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DURHAM, N.C.

Morris Building dedication set

Battle against cancer under way in new facility

By William Erwin

The Comprehensive Cancer Center reaches another milestone tomorrow with the dedication of the Edwin A. Morris Clinical Cancer Research Building, known informally for years as "CR III."

Dedication events begin today with a scientific symposium in Room 143 of the Edwin L. Jones Basic Cancer Research Building. A banquet tonight in the Searle Center for Continuing Education in the Health Sciences will feature as keynote speaker Dr. Wayne Rundles, professor of medicine and national president of the American Cancer Society.

Presentation to university

Then tomorrow beginning at 11 a.m., Edwin A. Morris of Greensboro will present the building named in his honor to University President Terry Sanford.

Guest speaker at that ceremony will be Dr. Arthur Upton, director of the National Cancer Institute which granted \$4.24 million for the facility. Dr. William W. Shingleton, professor of surgery and director of the Comprehensive Cancer Center, will preside at the dedication.

The ceremony will be held in the Searle

Center nearby, because no area in the Morris Building can hold the crowd expected.

Convenience

Nearly 1,100 patients a week are already using the Morris Building. The \$5.98 million facility was built to make life easier for them, their families and the health professionals caring for them.

It brings together, for the first time, all but one of Duke's cancer clinics. (Children with cancer will continue to be seen in the Pediatric Clinic in the sub-basement of the orange zone.)

Now patients getting a combination of treatments, such as chemotherapy and radiation therapy, can step on an elevator in one clinic and step off in another. Previously, these patients have had long walks between clinics.

"The atmosphere here is much more pleasant than it was for patients and their families," said Dr. John Laszlo, professor of medicine and director of clinical research for the Comprehensive Cancer Center.

"There's a place where visitors and family members can sit, which they didn't have before. And before we had this building, our cancer clinics were often overcrowded."

For instance, patients coming to the Hematology-Oncology Clinic in the yellow zone used to wait in line to be seen in four examining rooms. In the Morris Building, these patients have 17 examining rooms.

Money-saving

The building also can save some patients money as well as time.

"In the past," Laszlo said, "we often had to admit patients to the hospital to give chemotherapy."

Now most chemotherapy patients can get their treatments in special rooms equipped with easy chairs and color TVs. When their treatment is finished, they can go home.

In addition, some patients needing biopsies can have this procedure done in the Morris Building's mini-operating room on the first floor. This is less expensive than using the OR suite, Laszlo pointed out.

'Hospital within a hospital'

The Morris Building has its own pharmacy and medical records section. And it has its own "hospital within a hospital."

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MORRIS

Toe-to-thumb transplant improves hand function

By David Williamson

Instructions to Trudy Howie of Gastonia were quite clear after the 14-hour operation that created a thumb on her right hand from the second toe on her left foot.

"Don't try to move it yet because it needs time to heal," the plastic surgeons at Duke had said, "Don't try to move it," her father echoed, a bit more sternly.

But telling the active eight-year-old not to wiggle something for days at a time was

almost like asking her not to breathe. And two weeks later, Trudy had a secret to share with her mother.

"If you won't tell Daddy, I'll tell you something," she whispered, pointing to her cast. "I can move my thumb."

Congenital birth defect

The child was born with a congenital birth defect known as annular bands. Although scientists aren't sure yet, many believe the condition results when the sac surrounding an unborn baby shreds

slightly in the mother's womb sometime during pregnancy.

Bits of this amniotic membrane loop around the infant's extremities, preventing proper blood flow and hindering the growth of arms, legs, fingers or toes.

Trudy's chief handicap was that the thumb on her right hand had failed to develop normally. The third grader couldn't hold a pencil correctly with her right hand, nor manipulate objects with the kind of grasp that almost everyone else takes for granted.

