONTENT

One of the primary responsibilities of any Editor is upholding the author's voice while keeping the reader in mind. The section 'Preparation of Manuscripts: Instructions to Authors' in the January issue 1976 states 'Indian Pediatrics, the official journal of the Indian Academy of Pediatrics publishes original research articles in Pediatrics and Community Health and

Very Important Announcement

From 1st January, 1976, the Editorial office of the Journal 'Indian Pediatrics' will shift to Maulana Azad Medical College. All future correspondence should be directed to the new Editor at the following address :

Dr. Satya Gupta,
Professor and Head, Department of Pediatrics,
M.A.M. College and Associated Irwin and G.B. Pant Hospitals,
New Delhi-110001.

ANNOUNCEMENT

Office Bearers and Members of the Executive Board of the Indian Academy of Pediatrics for 1976.

President:	Dr. Shanti Ghosh
General Secretary:	Dr. P.ilo E. Bharucha
Joint Secretary:	Dr. R. S. Manhas
Treasurer:	Dr. N. B. Kumta
Editor:	Dr. Satya Gupta
Members:	Dr. Indira Amla Dr. S. K. Bhargava Dr. R. K. Gandhi Dr. K. K. Kaul Dr. K. A. Krishna Murthy Dr. (Mrs.) Meenakshi N. Mehta Dr. J. R. Srivastava Dr. N. Sundaravalli Dr. N. S. Tibrewala Dr. V. Balgopal Raju-(Ex-officio Member)

Journal Committee	Editorial Advisory Board
1. Editor : Prof. Satya Gupta	Dr. B.N.S. Walia
2. Business Secretary : Dr. L. Saini	Dr. D.G. Banakappa
3. Secretary of the Committee : Dr. A. Gupta	Dr. G.C. Das
4. Asstt. Editors : Dr. G. Srivastava and Dr. N.K. Anand	Dr. Indira Bai
5. Members : Dr. P.C. Khanduja	Dr. J.R. Srivastava
	Dr. K.K. Kaul
	Dr. N.S. Tibrewala
	Dr. S.D. Barua
	Dr. S.P. Ghosal
	Dr. V. Balagopal
The General Secretary of the Society-Ex-officio : Dr. P. E. Bharuch	

FIG.1 Intimation of change in address of Editorial office, Office bearers of IAP (1976- 77), Journal Committee and Editorial Advisory Board.

authenticated critical reviews of pediatric subjects. Case reports of only special merit highlighting a new facet are accepted. A brief letter to the Editor commenting upon some articles which have appeared in the Indian Pediatrics, a case report of special interest or brief clinical and laboratory observations and personal views will be considered for publication'[3]. During this period the contents were not categorized into separate sections like the present day journal. However a consistent sequence of articles was followed; From the Editor's desk/Editorial, clinical studies, case reports/ short communication, and miscellaneous (Practitioner's column, Letter to the Editor, Notes and News, Messages, Book reviews, etc). Although Indian Pediatrics had become an indexed journal, the time-bound process of peer review that is practiced today was yet to be initiated. Selection and non-acceptance was mostly at the Editor's discretion.

This made the Editors' job extremely challenging. The contents of submitted articles may have been very good but there was general lack of knowledge of research methodology, scientific paper writing skill and publication ethics among authors contributing to the journal. Study Guidelines (CONSORT, etc) and workshops on research methodology and scientific paperwriting that are easily accessible today were still not available. Writing a paper of good content as well as quality was a tough prospect for the author. Editing a paper of good content but poor quality to make it suitable for publication was even tougher. In Dr Satya Gupta's words, "A journal is dependent on the quality of articles it receives. The basic tools of research are the seven 'C's which stand for Competence, Confidence, Creativity, Cooperation, Collaboration and finally Communication. This is where the journal becomes an active participant. Communication is not only an art but also a science. While few of us have the skill to write well, majority may need training in this scientific art of communication. Despite the fact that there are many agencies which provide guidance on how to write scientific papers, most submitted papers put a great strain on the editorial staff of journal, and thus editors have a responsibility to help authors improve their communication skills" [4]. Keeping these sentiments in mind, it still took another 25 odd years for the workshop on 'The Art and Science of writing a paper' conceived by Dr Piyush Gupta, the present editor, to materialize.

