



Dedicated to the future

JGH News

VOLUME 30, NO. 2

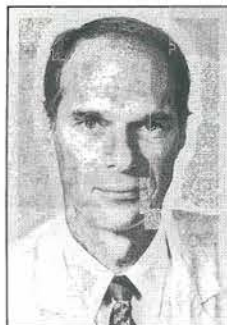
SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSPITAL

SUMMER 1994

High calibre work recognized



Dr. Philip Gordon



Dr. Richard Margolese



Dr. Apostolos Papageorgiou

"If one of your loved ones needed a specialist, and you could not treat them yourself, who would you send them to?"

Physicians in the United States were asked this question, and the answers were listed in the 1994-95 edition of "The Best Doctors in America", authored by Steven Naifeh and Gregory White Smith.

The authors contacted 3850 U.S. doctors and asked them to name the best in their specialty according to only the above-mentioned criterion.

The hospital is proud to announce that three JGH physicians were chosen by their U.S. peers as the best in their respective specialties. They are: Drs. Philip Gordon, chief, Division of Colo-rectal Surgery, Richard Margolese, chief, Department of Oncology, and Apostolos Papageorgiou, chief, Department of Neonatology and Pediatrics.

The McGill University Hospital Centre

At a recent meeting of the Foundation, hospital President Brahm Gelfand spoke about the hospital's position vis-à-vis the proposed McGill University Hospital Centre. We have reprinted excerpts of his speech.

"In the summer of 1992, the Royal Victoria, the Montreal General, the Montreal Children's, the Montreal Chest Hospitals and the Neurological Institute decided that in order to preserve the integrity of the services and scholarly activity that they provide, they would have to amalgamate or merge their resources.

"As a consequence, a steering committee was formed to study what would be truly a paradigm shift—that is, four autonomous institutions merging to act as one.

"When they first began to look at the situation, they approached our hospital and asked us if we would be prepared to participate in the merger. We declined for the following reasons. We serve a very large community area consisting of 350,000 people in all. This includes not only our Jewish community, but people of many faiths and backgrounds. We are a major medical caregiver in the city of Montreal. If you look down from the mountain at the geographic location of anglophone hospitals, we are the only tertiary care hospital serving the northwest area of Montreal.

"Based on these facts, we replied that 'while we are willing to do everything possible to assist you in this enterprise, we prefer not to join at this time in order not to be deflected from continuing to serve our clientele in the best possible manner'.

"The process of deliberation commenced and has resulted in a final report in which the committee advocated the merger of the Royal Victoria, the Montreal General, the Montreal Children's, and the Montreal Chest

Hospitals and the Neurological Institute.

"While some concern has been raised in certain quarters about our hospital retaining its status as a McGill University teaching hospital, the final report of the steering committee also deals with these concerns as follows, 'In the consultation process, the concern was raised by some that not to include the JGH would mean a continued climate of competition for resources within the McGill hospital network. On the other hand, others have pointed out that having two strong tertiary care hospitals would provide additional choice to patients in the McGill system, and, if good communication is fostered, it would provide further incentives to maintaining high quality in each. Also, the JGH, with its wealth of clinical material and experienced teachers, is of great importance to the clinical teaching programs of the Faculty of Medicine.'

"Since the preliminary report, we have continued to discuss our proposal with representatives of the JGH. They remain firm in their conviction that they should not move to a common site with the other hospitals, and that at the present time, it would not be in their best interest to join in common governance arrangements given the hospital's geographic location, its large catchment area in the northwest section of the city and suburbs, and its present level of community support.'

Mr. Gelfand further pointed out, "that while our institution will not participate in the physical merger

McGill... continued on page 3.

JGH Lady Davis Institute receives highest score in Quebec in evaluation by FRSQ

The Fonds de la Recherche en santé du Québec (FRSQ) has just awarded the hospital's Lady Davis Institute for Medical Research an institutional grant of \$825,000 per annum over a four year period. This is the highest amount ever awarded to any research centre in the McGill University network. Evaluations of research centres are held every third year, but because of the high calibre of research here, the next evaluation of the Lady Davis Institute will be held four years from now.

In its triennial evaluation of various research centres in the province, the FRSQ gave the JGH a score of 8.8/10, the highest score awarded this year.

Several factors contributed to this high score. In its evaluation report, the FRSQ noted that since 1991, scientific activity at the JGH has increased and diversified. The focus of laboratory and clinical research has expanded from five to nine main themes: cancer, aging, AIDS, molecular oncology



Dr. Samuel O. Freedman, O.C., director of research.

and biology, epidemiology and public health, genetics, cardiovascular disease, medical physiology, and psychosocial issues.

Twenty-six new researchers were recruited, bringing the total to 54 scientists. The number of students also increased considerably—there are now 111 graduate students and 90 post-doctoral students pur-

suing their research studies at the LDI. As a result of a building expansion program, research space more than doubled.

FRSQ evaluators were particularly impressed with the scope of our clinical research program, and the strong links that have been established between clinical and basic research. "The orientation and development of research complements the hospital's mission both at the biomedical and clinical research level." The newly established pharmacology program and Clinical

Grant... continued on page 3.

Volunteers are special

His disposition is cheerful and he is willing to help out wherever needed. Since November 1992, Mr. Herbert Zidle has been coming to the hospital a minimum of three days a week, arriving before 8 in the morning and staying until 4. His activities include friendly visiting, offering assistance during special events such as the hospital Seder, chauffeuring patients, greeting patients and providing them with information.

If you wish to become a volunteer, please call Barbara Fiederer, 340-8222 local 5984.



INSIDE

- Steering Committee oversees improvements in ER page 2
- Unique study... how medications affect newborns page 3
- Perzow Molecular Biology Laboratory page 4
- Joint JGH/PROMONTRÉAL project page 6
- Plastic surgery restores form and function page 7
- Physiotherapy helps patients regain autonomy page 9



3755 Ch. de la Côte Ste-Catherine, Montréal Qué. H3T 1E2



Steering Committee oversees improvements in Emergency

For the past several years, the Board and administration of the hospital have been deeply concerned about the serious overcrowding problem in the Emergency Room. The situation was compounded by several factors beyond the hospital's control. The JGH has one of the busiest emergency rooms in the city, an unusually high percentage of frail elderly who often have multi-system problems, and a large number of long term care patients occupying in-hospital beds.



Seated left to right: Dr. Joel Rosen, Dr. André Dascal, Associate Medical and Teaching Director, Alison Milligan. Standing left to right: Dr. Harold Frank, Medical and Teaching Director, Brahm Gelfand, Hospital President, Henri Elbaz, Marilyn Monk, Associate Executive Director-Nursing, Dr. Calvin Melmed, chairman, Medical Executive Committee. Absent from photo: Stephen Vineberg, Foundation President, Dr. Peter Small, médecin coordonateur, Dr. Marc Afilalo, chief, Emergency Department, Amina Talib, administrative assistant.

In November 1992, a team led by Dr. Dennis Psutka was invited to assess the situation in the ER and recommend solutions. To follow-up on the "Psutka report", Executive Director Henri Elbaz asked Dr. Joel Rosen, chief of the Department of Ophthalmology, and Mrs. Alison Milligan, nursing director, Surgery, to co-chair an Emergency Steering Committee. The mandate of this committee was to analyze the situation in the ER, make and implement recommendations.

The first step, recalled Alison Milligan, was to define what the ER should be. "It was being used as an acute care area, when, in fact, the function of an ER is to assess the patient and to decide whether further assessment is necessary, whether the patient should be admitted, or could be sent home."

Then, committee members identified all of the factors contributing to ER congestion and created a prioritized action plan to address the most important issues. They examined factors such as the availability of CLSC services, patient population issues, the interaction between the ER and the wards, the availability of support services both within and outside the hospital. "The interaction between all

these components is enormously complex. It's like a mobile—when you pull on one piece, the whole thing moves," explained Mrs. Milligan.

The committee began meeting in February 1993. By September of that year, the situation in the Emergency Room had improved dramatically. The average length of stay for patients who can be sent home is seven hours, and 12 hours for patients who need to be admitted to an in-hospital bed.

Both Dr. Rosen and Mrs. Milligan stress that these improvements were possible only because of tremendous support and cooperation at all levels and from all departments. "By getting the commitment of everyone involved, and by attacking the systemic problems as they related to the ER, we came up with solutions that were good for the Jewish General," said Dr. Rosen.

While committee members are pleased with the progress obtained thus far, they recognize that there is still work to be done. A smaller subcommittee meets twice per month to examine the impact of new policies and procedures and to implement further recommendations. "We need to develop permanent systems to maintain these improvements," observed Dr. Rosen. — H.K.

The Jewish General Hospital's

SECOND ANNUAL GOLF CLASSIC

celebrating the hospital's
60th anniversary

Monday, June 20, 1994
Hillsdale Golf and Country Club

Hosted by the Sam Eites Automotive Group,
Silver Star-Automobiles and Mercedes-Benz Canada

Proceeds will purchase Fluoroscopy equipment
for the Department of Radiology

Chairman: Leonard Kantor

We are grateful to our sponsors:

AGF Management Limited, Astral Communications, Aventure Electronique, Browns Shoes, Dynamic Fund Management Ltd., Ernst and Young, Fidelity Investments Canada Limited, Gestion Financière Talvest Limitée, Groupe Canadien International, Le Groupe de Fonds Guardian, Guess Jeans, Lapointe Rosenstein, Loto-Québec, Madacy Music Inc., Manulife-Garson Rubinger Financial Services Inc., Marleau Lemire, Merck Frosst Canada, Métro-Richelieu, Midland Walwyn, Peerless Clothing Inc., Power Corporation, Republic National Bank of N.Y. (Canada), Richter Usher Vineberg, Rosenthal Insurance Inc., Scotia Bank, ScotiaMcLeod, Swiss Bank Corporation, Templeton Funds, Toronto Dominion Bank, Trimark Investment Management, Wood Gundy.

The JGH News is published by the Sir Mortimer B. Davis - Jewish General Hospital to inform the community about hospital developments, and to promote mutual understanding between the hospital and those whom it serves.

