



DEDICATED TO
THE FUTURE

JGH News

VOLUME 28, NO. 2

SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSPITAL

SUMMER 1992

GOVERNMENT APPROVAL RECEIVED... AT LAST!

EMERGENCY DEPARTMENT AND NEONATAL INTENSIVE CARE UNIT TO BEGIN RENOVATION PROCESS

The JGH Board of Directors is delighted to report that, after prolonged and intense negotiations, approval has been given by the Quebec government to begin the essential renovation process in the Emergency Department and the Neonatal Intensive Care Unit (NICU).

Members of the Board and hospital administration have been very concerned about the impact of severe overcrowding in both these areas. Particularly worried about the acute conditions in the Emergency, they have made every effort to persuade the government of the urgency of the situation. At long last, we have been given the green light to proceed, as well as the \$3.7 million to do the job.

In announcing the good news, Hospital President Stephen Vineberg said,

"For seven years, the Board and the Administration of the hospital have pleaded with the government to recognize the plight of our Emergency Department. Finally, we have our answer and we deeply appreciate the Minister's understanding of our needs. Special congratulations are due to Henri Elbaz for his persistence. He has repeatedly stressed the clinical needs of our doctors, and this expansion fulfills one of his priorities."

1980's. According to Henri Elbaz, JGH executive director, "Intense negotiations took place over several years because the Regional Council and the Ministry were adamant that the number of stretchers should not be increased."

In 1985, the government approved the hospital's \$25 million expansion project which saw the opening of three new pavilions. Included in these original plans was the addition of 1500 sq.ft. of space to the Emergency Room for clerical functions. This extra space in the ER could only be made available once the existing clinics were moved into the new pavilions.

It was obvious, however, that this would not be enough to alleviate the severely crowded conditions. The administration continued to pressure the government to completely revamp the area.

As a result of the hospital's persistence, and recommendations made by the SWAB Team (created by the government to examine emergency rooms across the province), the government sent us a letter, dated June 19, 1992, approving the hospital's



Mr. Elbaz proudly shows the letter of approval from the government to Mr. Vineberg, Dr. Papageorgiou and Dr. Afilalo.

Renovation plans in Emergency:

- **Stretchers increase from 19 to 40.**
- **6 stretchers outfitted with intensive care monitoring equipment.**
- **Resuscitation and trauma rooms increase from 2 to 4.**
- **6 stretchers in the Emergency Psychiatric Holding Area to be replaced by 9 beds on the 4 East psychiatry in-patient unit. By being admitted to the appropriate ward, these patients will receive more effective nursing and medical care.**

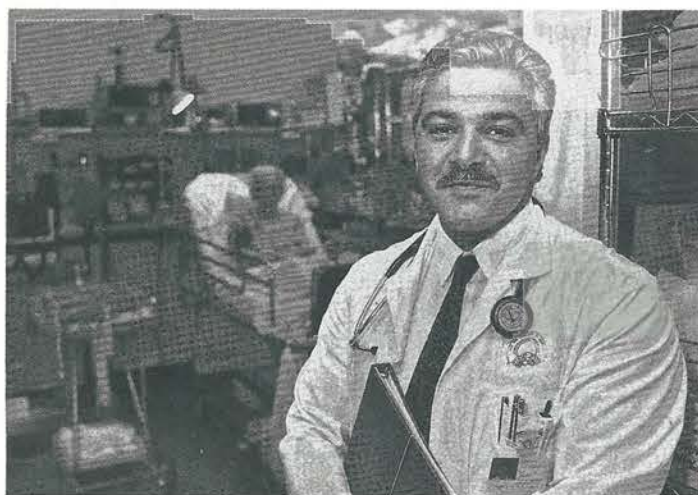
Constraints in Neonatology

The JGH Neonatal Intensive Care Unit is under the direction of Dr. Apostolos Papageorgiou. Maintaining high standards has become increasingly difficult during the last few years because of severe overcrowding in the unit.

