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Man Walks from Chamber, out of Nightmare

By David Williamson

On Sunday, Aug. 14, a routine shell collecting dive in the Gulf of Mexico turned into a nightmare for industrial chemist Thomas G. Floyd that could have left him forever paralyzed from the waist down.

But a low altitude airlift to Durham through thunderstorms late that night for unique emergency treatment at the medical center spared his legs and probably lengthened his life at the same time.

The treatment, which involved holding three men at four times normal atmospheric pressure for more than six days, may be good news for future diving accident victims, according to Dr. John Miller who headed the international team that cared for Floyd.

Couldn't Move Legs

The patient, still recovering here from his aquatic misadventure, said that his back began to hurt 10 minutes after returning to the surface from an 80-foot dive near his home in the Florida panhandle town of Ft. Walton. By the time he and his friends returned to shore, he couldn't move his legs at all.

Miller said he and his colleagues believe Floyd suffered a slight tear in one of his lungs that released air into his blood stream. A bubble then lodged in his spinal cord, cutting off its blood supply and creating what doctors call an air embolism.

"I have a pretty good idea what was going on at the time, and I have to admit I was scared," said the 40-year-old chemist, who is also an experienced diving instructor. "I lead an active life, and it's hard for me to keep still. Before the accident, I was running four to five miles every day at lunch."

Eliminating Bubbles

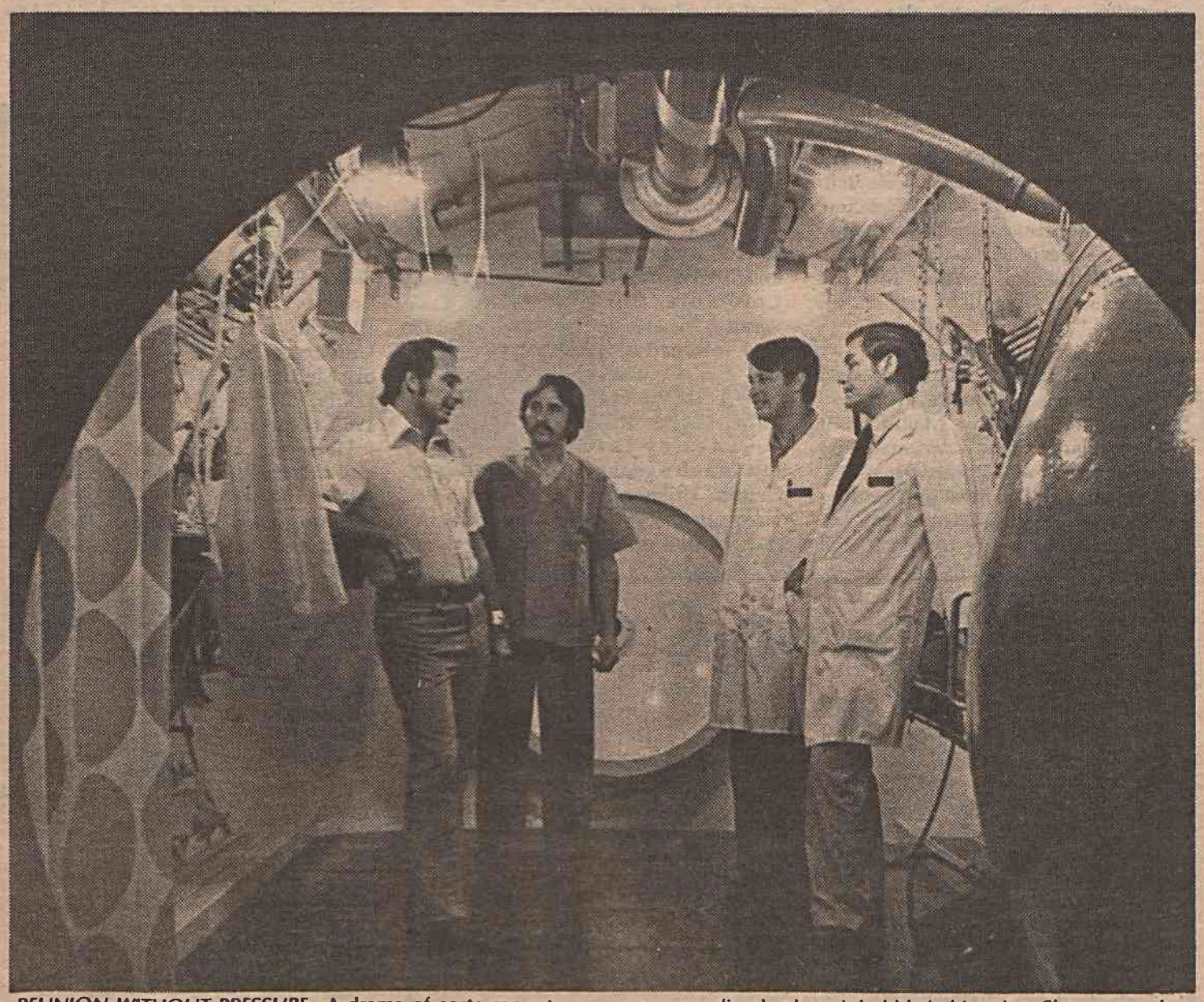
His friends rushed him to a local hospital where the decision was made to fly him to Gainesville, Fla., for treatment in a one-man hyperbaric chamber at the University of Florida's J. Hills Miller Health Center. Air embolism and decompression sickness resulting from diving are treated in hyperbaric chambers, where high air or oxygen pressure simulating depths beneath the sea can eliminate bubbles in the blood stream.