President: Brahm Gelfand
Executive Director: Henri Elbaz
Editor: Betty Rozovsky
Reporter: Hena Kon
Contributor: Michael Regenstreif
Assistant: Sharon Rubin
Translator: Odette Lapointe
Photography: JGH Audio-Visual Services



Printed on recycled paper

A welcome move



Left to right: Donna Zabiella, 2NE, Jennifer Eastman, 2NE, Jan Barrow, Acting Head Nurse, Emergency, Irma Golar, 2 Main, Sylvio Clauser, 2NE, Charles Michaels (patient) and Pearl Michaels, Barbara Devonish, 2 Main, Viriya San Vong, 2 Main.

Recently, an important decision was made concerning the care of patients on the second floor. Patients with similar conditions were grouped together to enable medical and nursing staff to attend to them more easily and efficiently.

In March, 1994, patients on 2 Main and 2 North East switched locations. Nurses and orderlies were on hand to make the transition as comfortable as possible, answer patients' questions and address their concerns. Thanks to tremendous cooperation by everyone involved, the move went smoothly.

60th Anniversary celebration will include two lecture series

The 60th Anniversary planning committee, chaired by Mr. Steven Cummings, is pleased to announce that two lecture series have been scheduled as follows:

OF COMMUNITY INTEREST

— Wednesdays at 12 NOON in the Block Amphitheatre —

Date	Speaker	Topic
Oct. 12	Dr. Steven Karp	New Approaches to the Treatment of Cancer
Nov. 9	Dr. David Langleben	Lung Circulation: The Haves and the Have Nots
Nov. 16	Sareeta Ganesan and Rhona Stern	What Physiotherapy has to Offer for Backaches
Nov. 23	Jan Barrow	Dealing with Difficult People

OF PROFESSIONAL INTEREST

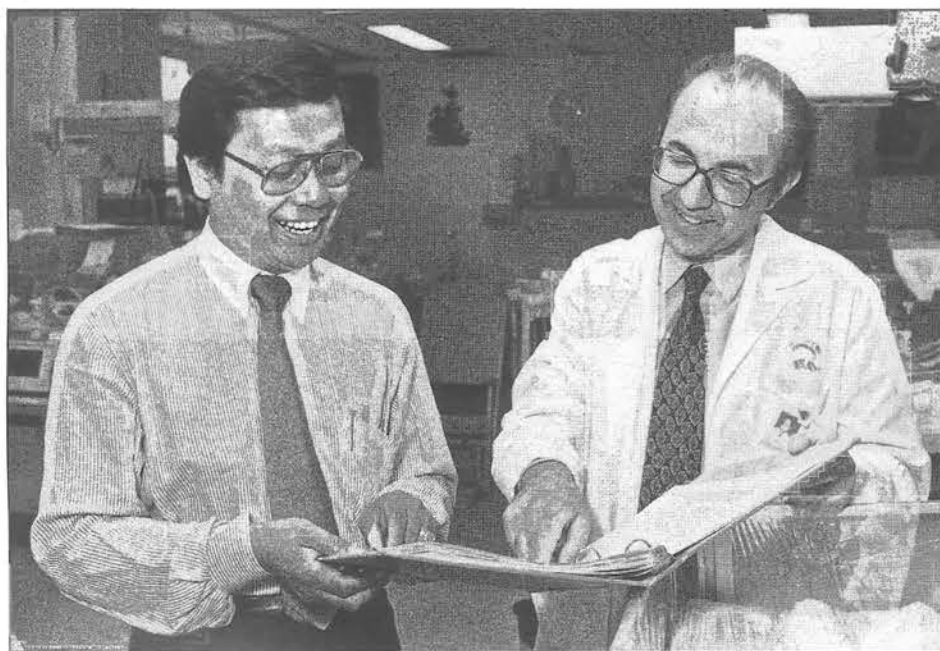
— Thursday evenings at 5 PM in the Block Amphitheatre —

Date	Speaker	Topic
Oct. 13	Dr. Mark Wainberg	The Future of AIDS and HIV Therapy
Oct. 20	Dr. Mark Miller	Tuberculosis in the 90's
Oct. 27	Dr. Howard Chertkow	The Relating Brain Function and Cognition: The New Frontier of Cognitive Neuroscience.
Nov. 3	Dr. Benjamin Freedman	New Perspectives on Judaism - Medical Ethics
Nov. 10	Dr. Eugenia Wang	Programmed Cell Death for Longevity
Nov. 17	Dr. Leonard Pinsky	Genetic Medicine: 2004

Complete calendar of 60th Anniversary events will appear in the next issue.

Unique study... how medications affect newborns

Dr. Jacob Aranda directs a unique research program devoted to the study of how medications affect the fetus and the newborn baby. Based at the JGH, the mandate of the Developmental Pharmacology and Perinatal Research Program is to coordinate perinatal and neonatal research taking place at McGill University hospitals. There is only one other such centre in all of Canada, and about a dozen world-wide.



Dr. Aranda and Dr. Papageorgiou.

"Newborns are not miniature adults," says Dr. Aranda. "Therefore, you cannot pro-rate adult drug dosages to babies." As recently as 25 years ago, when Dr. Aranda was a neonatology resident, babies were being treated as smaller versions of adults. At the time, there was virtually no understanding of the effects of medications on babies. As a result, many newborns suffered permanent brain damage while others died from medications that they could not excrete or metabolize.

Realizing that the best hope of preventing these deaths was to bridge the disciplines of neonatology and pharmacology, Dr. Aranda went back to school, graduating in 1975 with a Ph.D. in pharmacology from McGill University.

His research projects focus on understanding how babies metabolize and excrete drugs, determining the correct dosage for maximal benefit with minimal risk, and the use of drugs to prevent disease and brain damage. His work is supported by grants from the Medical Research

Council of Canada. "Our mission is to discover safe and effective therapeutic regimens," he explains.

Many drugs affect adults and babies differently. For example, the half-life of caffeine in a non-smoking adult is approximately six hours. Since babies cannot metabolize caffeine, the half life of this drug in their bodies is 100 hours. Because babies don't have enzymes to degrade theophylline (found in tea), they convert it to caffeine.

In a study with major implications, Dr. Aranda discovered that caffeine is a good treatment for newborns affected with apnea, a potentially dangerous condition in which the infants stop breathing. Apnea occurs in 25% of premature newborns and in 85% of babies born weighing less than 1000 grams. Dr. Aranda also is studying the use of other agents to treat respiratory problems in babies.

Using caffeine as an example, Dr. Aranda points out that there is no such thing as a "good" or "bad" drug. "Drugs are two-edged swords. They can do wonderful things provided

they are taken properly."

Under investigation in the lab are the biochemical factors that control the blood flow to the brain and brain metabolism. Brain hemorrhage (bleeding in the brain) occurs in 20-40% of babies born throughout the world weighing less than 1500 grams.

Researchers believe that this happens because babies cannot autoregulate blood flow to the brain. Whereas in adults this flow is controlled even when their blood pressure rises and falls, these same peaks and valleys in babies can cause their blood vessels to rupture. Dr. Aranda is investigating the biochemical factors that control brain blood flow and whether any abnormalities can be controlled with medication. For example, evidence suggests that giving premature babies the drug Advil shortly after birth can help regulate blood flow, thereby preventing hemorrhage.

Babies' pain level measured

For many centuries, it was believed that babies do not feel pain. It since has been proven that babies both experience and remember pain. In fact, the mortality rate increases in babies who suffer severe post-operative pain.

To determine how best to ease babies' distress, Dr. Aranda is studying pain control in newborns. He is attempting to develop a pain scoring system using sophisticated instruments that measure the level and intensity of the baby's pain. Biochemical and physiological indications of pain include changes in oxygenation and heart rate, and increase in adrenalin and hormone levels. There is also a difference in the characteristics of the cry of a baby who is hungry and a baby who is in pain. When babies are given small doses of drugs to control their pain, a drop of blood or a urine sample are analyzed in the lab to determine the exact level of the drug in the blood required for good pain control. Again, the correct dosage is crucial. Too much morphine, for instance, can depress a baby's respiration.

In addition to on-going studies of new drugs on the market and their effect on babies, Dr. Aranda's future goals include setting up a "mother risk program". Operating like a hot-

line information service, it would be staffed by nurses and pharmacists who could advise physicians and health care professionals about medications taken by pregnant and/or breastfeeding women and their effects on the fetus or baby.

As well, Dr. Aranda hopes to recruit a cardiologist to help study how medications can improve the development of cardio-vascular function in premature babies, and a nephrologist (kidney specialist) to study renal function to determine how they excrete drugs.

Dr. Aranda says that seeing so many tiny infants grow into healthy children is the ultimate reward. "It is very satisfying to know that I have contributed to the advancement of care of babies that were supposed to die and are now giving their parents so much happiness."

Laboratory enhances care in Neonatology

According to Dr. Apostolos Papageorgiou, chief of the Department of Neonatology and Pediatrics, the addition of the Developmental Pharmacology and Perinatal Research Program described here strengthens the neonatal research activities at the JGH. Moreover, having this expertise on the premises will have a direct impact on the management of premature newborns in the Neonatal Intensive Care Unit.

Both Drs. Aranda and Papageorgiou have collaborated frequently on research projects in the past. Thanks to the expansion of the Lady Davis Institute for Medical Research and the enthusiasm of research director Dr. Samuel O. Freedman, the hospital was able to offer Dr. Aranda modern facilities for his research.

"Because we already have an excellent reputation in terms of our clinical care and research activities, this is the ideal place for many studies," says Dr. Papageorgiou. As new medications are developed, they will be tested in the laboratory, placing the JGH at the forefront of neonatal pharmacology research.

Academia also will be strengthened, as the department now has the expertise to teach pharmacology to residents in Neonatology.

— H.K.

McGill... continued from page 1.

nor in the consolidation of our Board with the merged Board, it shall retain the numerous connections it has with McGill and the other hospitals in probably a stronger and more efficient manner. Therefore, we must maintain this institution as not only a part of the Jewish community but part of the entire community on the north side of the mountain. We have the full support of the government, and they look upon us as a model of how health care should be provided.

"The Jewish General Hospital and the five hospitals to be merged shall maintain their strong inter-relationships through their participation in a joint committee.

"We have established a new communal leadership committee under the chairmanship of Senator Leo Kolber. This committee, which will act in continual liaison with our Board, will ensure the free flow of information and cooperation between all of the institutions involved."

Grant... continued from page 1.

