

portion of the dressing needs to be adhesive, allowing less traumatic removal of dressings. Overlapping of dressings will change the permeability characteristics of the dressings but may allow easier application. These effects will also be evaluated.

The difficulties encountered in completing this study and other studies on premature infants are important to recognize. Minor manipulations such as cutaneous cultures and transepidermal water loss evaluations are usually nontraumatic, but in these infants apnea and bradycardia were seen. Application and removal of these small dressings required several coordinated sets of hands and the cooperation of the infant's intensive care nurse. The epidermal damage that these infants suffer may be painful and coverage of larger areas of skin may give significant pain relief to these infants; however, large-scale use of semipermeable dressing on premature infants cannot be recommended until the associated bacterial risks are more clearly identified.

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In the listing of pediatricians newly certified by the American Board of Pediatrics published in the May issue of *Pediatrics* (1990;85:896-909), a doctor's name was omitted. The name of Manpreet Singh Sahota, MB, BS, Garnerville, NY, should be added to that list.

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