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Million Dollar Continuing Ed. Center Funded

Duke University has announced that G.D. Searle & Co. has agreed to give the medical center \$1 million to establish the Searle Center for Continuing Education in the Health Sciences.

The purpose of the center will be to help physicians and other health care professionals keep up with the knowledge explosion in the health care field.

"The center," said the vice

president for health affairs, Dr. William G. Anlyan, "not only will be a local and regional resource, but also will be available for national and international meetings whenever appropriate."

Anlyan added that an international conference on neurobiology next year already is booked for the Searle Center.

In Mudd Building

The center is being constructed in Duke's new Seeley G. Mudd Building which is a medical communications center and library.

Most of the ground level of the modernistic building will be dedicated to the center. It will include a 250-seat lecture hall, a projection room and closed-circuit television capability.

Surrounding the lecture hall on three sides will be as many as eight conference and meeting rooms plus a food service area. The lecture hall and conference areas will be separated from one another by heavy-density, noise-repellent

partitions, all of which can be removed to convert the entire area into a dining facility to accommodate as many as 400 persons.

The Searle Center will be adjacent to a new medical center bookstore which opened this week on the ground level.

Changing Health Information

"In making this gift," Anlyan said, "Searle recognizes the importance of continuing education for all health professionals in the context of this constantly changing base of information in the health sciences."

Anlyan said the Searle facility will be open for use by the entire university academic community and will have future links with other health-care institutions through closed-circuit television.

"In due time," he said, "we will have live networking capabilities with other hospitals and health education institutions as the price of two-way audiovisual communications become more cost-effective."



MOTHER AND DAUGHTER—Scientists call her "Propithecus verreauxi coquereli" and staff members of the university's primate facility call her "Edith," but to little Erme, born on Feb. 6, she's just plain Mom. David Anderson, associate director of the facility, said the animals and others like them here "add a touch of uniqueness to the Duke scientific community" because they can't be found anywhere else in the world outside their native Madagascar. Edith and her relatives, who cooperate in long-term genetic, behavioral, physiological and anatomical research, subsist on a diet of mango leaves specially shipped to Duke from Florida every two weeks. Anderson called the Propithecus "the most acrobatic of the lemurs" because it can leap 30 feet when full grown. (Photo by Jim Wallace)

Lab Tests Help Pinpoint Risks Of Rare Disease for Children

By David Williamson

Every three or four years, when influenza B epidemics hit the United States, a relatively rare illness known as Reye's syndrome singles out and attacks certain children, usually between the ages of four and 11.

Some of the children are fortunate enough to recover completely, while others die within three days or survive with severe brain damage.

Although it seems to accompany certain viral diseases, medical

scientists don't know what causes Reye's syndrome, why it strikes some children but not others, nor what a possible cure could be.

They do know, however, that the illness took the lives of at least four North Carolina youngsters in the first three months this year and more than 100 others across the nation, according to the Center for Disease Control in Atlanta.

Predicting Risk

Dr. Charles R. Roe, an associate professor of pediatrics here, and his colleagues believe they can now predict which children will recover from the syndrome and which children are the greatest risk of death or nerve damage.

Their predictions are based on a combination of laboratory tests of enzyme activity in the blood.

Dr. Theodore Sunder, a pediatric neurologist, treated all six children admitted to Duke Hospital with the illness this year. He said information like that supplied by Roe's laboratory is important because it can warn doctors which children are likely to need the most rigorous treatment by supplementing direct observation.

Measuring Enzyme Leads

In explaining his laboratory work, Roe said that when body organs have been injured by disease, tissue-specific enzymes called isoenzymes are released from the affected organs into the blood.

When high levels of an enzyme

Diet Clinic Seeks To Alter Patients' Lifestyles

By John Becton

An obviously overweight man stepped inside "Gradeli's", in Duke's Trent Drive Hall, and took a few long, wistful breaths.

"I just want to smell it," he told the deli staff, and then he left with a sigh.

He was a new patient in Duke's Dietary Rehabilitation Clinic (DRC). While trips to the delicatessen and certain other habits would be altered, he certainly was not going to starve, nor was eating going to become dull.

That soon was apparent as he had his first of many dinners in the DRC cafeteria. That night it was roast beef (5 oz.) two broccoli spears, a salad (lettuce, cucumber and onion ring), cottage cheese with a pineapple slice and all the coffee or tea he wanted (nor sugar or cream, of course).

Over the next four weeks he had similar meals, designed to be nourishing, appealing and practical yet totalling only 700 calories a day.

He also would walk at least two miles each day, attend lectures and meet weekly with the physician, clinical psychologist and dietitian.

In the process, he would lose weight and learn how to control his eating behavior.

The DRC, a component of University Health Services in the Department of Community and Family Medicine, is a multi-aspect and intensive approach to the treatment of patients with obesity and obesity-related problems.

Treatment Team

Dr. Sigrid Nelius, DRC program director, emphasized that the medical, behavioral and dietary aspects of the program are equally

important and essential to each patient's success.

"Our whole staff works as a treatment team," Dr. Nelius said. "Together we coordinate all aspects of the program."

Dr. Albert Loro, DRC behavioral program director, explained that this is an appropriate approach to obesity because "obesity is a multi-factored problem that requires a coordinated effort of professionals from several fields. Our program utilizes behavior modification, dietary management, medical supervision and patient education."

"Basically, we are trying to change patients' lifestyles," the medical psychologist continued. "This major change involves a move from a food centered existence to a non-food centered one. It appears that most of

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