Two previous successes

After being referred to Duke's Division of Plastic Surgery, Trudy and her parents

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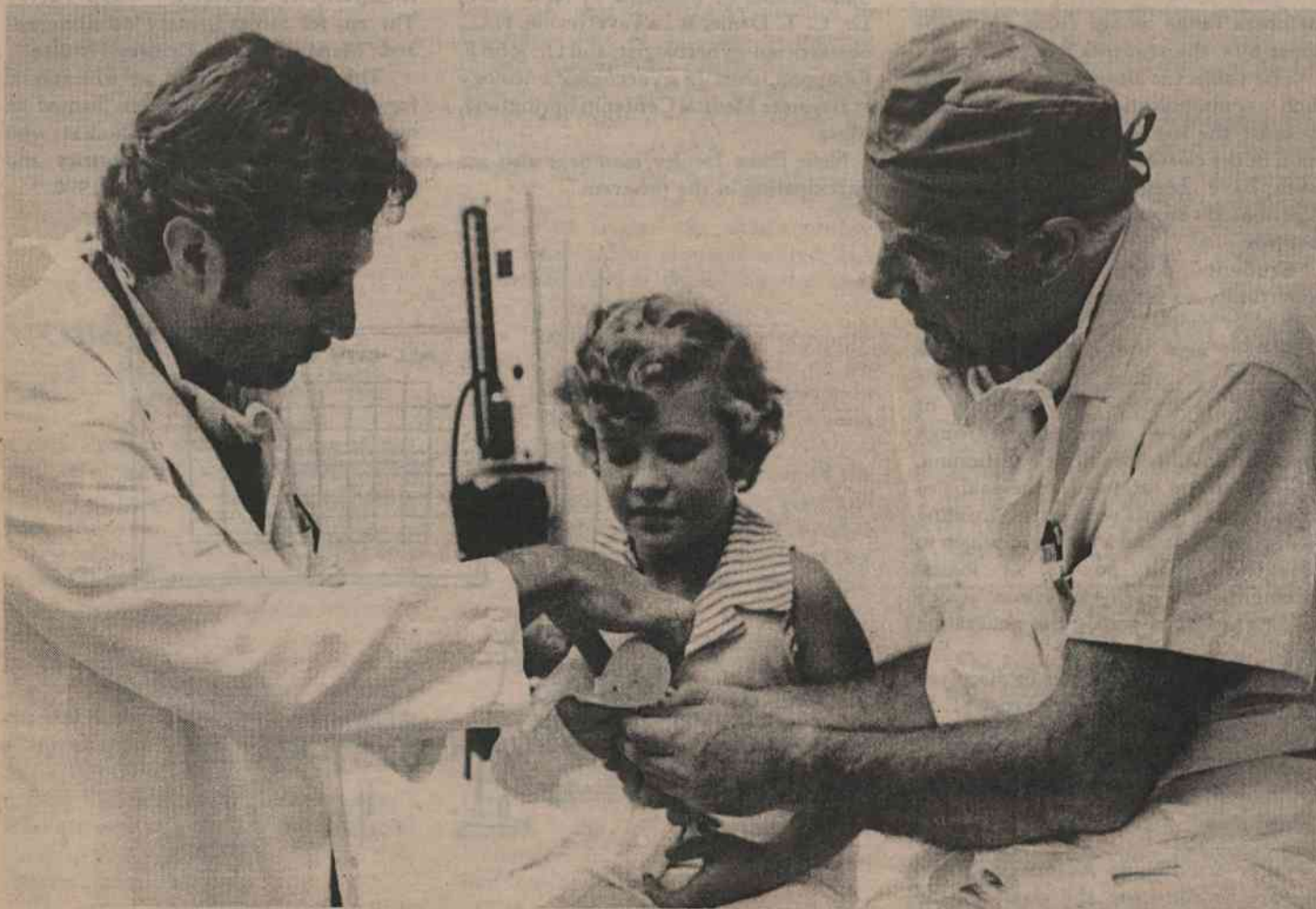
Eighth annual Thomas Symposium begins this morning

Some 150 obstetricians and gynecologists from the eastern United States are meeting at Duke today and Saturday as the Division of Oncology hosts its eighth annual Walter L. Thomas Symposium.

Ovarian cancer, gynecologic surgery and urinary incontinence — the inability to control urination — are the topics of discussion this year, according to symposium director Dr. William T. Creasman.

"Ovarian cancer is still a major cause of death among women, and urinary incontinence is a problem often associated with childbirth," Creasman said earlier this week. "This meeting, which will again be held in the Hospital Amphitheater, will give physicians who attend a chance to review the latest information on their diagnosis and treatment."

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SUCCESSFUL TRANSPLANT — Dr. Donald Serafin (left) and Dr. Nicholas Georgiade examine Trudy Howie's new thumb. Surgeons at

Duke created the thumb on the child's right hand from the second toe on her left foot. (Photo by Thad Sparks)