Research Unit, the expansion of the Terry Fox Molecular Oncology Group, and research in outpatient clinics were listed as examples of important developments in the hospital during the last few years.

Special praise was reserved for those individuals responsible for guiding, supporting and directing the hospital's research activities. Executive Director Henri Elbaz and the Board were commended for their enthusiastic support of research at the hospital.

Director of Research Dr. Samuel Freedman, O.C., was singled out for his exceptional leadership. "In terms of the orientation and goals of the research program, biomedical research has been consolidated and clinical research has flourished. This reflects the qualities of the centre's director and his considerable experience in the areas of fundamental and clinical research."

The report also lauded the contributions of Dr. Mark Wainberg, Scientific Director of the LDI and

Dr. Lucien Abenhaim, Associate Scientific Director for Clinical Research. Dr. Abenhaim is also Director of the Centre for Epidemiology and Community Studies. "The establishment of the centre for research in epidemiology encourages interaction between fundamental researchers, clinicians, and methodologists in the epidemiology centre," said the report. Epidemiologists are offering their expertise to various hospital departments wishing to develop research programs, and there is excellent collaboration across medical specialties.

Parking lot more efficient

Valet parking is available in the Jewish General Hospital parking lot. If the lot is full when you enter, just leave your key with a parking attendant, who will park your vehicle for you as soon as a space becomes available.

Conference of Greek experts held at the JGH

The Jewish General Hospital hosted an international conference of Greek experts from North America and Greece who are working on the revision of the health care system in Greece.

Dr. Apostolos Papageorgiou, chief of Pediatrics and Neonatology at the JGH, who was appointed to this advisory committee by the Greek government's Ministry of Health, is coordinator of the group of experts. Christos Siros, Quebec minister of Natural Resources and Native Affairs, is chairman of the committee, whose members were appointed based on their expertise and familiarity with the health care systems in North America and Greece.

Study on coping with cancer

Until recently, very little research has been done on how people cope with cancer on emotional and cognitive levels.

Thanks to a team of researchers at the hospital's Institute of Community and Family Psychiatry, this area is being investigated more fully. Under the direction of co-investigators Dr. Zeev Rosberger, acting director, JGH Division of Psychology, Linda Edgar, a nurse researcher, Dr. Jim Robbins, Dr. Jean-Paul Collet and nurse Kim Davidman (project coordinator), the team will evaluate a coping skills training package to help improve patients' quality of life. The overall program is called Nucare, and the coping skills training package includes relaxation training, goal setting and problem solving skills, learning to put things in perspective, and information on how to negotiate the health care system.

In a previous study, the researchers discovered that the coping skills training package did help to reduce stress and enhance patients' sense of personal control over their lives. The package was most effective when introduced to patients four months after their cancer diagnosis.



Left to right: Dr. Collet, nurse researcher Linda Edgar and Dr. Rosberger.

As Dr. Rosberger explained, the current research project will evaluate the effectiveness of Nucare in different formats. Patients will be assigned randomly to one of four groups: coping skills training provided individually, coping skills training provided in a group, supportive group counselling, or the control group. All patients will receive a resource directory describing supportive services available in the hospital and the community. In addition, four times per year, they will meet with a research interviewer to answer questions on how well they are coping with their illness.

Patients newly diagnosed (within the first four months of their illness) with breast, colon or lung cancer who are being followed by a physician at the Jewish General Hospital, are potentially eligible to participate in the study. The interventions will be given by a team of nurses, psychologists, social workers and other professionals experienced in working with cancer patients.

Funding for the study—a total of \$315,000 over a three year period—is being provided by the National Cancer Institute of Canada with funds from the Canadian Cancer Society.

"We hope that the results will provide us with a wealth of information about the psychosocial adaptation and coping skills of our patients, and the best ways to intervene when necessary," concluded Dr. Rosberger.

— H.K.

For more information, please call Kim Davidman, 340-8222, local 5877.

Perzow Molecular Biology Laboratory ...revolutionary diagnostic techniques

The establishment of the Warren Perzow Molecular Biology Laboratory has greatly enhanced and refined the hospital's diagnostic capabilities, particularly in connection with leukemias and lymphomas.



Left to right: Dr. Rosenberg, Sandra Weber, research assistant, Dr. Trudel, Dr. Miller, Dr. Caplan.

The laboratory is co-directed by Dr. Michel Trudel, a hematopathologist with expertise in diagnosing disorders of the blood, bone marrow and lymph nodes, and Dr. Wilson Miller, a research scientist with the Molecular Oncology Group in the hospital's Lady Davis Institute.

Dr. Trudel, who trained in the molecular research laboratory at the Tufts-New England Medical Centre in Boston, is enthusiastic about molecular diagnostic techniques, which he calls revolutionary. "It is clear that the character of many diseases is influenced by our genes and that cancer is a disease of disordered regulation in the genes. These techniques penetrate directly into the source of genetic changes, at the level of DNA and RNA, providing a highly sophisticated level of analysis." For example, sometimes the pathologist examining a lymph node biopsy under the microscope is unable to tell whether it is benign (the result, for example, of an infectious or inflammatory problem) or malignant (lymphoma). By detecting the presence of genetic changes in lymphocytes (white cells)—a complex rearrangement of DNA molecules—the lab can distinguish between benign conditions and malignant tumours.

Molecular techniques also are used to classify different types of malignancies, which, under a microscope, look alike. For instance, these tests may help distinguish between Hodgkin's disease and lymphoma, each of which requires a different type of treatment.

In addition to providing more accurate diagnoses, molecular techniques are useful in following patients and analyzing the effectiveness of the treatment. Certain tests can detect the presence of residual disease—tumour cells left in the blood or bone marrow.

Dr. Trudel stresses that the findings of the laboratory are never considered in isolation. "There is constant interaction between the pathologist and hematologists. We advocate a holistic approach, where we integrate all the data we have to see if it makes sense in light of the clinical findings." He notes that the establishment of the laboratory was a joint venture between the Departments of Hematology and Pathology, and both are equally important to its functioning.

The Perzow Molecular Biology Laboratory was established in

response to a great need for this type of service at the JGH, which treats an unusually high volume of cancer patients. This can be attributed to the fact that tumors increase in frequency as people grow older, and that there is a high population of elderly patients at the JGH.

The research expertise of co-director Dr. Wilson Miller is an important component of this laboratory. While working at the Memorial Sloane - Kettering Cancer Center in New York, Dr. Miller developed a molecular test to predict which patients would best respond to retinoic acid therapy. Retinoic acid, a natural derivative of vitamin A produced by the body, has been used successfully in treating patients with acute promyelocytic leukemia (APL). This highly sensitive test is able to detect abnormal genetic material in one in a million cells, i.e. long before symptoms of disease are obvious. "It provides precise information of molecular events in a patient's disease and can indicate the presence of malignancy when the patient is in remission," says Dr. Miller. Thus, the test is an extremely valuable tool in the management of the treatment of APL patients.

One of Dr. Miller's main goals is to develop new molecular tests for the diagnosis and monitoring of

other types of cancer such as breast, colon and prostate cancer. "The translation of molecular discoveries from the basic science lab to the clinic is a tremendously important job. It offers hope for research, diagnosis and patient care. We are already receiving APL blood samples from physicians throughout Canada and the U.S. I believe the Perzow Lab has the potential to become a nationally recognized leader in using molecular biology to help patients with an increasing number of malignancies," concludes Dr. Miller.

Hematologist Dr. Stephen Caplan believes this laboratory, which already has benefited many hematology patients, has extraordinary potential for other areas as well. "The most important scientific findings in the last ten years have taken place at the molecular level with the discovery of oncogenes. Molecular biology techniques have tremendous implications for patient care. They can tell us what type of disease we are dealing with, and can predict which patients will have a recurrence long before the patient shows any symptoms of disease," he explains. He adds that as a university teaching hospital, it is essential that the JGH have access to these sophisticated tools.

The project, a model of cooperation across departments, turned out to be greater than Dr. Caplan originally had envisioned. An important source of funding was provided by Dr. Arthur Rosenberg, chief of the Division of Hematology, through the Hematology Research Fund. Dr. Michel Trudel, who trained in molecular biology techniques, accepted the position of director of the lab, with the blessings of the Pathology Department. When Dr. Wilson Miller joined the Molecular Oncology Research Group, he was eager to offer his expertise in molecular biology techniques to this laboratory.

Ultimately, says Dr. Caplan, the credit for the establishment of the Perzow Molecular Biology Laboratory rests with those individuals who gave their financial support to the project. "This is a unique example of how the community can recognize and support innovative projects. We could not have done this without their tremendous energy and vision." — H.K.



Left to right: Cary and Barbara Perzow, Freda Golfman, mother of Warren Perzow, Barbara and Bernard Fersten.

The Perzow Molecular Biology Laboratory was established in memory of Warren Perzow, who died of leukemia in 1990. When his brother Cary Perzow expressed the desire to raise money to help others with leukemia, Dr. Caplan suggested the establishment of a molecular biology laboratory. Thanks to the perseverance and dedication of Cary Perzow, an endowment fund was created to provide money for the laboratory's operating budget.

Friends we can count on

There are some very special people for whom sharing and giving is a way of life. The Jewish General can count on them to come forward when there is a need. The Division of Gastroenterology has a new video endoscope, a colonoscope, thanks to: Lawrence Bessner and Cliff M. Gittes, Groupe Remer, Aron Lieberman, Sigmund Reinglas, Abe Stern.



Left to right, rear: Dr. Albert Cohen, Executive Director Mr. Henri Elbaz, chief of the Department of Medicine Dr. Elliot Alpert. Front: Dr. Averel Sherker, Dr. Michael Lichter, Mr. Abe Stern and Mr. Aron Lieberman.

At a dedication arranged to thank representatives of the group and Sheila Kussner, who brought them together, chief of the Division of Gastroenterology Dr. Michael Lichter explained the many advantages of this equipment. Gastrointestinal endoscopy allows physicians to see the inner lining of the stomach, the esophagus, and the small and large intestine. This enables them to diagnose ulcers, cancer, polyps, Crohn's disease and colitis, as well as treat bleeding and remove polyps.

The video endoscope produces a

large, sharp image in colour on a television screen, enabling doctors to see what is happening with pinpoint accuracy. This results in greater efficiency and better coordination between doctors and technicians when they perform biopsies and other procedures. As well, it is an excellent teaching tool. Once procedures have been videotaped and recorded, they can be played back for future reference. Executive Director Henri Elbaz expressed the hospital's deep gratitude to the donors of this generous gift.