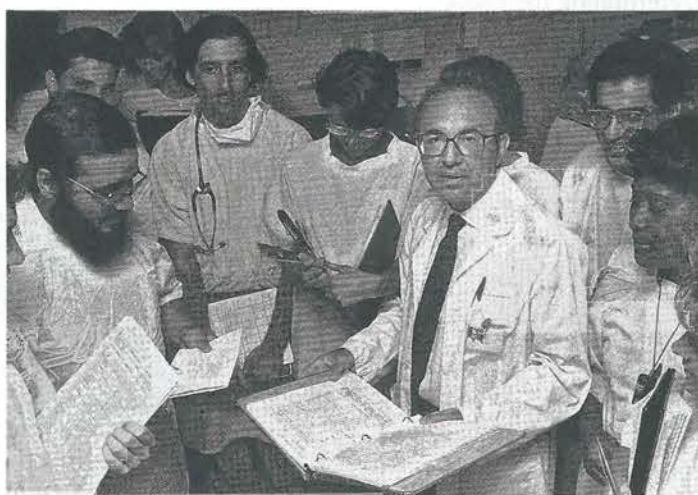
Designed to handle 18 babies at a time, the unit now has 33 beds and often operates at over 100% capacity, with up to 37 beds during peak periods. Of great concern is the limited space between cribs. The unit is operating with only 25% of the space recommended per crib. As well, one quarter of the beds in the regular nursery, located in another area of the maternity floor, are being used as a step-down unit for convalescing babies.

Commenting on the severe constraints in the NICU, Mr. Vineberg said, "Dr. Papageorgiou is recognized throughout the world as a leader in the field of neonatology, and we couldn't even give him the space to fulfill his requirements."

Approval... Continued on page 4



Dr. Afilalo at the entrance to a resuscitation room in the Emergency.



Dr. Papageorgiou teaching residents in the Neonatal Intensive Care Unit.

Congestion in Emergency

Congestion problems in the JGH Emergency are especially severe because the department handles a heavy load of acutely ill patients. Each year, 19,000 stretcher patients are brought to the JGH, making our hospital's Emergency, along with Maisonneuve-Rosemont's, the busiest in Montreal. Despite these numbers, the JGH has performed remarkably well when compared to other university teaching hospitals in terms of length of patient stay. At the JGH, the average time spent in the Emergency is 13 hours, versus 20 hours at other hospitals.

The hospital began monitoring the situation in the Emergency in the mid

1980's. According to Henri Elbaz, JGH executive director, "While it may have appeared that we were not taking action," said Mr. Elbaz, "Emergency was and remains a priority. We have spent many years trying to convince the Regional Council of our needs in this area. Our objective has always been to find the best solution, to defend the interests of our patients, doctors and staff. We would settle for nothing less."

According to Dr. Marc Afilalo, chief of the Emergency Department, "By almost tripling our space and creating a state-of-the-art Emergency, we will be able to respond more effectively to the needs of our heavy patient load."

The hospital's objective is that the Emergency and Neonatal Intensive Care areas should be fully completed and operational by January 1994.

INSIDE

- | | |
|---|--------|
| Expansion of Lady Davis Institute | page 3 |
| An interview with Archie Deskin | page 4 |
| Hope and Cope celebrates | page 5 |
| Family Medicine: health care for all stages of life | page 6 |
| Steinberg family establishes career scientist award | page 7 |
| Dealing with elder abuse | page 8 |



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



JGH Memory Clinic makes its mark

Dementia affects 10% of people over the age of 65 and 25% of those over the age of 85. This reality has a particular impact on the Montreal Jewish community because of the high percentage of elderly within our population - almost one in five Montreal Jews is over the age of 65.



Marlene Levine, Dr. Bergman and Dr. Chertkow talking with a patient.

According to Dr. Howard Bergman, director of the JGH Division of Geriatric Medicine and co-director of the Division of Geriatric Medicine of McGill University, 2200 people in the Jewish community alone are suffering from moderate to severe Alzheimer's disease, and over 200 new cases are expected annually. The disease presently has no cure.

Faced with the difficulties in diagnosing, treating and coping with this disease, Dr. Bergman and Dr. Howard Chertkow, a neurologist specializing in cognitive disorders, drew up a proposal for the establishment of the JGH Memory Clinic. They presented strong international evidence that memory clinics are an excellent tool for developing research in Alzheimer's disease. A start-up grant was approved by the hospital's Planning and Priorities Committee, and the JGH Memory Clinic opened in October, 1991. Within the first six

months of operation, the clinic had seen and evaluated 80 new patients.