On comparing the 'Instructions for Authors' with the present day journal guidelines striking differences are evident. Some of these included an unstructured abstract, absence of word limit and necessity of masking face and private parts of the patient in the figures, references according to *Index Medicus* and a statement

"The forwarding letter should preferably bear the signatures of all authors or alternately got forwarded through the head of department." This was probably the reason why each published article ended with an acknowledgment to the same for granting permission.

CONTENT OF ARTICLES PUBLISHED DURING 1976-1980

Editorials and Orations: In accordance with Dr Satya Gupta's philosophy, most editorials dealt with the significant social pediatric problems of those times. In 'From the Editors Desk' in the first issue of 1976 she wrote, 'For the future to be meaningful to young people, each one of us will have to strive harder so that millions of children who have been denied pleasures of childhood may get a better deal of life, The needs of these children are not new or unreasonable. All that they ask for is food, shelter, clothing, education love and the right to live.... We the physicians have a varying degree of sense of responsibility to the society and we fulfill our obligations both as individuals and through our medical organizations. She ends with, 'Hence a comprehensive approach by a team of Physicians, Pediatricians, Obstetricians and Family welfare workers is necessary so that a package program is provided for mothers and children in their entirety'[5].

In addition to the aforementioned topics there were editorials on special laws related to children, infant mortality, Well baby clinics, Immunization, and Nutritional supplementary programs. A few issues were dedicated to special themes like Pediatric problems in South East Asia (October 1977 which published overviews from Indonesia, Japan, Philippines, Singapore and Sri Lanka) and 'The International Year of the Child (1979).' Reflecting her keen interest in medical teaching and academics there were editorials that dealt with 'Importance of National Medical Library for medical information retrieval', 'Research in post graduate pediatric education', 'Principles of evaluation in post graduate medical education' and the SC Sheth Oration by Dr BN Sinha who discussed medical education and the curriculum extensively [6-9]. The 1978 January editorial commended certain aspects of the Medical Council of India's recommendations for Pediatric training (published in the December 1977), while suggesting further improvements [10].

Original research: It was an eye-opener to realize that health related issues that are taken for granted today were burning topics of research in the seventies. To recognize their significance in that nascent stage and publishing shows a remarkable scientific temper of Editors of that era. **Table I** displays some of the important studies that were published related to the 'New kids on the block' of those times! Pun intended!

In the late seventies the focus of several micro- and macro studies were an attempt to determine the immunization coverage in select populations, and to establish norms of nutritional status, status of health, physical growth and/ or sexual growth pertaining to

TABLE I IMPORTANT STUDIES PUBLISHED DURING 1976-1980

Aspect	Title
Immunization	BCG vaccination
	BCG vaccination and post vaccination allergies in babies vaccinated at birth
	Comparison of BCG by conventional intradermal and jet methods
	Efficacy of oral OPV in infancy
Family Planning	A survey of immunization status and breast feeding practices
	Study of health status of children whose parents have undergone Family planning (FP)
	A comparative study of Immunization status of children whose parents had undergone FP
Child care and Child Health Programs	Awareness of unmarried girls regarding population problem, human reproduction and family planning
	Care of children under 5 years'
Child Health Programs	Evaluation of efficiency of delivery of different health & nutrition schemes in young children
	Viewing the 3 ongoing intervention programs-natural experiments for pre-school children
	Evaluation of knowledge and competence of Anganwadi workers as agents for health care in rural populations
Nutrition	Quick nutritional screening by Mid Arm Circumference or Bangle
	Evaluation of different regimes of management in malnourished children
	Effect of supplementary feeding on the nutritional status of pre-school children
Diarrhea	Oral rehydration in Acute Gastroenteritis in young children
	Treatment of small bowel diarrhea with electrolyte-glucose drink
	Fluid and electrolyte problems in Acute Gastroenteritis- correlation with nutritional status
	ORT in childhood diarrhea- a comparative study
	Epidemiological study of diarrhea amongst children under 5 in a slum
	Sugar intolerance in diarrhea

Indian children of various age groups, various settings, and States. Protein-Calorie Malnutrition was another popular topic of research with various aspects being studied. The term Protein Energy Malnutrition was used for the first time only in mid-1979. Since reduction in pediatric morbidity and mortality from communicable diseases was of prime importance there were numerous studies on infectious diseases. Studies on tuberculosis (Tuberculin test - its diagnostic significance, Influence of treatment on size of tuberculin reaction, A review of 150 cases of tuberculosis in children, Evaluation of diagnostic criteria of Tubercular meningitis), Malaria (in infancy) and Measles (case studies of 600 children, study of complications) were published frequently and strange as it may sound in today's context so did amebiasis and helminthiasis (drugs, pattern of intestinal obstruction). Research on micronutrients like Zinc and Magnesium also started to appear.

