

Girls hope Soviet trip can save their sight

United Press International
THE COLONY — Sherry and Ginger Syc will always wear bulky eyeglasses, but their friends and neighbors have raised \$12,000 for a 6,000-mile trip to Moscow Nov. 13 in hopes they never go completely blind.

The girls suffer from retinitis pigmentosa, a progressive degenerative disease that is stealing their sight. At 7, Sherry is legally blind. The condition of Ginger, 9, is stabilized and her sight is somewhat better than Sherry's.

"Moscow's got the treatment that can stop it," said Marlene Syc, their 28-year-old mother. Her optimism is not necessarily shared by retina specialists in this country.

It's been five years since the girls were diagnosed to have the hereditary disease, commonly known as RP, in which deposits of pigment in the retina progressively block the field of vision and eventually blind the victim.

"I took Sherry in for crossove (testing)," Syc recalled. "The only way they can discover it (RP) is when the eye is dilated, and they do that in the cross-eye test. That's when they found it."

Since then Syc and her husband, Ben, 39 — both Michigan

natives who moved to Texas 11 years ago, shortly after their marriage, to escape the cold weather — have had to sell one home in nearby Grapevine to meet medical expenses.

Then the Sycs heard about a series of injections is given twice a day for 10 days on the first visit. After nine months, patients return for another series of 10 days of shots, repeating the treatment a total of four times over three years.

The expensive and lengthy procedure does not correct previous damage, but Syc said doctors there have a 70 percent success rate at stopping future degeneration.

Dr. Dennis Hartenstine, executive director of the national Retinitis Pigmentosa Foundation in Maryland, said doctors in this country have not been able to obtain samples of the serum used in Moscow's "Encad" treatment, but experts here consider it at best an "experiment."

Retina specialists in north Texas have done photographic studies of the Syc girls' retinas so they can detect any posttreatment changes. Hartenstine warned there is always the possibility of a psychological reaction in which hope fosters some temporary improvement. There is, he emphasized, no cure for RP.

"You're talking about a genetic disease," he said. "To cure a genetic disease you have to get into the genes," not just arrest the disease's progress.

The family's new neighbors in The Colony, a bedroom suburb with a population of 15,000 to the north of Dallas, made the trip to Moscow possible by raising \$12,000 during September, which was proclaimed Ginger and Sherry Syc month by Mayor Gene Pollard.

About 20 community groups and organizations, including the

Lions Club, Jaycees, churches and Little League teams, went door to door and organized other activities to raise the money.

The \$12,000 that was presented to the family Oct. 9 will cover part of the expenses of only the first trip to Moscow. American Airlines, Syc's employer, is flying them to London this month, and Japan Air Lines has provided the connecting flight to Moscow.

That leaves them needing funds for the remaining three treatments, and Syc said she doesn't know where that money will come from, although she has ambitions of raising it by launching a career as a country-western singer.

She has been too busy with her daughters' illness to make any recordings yet, she said. "I'm kind of waiting till all this blows by," Syc said her daughters, who attend regular public school clas-

ses in The Colony half a day and have special instruction half a day, are active "tomboys" who don't let their handicap get in their way.

"They're not the kind for Barbie dolls," she said. "They're tomboys. On her birthday Sherry said, 'I don't want no Barbie dolls. I want Hot Wheels.'"

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Decisions on when beat should stop

United Press International
WASHINGTON — There is no question about emergency resuscitation outside the hospital, but the question of reviving a hospitalized patient can be a complex issue that already has ended up in three courts.

The controversies center around "do not resuscitate" orders issued by doctors in cases where the situation for one reason or another appears hopeless.

George J. Annas, associate professor of law and medicine at the Boston University School of Medicine, said cardiopulmonary resuscitation (CPR) is a much more complicated procedure in the hospital and "death may be both expected and welcomed."

thing for a 67-year-old woman who had been suffering from Alzheimer's disease for six years and who was immobile, speechless, unable to swallow without choking and who was not expected to live a year.

Annas said the second major reason for issuing a "do not resuscitate" order is the belief that a patient's quality of life is so poor that preventing death by CPR is not justified.

However, when a "do not resuscitate" order was issued for a 41-year-old woman who had been seriously braindamaged five years earlier, a Minnesota court directed that the order be revoked. The woman had the mental age of a 2-year-old, had to be fed artificially and could only communicate slightly.

The court ruled the "do not resuscitate" order was proper only if the woman herself would have wanted it, and there was no evidence that was the case.

"This seems proper," Annas commented. "When DNR (do not resuscitate) decisions are based on quality of life, only the patient's own view should be relevant."

The third judicial case involved a baby born with serious heart problems and who was abandoned by his mother. A corrective operation failed and doctors said no further help was available and the child's condition was probably not live beyond a year. In addition, doctors said CPR could cause the child substantial pain and possible brain damage. Thus a "do not resuscitate" order was requested.

The Massachusetts Supreme Court denied the request, saying it was not a question of hopelessness but more of a quality-of-life situation and there was no way to say the child would not want to be resuscitated.

Annas said in-hospital CPR can involve placing tubes in the throat, electrical shock to start the heart, the use of intravenous tubes to deliver drugs and even the emergency placement of a heart pacemaker in rare cases.

"This is not surprising that decisions are made not to perform CPR on specific patients in every hospital in the country," he wrote in The Hastings Center Report. The Hastings Center, located in Hastings-on-Hudson, N.Y., is an institute studying medical ethics.

Annas said, however, that much confusion exists regarding the proper circumstances for issuance of a "do not resuscitate" order.

A national conference sponsored by the American Heart Association and the National Academy of Sciences two years ago concluded that resuscitation should not be used in certain situations, "such as in cases of terminal irreversible illness where death is not unexpected."

Annas said the Massachusetts Court of Appeals concluded in one case that CPR would do no-

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