

Things Going Up and Coming Down For New REHAB Facility

There were many sighs to be heard when the lovely fall-colored leaves came tumbling down with their trees behind Baker House. The sighs were soon followed by facial grimaces and headaches brought on by the incessant R A T T T T T T T T T T T T of the drill as Baker House porch came down. Depression followed.

But we have been told to keep up the work and wait for the face of progress—that being in this instance the new Rehabilitation Facility.

The facility is expected to be completed within a year, at which time Baker House may be empty if the noise of progress continues at its present volume.

All levity aside, the facility will be a grand addition to the medical center and is the first of three units being built to expand Duke's role in the growing field of rehabilitation.

The facility will be two stories high and will house areas for the rehabilitation of surgical patients, speech and hearing diagnosis and therapy, orthodontic therapy, and offices. It will be connected directly to the Out-Patient Department by a short corridor.

The unit, estimated at costing \$850,000, is being financed by the medical center, the North Carolina Medical Care Commission, and the State Office of Vocational Rehabilitation.

In November of 1967 construction will begin on phase two of the rehabilitation unit, which is estimated to cost about \$1.1 million. The second unit will continue the expansion of the rehabilitation services.



First the trees came down . . . and then the porch . . . to make way for the new Rehabilitation Facility being constructed at the back of Baker House.

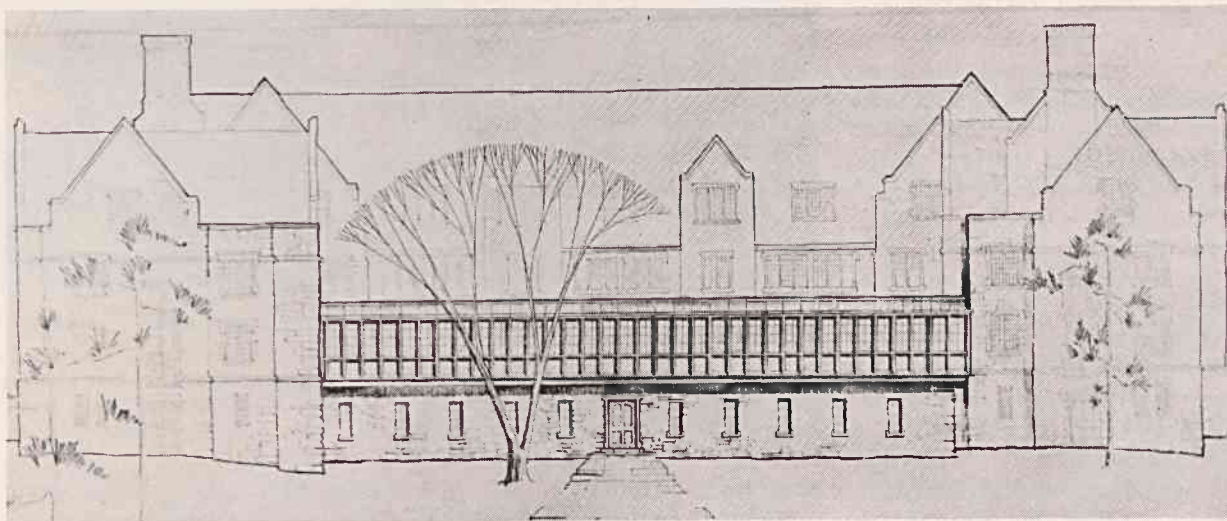
The third phase, not yet funded, will provide in-patient beds for rehabilitation patients, said Mr. Louis E. Swanson, assistant administrator in charge of planning and development for all medical center construction.

"More emphasis is being

placed nationally on the importance of rehabilitation services to patients who need assistance to adjust to their disabilities in the transition period between the hospital and their homes," he noted.

"In this respect," he added,

"Duke is taking a forward step in meeting the needs. We've always been involved in rehabilitating patients, but our new facilities, part of the ongoing expansion plans for the entire university, will enable us to do an even better job."



The new Rehabilitation Facility . . . as it will appear when completed—which should be during 1967.

McDowell, Continued

cal ovariectomy, McDowell wrote that the operation took "about twenty-five minutes," and that the ovarian tumor extracted—partly cystic and partly solid—weighed a total of twenty-two and a half pounds. It was also recorded that Mrs. Crawford was out of bed in five days and had returned home in twenty-five days.

Beyond a general description of the actual surgery, little more

is known of this operation or the seven others like it that also proved successful; for McDowell kept few personal notes on his surgery, and he published only two reports during his career (both on the ovarian operation).

It is when we stop to consider the crude conditions under which this operation (and all the others) were performed that we realize what a remarkable surgeon McDowell must have been

(not to mention his patients!). There were no trained attendants, no anesthetics, and no antiseptics. There were rarely any colleagues with whom to consult, and the nearest hospital was a thousand miles away. In addition to all of these other drawbacks, there was no established surgical procedure to follow in performing an ovariectomy, as one had never been performed before.

Although his ovariectomies were the first to be performed, McDowell received very little in the way of professional attention or praise during his lifetime. And it was not until 1879, years after his death, that he was first called the "father of ovariectomy," a title given him by Sir Spencer Wells that has remained attached to the surgeon's name ever since.