As Dr. Bergman points out, since the JGH Division of Geriatric Medicine has a great deal of experience in dealing with Alzheimer's patients, the infrastructure needed to establish the clinic was already in place. "With the clinic, we have much better coordination and can use our collective expertise to benefit patients," he explains. Moreover, by becoming involved in large scale studies on an international level, patients have access to the latest treatments. The focus on research is in line with the hospital's commitment to developing and enhancing its academic stature. Adds Dr. Bergman, "I've always believed this can be done while serving the needs of the community."

Determining the cause

On the clinical level, the first objective of the JGH Memory Clinic is

the early diagnosis of Alzheimer's and other memory disorders. The evaluation includes medical and neuropsychological assessment by neuropsychologists Drs. N. Kelner and C. Quirouette, blood tests and neuroimaging. Determining the cause of memory disorder in each patient is crucial because not all memory problems are connected to Alzheimer's. Other possible causes include illness, medication or depression, and therefore, are reversible. Memory disorders may also be the product of normal human aging. If other factors are ruled out and a diagnosis of Alzheimer's is made in the early stages of the disease, physicians can make appropriate patient and family care plans and can offer patients the chance to participate in clinical trials involving new medications.

Patients are referred to the clinic by their physician for early diagnosis of memory disorders. Referrals are screened by Marlene Levine, nurse clinician, and Carol Novoseller, clinic coordinator. Those who suffer from more advanced Alzheimer's are referred to the Geriatric Assessment Clinic, where a skilled multidisciplinary team develops appropriate treatment plans. Having the Geriatric Assessment Clinic and the Memory Clinic side by side is a tremendous advantage, as patients can be given the most comprehensive care available.

Collaboration in research

Three exciting research programs are underway in the Memory Clinic. The first of these, under the direction of Dr. Chertkow, involves research into early diagnosis of Alzheimer's through memory testing (neuropsychology), brain scans (neuroimaging) and new forms of cognitive testing which measure memory and language processing. In collaboration with the PET (positron emission tomography) Laboratory of the Montreal Neurological Institute, new ways are being developed to examine the early alterations in brain function in Alzheimer's disease. Researchers can actually see what part of the brain is activated as the patient engages in various forms of thought processing. Dr. Chertkow has published and presented results of this study on an international level.

Another example of how sophisticated neuroimaging techniques are being used to diagnose Alzheimer's is SPECT (single photon emission computed tomography), which shows cerebral blood flow. This research is being carried out in collaboration with Dr. Jerry Stern, director of the JGH Division of Nuclear Medicine. Dr. Chertkow also is investigating the psychology of Alzheimer's (involving memory and attention) in collaboration with Dr. Gloria Waters, associate professor in the School of Human Communication Disorders, McGill University, and associate member of the clinic, and Dr. Daniel Bub of the Montreal Neurological Institute. These studies are funded by operating grants from the Medical Research Council of Canada, the U.S. National Institute of Health, and the Canadian Alzheimer's Society.

The second research stream of the Memory Clinic involves participating in multi-centre clinical trials to test new medications for the treatment of Alzheimer's. The goal is to find a proven treatment for this disease in the shortest possible time. This team includes Drs. J. Kirk, S. Gold, S. Windholdz, F. Jasserand, R. Friedman, S. Vaitekunas and coordinator S. Kogan.

Memory... Continued on page 9

Appointment



Dr. Saul Frenkiel has been appointed chief of the Department of Otolaryngology.

Dr. Frenkiel obtained his medical degree from McGill University in 1971. He did his internship in surgery at the Jewish General Hospital followed by a residency in the Department of Otolaryngology, University of Toronto. In 1976, he was a clinical fellow in the Department of Otolaryngology at Mount Sinai Hospital in Toronto.

