

Program to help high school students visit UNC

By WILL SPEARS
Staff Writer

High school students interested in visiting UNC and learning about campus life will be able to stay on

campus with UNC students this spring as part of a new orientation program.

The program, initiated by sophomore Sabine van der Meulen, will

involve as many interested high school students as possible, she said. However, some problems and specific issues still need to be worked out.

The visiting students will stay with

UNC students in a residence hall overnight or for a weekend, van der Meulen said.

Students who apply to the Carolina Contact orientation program will be

able to participate in the overnight visits during January, February and March. The program will also include those interested students who just want to learn more about the University, van der Meulen said.

The new program will give the visitors an opportunity to experience campus life first-hand, said Jimmy Randolph, Residence Hall Association president. The orientation will include a campus tour, and students will be able to attend classes, he said.

"Ordinary students don't get a lot of attention from the University," he said. "Athletes have campus visits, the honors students get to come see the campus. This program will be for ordinary 'Joe Student'."

UNC students must be willing to let the high school students stay in their rooms for the program to be successful, van der Meulen said.

"Students would gain a lot from being hosts," she said. "It's a way to get to know someone and form a friendship. It's fun. It's a chance to show someone what UNC is all about. It will only work if we can get hosts."

Resident assistants will ask interested residents to host the high school students starting in January, she said.

Students would also gain personal satisfaction from being hosts, Randolph said.

"People who love UNC want the

experience of showing it off to someone," he said. "A host can find self-satisfaction in convincing someone this is the place for them. We're asking a student to become a sort of buddy for the day."

The program will be self-supporting, and the high school students will pay all of their own expenses, van der Meulen said.

One potential problem with the program that has not been resolved yet is the legal responsibility the host may have for the visitor while he is on campus, Randolph said. That would include any damage the student causes or any injuries that might occur.

"Once we have the legal question ironed out, we will look at the demand there is for the program."

It will be beneficial to high school students who want to find out more about the University, said Wayne Kuehl, director of University housing.

"The program has a lot of possibilities," he said. "I'm really interested in the idea. We need to sit down and work it all out."

Dean of Students Frederic Schroeder said he also is in favor of the program.

"I think it's an outstanding thing," he said. "It is a great opportunity for students to visit Carolina. I definitely would support it."

Donations for alumni center accumulate

By ANDREW WATERS
Staff Writer

Donations for the new alumni center have passed the \$10 million mark, nearly reaching the \$12 million goal set by the General Alumni Association, said Karen Arwe, associate director of the Alumni Center Campaign.

Gifts and pledges to the center total \$10.2 million, Arwe said, and alumni association officials expect to reach their goal by the end of this year.

Construction on the new alumni center will begin in spring 1989, and the project will take from 18 months to two years to complete, Arwe said.

Groundbreaking is expected on commencement weekend of 1989, she said.

Funds to build the center, which will be located in the wooded area

next to the Rams Head parking lot near Kenan Stadium, are coming from donations by UNC alumni and other interested people, she said.

Student leaders said they are still concerned that the center will disrupt life around the area, especially in the area of Scott Residence College.

When plans for the center were first revealed last year, students voiced concerns over whether the building would complement the buildings already in that area, and whether the building would disrupt on-campus parking for students.

"We're concerned about the problems that go along with construction of any building," RHA President Jimmy Randolph said.

These problems include the safety of students near the construction, the aesthetic appearance of the area

during and after construction and noise that might disrupt students, especially in morning hours, he said.

Brian Sipe, Scott Residence College governor, said he was concerned about problems construction might cause. But he said that based on the plans he has seen, the building will fit well into its surroundings.

"The plans look like the building will preserve the look of the other buildings in the area," he said.

According to the plans, the building will not disrupt the path running through the area that many South Campus residents use to walk to classes, he said.

"In the plan I saw, they will build two separate buildings, one on each side of the path, with an overhead walkway connecting the two buildings," Sipe said.

The lighting in that area will be improved by the building, he said.

The alumni center will provide facilities for reunions and homecomings, as well as expanded office space and board and meeting rooms, Arwe said.

"The building will basically allow us to serve the alumni in a better manner," she said.