Tuckers thanked for generous gift

When Lois and Stanley Tucker called hospital Auxiliary President Marilyn Golfman to offer a gift of \$30,000, she was more than happy to accept. After consultation with Executive Director Henri Elbaz, it was decided that the gift would be most welcome in the Division of Nuclear Medicine.



Left to right: Lois and Stanley Tucker, Marilyn Golfman, Henri Elbaz, Dr. Jerry Stern.

Thanks to the generosity of Mr. and Mrs. Tucker, the division now owns a special computer that is hooked up to other equipment, enabling professionals to assess a patient's condition with greater accuracy.

At a meeting where the gift was presented to Dr. Jerry Stern, chief of the Division of Nuclear Medicine, he thanked the Tuckers for their generosity. Dr. Stern explained that this new acquisition will improve patient care in several ways. For example, the computer will enable technicians and physicians to see how the heart of a patient expands and contracts. Whereas previously, patients were left alone during a test, the computer allows the professional to remain at the

patient's side, relieving anxiety and stress. Currently of benefit to heart patients, the computer eventually will be connected to other instrumentation as well.

Lois and Stanley Tucker responded that they are delighted to be able to share their good fortune by helping others.

Mr. Elbaz thanked the Tuckers on behalf of the patients and the hospital. "It is due to the efforts of our community that our hospital enjoys its reputation as a safe place to be treated," he said. "This is well recognized by the government, the universities and other hospitals. It is people like you who make the hospital what it is."

Milner fellowship strengthens links with Israeli physicians



Front row: Dr. Elliot Alpert, Mr. Aron Lieberman, Mrs. Rose Milner, Paul Milner. Back row: Dr. Michael Lichter, Dr. Calvin Melmed, Dr. Nir Hilzenrat, Mr. Henri Elbaz, Dr. Stephen Caplan, Dr. Harold Frank, Dr. André Dascal.

The newly established Rose and Ben Milner Fellowship makes it possible for an Israeli physician/scientist to spend two years in the JGH Department of Medicine. In addition to strengthening the hospital's ties with the Soroka Hospital in Beer Sheva, this fellowship will allow both institutions to share knowledge and expertise and learn from each other.

Dr. Nir Hilzenrat, the first recipient of this award, is spending his first year at the JGH as a fellow in clinical gastroenterology, and will devote his second year to research.

Dr. Elliot Alpert, chief of the Department of Medicine, noted that his department is anxious to develop closer links with Israel and to establish a selection process for physicians and researchers wishing to spend time at the JGH.

The establishment of this memorial is a fitting tribute to Ben Milner, a philanthropist and a staunch supporter of

Israel. Expressing appreciation for the generosity of the Milner family on behalf of the hospital, executive director Henri Elbaz warmly described his respect and fondness for Mr. Milner. "This fellowship is a very appropriate way to perpetuate his memory," he said.

Rose Milner recalled her late husband's desire to help others, especially as far as Israel was concerned. "I'm sure he would have been pleased to see the establishment of this fellowship at the hospital," she concluded.

Thanks again, Wood Gundy

Since 1986, the firm of Wood Gundy has made generous annual donations to the hospital's Neonatal Intensive Care Unit (NICU). This year, the firm was represented by Mr. Arthur Silber (right) who presented the gift to Dr. Apostolos Papageorgiou (left), chief of the Department of Neonatology and Pediatrics. Mr. Silber, whose premature twins were cared for in the NICU, has first-hand knowledge of the extraordinary work being done in this unit, and expressed his personal gratitude accordingly.



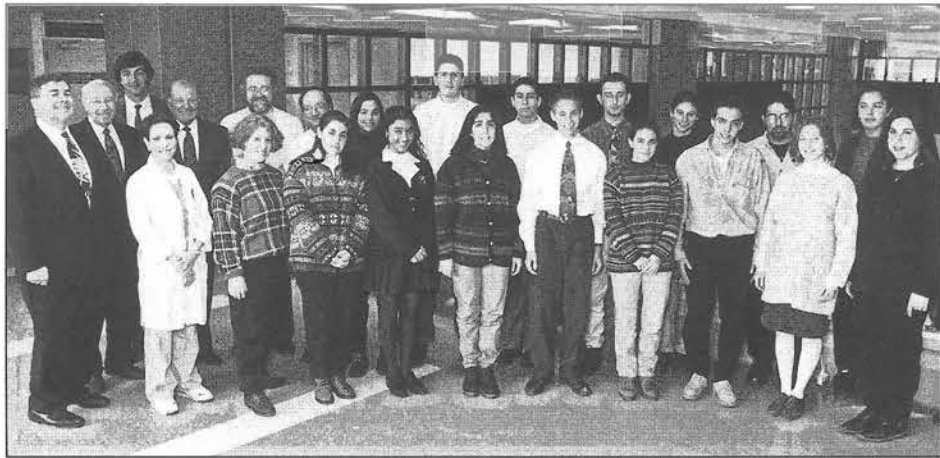
LDI visit



President of the Lady Davis Institute, Mrs. Neri Bloomfield, spent some time last Fall visiting LDI investigators in order to keep herself fully informed of the institute's activities. Here, Dr. Wilson Miller describes his research.

Joint JGH/PROMONTRÉAL project

The Jewish General Hospital and Jewish high schools participated in a unique PROMONTRÉAL project. A total of 15 students came to the hospital for seven sessions, each led by a different researcher/clinician. The students came from Bialik, Herzliah-Snowdon, Herzliah-St. Laurent, Hebrew Academy and École Maimonides.



This project was designed to enable students to learn about health care and research career opportunities, to meet with young doctors who have chosen to live and work here, to highlight the potential of the JGH as a satisfying career site, and to provide the students with a valuable educational experience. The goal of PROMONTRÉAL is to encourage Jewish youth to remain in Montreal.

Hospital physicians participating in the project were Dr. Gerald Batist, oncologist and director of the Experimental Pharmacology Program, Dr. André Dascal, associate medical and teaching director and infectious

diseases specialist, Dr. David Langleben, cardiologist, Dr. Michael Pollak, oncologist, Dr. Carol-Ann Vasilevsky, colo-rectal surgeon, and Dr. Marc Afilalo, chief of the Emergency Department.

The program was coordinated by Betty Rozovsky, director of Public Relations at the JGH, and Penny Kolb, director of Community Development at Federation CJA. Dr. Maxine Sigman was the liaison between the hospital and the federation. Founding co-chairmen of the PROMONTRÉAL program of Federation CJA are Steven Cummings and Susan Levine.

Hospital Seder – a popular event

Every year, virtually since the Jewish General Hospital's inception, the first night of Passover has witnessed many patients, hospital staff and their families coming together to celebrate the ritual Passover meal known as the Seder. Typically, the event has drawn anywhere from 125-175 participants. This year, though, a record breaking crowd of more than 300 people crowded into the first floor cafeteria for the event.

According to Rabbi Myer Schecter, director of the hospital's chaplaincy services, the surge in the Seder's popularity can be attributed to "a stronger feeling for the Jewish tradition" that has been supplanting the laissez faire attitude toward Judaism that has been prevalent among many people in recent years. Rabbi Schecter also pointed out that with many other community institutions also now offering Seders, the increased attendance at the hospital's Seder is all that more remarkable. With so many

community Seders, there are now far fewer people than in the past who turn to the hospital Seder because they have no other Seder. Rabbi Schecter estimated that patients and their families accounted for well over 200 of the Seder's participants, with hospital staff and their families making up most of the balance.

Rabbi Schecter pointed to the generosity of a great many people who helped make the Seder such a success. These include: the hospital's dietary staff who donated their time to prepare a full Passover meal that included servings of gefilte fish, soup, chicken, kugel, dessert and tea or coffee; Rabbi Schecter's brother, Rabbi Herschel Schecter, who leads the Seder each year; a corps of Jewish General Hospital staff and volunteers, organized by music therapist Brian Highbloom, who donated their time to bring the patients—many in wheelchairs—down to the cafeteria for the event.

— M.R.



In one of several Passover celebrations, members of the Geriatric Activities Group participated in a mock seder, held in the hospital's Auditorium.

New links forged between orthodox community and health care agencies

Since November 1993, the JGH Social Service Department has been providing post-graduate training to social counsellors who completed the Beth Jacob Seminary's Social Counselling Program. One of the main goals of this program was to help break down some of the barriers between the orthodox communities, consisting of 8,000 - 10,000 people (1200 families), and Jewish agencies in the city of Montreal.



Carol Polter, Gitty Jakobovits, Sherrie Poplack, co-ordinator of student placements, Sandie Birnbaum, Cristina Iorio, social worker, Emergency Department.

Traditionally, members of these communities have been hesitant to use the many services available in the larger Jewish community. The social counsellors, themselves orthodox women, act as the vital link between their communities and health care and social service agencies such as the JGH.

Unfortunately, explained Carol Polter, director of the program, in the current economic climate, graduates have faced great difficulty finding paid positions in social counselling. One solution is to provide extra clinical experiences under professional supervision, so that students can upgrade their skills and increase their self-confidence.

The JGH is one of several Jewish agencies providing student placements. Caroline Burman, director of the JGH Department of Social Service, said that the program has proved beneficial to both the students and the hospital. "As a department, our philosophy is to interact and create more links with all of the communi-

ties we serve. This program has helped tremendously. The students have opened our eyes to the needs of our Orthodox patients."

The students, who are contributing to the cost of their training, are pleased with the program. Gitty Jakobovits is in the midst of a placement in the Emergency Room. She decided to become a social counsellor partly for personal fulfillment and partly because she recognized the obvious need to link individuals in the community with available resources. "I get calls at home all the time from community members asking for information," she said.

Colleague Sandie Birnbaum, who has trained in long term care geriatrics and hemodialysis, praised the program for the quality of the training. "It's been a very worthwhile experience. I'm more confident now. I have a great supervisor (Leatrice Kaplan) who has helped me smooth out some rough edges."

— H.K.

Entertainment unit for patients



Mrs. Estelle Caplan (centre) presented an entertainment unit purchased from the George Caplan Memorial Fund for Cancer Research. The gift will benefit patients in the Clinical Research Unit. Directed by Dr. Gerald Batist (left), this three bed unit enables physicians to apply new treatments and medications which require frequent blood sampling and monitoring. Len Joyce (right) is coordinator of the unit.