Interest in neonatology started to flourish. **Fig. 2** displays an interesting article that appeared in 1976 entitled 'Indigenous Newborn Infant Warmer with Humidity bottle and Oxygen hood: a new concept on newborn care' [11]. The same year also saw the study

Indigenous newborn Infant Warmer with Humidity bottle and Oxygen Hood (A New Concept in Newborn Care)

Newborn infants have some degree of acidosis and hypoxia at birth. Asphyxiated infants with profound respiratory acidosis and some would require intubation ventilation of drugs and glucose into central vein and this means case of exposure and hypothermia of our labour rooms do not have temperature control and it is either too hot. Rectal temperature below 36°C frequently encountered at this time when temperature of our labour room maintained above 32°C. Hypothermia is dangerous as it produces metabolic derangements and initiate the process of intravascular coagulation. The design of an infant warmer is essential in

any ward handling abnormal obstetric cases and desirable in all labour wards and nurseries. The infant warmer should be simple, allow easy access to the baby for feeding, changing and administration of drugs and fluids, provide heat from several sides, conform to the safety standards, and last but not the least it should be inexpensive. None of the presently available, both closed and open incubators provide all the above facilities and are difficult to clean, sterilise and is a potent source of infection. With these features in mind we fabricated a simple and inexpensive infant warmer to provide adequate heat, easy access, clear visibility from all corners of the room and humidified oxygen if and when needed.

The Design and Structures: (Fig. I & II).

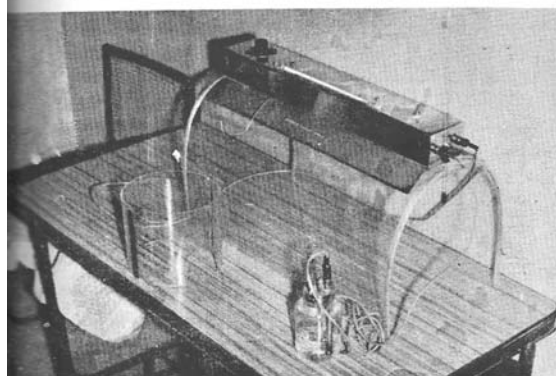


FIG. 2 First page of article entitled 'Indigenous newborn infant warmer with humidity bottle and oxygen hood: a new concept on newborn care' with picture of the apparatus.

'Comparative trials of phototherapy versus phenobarbitone in the management of neonatal hyperbilirubinemia' being published. Other articles started to appear more frequently by 1978. It was interesting to see topics like 'Postnatal weight loss in the first 72 hours', 'Lecthin-Sphingomyelin ratio in amniotic fluid', 'Study of maternal and neonatal factors in relation to perinatal morbidity', 'A study of incidence of different birth weight babies and related factors', 'Maternal nutrition and low birth weight babies', 'Longitudinal study of morbidity and mortality pattern from birth to 6 years of age in infants of very low birth weight', 'Impact of socio-economic status on the development of small for dates at 3- 4 years' and 'The incidence and etiology of respiratory distress in newborn.' An issue of 1979 was dedicated to the newborn with an editorial entitled 'Care of the newborn in the community'.

Topics related to development (Etiological factors in cerebral palsy in India, Neuromuscular development during infancy, Clinical evaluation of children with delayed onset of speech), metabolic disorders (Homocystinuria and response to pyridoxine) and genetics (Dermatoglyphics, Chromosomal studies) were seen on occasion. There were a large number of case reports of syndromes being reported from India for the first time and surprisingly even case reports on Kala Azar and poliomyelitis (in infancy)!

Miscellaneous: Some of the Review articles of note were 'Nutritional programs in India', 'Zinc in pediatric nutrition and therapy', 'Exchange Transfusion in newborns' and a somewhat futuristic 'Genetic counseling services in teaching hospitals.' The Practitioner's column was a new feature started from 1977. One may possibly visualize these as pre-historic ancestors of the current IAP recommendations by expert groups. These included articles written by a single expert who discussed common pediatric issues and problems that are still relevant to office practice today (Immunization, Diarrhea and dehydration, Nutritional requirements of infants and children, How to wean the baby, Shock, Congestive heart Failure, Convulsions, Comatose child, Meningitis, Acute Renal failure, Urinary Tract Infection, Hypertension, Respiratory distress in infants and children, and Cyanosis). There were also topics of a more advanced tone like 'Current trends in use of antibiotics in pediatric practice', 'Role of fetal physician in medicine', and 'Care of neonates with surgical disorders.' One such article entitled 'Healthy baby competition: crowning a baby with a prize' must be mentioned due to its uniqueness [12]. In this the authors had devised certain health criteria based on various aspects of development and child care with a scoring system (**Fig. 3**). These kinds of competitions

were a commonly used strategy then as an incentive for parents to promote better child health.