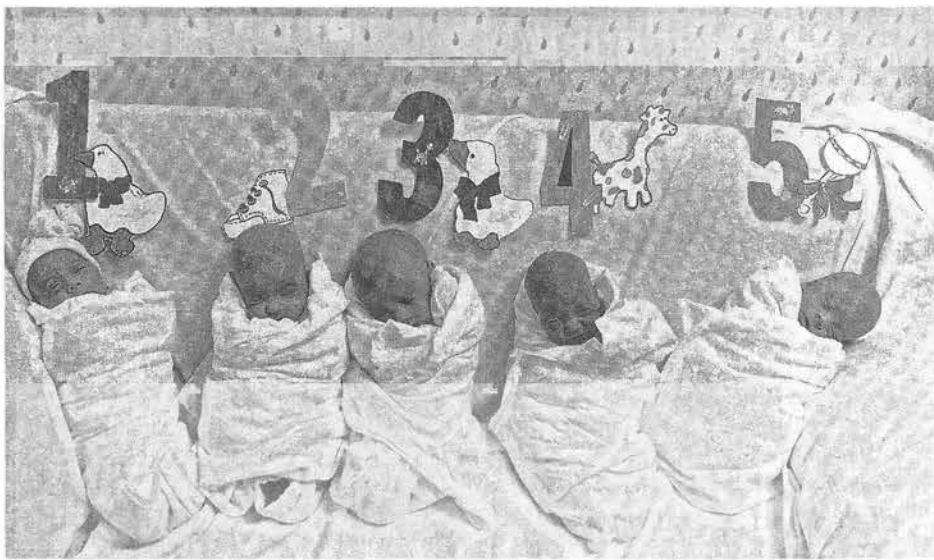
Dr. Frenkiel is certified by, among others, the Medical Council of Canada, the National Board of Medical Examiners, U.S., the Royal College of Physicians and Surgeons of Canada, and the American Board of Otolaryngology.

In addition to his duties at the Jewish General, Dr. Frenkiel is a member of the attending staff, Division of Otolaryngology, Montreal Children's Hospital, and is a consulting otolaryngologist for the Northern Quebec Module. Between 1978 and 1984, he was a consultant for the project for hearing-impaired children, School of Human Communication Disorders, McGill University.

Dr. Frenkiel is an associate professor in the Faculty of Medicine at McGill University, and is a member of various hospital and university committees. He is on the Residency Training Committee of the university department and also serves as chairman of the Resident Research Committee. From 1984-1990, he served on the Specialty Committee in Otolaryngology of the Royal College of Physicians and Surgeons of Canada. He is presently on the executive of both the Canadian Society of Otolaryngology-Head and Neck Surgery, and the Association of Oto-rhino-laryngology and Maxillofacial Surgery of Quebec.

For many years, he was a member of the editorial board of the Journal of Otolaryngology, and was appointed associate editor of this publication in 1991. He is the author of 26 scientific publications to date as well as two textbook chapters. His research interests are in the field of nasal and sinus disease. He is presently establishing a clinical unit to assess nasal and sinus disorders, and is also involved in an ongoing project to study the etiological factors involved in nasal polyp formation.

Five survive and thrive in JGH Neonatal Unit



The JGH made headlines across the continent and as far as Europe when the first Quebec quintuplets were delivered at the hospital. The two girls and three boys, born ten weeks premature, weighed from 2.5 - 3.6 lbs each. They were delivered by Dr. Arvind Joshi, chief of obstetrics/gynecology at St. Mary's Hospital who is also part of the JGH high-risk team. Dr. Apostolos Papageorgiou, JGH chief of pediatrics, supervised the care of the babies in our Neonatal Intensive Care Unit for two months. Both men called this event a highlight of their careers.

Hospital celebrates expansion of Lady Davis Institute

AN INAUGURATION CEREMONY CELEBRATED THE OPENING OF EXPANDED FACILITIES AT THE HOSPITAL'S LADY DAVIS INSTITUTE FOR MEDICAL RESEARCH ON MAY 15.

The hospital was honored by the presence of Quebec Health and Social Services Minister Marc-Yvan Côté; Minister of Industry, Commerce and Technology Gérald Tremblay; McGill University Principal David Johnston; Dr. David Beatty, Executive Director, National Cancer Institute of Canada; Dr. Patrick Vinay, Président, Fonds de la recherche en santé du Québec.

As chairman of the day, Vice President Brahm Gelfand introduced the roster of speakers, all of whom have distinguished themselves in various capacities inside and outside the institute. These included LDI President Neri Bloomfield; JGH Director of Research Dr. Samuel O. Freedman, O.C.; LDI Scientific Director Dr. Mark Wainberg; and JGH Executive Director Henri Elbaz.