Volunteer's generosity keeps babies warm

Knitting warm blankets and tiny hats in bright colours is a labor of love for Ida Klaiman. Every year, Mrs. Klaiman brings a bag filled with her handiwork to the JGH, and the blankets are distributed to needy mothers. Pictured here, Mrs. Klaiman (left) presents the blankets to JGH social worker Froma Schulman.



Plastic surgery restores form and function



The popular television and movie image of the plastic surgeon depicts a specialty that essentially caters to the vanity of a narcissistic clientele. An interview with Dr. Maynard Shapiro, chief of the Jewish General Hospital's Division of Plastic Surgery, revealed the falseness of that image.

Dr. Shapiro estimated that in a typical week, the surgeons in the division perform about 12 major and 35 minor surgeries. Of these, he estimated that at least 90% are reconstructive, as opposed to cosmetic surgeries.

In relating examples of typical plastic surgery cases at the Jewish General Hospital, Dr. Shapiro explained that many of the cases are patients who suffer from malignant skin tumours or large non malignant skin ulcers. "Our involvement would be to remove the diseased tissue and to reconstruct it in one of a number of different ways, generally including some form of skin grafting," he said. Other cases involve patients with injuries to tendons and nerves in the hand. In these situations the plastic surgeon surgically repairs the tendons and nerves and follows the healing process which could take several months and possibly involve multiple surgeries.

Dr. Shapiro explained that the goal of the plastic surgeon is to restore both form and function so that the patient comes out of the process "with something that is as close to normal as we can possibly achieve." The plastic surgeon seeks to do reconstruction in such a way as to produce as little scarring and deformity as possible.

Dr. Shapiro also explained that one of the unique features of the specialty is that on any given day, "we may be operating on something in the head and neck, on the hands or feet, the back, the chest or the abdomen."

Other plastic surgeons in the division include Dr. David Elkin, who is the former chief of the division, Dr. Jack Cohen and Dr. Tassos Dionisopoulos. With the exception of Dr. Dionisopoulos, they all base their practices in private offices outside the hospital.

— M.R.

Living Wills...

when important decisions must be made

Quebec's new living will legislation and the potential conflicts between civil secular law and Halachah—Jewish religious law—was the topic for the Jewish General Hospital's tenth annual Chaplaincy Day, held on March 21 and generously funded by the Paperman Foundation.

The new law was explained by lawyer Marc Weinstein of the firm McMaster Meighen while the halachic point of view was presented by Rabbi Tzvi Flaum, professor of Jewish Studies at Stern College in New York City. Rabbi Flaum is also affiliated with the Torah Centre of Hillcrest, New York.

Mr. Weinstein explained that the living will is a mandate drawn up when a person, known as the mandator, is in full possession of his or her faculties. The mandator designates a mandatory to make important decisions, including such life and death matters of when and if to cease medical treatment, to perform extraordinary measures, or to maintain life support if the mandator becomes incapable of doing so. Although the mandatory can be any other adult, the person entrusted as mandatory is generally a spouse or adult child. It is also possible to appoint more than one person as mandatory. The document must be drawn up in the presence of two witnesses or be notarized.

The mandate takes effect when a court, presented with medical and psycho-social assessments, rules that the mandator is no longer capable of making decisions. In certain situations, such as some emergencies, a court validation would not necessarily have to take place.

In presenting the halachic point of view on living wills, Rabbi Flaum suggested that the mandatory should be—or should at least include—a rabbi of the family's choice. This is because, under certain conditions, suggestions made by doctors concerning medical treatment may be in conflict with Halachah. For example, a doctor might advise withdrawing intravenous feeding of a patient in a permanent vegetative state, thus

allowing such a patient with virtually no chance of recovery to die. However, the rabbi would insist on maintaining the intravenous feeding because the withdrawal of sustenance would be to actively kill the patient, which is forbidden under Jewish law.

According to Rabbi Myer Schecter, the hospital's director of Chaplaincy Services, this halachic interpretation would be typical of all Orthodox and some Conservative rabbis. He suggested that Reform—and some other Conservative—rabbis would likely accept the doctor's advice in such a circumstance.

Rabbi Schecter also suggested that there could be some circumstances, such as with dying cancer patients, where doctors feel that palliative care is the best option for the patient while the rabbi might be unwilling to give up on aggressive treatment while there is any shred of hope.

The matter is important because similar situations are faced, on a daily basis, by doctors, families and clergy. With so many ethical issues involved in making these decisions, Rabbi Schecter recommends that people making living wills consult with the rabbi of their choice, "whether the rabbi be Reform, Conservative or Orthodox."

Rabbi Schecter explained that Chaplaincy Day attracts many rabbis and cantors from around the city. Chaplains from various other faiths and institutions also attend. The event was presented in cooperation with other organizations including the Board of Jewish Ministers, the Rabbinical Council of Canada, the Cantorial Council of Greater Montreal and Federation CJA.

— M.R.

Reconstruction through microsurgery... more refined, fewer complications



Dr. Tassos Dionisopoulos, who has been with the Division of Plastic Surgery since the fall of 1993, is the division's newest member and the Jewish General Hospital's only geographic full time plastic surgeon. He was recruited to the hospital particularly because of his advanced training and expertise in microsurgery.

Dr. Dionisopoulos explained that plastic surgeons use microsurgery in transplanting tissue from one part of a patient's body to another where it is needed. The blood vessels, often tiny, have to be reconnected using a microscope and sutures that are finer than a human hair. Microsurgery is used in accident settings in replanting severed fingers or hands or in repairing leg or hand injuries. It is particularly amenable to treating cancer patients who need reconstruction, especially in areas like the head and neck or the breast. This is a sophisticated and very demanding technique, but one which offers patients their best options in certain types of reconstruction. For example, Dr. Dionisopoulos frequently works in conjunction with Dr. Martin Black in surgically treating patients with cancers of the head and neck, performing such procedures as jaw reconstruction. In such cases, Dr. Dionisopoulos often uses a bone from the leg to replace and reconstruct the jaw.

Dr. Dionisopoulos explained that an advantage of microsurgery is that—in many cases—reconstruction can be accomplished in one stage, often negating the necessity for multiple surgeries. He went on to explain that although a typical microsurgery procedure takes about 10-12 hours, the patient can usually look forward to a more refined and custom made reconstruction with fewer complications overall and a very quick recovery period.

Using a jaw reconstruction as an example, Dr. Dionisopoulos explained the team approach to the patient's surgery. "While Dr. Black is removing the tumour of the jaw and the mouth, I will be removing the bone from the leg and shaping it to replace the jaw. When the tumour is all out, I disconnect the bone from the leg, bring it up to the jaw area,

set it, and do the microvascular work. During that time, another surgeon is closing the leg."

Lest this description sound oversimplified, it should be noted that the removal, shaping and setting of the bone are complicated processes that involve the use of special saws, templates, plates and screws. Others involved in the process include nurses, radiologists, dentists and even carpenters who construct the

template for the jaw to the plastic surgeon's specifications.

The removal of the bone tissue from the leg presents minimal problems to the patient who is usually up and walking after three days. Although the healing process takes four to six weeks, the patient is generally able to leave the hospital after seven to ten days.

Dr. Dionisopoulos is clearly excited about the potential for this state-of-the-art type work and sees it becoming

more commonplace as more surgeons learn these advanced techniques.

Dr. Dionisopoulos earned his medical degree from McGill in 1985 and did both his general surgery and plastic surgery training in the McGill system. He was chief resident in general surgery and the Jewish General Hospital in 1989 and then trained in plastic surgery at the Royal Victoria, Montreal General and Montreal Children's Hospitals. He is now certified in both general and plastic surgery.

Following his residencies in Montreal, Dr. Dionisopoulos received a fellowship for advanced training in microsurgery and plastic surgery of the breast at the Memorial Sloan-Kettering Cancer Centre in New York. He then returned to Montreal and the Jewish General Hospital. In addition to his work in microsurgery, Dr. Dionisopoulos treats patients requiring any kind of plastic surgery.

— M.R.

...blood vessels, often tiny, have to be reconnected using a microscope and sutures that are finer than a human hair.

Bulletin

Publications

Abenhaim, L., and the International Primary Pulmonary Hypertension Study Group: The international primary pulmonary hypertension study (IPPHS) (Pharmacoeconomic study). *Chest* 105: 375, 1994.

Barkun, J.S., Fried, G.M., Barkun, A.N., Sigman, H.H., Hinchey, E.J., Garzon, J., Wexler, M.J., Meakins, J.L.: Cholecystectomy without operative cholangiography: implications for common bile duct injury and retained common duct stones. *Ann Surg* 218: 371-379, 1993.

Beauparlant, P., Kwan, I., Chou, P., Bitar, R., Hiscott, J.: Abstract. IkBa is a novel tumor suppressor gene. Keystone Symposia on Tumor Suppressor Genes, Taos, New Mexico, Feb. 1994.

Begin, L.R., Black, M.J.: Salivary type myxoid myoepithelioma of the rhinosinus tract: a potential diagnostic pitfall. *Histopathology* 23: 283-285, 1993.

Beitel, L.K., Prior, L., Vasiliou, D.M., Gottlieb, B., Kaufman, M., Lumbroso, R., Alvarado, C., McGillivray, B., Trifiro, M., Pinsky, L.: Complete androgen insensitivity due to mutations in the probable α -helical segments of the DNA-binding domain in the human androgen receptor. *Human Molecular Genetics* 3: 21-27, 1994.

Bkaily, G., Scultoreanu, A., Perron, N., Jacques, D., Carrier, D., Vigneault, D., Sperelakis, N.: Atrial natriuretic factor blocks the high threshold Ca-current and increases K-current in fetal single ventricular cells. *Journal of Molecular and Cellular Cardiology* 25: 1305-1316, 1993.

Brawer, J.R., Reichard, G., Small, L., Schipper, H.M.: The origin and composition of peroxidase-positive granules in cysteamine-treated astrocytes in culture. *Brain Research* 633: 9-20, 1994.

Chalifour, L., Holder, E.L., Fahmy, R., Hutchinson, E.W., Osterland, C.K., Schipper, H.M., Wang, E.: A method for analysis of gene expression patterns. *Analytic Biochemistry* 216: 299-304, 1994.

