THE TALES OF TWO AUTHORS—Author Frank G. Slaughter, a doctor, and Dr. William G. Anlyan, an author, compare book jackets during a visit by Slaughter to the vice president's office. Slaughter, who earned his undergraduate degree at Duke, has many long-time friends here. *(Photo by Judy Carrier)*

Frank G. Slaughter-

A Doctor with Books in His Head

"Excuse me just a moment," Dr. Frank G. Slaughter said, pointing toward the Hospital Store in the Davison Building. "I need to stop in here and buy a couple of my books to give to some people up on the ward."

In the store he picked out two paperback copies of "Convention M.D." selling for $1.25 each.

When Marilyn Woody made change for him, Dr. Slaughter calculated his royalties, smiled and said, "I'll get six cents on each of these."

Elsewhere around the world that day last week, thousands of other people in bookstores, airports, drug stores and wherever else books are sold also were purchasing hardback and paperback copies of Frank Slaughter's books.

By conservative estimate, the 54 books he has written since the first was published in 1941 have sold 60 million worldwide, making him one of the most productive and best-selling novelists of all time.

Just before his stop in the Hospital Store, Slaughter had been meeting with Dr. William G. Anlyan, vice president for health affairs, whom Slaughter had quoted in an article he wrote for the Sept. 30 issue of the newspaper supplement "Family Weekly."

He also obliged Marilou Morgan and Jean Porter, secretaries in Anlyan's office, by autographing their copies of two of his books.

However, Anlyan switched roles with the writer, autographing for him a book Anlyan recently edited, "The Future of Medical Education," which Slaughter said he appreciated receiving because of his continuing interest in medicine and the need to constantly background himself for his own writing.

Dr. Slaughter was here because his wife was a patient in the hospital, but neither Slaughter nor his wife is a stranger to this part of the country or to Duke.

Mrs. Slaughter—the former Jane Mundy of Roanoke, Va.—was one of Duke Hospital's first nurses. She worked here for about six months before returning to her home in Roanoke.

It was there that she met her future husband, who was a surgical resident at Jefferson Hospital in Roanoke. They were married in 1933.

Slaughter was raised at Berea, between Oxford and Roxboro, and received his A.B. at Duke in 1926. The Duke medical school would not enroll its first students for four years, so Slaughter went to Johns Hopkins, where he earned his M.D. in 1930 and was a classmate of Dr. Barnes

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Operation Developed at Duke

Surgeon Slows the Racing Heart

One day when he was 15 years old, Larry Beaird noticed after basketball practice that his heart was beating extremely fast.

He went home and stretched out, but his heart wouldn't stop racing. The lanky, sandy-haired teenager from Big Lake, Tex., was taken to a hospital where his heart was clocked at 240 beats per minute, more than three times the normal speed. It took seven hours to slow his heart down to its normal rhythm.

That was the first time Beaird, who is now 18, learned that he had a rare congenital heart defect called Wolff-Parkinson-White Syndrome (WPW). WPW is caused by an extra piece of muscle in the heart which conducts heartbeats along the wrong pathway.

Joseph Barham of Oak Ridge, La., is 55 years old and only found out last spring that he suffered from the same heart defect. On Aug. 1, 1972 his heart had begun racing wildly, beating up to 280 times a minute. Doctors thought he had suffered a myocardial infarction, a type of heart attack.

Barham was given medication meant to control infarctions, but the attacks continued.

Beaird's attacks also continued, even though his condition had been correctly diagnosed and he was taking drugs that ordinarily will control WPW symptoms.

Two weeks ago Barham and Beaird checked out of Duke Hospital with all traces of WPW gone. They had become the 14th and 15th patients to undergo surgery at Duke to correct such heart defects.

The surgical technique was developed at Duke, and the first WPW operation ever performed was done here in 1967. Only four other successful operations for WPW have been reported throughout the world.

Persons with WPW have an extra piece of heart muscle connecting the atrium or upper chamber of the heart to the ventricle, the lower chamber which does the pumping. The extra connection permits the heart's electrical impulses to move too quickly. This disrupts the regular rhythm of the heart and causes a characteristic pattern of heartbeats that can be identified by an electrocardiogram (EKG).

Dr. Andrew G. Wallace, chief of cardiology at Duke, estimates that about one of every 2,000 persons has this EKG pattern characteristic of WPW. The great majority of these persons with WPW never have any symptoms, although the tendency increases with age. Even if these persons begin to experience minor episodes of heart palpitations as they grow older, most can control the episodes with drugs.

But in a small minority of cases, WPW victims like Beaird and Barham experience severe episodes. In some patients the disease leaves them completely incapacitated—like a woman operated on this summer at Duke who had begun to experience up to 50 episodes a day of extremely rapid heartbeat which left her weak and faint.

When the heart is beating too fast, it can't pump blood adequately. A severe WPW episode can lead to ventricular fibrillation, a rapid, chaotic squirming of the heart muscle which disrupts the rhythm so much that little blood is pumped to the body. A person with this condition can die in a matter of minutes.

The operation for WPW involves finding the extra connection between the heart chambers and dividing it so that the electrical signals can travel the right pathway.

The key to the procedure is a system of mapping the path of electrical impulses in the heart to determine exactly where the maverick area is that's shortcircuiting the normal heart pattern. This mapping is done during open-heart surgery after preliminary studies tell physicians the general area of the muscle that's causing the problem.

Wallace and his team mapped the electrical impulses in Barham and Beaird's hearts, and Dr. Will C. Sealy, professor of thoracic surgery, performed the operation.

In Beaird's case, the extra muscle was in an easily accessible site on the right side of the heart, and he was only on the

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ENTERTAINING THE DOCTOR—Larry Beaird of Big Lake, Tex., plays his guitar for fellow heart surgery patient Joseph Barham of Oak Ridge, La., and Dr. Andrew G. Wallace, chief of cardiology. Both Barham and Beaird recently underwent successful surgery here for a rare heart defect called Wolff-Parkinson-White Syndrome. The technique was developed at Duke. *(Photo by Jimmy Wallace)*