Mr. Côté lauded the hospital for its important contributions to medical science and to health care in Quebec. At the same time, he praised the Jewish community for its ongoing support of the hospital.

McGill University Principal David Johnston stressed that with its excellent teaching and research programs, the JGH forms an integral part of McGill University. "McGill medical students consistently rate



Unveiling the plaque: left to right: Mr. Elbaz, Dr. Wainberg, Dr. Freedman, The Honorable M-Y Côté, Mrs. Bloomfield and Mr. Gelfand.

your teaching as the very best. The Lady Davis Institute's research standards exemplify the highest level of integrity with noteworthy results," he said.

Executive Director Henri Elbaz paid tribute to the scientists at the LDI, calling them an essential part of the entire hospital team. "With the expansion of the LDI, we now have double the amount of research space available. This not only strengthens our position as one of the major research institutes in Montreal, it also provides fabulous potential for future growth."

LDI President Neri Bloomfield and Minister Marc-Yvan Côté unveiled a commemorative plaque which will be

placed at the entrance of the LDI.

Established in 1969, the LDI quickly earned recognition as a leading research centre. As the number of scientists increased and the scope of research being undertaken at the institute grew considerably in recent years, the need for expansion became apparent. Four storeys have been added to the LDI to reinforce the links between basic and clinical research and improved patient care.

This \$10 million expansion project was completed in October 1991. The Quebec government contributed \$1 million, and the remaining \$9 million came from the Eldee Foundation and the Hospital Foundation.

The new floors contain the following research facilities:

- AIDS research and the McGill AIDS Centre, directed by Dr. Mark Wainberg. Researchers are investigating new ways to prevent the growth of the HIV virus, and developing new drugs to overcome the problem of HIV resistance to AZT, a drug given to AIDS patients.
- The Bloomfield Centre for Research in Aging, one of the few centres in Canada devoted to basic research in aging. Scientists at the centre, directed by Dr. Eugenia Wang, are studying age-dependent diseases such as cancer, Alzheimer's, Parkinson's and cardio-vascular (heart) disease.
- Cancer causing genes and the changes in these genes that accompany the disease's progression will be studied by the Terry Fox Molecular Oncology Group. This research is directed by Dr. John Hiscott.
- Research activities in the Department of Medicine, under the direction of Dr. Elliot Alpert, will include the study of new blood tests to diagnose cancer of the gastrointestinal tract, and the study of the interaction between the body's energy metabolism and obesity, which has important implications for diabetes.

Dr. Freedman defends the Canadian health care system

Dr. Samuel O. Freedman, O.C., director of research at the JGH, has distinguished himself in Canada, at McGill University, and of course, here at the hospital. It was therefore not surprising to see him quoted extensively in the lead story of the New Yorker Magazine (April 20, 1992).

The article, written by a former Canadian, criticized recent pronouncements by American politicians about Canada's health care system. "President Bush admitted that the American health care system - which leaves more than 35 million Americans without any health insurance at all - was imperfect, but he also said that the American system was 'the best in the entire world', while a system like Canada's, in which the government provides universal medical coverage, would be 'a cure worse than the disease'."

Asked to respond to these comments, Dr. Freedman noted that American politicians have been displaying an "incredible fund



Dr. Freedman receives honorary Doctor of Science degree at McGill University convocation. Standing beside him is McGill chancellor Gretta Chambers.

of willful ignorance". Dr. Freedman was particularly disturbed by Senator Tsongas' claim that had he been

living in Canada when he needed a bone marrow transplant, he would have died. Said Dr. Freedman, "As it happens, the two doctors who did the pioneering work that made that kind of transplant possible are good friends of mine. Both are Canadians; both work in Toronto, at the Ontario Cancer Institute; and both did their work with help from the Canadian government."

Dr. Freedman also responded to statements made by President Bush indicating that the Canadian system leads to long waits for surgery and disastrous costs. "The trouble with

our system isn't that people don't have enough access to health care. If anything, it's that they have too much access to health care; they're inclined to go to the doctor too often, get too much minor surgery and so on - have too much faith in doctoring."