Chan, R.Y.Y., Seiser, C., Schulman, H.M., Kühn, L.C., Ponka, P.: Regulation of transferrin receptor mRNA expression: distinct regulatory features in erythroid cells. *European Journal of Biochemistry* 220: 683-692, 1994.

Dilsizian, V., Arrighi, J.A., Diodati, J.G., Quyyumi, A.A., Alavi, K., Bacharach, S.L., Marin-Neto, J.A., Katsiyiannis, P.T., Bonow, R.O.: Myocardial viability in patients with chronic coronary artery disease: comparison of ^{99m}Tc -Sestamibi with ^{201}Th allium reinjection and ^{18}F -fluorodeoxyglucose. *Circulation* 89: 578-587, 1994.

Diodati, J.G., Cannon, R.O.III, Quyyumi, A.A.: Platelet activation in stable coronary artery disease. *American Journal of Cardiology* 73: 1B-6B, 1994.

Dyck, J.A., Maul, G., Miller, W.H. Jr., Chen, J.D., Kakizuka, A., Evans, R.M.: A novel macromolecular structure is a target of the PNL-RAR oncoprotein. *Cell* 76: 1-20, 1994.

Dyck, J.A., Kakizuka, A., Miller, W.H. Jr., Maul, G., Evans, R.M.: Abstract. Novel nuclear PML domains are reorganized upon retinoid treatment. *Journal of Cell Biochemistry* 18 B: 352, 1994.

Fon, E., Coté, R., Wolfson, C., Leclerc, J., Bourque, F., McIlraith, D.M.: Hemostatic markers in transient ischemic attacks. *Stroke* 25: 282-286, 1994.

Frankel, S.R., Eardley, A., Heller, G., Berman, E., Miller, W.H. Jr., Dmitrovsky, E., Warrell, R.P. Jr.: All trans retinoic acid for treatment of acute promyelocytic leukemia: results of the New York study. *Annals of Internal Medicine* 120: 278-286, 1994.

Frenkiel, S.: Surgical management of chronic rhinitis and sinusitis. *Practical Allergy and Immunol* 8: 160-164, 1993. Current treatment options for the stuffy nose. *Can J Cont Med Ed* 5: 1993.

Freter, A., Davidman, M., Bercovitch, D.D., Brisson, M.: Acute pulmonary edema as the initial hospital presentation systemic lupus erythematosus. *Archives of Internal Medicine* 154: 453-456, 1994.

Fried, G.M., Barkun, J.S., Sigman, H.H., Joseph, L., Clas, D., Garzon, J., Hinchey, E.J., Meakins, J.L.: Factors determining conversion to laparotomy in patients undergoing laparoscopic cholecystectomy. *Am J Surg* 167: 35-41, 1994.

Gagnon, A.J., Edgar, L., Papageorgiou, A., Kramer, M., Waghorn, K., Klein, M.: Abstract. The effect of an early postpartum discharge program on maternal competence: a randomized trial. First International Conference on Community Health Nursing Research, Edmonton, Alberta. p 72, Sept. 1993.

Gathright, J.B., Abcarian, H., Gordon, P.H., Kodner, I.J.: Anal fistulas. *Perspec Colorectal Surg* 6: 157-69, 1993.

Gordon, P.H.: Parks postanal repair. *Perspec Colorectal Surg* 6: 241-250, 1993. Results of invasive and non invasive treatments for squamous cell carcinoma of the anal canal. In: Minimally Invasive Surgery and New Technology, (Steichen, F.M., Welter, R., eds), Quality Medical Publishing, St. Louis, Mo., p. 405-412, 1994. Perianal and anal infections. In: Surgical Infections. Diagnosis and Treatment (Meakins, J.L., ed) Scientific American Inc, New York, p 363-368, 1994.

Gregoire, I.: A Possible Solution For You: P.E.P. (Pharmacologic Erection Program). A patient information booklet, 1993.

Gu, Z., Gao, Q., Fang, H., Salomon, H., Parniak, M.A., Goldberg, E., Cameron, J., Wainberg, M.A.: Identification of a mutation at codon 65 in the IKKK motif of reverse transcriptase that encodes human immunodeficiency resistance to 2'3'-dideoxycytidine and 2'3'-dideoxy-3'-thiacytidine. *Antimicrobial Agents and Chemotherapy* 38: 275, 1994.

Guo, Z., Durand, L.G., Allard, L., Cloutier, G., Lee, H.C., Langlois, Y.E.: Cardiac flow signal analysis. Part II time frequency representation based on autoregressive modelling. *Medical Biological Engineering Comput* 31: 242-248, 1993. Cardiac Doppler blood flow signal analysis. Part I: Evaluation of the normality and stationarity of the temporal signal. *Medical Biological Engineering Comput* 31: 237-241, 1993.

Guajardo, L., Beharry, K., Modanlou, H.D., Aranda, J.V.: Abstract. Ontogeny of human arterial and venous cord blood ascorbic acid. *Clinical Research* 42: 19A, 1994.

Hébert, L., Pandey, S., Wang, E.: Commitment to cell death is signalled by the appearance of a terminin protein of 30k. *Experimental Cell Research* 210: 10-18, 1994.

Hiscott, J., Lacoste, J., Pepin, N., Lanoix, J., Roulston, A.: Abstract. Interactions of the HTLV-1 Tax oncoprotein with the NF-kB/rel transcription proteins. American Association for Cancer Research Conference on Growth Factors, Development and Cancer, Interlaken, Switzerland, March 1994.

Hoff, D.J., Tampieri, D., Just, N.: Imaging of spinal cord hemangioblastomas. *Canadian Association of Radiology Journal* 44: 377-383, 1993.

Jackson, S., Sigman, H.: Laparoscopic cholecystectomy in pregnancy. *J. Laparoendosc Surg* 3: 35-39, 1993.

Jennett, P.A., Crelinsten, G.L., Kinsella, T.D.: Advanced training in biomedical ethics: a curriculum in clinical specialty programmes. *Medical Education* 27, 484-488, 1993.

Kreisman, H., Lisbona, A., Olson, L., Propert, R.J., Modeas, C., Dillman, R.O., Seagren, S.L., Green, M.R.: Effect of Stage III substage on non surgical therapy of non small cell lung cancer. *Cancer*: Vol 72:5, 1588-1596, Sept. 1993.

Langleben, D., DeMarchie, M., Laporta, D., Spanier, A.H., Schlesinger, R., Stewart, D.J.: Endothelin-1 in acute lung injury and the acute respiratory distress syndrome. *American Review of Respiratory Disease* 148: 1646-1650, 1993.

Lanoix, J., Lacoste, J., Pepin, N., Rice, N., Hiscott, J.: Abstract. Overexpression of NFkB2 (I κ T-10) and c-Rel: a mechanism for Tax mediated trans-activation via the NF-kB/rel signalling pathway. Keystone Symposia on Human Tumor Virus, Taos, New Mexico, Feb. 1994. Overexpression of NFkB2(I κ T-10) and c-Rel: a mechanism for Tax-mediated trans-activation via the NF-kB/rel signalling pathway. *Oncogene* 9: 841-852, 1994.

Leblanc, A.: The role of B-amyloid in Alzheimer's disease. *Metabolic Brain Diseases* 9: 1-29, 1994.

Lopes, J.M., Davis, M., Mullahoo, K., Aranda, J.V.: The role of adenosine on the hypoxic ventilatory response of the newborn piglet. *Pediatric Pulmonology* 17: 50-55, 1994.

McKiel, V., Wainberg, M., Hiscott, J.: Abstract. Antiviral effects of IL-10 and TGF- β 1 on HIV-1 infected myelomonoblastic cells. Keystone Symposia on Prevention and Treatment of AIDS, Hilton Head, South Carolina, Jan. 1994.

Miller, N., Spanier, A., Satin, R.: Mycotic aneurysm of the superior mesenteric artery: obliterative aneurysmorrhaphy without revascularization. *Vascular Forum*, Vol 1, 131-134, Sept. 1993.

Miller, M.A., Dascal, A.: Book chapter: "Maladies transmises sexuellement dans la femme enceinte". In: Turgeon, F., Steben, M. (eds) Maladies transmises sexuellement pour l'omnipraticien. Presses de l'Université de Montréal, 341-353, 1993.

Mitmayer, B., Baynter, S., Wang, E.: Temporal relationship of statin and terminin expression in ventral lobe of rat prostate following castration. *European Journal of Histochemistry* 37: 295-301, 1994.

Modanlou, H.D., Beharry, K., Norris, K., Aranda, J.V.: Abstract. Comparative effects of surfanta and exosurf on the outcome of respiratory distress syndrome. *Clinical Research* 42: 109A, 1994. Comparative efficacy of surfanta and exosurf on early clinical course of respiratory distress syndrome. *Clinical Research* 42: 110A, 1994

Motzer, R.J., Dmitrovsky, E., Miller, W.H. Jr., Tong, W.P., O'Moore, P., Bajorin, D.F., Scher, H.I., Bosl, G.J.: Suramin for germ cell tumors: in vitro, growth inhibition and results of a phase II trial. *Cancer* 72: 3313-3317, 1993.

Mydlarski, M.B., Schipper, H.M.: Stress protein co-localization to auto-fluorescent astrocytic inclusions in situ and in cysteamine treated glial cultures. *Brain Research* 627: 113-121, 1993.

Oelberg, D.A., Mendelson, J., Dascal, A., Miller, M.A.: Dessiminated mycobacterium chelonae infection presenting as progressive multifocal osteomyelitis: Report of two cases and review of the literature. *Can J Infec Dis* 5: 28-32, 1994.

Pibarot, P., Durand, L.G., Langlois, Y.E., Coppens, P., Carioto, S., Pellerin, F., Bradley-Bertrand, S.: 1) Effects of altering heart rate and P-R interval on closure sounds produced by a bioprosthetic heart valve in a dog. 2) Effects of altering heart rate and PR interval on the intensity and spectral distribution of closure sounds produced by a pericardial bioprosthetic heart valve implanted in the mitral position in a dog. *Medical and Biological Engineering and Computing*, 31(1): 78-81, 1993.