The center will also contain a 7,500 square foot banquet hall that will seat about 500 people, making it the largest banquet hall facility on campus, she said.

One of the center's primary uses will be to house many of the festivities of the University's bicentennial celebration.

"It (the center) will be the alumni's gift to the University in honor of the bicentennial," Arwe said.

Improving treatment for schizophrenics

By ANDREW THOMPSON
Science Writer

Recent psychiatric research has shown that schizophrenics can be treated effectively with lower levels of anti-psychotic drugs than most doctors now prescribe, thus reducing serious side effects.

Schizophrenia is the medical term for madness or insanity. Figures vary, but officials say that between one in 1,000 and one in 100 people worldwide suffer from some form of schizophrenia or its equivalent.

In the United States, schizophrenia is diagnosed on the basis of two sets of symptoms. "Negative" symptoms are social withdrawal, apathy and lack of motivation. "Positive" symptoms, which are associated more commonly with madness, include wild and confused chains of thought, delusions of grandeur, hallucinations (often the hearing of voices) and paranoia.

What are the consequences of schizophrenia? Robert Golden, a professor at the UNC Mental Health Clinical Research Center, described it as "a devastating disease."

"It destroys the lives of young people and adults in the prime of their lives and also has a horrible impact on their families," Golden said. "It greatly diminishes their capacity to form relationships, to enjoy life — the essence of what being a person

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is all about."

Schizophrenia is usually "chronic," haunting a person for many years with varying degrees of severity. Because doctors are not sure what causes schizophrenia — although many contested theories exist — they have found no complete cure for the illness.

However, schizophrenics can be treated. For most psychiatrists, the first line of treatment is prescribing anti-psychotic drugs such as chlorpromazine. These drugs, developed in the 1950s, do not cure schizophrenia, but rather subdue some of the positive symptoms, enabling many schizophrenics to be discharged from hospitals.

However, there are side effects to the drugs. Schizophrenics on a long course of treatment tend to become more apathetic and withdrawn. Moreover, psychotropic drugs are believed to be responsible for movement disorders. The most serious disorder is known as tardive dyskinesia, and is found in a significant minority of chronic patients. Patients with tardive dyskinesia are unable to control their facial expressions or the movements of their arms and legs. This may cause them to shake

uncontrollably and grimace repeatedly.

The serious side effects of these drugs has prompted a group of researchers at the University of Pittsburgh School of Medicine to investigate the possibility of lowering doses of anti-psychotic drugs.

Gerard Hogarty and his colleagues carried out a two-year study, as reported in the Archives of General Psychiatry, on 70 schizophrenic patients recently discharged from a psychiatric hospital. Half the patients, chosen at random, received a standard dose of 25 milligrams (mg) of the anti-psychotic drug, fluphenazine, once every two weeks. The other half received a much lower dose of five mg. Neither the patients nor the practitioners giving the injections knew who was in each group.

At the end of the two years there was no significant difference between the two groups in the number of patients who had relapsed and required hospitalization. Although the relapse rate was the same, the low-dose patients had more minor flare-ups of symptoms. However, the condition of these low-dose patients was stabilized by temporary boosts in medication, to no more than 10 mg of fluphenazine.

Despite the minor bouts of psychotic symptoms, the low-dose

patients were more successful in coping within the community. They worked more hours at outside jobs, got along better with their families and were less apathetic than their standard-dose counterparts.

The standard-dose patients also showed more of an increase in movement problems, a possible precursor to tardive dyskinesia, than the low-dose group.

Golden was optimistic about the research, but was skeptical that all patients could get by on low doses. "With any medication there is going to be variability across people, in the same way that an equal amount of beer affects people in different ways. I am convinced that there will be some schizophrenics who will still require high doses."

However, for many schizophrenics, reducing dosages will minimize the side effects of the anti-psychotic drugs while not increasing their chances of major relapse.

It also sends a message to practicing clinicians. "They need to recognize that there is always the need to fine-tune the treatment for a particular patient," Golden said.

In the future, researchers should investigate ways of separating the patients who need high doses from those who need low doses, he said. "The real challenge is to identify these patients from early on."

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