"At Gainesville, Mr. Floyd was treated in accordance with the U.S. Navy Diving Manual, apparently with some relief, but five minutes after surfacing, he collapsed again and was worse," Miller said. "Doctors there were reluctant to continue because their chamber only has a pressure capability of 66 feet.

"They called me at 12:15 a.m. on Aug. 15 and made arrangements to have him transferred to Duke where our chambers have a 1,000-foot pressure capability."

Accompanied by a physician and nurse from Florida, Floyd was flown through a line of thunderstorms at only 1,200 feet altitude. Higher elevations would have caused the air bubble in his spine to expand even more.

(Continued on page 3)



REUNION WITHOUT PRESSURE—A drama of sorts came to a happy conclusion here last week as diving accident victim Thomas G. Floyd successfully emerged from six days of treatment in the hyperbaric chamber. Dr. Jens Grimstad of the Norwegian Diving Institute and technician Joseph Sandy remained with the patient for the entire "dive" as high pressures dissolved an air bubble in his spine. Shown together in the chamber on the day before his release from the hospital were, from left to right, Floyd, Sandy, Grimstad and Dr. John Miller, an assistant professor of anesthesiology who headed the international team that cared for Floyd. *(Photo by Jim Wallace)*

Program Makes Learning Breast Self-Exam Easier

By William Erwin

Women in North Carolina are going to find it easier than ever to learn how to check their breasts for possible cancer signs.

The state's public health departments are sending 300 public health nurses to Duke to practice teaching breast self-examination. When all the nurses are trained three years from now, a woman anywhere in the state can arrange for a free demonstration of the method by calling her local health department. Women in some counties can do so already.

Self-examination involves watching for unusual changes in the breasts and feeling with the fingertips for suspicious lumps. If a woman finds a lump, four times out of five it will not be cancerous. But only a physician can tell for sure.

If the lump does turn up cancerous, then the sooner the woman has gone to the doctor, the better off she will be.

Benefits Rural Women

Rural women stand to benefit most as a result of the training program, said Dr. Josephine Newell, coordinator of the Breast Cancer Detection Demonstration Project at Duke where the nurses are learning. Most women visiting public health clinics in North Carolina live in rural areas, she said.

No matter where women live, they're going to have more peace of mind after a graduate of the course teaches them, said Don Batts manager of the state Division of Health Services Cancer Detection Program.

The nurses teach by examining women themselves, Batts explained. So women taught by the specially trained nurses are "going to be more sure that if something is there, the nurse is going to discover it," he said. If a public health nurse happens to find a suspicious lump or other sign during the teaching session, she refers the woman to a physician.

The state Cancer Detection Program paid for a training building at the project site. The National Cancer Institute is providing the money for training expenses.

With Actual Patients

Public health nurses spend two

(Continued on page 2)