Pinsky, L., Trifiro, M., Beitel, L.K., Kaufman, M.: Molecular genetics of androgen insensitivity syndromes. In: *Molecular Genetics of Sexual Development*, (Wachtel, S.S., Ed), Academic Press, New York, P. 341-365, 1994.

Pollak, M., Pratt, S.: Insulin like growth factor binding protein 3 (IGF-BP3) inhibits estrogen-stimulated breast cancer cell proliferation. *Biochemical and Biophysical Research Communications* 198: 292-297, 1994.

Richardson, D., Ponka, P., Baker, E.: The effect of the iron (III) chelator, desferrioxamine, on iron and transferrin uptake by the human malignant melanoma cell. *Cancer Research* 54: 685-689, 1994.

Sandig, M., Bissonnette, R., Liu, C.H., Tomaszewski, G., Wang, E.: Characterization of the 57 kDa statin as the true marker for cellular growth arrest by its disappearance in regenerating liver. *Journal of Cellular Physiology* 158: 277-284, 1994.

Schipper, H.M., Yang, G., Wang, E.: Expression of terminin, a senescence related cytoplasmic protein, in the aging rat brain. *Brain Research* 635: 224-230, 1994.

Shafraun, S.D., Deschene, J., Miller, M., Phillips, P., Toma, E.: Uveitis and pseudojaundice during a regimen of clarithromycin, rifabutin, and ethambutol. *N Eng J Med* 330:6, Feb. 1994.

Shenouda, G., Gordon, P.H., Podgorsak, E.B., Evans, M.D., Freeman, C.R.: Long source skin distance rectal irradiation technique: a review of results. *Br J Radiology* 66: 1016-9, 1993.

Sherwin, B.B.: Impact of the changing hormonal milieu on psychological functioning. In: Rogerio A. Lobo (Ed) *Treatment of the Postmenopausal Woman*. Raven Press: New York, 1994.

Sigman, H.H., Fried, G.M., Garzon, J., Hinchey, E.J., Wexler, M.J., Meakins, J.L.: Risks of blind versus open approach to celiotomy for laparoscopic surgery. *Surg Laparosc Endosc* 3: 296-299, 1993.

Small, P.: Editor, Update of the treatment of allergies. *Pharmaceutical Series*, 1994.

Steinert, Y.: Twelve tips for using videotape reviews for feedback on clinical performance. *Medical Teacher* 15: 131-139, 1993.

Steinert, Y., Levitt, C.: Working with the "Problem" resident: guidelines for definition and intervention. *Family Medicine*, 25: 627-32, 1993.

Van Staa, T.P., Abenhaim, L., Leufkens, H.G.: A study of the effects of exposure misclassification due to the time window in pharmacoepidemiologic studies. *Journal of Clinical Epidemiology* 47: 183-189, 1994.

Wang, E., Lee, M-J., Pandey, S.: Control of fibroblast senescence and activation of programmed cell death. *Journal of Cellular Biochemistry* 54: 1-8, 1994.

Wolfson, C.: The Canadian Study of Health and Aging Working Group: Study methods and prevalence of dementia. *Canadian Medical Association Journal* 150: 899-913, 1994.

Nominations / Appointments

Collet, J-P.: Member of the board, Canadian Society for Pharmacoeconomic. Chairman of the committee, Causality Assessment for Vaccine Adverse Effect, Advisory Committee for the Laboratory Centre for Disease Control. Board member, Daycare Environment and Risk of Infectious Diseases: International Collaborative Project (Atlanta, Georgia).

Diodati, J.G.: Director, Cardiology Clinical Teaching Unit, Department of Medicine, JGH, McGill University.

Frenkiel, S.: Member of Search Committee for Chair in Otolaryngology, McGill University. Examiner in Otolaryngology, Royal College of Physicians & Surgeons. Reappointed Associate Editor, *Journal of Otolaryngology*.

Gordon, P.H.: Board member, American Board of Colon and Rectal Surgeons.

Hiscott, J.: Member, Scientific Review Panel, Israel Cancer Research Fund, New York. Member, Cell and Molecular Biology Grants Panel, Cancer Research Society, Inc., Montreal. Member, Site Review Committee, National Institutes of Health, National Cancer Institute, Rockville, Maryland.

Leblanc, A.: Associate Member, Division of Geriatric Medicine and Aging, Department of Medicine, McGill University.

Lisbona, A.: Member, Equipment Prioritization Committee, JGH, 1994.

Pollak, M.: Member, Cellular and Molecular Biology Grant Review Panel, US Army Institute of Medicine Breast Cancer Research Program. Chairman, Site Review Panel, Medical Research Council of Canada. Chairman, Advisory Committee to Sandoz Research Institute-comparing Sandostatin plus tamoxifen versus tamoxifen alone in women with metastatic breast cancer.

Schipper, H.M.: Assistant Professor, Division of Geriatric Medicine and Aging, Department of Medicine, McGill University.

Schwartz, M.: National President, Canadian ORT.

Sherwin, B.B.: Appointed by the McGill Senate to the Faculty of Medicine Tenure Committee, McGill University.

Steinert, Y.: Member, Senate Committee on Continuing Education, McGill University.

Vasilevsky, C.A.: Coordinator undergraduate surgical education, SMBD-JGH.

Wainberg, M.A.: Member, Nucleus Group, Program Committee, Tenth International Conference on AIDS, Yokohama, Japan.

Wang, E.: Associate Director, Division of Geriatric Medicine and Aging, Department of Medicine, School of Medicine, McGill University.

Prix / Honors, Awards

Gordon, P.H.: Award for ongoing dedication and participation in the Hospital Opportunity Program for Students. Protestant School Board of Greater Montreal, Nov. 1993. Cited in "The Best Doctors in America" 1994-95, Naifeh, S., Smith, G.

Margolese, R.: Cited in "The Best Doctors in America" 1994-95, Naifeh, S., Smith, G.

Papageorgiou, A.: Cited in "The Best Doctors in America" 1994-95, Naifeh, S., Smith, G.

Rozovsky, B.: Hygeia Award. Health Care Public Relations Assoc. of Canada. Excellence in health care communication for Crisis Communication Program.

Conférences / Presentations

Berthelet, E., Shenouda, G., Black, M., Rochon, L.: Sarcomatoid carcinoma of the head and neck: a review of results. Quebec Association of Radiation Oncologists. Quebec, Oct. 1993.

Black, M.J.: Invited speaker. Management of salivary gland neoplasms. Seminar. The Greek Society of Otolaryngology, Crete, Greece, Oct. 1993. Primary TEP-complexions and results. Conference on Laryngeal Cancer, Montreal, Nov. 1993. Chemoprevention of head and neck cancer. McGill University/Université de Montréal Mickey Stein Symposium, Montreal, Dec. 1993.

Dureza, C., Mohr, G., Dufour, J.J., Just, N.: Pre operative MRI findings in acoustic neuroma surgery: topographical and pathological correlations. New England Neurosurgical Society, Winter Meeting, Woodstock, Vermont, Feb. 1994.

Faust, E.A.: Novel ways to block viral integration and transcription during the HIV-1 replicative cycle. Department of Cell Research and Immunology, Tel Aviv University, Israel, March 1994.

Ferrante, A., Frunchak, V.: Use of focus groups to improve nurse perception of job satisfaction and professional autonomy. Global Transitions in the Worklife/Workplace of Nurses: An international Symposium. Hamilton, March 1994.

Frenkiel, S.: Advances in otolaryngology and laser surgery. Director, Postgraduate Course, McGill and Université de Montréal, 1993. Otolaryngology review. Refresher Course for Family Physicians. Montreal, Nov. 1993. Advanced techniques in sinus endoscopy. Postgraduate Course, Université de Montréal, March 1994.

Gelfand, M.M.: The endometrium. First International Update in Gynecology. Casa de Campo, Dominican Republic, Feb. 1994.

Gordon, P.H.: Invited participant. Fundamental research in genetics and potential applications of findings in patient care. New York Society of Colon and Rectal Surgeons, New York, January 1994.

Grading, J.: Discussing death with children. A Parent Information Session. Montreal, March 1994.

Gregoire, I., Kalogeropoulos, D., Corcos, J.: Promoting quality of life for men with prostate cancer through a support group. 1^{ère} Journée Scientifique: Association Québécoise des Infirmières et Infirmiers en Urologie. Montréal, Nov. 1993.

Gregoire, I.: A possible solution for the man with erectile dysfunction: PEP (Pharmacologic Erection Program). 1^{ère} Journée Scientifique Association Québécoise des Infirmières et Infirmiers en Urologie du Québec, Montréal, Nov. 1993.

Hadjipavlou, A., Dzioba, R., Stringham, D., Lander, P.: Percutaneous transpedicular biopsy of the spine. American Meeting of Orthopedic Surgeons. 61st Annual Meeting, New Orleans, Feb. 1994.

La physiothérapie ou l'éloge de l'autonomie

Hier, M., Finesilver, A., Manoukian, J.: Poster presentation. Mediastinitis occurring secondary to odontogenic infection. 47th Annual Meeting, Canadian Society of Otolaryngology-Head and Neck Surgery, 1993.

Hilzenrat, N., Spanier, A., Berger, K., Lamoureux, E., Sherker, A.: Colonic obstruction secondary to sarcoidosis-nonsurgical diagnosis and management. The Canadian Association of Gastroenterology Post Graduate Course, Kananaskis, Alberta, March 1994.

Katzav, S.: The role of vav in transformation and hematopoietic growth factor signal transduction. University of Cincinnati Medical Centre, Cincinnati, Ohio, March 1994.

Lander, P., Glikstein, R.: Evaluation en 3D des canaux intervertébraux du rachis cervical. 30th Annual Meeting of the Société Canadienne Française de Radiologie, Montreal, Oct. 1993.

Langleben, D.: Pulmonary hypertension: quandries, new and future dilemmas. Canadian Cardiovascular Society Annual Meeting, Vancouver, Oct. 1993.

Miller, N., Satin, R., Tousignant, L., Sheiner, N.: Comparison of duplex scanning and contrast venography in the diagnosis of deep vein thrombosis of the lower extremities: a prospective study. Canadian Society for Vascular Surgery, Vancouver, Sept. 1993.

Miller, N., Spanier, A., Satin, R.: Mycotic aneurysm of the superior mesenteric artery. Obliterative aneurysmorrhaphy with revascularization. Royal College Meeting, Vancouver, Sept 1993.

