The staff utilized the resources of city facilities (hospitals and neighborhood family care centers), private, voluntary, and federally funded programs. This linking up of the adolescent and the facility was also of tremendous benefit to the entire family since the entry-point of the after-care worker into the home often discovered problems which had overcome other members in the family constellation.

The point which should be emphasized in this entire health care delivery system is the synthesis of direct primary care and the after-care component. The omission of the latter can be extremely detrimental.

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ON PREVENTION AND CURE

The Editorial, "There Is More to Health Than Just Paying Bills," in the September, 1974, issue of your journal, made many valuable and valid points. However, perhaps because of space limitations or rhetorical necessity, one glaring omission was made.

No mention was made of where the already sick patient fits into the picture. Though I definitely agree that prevention is medically, humanistically, and economically desirable, I would fear that the present hierarchy would only be reversed. In other words, if prevention became more important than cure-oriented intervention, much suffering and death would be perpetuated.

If there is a working, constructive denial of the need for hierarchy, then both prevention and cure would assume "equal" importance in our planning, financial appropriations, and actions. This does not mean a dollar-for-dollar equality, but a more rational eclectic approach developed through the cooperation of medical, government, and lay planners.

I would find it distasteful if we only substituted for the dramatic supremacy of emergency medicine, the pediatric supremacy of behavioral alteration.

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NOT ALL SMALL NEONATES ARE PREMATURE

I was shocked to find that in 1974 an article appearing in this Journal (Terris and Glasser, AJPH, 64:869, September, 1974) still uses the term "prematurity" for a group of neonates defined solely by a birth weight of 2,500 gm or less. It has been known for a long time, and thoroughly appreciated for about 15 years, that even in mixed populations in the United States about one-third or more of these infants are undergrown rather than premature in the true sense. In 1961 the World Health Organization (Tech. Rep. Series 217) suggested that the term "prematurity" be abandoned, and the American Academy of Pediatrics (Pediatrics 39:935, 1967) and the Second European Congress for Perinatal Medicine (Arch. Dis. Child. 45:730, 1970) have made more detailed suggestions for the proper classification of newborn infants, not to mention a large literature on the subject. In Terris and Glasser's own report more than 50 per cent of the "prematures" had a gestational age of 36 weeks or more (an awkward cutoff point not usually used). It is deplorable that a paper using prematurity by weight is still written in 1972, and accepted for publication thereafter. This is particularly disturbing since we have learned that the neonatal and late sequelae of preterm and small-for-dates birth are quite different.

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