As for the claim that the Canadian system is costlier, Dr. Freedman said, "Canadian medical costs are about nine percent of the GNP compared with 12 percent in the States. More important, we end up spending about 20 percent less per capita on health care than you do, and we're still ahead in the two most crucial public-health indicators - life expectancy and infant mortality."

"Canadian medical costs are about 9 % of the GNP compared with 12 % in the States... and we're still ahead in the two most crucial public-health indicators - life expectancy and infant mortality."

Dr. Freedman admitted that there is more government involvement in the day to day running of the Canadian health care system. As an example, he cited the limited number of magnetic resonance imaging machines in Montreal hospitals. "But that doesn't mean that people don't have access to MRI. What it does

mean is that we won't be spending our money competing with each other while downstairs in the emergency room we're turning away people who aren't insured."

Considered to be a sacred principle, medicare in

Canada is supported by every element of the country's political spectrum, according to Dr. Freedman. "It has become a national value - the principle that everybody who needs medical care can get it, and nobody asks you if you're rich or poor or where you work. Knowing that everybody gets the same care helps to hold a society together - it makes everybody feel equally valued. Here are two contiguous countries, and one has a system that everybody is more or less happy with and the other doesn't, and yet, the one that doesn't is determined not to learn anything from the one that does."

An interview with Archie Deskin

On December 31, 1991, Archie Deskin retired as executive director of the hospital, a position he had held for 16 of his 31 year association with the JGH. During the past thirty years, tremendous changes have taken place in the Quebec health care system. Under Archie Deskin's leadership, the hospital was able to create and develop top calibre services to meet the diverse needs of our community. As well, Mr. Deskin oversaw the development of excellent research and teaching programs, and was a key player in the hospital's strategic planning process. He encouraged a spirit of cooperation and sense of pride in our institution, and this quality, along with his deep concern for the welfare of the patient and his commitment to serving the community, have earned him the respect and gratitude of all.



Hospital President Stephen Vineberg presents a gift to Archie Deskin at a reception held in his honor.

In an interview with the JGH News, Mr. Deskin reflected on the major highlights and challenges he faced during his career at the hospital.

JGH News: Looking back over your career at the hospital, what were some of the highlights?

Mr. Deskin: For me personally, the initial most exciting event was being assigned responsibility for a major expansion program which was initiated in 1963 and completed in 1969. This involved building the northwest wing, which added 300 beds to our bed complement (bringing it up to 600), renovating the main wing to bring it up to modern standards, and the construction of the Lady Davis Institute for Medical Research and the Institute of Community and Family Psychiatry.

How would you characterize the decades following this expansion?

The 1970's and 80's were pivotal decades for this hospital. In the early 1970's, we initiated the geographic full time (GFT) program for physicians, whereby certain physicians are permitted to have their offices in the hospital in exchange for research and teaching commitments. This program virtually exploded in the 1980's, growing from four to 150 members. The GFT staff contributed to tremendous growth in academic activities - research and teaching. At the same time, McGill required additional training centres for its undergraduates in medicine and the JGH took on a

large share of the responsibility for training these students. Researchers on staff at our hospital's Lady Davis Institute were training masters' and Ph.D. students who were awarded their degrees on the basis of the work they did at the LDI.

Did these factors strengthen the hospital's relationship with McGill University?

Absolutely. On the basis of this intense productivity, in 1979 the JGH was designated a McGill University teaching hospital. This was the culmination of the dreams, hopes and desires of everyone who had been associated with the JGH since 1934. Speaking personally, it was the most outstanding highlight of my career. To be part of this was so exciting and stimulating, the most satisfying professional experience anyone could ever have.

What else are you proud of?

The latest expansion projects - the opening of the Peter and Edward Bronfman Pavilion, the Cummings Family Pavilion and the Shirley and Leo Goldfarb Centre for Radiation Oncology. Of course, what all these events represent is the tremendous support and endorsement from an outstanding group of lay people, officers of the board and behind them, a generous and supportive Jewish community. It's great to know that members of our community hold this hospital in respect and esteem, and that they continue to financially support our growth and development. This made my job much easier.

What were some of the major challenges you faced as executive director?

The biggest challenges were ongoing - to maintain steady growth and development despite budgetary constraints, to enhance clinical services, to improve standards of patient care, to ensure accessibility for everyone.

