

ACCOLADE

To the Telephone Switchboard



(Photo by R. McKee)

The Duke University switchboard system was installed when the hospital was built. At that time there was one full-time operator with two part-time student workers. Today there are twenty-two operators and future growth will demand more.

Although the Switchboard is located in a room off the main lobby of the hospital, it serves the entire University. All calls—both local and long distance—from East Campus, West Campus, and the Medical Center flow through the ten operator stations.

The Switchboard is directed by Mrs. Anna L. Riggsbee (standing, above). She has been employed in the telephone business for 43 years, the last 17 at Duke University. Mrs. Riggsbee points with pride to the work record of her operators who enjoy one of the lowest turn-over rates in the University. One of the operators has been at Duke since 1936.

The next time you experience delays from the Switchboard remember that *in a normal hour* they may answer 550 incoming local and long distance calls. Add to this load-per-hour 60 paging requests, 14 information requests and 60 outgoing long distance calls, and you will understand why the Telephone Switchboard group receives our accolade of the month.

Facial Prosthesis Unit "Open for Business"

In a bright, new laboratory on the third floor of Baker House the Facial Prosthesis Unit offers hope to those scarred by disease or accident. Duke has been providing limited facial prosthesis service (artificial noses and ears) since 1945. The Unit just opened with support from the Department of Health Education and Welfare, Vocational Rehabilitation Administration, Washington, D. C., is designed to expand the service to meet the needs of the Southeast. Professional counseling is available when needed to help with social adjustment.

The patient—who must be referred by a doctor—usually reaches this unit after the plastic surgeon has made such a recommendation and after the patient decides he does not want to undergo more surgery along with the necessary hospitalization. Though both time and cost vary with the problem, generally an artificial nose or ear can be made in two to three days. A plaster-of-paris mold of the deformity is made; a person (referred to as a "donor") is found whose nose or ear is similar to the patient's and a mold made of the part. A wax model is cast from the donor mold. When this model is satisfactory in appearance and fit, a silicone mold is made from it. Into this mold is poured a vinyl resin plastic embedded with fine nylon threads to simulate veining. This is the actual prosthesis. The nose (or ear) is given a final grinding to smooth out any rough spots and is then colored to match the patient's skin. Applied with a special adhesive, the prosthesis will stay in place during any normal activity.

Three prostheses are made on the first visit: two for the patient and one for "the file." With the "file copy" is kept the master mold so both shape and color are on hand in the laboratory. The patient can re-order without another visit. One prosthesis should last about a year.