Mitmayer, B., Beauger, N., Black, M., Shenouda, G., et al.: Nuclear morphometric variables that identify radioresistant squamous cell carcinoma. World Congress on Laryngeal Cancer, Sydney, Australia, Feb. 1994.

Mohr, G., Gorczyca, W., Gans, M., Bourgouin, P.: Apoplexie aigüe dans les macroadénomes hypophysaires: implications physiopathologiques et thérapeutiques. Quatrième Journée Scientifique. Centre de Recherche en Sciences Neurologiques (CRSN). Université de Montréal, Jan. 1994.

Ponka, P., Richardson, D.R., Neumonova, V.: Effect of nitric oxide species on cellular proliferation and iron uptake by erythroleukemia cells. Thirty-fifth Annual Meeting of the American Society of Hematology, St. Louis, MO, Dec. 1993.

Ponka, P., Vyoral, D., Schulman, H.M.: Role of iron in the control of erythroid-aminolevulinic acid (ALA) synthase. Thirty-fifth Annual Meeting of the American Society of Hematology, St. Louis, MO, Dec. 1993.

Ponka, P., Xu, W.-M., Schulman, H.M.: Effect of inflammatory cytokines on ferritin syntheses in the HL-60 cell derived macrophages. Thirty-fifth Annual Meeting of the American Society of Hematology, St. Louis, MO, Dec. 1993.

Ponka, P.: Visiting Professor. Role of iron in the control of the translation of erythroid-aminolevulinic acid synthase. Department of Hematology/Oncology, University of Utah, Salt Lake City, Utah, Jan. 1994.

Sherwin, B.B.: Invited speaker. Psychotropic effects of the sex steroids. Academic Grand Rounds. Department of Obstetrics and Gynecology, Mt. Sinai School of Medicine, New York, Dec. 1993. Invited speaker. Estrogen and memory in normal aging and in women with Alzheimer's Disease. Division of Neuroendocrinology, Rockefeller University, New York, Feb. 1994. Invited speaker. Estrogenic effects on mood and memory V11th Pan American Congress of Endocrinology, Santiago, Chile, April 1994.

Small, P.: Efficacy and tolerability of ceterizine, loratadine and placebo in the treatment of seasonal allergic rhinitis. American Academy of Allergy and Immunology, Anaheim, California, March 1994.

Steinert, Y., Nasmith, L.: Workshop. Working with "Problem" faculty: strategies for collaboration and change. Annual ACMC/ACTH/CAME Meeting, Vancouver, April 1994.

St-Jacques, R., Gorczyca, W., Mohr, G.: Anatomie microvasculaire des vaisseaux striés chez le chien: contribution d'un modèle expérimental d'ischémie prosencéphalique. Quatrième Journée Scientifique, Centre de recherche en sciences Neurologiques (CRSN), Université de Montréal, Feb. 1994.

Wainberg, M.A.: Molecular aspects of HIV drug resistance to anti-viral chemotherapy. Manitoba Institute of Cell Biology, University of Manitoba, Winnipeg, Jan. 1994. Molecular basis and clinical significance of HIV drug resistance. Grand Rounds, University of Nebraska School of Medicine, Omaha, Nebraska, Jan. 1994. Development and clinical significance of HIV drug resistance. Ruth Ben-Ari Institute, Kaplan Hospital, Rehovot, Israel, Jan. 1994. Mutational basis of HIV drug resistance. Department of Molecular Genetics, Hebrew University-Hadassah Medical School, Jerusalem, Israel, Jan. 1994. Co chair of session and speaker. Viral burden evaluation. Vaccine Development symposium. Sponsored by Canadian HIV Trials Network, Toronto, Feb. 1994.

Wang, E.: Gordon Conference on the Biology of Aging. Casa Sirena, California, March 1994.

La plupart des gens marchent et utilisent leurs bras et jambes sans y penser.

Toutefois, un accident ou une maladie peut venir tout remettre en question. Aider les gens à retrouver ou conserver un degré de fonctionnement aussi normal que possible constitue la raison d'être de la physiothérapie. « Nous essayons d'accroître l'autonomie du patient, sans pour autant exiger la perfection, explique Valerie Hensby, chef du Service de physiothérapie. » La nuance est de taille, puisque le réalisme des objectifs est crucial.

Très occupé, le Service a l'an dernier enregistré 19 108 visites à l'externe et 24 119 à l'interne. L'équipe, formée de 14 thérapeutes et de 1 spécialiste en réadaptation, contribue également à la formation des étudiants en physiothérapie de l'Université McGill.

La première consultation sert à évaluer le degré de fonctionnement et les besoins du patient, ses antécédents médicaux ainsi que la justesse de la demande de traitement. Un programme personnalisé est ensuite élaboré en fonction des besoins du patient et de la nature de la maladie. Dans certains cas, l'objectif est d'arriver à sortir du lit, tandis que dans d'autres il s'agit de marcher sans aide.

Les physiothérapeutes sont présents dans toutes les unités médicales, chirurgicales et de soins prolongés de l'Hôpital. Dans les unités de soins intensifs, l'accent est mis sur la mobilité post-opératoire et les soins respiratoires, c'est-à-dire les exercices de respiration qui favorisent l'expansion et le nettoyage des poumons. À l'unité de chirurgie cardiaque, les



Valerie Hensby.

physiothérapeutes renseignent les patients sur la quantité d'activité recommandée à la maison et la façon de l'accroître graduellement. À l'Unité 6 Nord-ouest, ils aident les patients gériatriques à atteindre leur degré de fonctionnement maximal pour éventuellement retourner dans la communauté. D'autre part, le physiothérapeute affecté à l'Équipe des ACV participe activement à la réadaptation des victimes d'un ACV. Enfin, les thérapeutes sont appelés à évaluer certains patients de la salle d'urgence afin de déterminer s'ils peuvent retourner à la maison en toute sécurité ou s'ils seraient mieux en centre de réadaptation ou en maison d'accueil.

L'habileté du physiothérapeute ne constitue qu'un facteur du succès du traitement. Les autres sont la motivation et la participation du patient. « Le patient doit vouloir coopérer, explique M^{me} Hensby. » En outre,

pour favoriser les progrès, les exercices sont tous associés aux activités de tous les jours.

L'éducation constitue un élément-clé de la physiothérapie, et beaucoup de temps est consacré à enseigner au patient comment s'aider. « Nous ne pouvons pas traiter les patients indéfiniment, mais nous pouvons leur enseigner comment se faire du bien, poursuit M^{me} Hensby. »

Le Service accepte des cas adressés de tous les coins de la ville. Pour composer avec le fort volume de patients, les cas sont classés par ordre de priorité. Ainsi, les opérés récents, les accidentés et les blessés dont le plâtre vient d'être enlevé passent en premier parce qu'ils ont besoin de retrouver un fonctionnement normal dès que possible.

Le traitement des patients qui souffrent, par exemple, de douleurs à l'épaule ou au dos est plus difficile, et le physiothérapeute doit jouer au détective pour trouver la cause du mal. « Un diagnostic de douleur à l'épaule est trop vague, explique M^{me} Hensby. Le physiothérapeute tente d'identifier quelle structure de l'épaule ou du dos est la source des douleurs. Il interroge donc le patient sur la nature de son travail et sur ce qu'il peut et ne peut pas faire. Il évalue ensuite la musculature, les articulations et les nerfs susceptibles de contribuer aux douleurs avant de mettre au point un traitement approprié.

La plupart du temps, des échanges interdisciplinaires sont nécessaires afin de discuter de l'état du patient et de son traitement.

— H.K.

Physiotherapy helps patients regain autonomy

Walking or using their arms and legs is not something most people have to think about—it just comes naturally. However, an accident or illness can change this situation. Helping people regain or maintain as much normal functioning as possible is the role of physiotherapy. "We try to increase patients' autonomy, but we don't aim for perfection," explains Valerie Hensby, director of the JGH Department of Physiotherapy. The distinction is an important one; setting attainable goals is essential.

Last year, this busy service had 19,108 outpatient visits, and 24,119 inpatient visits. The department, consisting of 14 therapists and a rehabilitation therapist, also is involved in teaching McGill University physiotherapy students.

During an initial consultation, the first step is to assess patients' current functioning and their needs, their past medical history and the appropriateness of the referral itself. Then, an individually tailored program is designed for the patient. These programs vary depending on the patient's needs and the nature of the illness. For some patients, getting out of bed by themselves may be a realistic goal, whereas for others, the objective may be to walk without aides.

Physiotherapists work on all the

medical, surgical and long term care wards of the hospital. In the intensive care units, physiotherapists work on post-operative mobility and respiratory care. The latter involves breathing exercises that expand and clear the lungs. On the cardiac surgery ward, physiotherapists educate patients as to how much activity they should start with at home, and how to increase this level gradually. On 6NW, they help geriatric patients achieve maximal function so that they can eventually go back into the community. A physiotherapist assigned to the Stroke Team plays an active role in helping to rehabilitate stroke patients. Therapists are called to the Emergency Room to assess whether a patient can go home safely or if he or she would be better off in a rehabilitation hospital or foster home.

The skill of the physiotherapist is only one factor in the success of the treatments. The others are the motivation and compliance of the patients themselves. "The patient has to want to cooperate," says Mrs. Hensby. To facilitate progress, the exercises are all associated with daily living skills.

Education is a key component of physiotherapy, and a great deal of time is spent teaching patients how to help themselves. "We can't treat people forever, but we can tell them how to make themselves better."

The JGH Department of Physiotherapy accepts referrals from across the city. To cope with the high patient volume, the department prioritizes referrals. Patients who have recently undergone surgery, had accidents or had their casts off, are seen first because they need to regain normal function as soon as possible.

Patients who come to the department suffering from shoulder pain or back pain, for example, are often more difficult to treat, and the physiotherapist must play detective to find the cause of the pain. As Mrs. Hensby explains, "A diagnosis of pain in the shoulder is too vague. We try to identify what structure in the shoulder or the neck is producing the pain. So we ask questions like 'what is your job?' 'what can you do and what can you not do?' The therapist will then make an in-depth assessment of the muscles, joints and nerves that may be implicated in the pain, and devise a treatment plan in conjunction with the patient.

In most situations, interdisciplinary communication is necessary to discuss changes in the patient's condition and/or treatment plan.

— H.K.