Letters to the Editor: These comprised of the usual comment (in agreement or disagreement) on a previously published article with a rebuttal when indicated. There were some noteworthy letters on educational underachievement, a study of different brands of triple vaccines with discrepancies in products by different manufacturers, and a significant suggestion by Dr Meharban Singh proposing a change over in IP to the Vancouver method of citing references [13,14]. An extremely indignant letter was published regarding an advertisement of a certain baby feeder which the author felt that '*The advertisement is in gross violation of the very basic concept of breast feeding that we wish to encourage and which in fact was the theme of the last International Congress held at New Delhi in 1977*' [15].

Table 1

Child's enrolment number :-

Birth date :-

Year Months Weeks

Age on dt. of exam.

	Maximum
1 Weight	20
2 Absence of deficiency of	
Vitamin A _____	5
Vitamin D _____	5
Vitamin B Complex—	5
Vitamin C _____	5
Absence of Anaemia—	5
Absence of morbidity—	5
3 Immunisation	20
4 Development	
Motor _____	5
Social _____	5
Speech _____	5
Adaptive _____	5
5 Hygiene	
Nail _____	2
Hair _____	2
Skin _____	2
Teeth _____	2
Nose _____	2

Fig. 3 Table showing health criteria used for judging each participant.

ETHICAL ISSUES

Corrections appeared from time to time. The practice of declaring ‘Conflict of interest’ and ‘source of funding’ had still not been started. I wonder whether present day editors would consider it a conflict of interest to publish an advertisement of a certain anti-helminth suspension on the page immediately preceding a research paper on the same drug in Ascariasis and Oxyuriasis in children’ (Fig. 4). The manufacturing company was acknowledged for providing drug supplies for the study in that article [16]!

SUBSCRIPTION AND PRINTING PRESS ISSUES

During this period there was a rapid increase in the costs of paper, printing and postal charges. This was reflected in the dramatic increase in price of the journal (Figs. 5a, b). These rates may appear paltry nowadays but mathematically it was a 2.5 fold hike in price in just 4 years. During Dr Satya Gupta’s tenure the Printing press was changed thrice. Annexure 1 mentions reasons of ‘labor troubles and strikes’ as well as ‘many other difficulties’, which might have been a mismatch between escalating costs and available budget [17]. To add to the esteemed Editor’s woes it seems that there were quite a few IAP members who did not pay their subscription on time. Figure 5b gives one a fair idea of how this issue was tackled! There were some additional problems that resulted in the Editor tendering the following apology in January 1978, ‘Regret inconvenience caused to readers by delay in November and December issues due to unavoidable circumstances at the press and post office. We hope your future issues would be regular.’

JOURNAL FINANCES

Since *Indian Pediatrics* has always been a non-profit academic journal, the funds that covered the process of printing and dispatch were generated by a combination of IAP contribution and advertisements. The former was probably not enough for the Editors liking as reflected in a snippet of her Presidential address mentioned earlier [2]. The products that were advertised in the journal comprised mainly of drugs; antibiotics, cough syrups, Whoopil-a concoction used for whooping cough (Fig. 6), Kaolin Pectin Preparations for diarrhea, anti-helminths, and Liv 52. Since the weaning recommendation was at 3 months then and in the absence of the present day IMS Act, there were many advertisements pertaining to infant feeding formulas and weaning foods. In contrast to the sophisticated vaccines that are advertised nowadays one could see advertisements of the ‘now humble then rocking ‘Triple Antigen DPT’, Immunoglobulins (anti-tetanus) as well as SPAN PPD for Mantoux test. There were even a few non medical related advertisements;

Vanpar Suspension in Ascariasis and Oxyuriasis in Children

Children having roundworm and threadworm infestation often display an...
VANPAR SUSPENSION
 (Ibuprofen and pyrazinone piperazine, Para-Dantol)
Vanpar moves in. worms move out!

