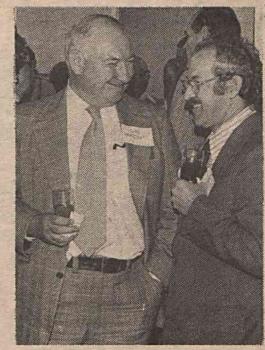


Applauding, cheering and renewing acquaintances were all part of Davison Club Weekend early this month. More than 200 club members, spouses and guests attended the annual event which included talks giving an "Update on Medical Progress" at Duke, a football game, receptions hosted by Dr. and Mrs. William G. Anlyan and President and Mrs. Terry Sanford, a pre-game luncheon with Sanford and a closing dinner. "The Davison Club Weekend provides an opportunity for us to say thank you to these valued friends," according to R.C. (Bucky) Waters, assistant to the vice president for health affairs and executive director of the Davison Club.

Duke's football team helped make the weekend a success by beating Navy 28-16





Davison Club Weekend, 1977

Photos by John Becton

Roundtable features congressmen, FDA commissioner

Two congressmen, one of Canada's most respected scientists and the head of the Food and Drug Administration are among ten speakers scheduled during this year's Roundtable on Science and Public Affairs lecture series which begins Wednesday.

The series, one of whose goals is better public understanding of science and

technology, opens with a talk by Dr. Betsy Ancker-Johnson on "U.S. Technology Policy: Its Domestic Aspects."

Her talk, and all other lectures in the series, will begin at 8:15 p.m. in Gross Chemical Laboratory auditorium. There is no admission charge.

Ancker-Johnson was assistant

secretary of commerce for science and technology during the Ford administration, and currently is a member of the scientific staff at Argonne National Laboratory.

Other speakers and dates are:

Nov. 3, Rep. Ray Thornton (D-Ark.), "The Congressional Dilemma — Promoting Free Scientific Inquiry While Protecting the Public Interest."

Nov. 9, Rep. Mike McCormack (D-Wash.), "A Responsible Attitude Toward a National Energy Policy."

Nov. 30, Dr. Richard C. Atkinson, "Science and the Citizen." Atkinson is director of the National Science Foundation.

Jan. 25, Dr. David A. Hamburg, "Emerging Directions in Health Science Policy." He is president of the National Institute of Medicine of the National Academy of Sciences.

Feb. 1, Dr. Ormond M. Solandt, "The Canadian Arctic – Oil, Gas and People."

Solandt is former chancellor of the University of Toronto and currently chairman of the Science Advisory Board in the Northwest

March 1, Dr. Eleanor Sheldon, "Social Indicators and Public Decision Making." She is president of the Social Science Research Council.

March 8, Dr. Donald Kennedy, "Current Issues in Federal Food and Drug Policy." He is commissioner of the Food and Drug Administration, but unlike recent predecessors, not a physician.

April 5, Sir William Hawthorne, "Energy and Environment: Conflict or Compromise." Hawthorne is Master of Churchill College at Cambridge University and regarded as one of Britain's most distinguished engineers.

April 11, Dr. Alice M. Rivlin, "Congress and the Budget." She is director of the Congressional Budget Office and described by those who know her as "a clear thinker and straight talker."

H-a-l-o-p-e-r-i-d-o-l may spell 'relief'

(Continued from page 1)

Maltbie, said haloperidol so far has shown none of these disadvantages. Nor are patients prone to take more of the drug than is ordered, he said, because no narcotic "high" is produced.

Muscle and joint stiffness, the primary side effects of the drug, also may keep patients from taking more of the medication than physicians prescribe, he said.

In the upcoming clinical trials, which will involve 40 cancer patients complaining of pain, 20 patients will be given coded doses of haloperidol, while 20 others will be given coded doses of a placebo. The placebo will be a substance with no pain killing properties.

After two weeks, the groups will be reversed so that the first 20 patients receive the placebo and the rest are given haloperidol.

The study will be "double-blind" in that neither the researchers nor the

patients will know who got the active drug until all the data have been collected, Maltbie said. Traditional pain relievers will be available for all participants as needed.

At the conclusion of the experiments, the physicians will compare the amount of narcotic drugs individuals took for pain with records of when haloperidol and placebo were administered.

"We want to find out if haloperidol is as good a pain reliever as we now think it is," Maltbie said. "One unanswered question is obvious — is the medication in some way correcting a psychiatric disturbance which is not clinically apparent, and in this way, is it only relieving psychological pain?

"We have chosen to work with cancer patients in this study because there is virtually no question that their physical illness is the cause of their pain," he added.

