

Perhaps They Should Be Called 'Himicanes'

MIAMI (UPI) — Some of the nation's leading weathermen will huddle privately in Miami in December to talk about some of their women—namely Alma, Becky, Celia, Dorothy, Ella, Faith, Greta, Hallie and Inez.

Their "women" of course are tropical storms and hurricanes.

The Hurricane Evaluation Conference Dec. 5-7 will be the third annual one in which weathermen examine any weak points which develop during a hurricane season and try to improve the warning system to the public for the upcoming year. The season runs from June 1 to Nov. 30.

One of the many problems confronting the weathermen this year will be the move underway in the Florida Keys to get them to change the names of storms to something other than women—in order to keep tourist dollars flowing in.

The nation's leading hurricane tracker, Gordon Dunn of the Miami Weather Bureau, says however, he'll oppose that move—mainly on grounds that storms named after women are "attention-getters" and help protect life and property in the Caribbean.

The campaign to strike down the use of women's names began several months ago. The Chambers of Commerce at Marathon and Islamorada called in Dunn to hear complaints from a number of motel and hotel owners.

They claimed that panicky tourists—hearing first reports on radio and television that a tropical storm was brewing perhaps 1,000 miles from the U. S. mainland—would pack their bags and head for home. Others complained of cancellations from as far away as New York and Massachusetts. The businessmen suggested

to Dunn that women's names be used only for hurricane-strength storms—over 74 miles an hour—and that names of tropical storms be withheld from news media until that time.

They also suggested that tropical storms be simply called by letters of the alphabet until they reached hurricane intensity.

Dunn argues that feminine names given the storms from their beginning as mere disturbances until some of them become hurricanes have "real meaning" to residents of the tourist islands.

He said the public should "take a dim view" of keeping news media from knowing beforehand the list of girls' names chosen by weathermen and "I see no real purpose in it."

Dunn said island residents depend on the earliest broadcast advisories for the protection of their lives and property and "the best way to get their attention is to name hurricanes after women."

He said the Miami Weather Bureau not only serves as a warning service to the United States but "we have accepted responsibility for adequately warning Caribbean Islands, the north coast of South America and Central America. The advice also serve maritime international aviation and military interests."

He said the feminine label to storms—because of their "unpredictability" of moving in any direction—has been popular since the late 1940s when anonymous military forecaster pinned them on Pacific typhoons—"sisters" of the Atlantic hurricanes.

The idea caught on and is now used around the world.

Before that time they were known simply as "Able, Baker, Charlie" etc., in that order to correspond with the alphabet.

Again defending use of the names, Dunn said, "As soon as you name a storm, people sit up and take notice and plan to keep advised until it is evident that the storm will not affect their area."

"This is true and this is the reason why they are so named—so that people will pay attention to the advisories." History has shown that seven out of 10 tropical storms develop into hurricanes.

Many fishermen, he said, depend on such advisories so they can quickly put into the nearest port. "If they start out not knowing the existence of a hurricane, many of them are lost at sea."

When Hurricane Flora swept the Lesser Antilles in 1961, it caught many small boats unaware and "50 were never heard of again after the storm."

Dunn said he has asked for names of persons who have canceled their vacation trips to the Keys "but I feel that I am not convinced that the situation is as serious as some of the motel owners insist."

"I'm willing to be convinced if my study substantiates—but I am not yet," he said.

CARTOONS GO 'WAY BACK MINNEAPOLIS (UPI) — The art of caricature, forerunner of today's cartoon, goes back as far as Aristotle and Aristophanes. There also is evidence of some humor in the art of ancient Egyptians, Chinese, Greek and other civilizations, according to Art Instruction Schools of Minneapolis.



You Tell 'Um Rameses, Old Sheep

Photo by Jock Lauterer

Heart Attack Victims Get Change Of Advice

DURHAM — Once upon a heart attack the physician would say to his patient: "You've had a heart attack; you're going to have to take it easy."

Then an anxious wife would zealously guard her husband from all activity and see to it he did just what the doctor ordered.

The patient's reactions always seemed the same. The news brought on automatic retirement, concern, fear, depression and bewilderment.

This attitude by the patient and his wife is the subject of a study at Duke Medical Center. Doctors here have found that heart attack victims may recover from the physical symptoms of their attack but still continue to be invalids.

Why? Dr. Robert F. Klein, assistant professor of medicine, suspects two possibilities:

—Before his heart attack, the victim was an insecure person and the attack gives him an excuse for his depression.

—Something happens during the treatment of the patient which tends to leave him an invalid.

Dr. Klein is much more attracted to the latter theory. He and members of his team are closely observing both patients and staff, paying particular attention to the psychological response of the patient and his family to the heart attack.

Part of the reason the patient continues to have residual effects of his attack, Dr. Klein believes, is that he has to accept the old idea that a heart attack spells doom.

In our society, the heart attack has long carried the threat of instant death. The patient often is left quite fragile because he believes a

heart attack may recur anytime without warning. Complicating this is the reluctance of the patient to return to work and his feeling that he is being plagued with weakness because of chest pains and shortness of breath. These symptoms often are a psychological after-effect of the attack and can occur long after actual recovery.

EXERCISE For many years the heart attack victim was taught that physical activity was harmful. Now he is taught that exercise will speed his recovery.

"Either they don't know the new theory about heart attacks or they are so frightened by the experience they can't accept the idea of exercise," said Dr. Klein.

The object of the Duke study is to determine when these complications first appear and how they should be treated. Dr. Klein sees the long-term objective of the research as the prevention of heart attack invalidism by providing better care and attention.

As for the staff members, they are being scrutinized because Dr. Klein suspects their attitude could contribute to these complications.

Another aspect of the study is determining the effect emotional upset has on the catecholamine excretion in the patient. Catecholamines are chemical substances normally present in the body which respond to emotional stress.

By linking emotional stress and catecholamine changes, the team has a valuable and objective means of measurement in its study.

These changes may precede development of the heart attack complications. But in several well-documented instances, complications have been noted in the wake of emotional stress.

For instance, noticeable rises in catecholamine excretions with such events as discharge from the cardiac intensive care unit, transfers from the unit to other wards in the hos-

pital, getting the bill, arguments or disagreements with the spouse, or learning that the doctor has gone on vacation or left town for several days.

"All these things, and many others, contribute to this condition and may be re-ism," says Dr. Klein.

It is during the first two or three weeks that the phenomena occurs. "What happens then," says Dr. Klein, "may be very crucial in determining how the patient will adjust to the heart attack."

In keeping with the new theory that exercise is beneficial, he believes the exercise should begin while the patient is in the hospital. In addition, the patient should be educated with regard to diet.

This is being done at Duke and elsewhere. The results are heartening, Dr. Klein said. But meanwhile, he advocates a new approach to the patient by doctors and nurses.

"All too often," he says, "their attitude is a negative one in which they insist on telling the patients what not to do." And he believes this is partly responsible for the emotional upsets that block recovery.

"The attitude has long been, if the patient isn't causing any trouble he's doing well," he points out. "The true fact is the ones who have been so quiet are the ones who have been denying the reality of the heart attack."

Dr. Klein believes widespread development of cardiac intensive care units has led to a fascination with machines and equipment. This could increase the risk of an almost singular focus on treatment of the acute physical complications while overlooking the emotional factors involved. There is a danger the treatment of heart attack victims will become lopsided, he insists.

Cardiac intensive care units may save more lives, but an understanding of the emotional consequences of the attack may make more lives useful.

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