Single dose, on two successive days
 High cure rate
 Effective
 Pleasant-tasting
 Well tolerated
 Economical

Dosage: 0.5 ml. per kg. bodyweight as a single dose...
 Available: Bottles of 20 ml. & 50 ml.

FIG. 4 Conflict of Interest or No conflict of Interest: that is the question!

A	Year	Annual Subscription Rate
	1976	Rs 60
	1977	Rs 70
	1978	Rs 120
	1979	Rs 150
	1980	Rs 150

B Subscription Renewal for 1978

Dear Subscriber,

We are glad to note that you have been a regular reader of your journal 'INDIAN PEDIATRICS'. We hope you find it useful and interesting and would like to read it in future also.

In this connection please note that your present subscription for the journal is expiring with our December 1977 issue. Due to tremendous increase in the cost of paper and printing charges the annual subscription for the journal has been raised to Rs. 120/- for Indian subscribers and \$20.00 or equivalent for foreign subscribers (by air mail). If the foreign subscribers want the journal by air \$20.00 extra to cover air mail charges will have to be added. Kindly send your subscription by Cheque/Demand Draft in the name of 'Editor, Indian Pediatrics'. Kindly also include Rs.2/- as bank collection charges for postman Cheques. Money Order/Cash is not accepted.

EDITOR

C Subscription For 1978

Dear Subscriber

The subscription for the year 1977 has ended with our December 1977 issue. Some subscribers have still not paid their subscriptions for 1978. Those subscribers who have not renewed their subscription for 1978 may kindly send by cheque/Demand Draft in favour of 'EDITOR, INDIAN PEDIATRICS' @ Rs. 122/- (Annual subscription Rs. 120/- + Rs.2/- as bank collection charges) immediately otherwise their supply will be discontinued from the next issue.

Money Order/Cash is not accepted.

EDITOR

Fig. 5 (a) Table showing gradual increase in Annual subscription rates during Dr Satya Gupta’s Editorship (b) Notice for Subscription Renewal (c) Polite note of caution to defaulters.

OPIL

Whoopil Drops & Syrup
 For early recovery in...
WHOOPIING COUGH
 Therapy with 3 essential drugs: chloramphenicol, Prednisolone and Noscapine

COMPOSITION

Chloramphenicol Palmitate	30 mg.	DROPS per 1 ml.	125 mg.
Equivalent to Chloramphenicol	1 mg.		2 mg.
Prednisolone	1 mg.		1 mg.
Noscapine	0.5 mg.		15 mg.
Terpin Hydrate			

SYRUP per 5 ml

ORIENTAL PHARMACEUTICAL INDUSTRIES LTD.
 64-66 Senapati Bapat Marg, Mahim, Bombay-16.

FIG. 6 Advertisement for medicated concoction to be used in Whooping Cough.

TABLE II: INNOVATIONS AND CHALLENGES DURING DR SATYA GUPTA'S TENURE*Innovations*

- Formation of a Journal Committee and Editorial advisory Board (March, 1976)
- Introduction of Clinico-pathological conference (December, 1976)
- Introduction of Practitioner's column (January, 1977)
- Commemorative volume 'The child in India' on occasion of the XVth International Congress of Pediatrics 1978 (Rs 20)
- Special issues on social pediatrics and drug therapy in children (Rs 15 each)

*Challenges faced**Solution*

- | <i>Challenges faced</i> | <i>Solution</i> |
|---|---|
| • Rising costs/ inflation | • Increase in subscription rates |
| • Press problems | • Printing press changed thrice in 4 years |
| • Non- payment of subscription | • Polite reminders followed by warnings of cancellation of subscription with deadline |
| • Non-receipt of journal due to postal problems | • Offer of choice of registered post with extra charge (Rs. 40 per year) |

AMCO batteries, DAVP Nation on the Move (Customs and central excise, Manifold rise in power, Record output of steel) and National Savings Organization. These four years saw most advertisements in black and white still although the first single-colored advertisement had appeared in January 1976 and multi-colored in the October 1976 issue.

CONCLUSION

In the 4 years that Dr Satya Gupta was the Editor she remained 'true' to upholding and improving the quality of IP in both spirit and name. The ups and downs that she faced during her editorship are given in *Table II*. Some of these have already been mentioned in Annexure 1, 'From the Editors Desk' in December 1979 [17].

We will have to end our journey here. I hope you enjoyed your tour with me. Remember there is still a long way to travel. Another guide will be taking over in the next issue. Farewell.

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