Why was accessibility to the hospital a problem?

A major challenge faced by this hospital over the last 15 years has been to respond to the changing demographics in the Jewish community. We had to meet the needs of

an aging population, to provide them with appropriate care and at the same time, maintain the viability of our acute care services.

How did you respond to this challenge?

We developed a Division of Geriatrics that has become a model for other hospitals. The growth and development of this division has been a source of great personal satisfaction. I would like to think that if I made any lasting contribution to this hospital, it was the enhancement of our capability to respond to the needs of our aging population.

How did you cope with all the pressures of running a hospital? What motivated you to keep on going?

We have a superb hospital family. My colleagues in administration, on the medical staff, all employees were loyal and devoted. It was this collaborative effort that brought the hospital to its present position. What drove us to doing our best was knowing we had the responsibility to ensure all our patients received the care they deserved. Also, seeing the progress and development of the hospital from year to year was motivation enough to move forward.

During your tenure as executive director, what lessons have you learned?

The most important dimension of my job was understanding the human condition. One must learn, consult and work with people to make things happen. After all, this is a people organization where our prime responsibility is to respond to human needs. I was working with 25 different disciplines - the key is to assure each of them of their importance in the organization and to elicit their collaboration.

What are your future plans?

Well, the hospital has engaged me as a consultant. As long as they want me to consult, I'll be happy to do so.

Approval...

continued from page 1.

Dr. Papageorgiou predicts that "by providing more space, these renovations will be a tremendous improvement for babies, parents and staff morale." Clearly, this expansion will enable the NICU to better serve its tiny patients, and to retain its position as one of the top neonatal intensive care units in North America.

The roof area outside the fifth floor will be enclosed to accommodate the unit which will be connected to the Obstetrics Suite. This will decrease the amount of travelling time for the sick babies, and allow the neonatal ICU staff to begin intensive care procedures more quickly.

Renovation plans in Neonatal Intensive Care Unit:

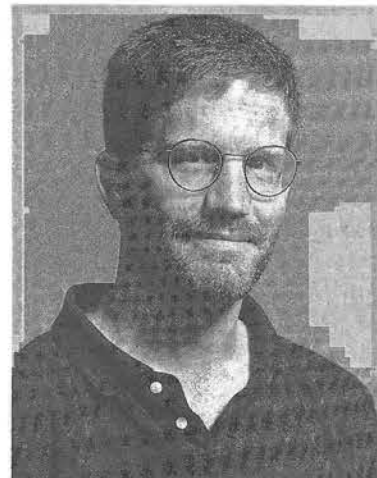
- Space increase from 1398 sq. ft. to 3975 sq.ft.
- Addition of 2 more cribs for a total of 35 beds.
- Enough room for equipment to be properly placed, ensuring a safer environment.
- Space to accommodate extra cribs during peak periods.
- Construction of laboratory for research specifically geared towards improving the lives of sick newborns.

Other services to be upgraded

Now that the commitment to renovate these two areas has been met, the Board will turn its full attention to other departments which also urgently require upgrading and expansion. These include, among others, the Department of Radiology, the caseroom, clinical laboratories, emergency psychiatry holding area, 4 east psychiatry, occupational therapy, internal medicine, nuclear medicine, employee lounge, geriatrics and speech therapy. We are already committed to renovations in: biomedical waste, birth room, physiotherapy entrance, dermatology, print shop and IV room.

Reiterating the Board's commitment to this list of priorities, Mr. Vineberg added, "To provide the necessary funding for this work, the Board will be making its needs known to the government and to the Montreal community. We cannot accept antiquated equipment and space."

Zemelman award



Dr. Bert Govig is this year's winner of the Sheldon Zemelman Award. Established in memory of Dr. Sheldon Zemelman, a popular resident at the JGH, the prize is awarded to a resident whose contribution to the Department of Medicine and sensitivity to patient care are deemed to be outstanding.

Hope and Cope Celebrates

At a reception hosted by Mr. Marvyn Kussner, 250 guests were thanked for their tremendous support of Hope and Cope. This innovative self-help group for cancer patients was founded a little over 10 years ago by Mrs. Sheila Kussner, O.C. As the organization grew in stature and scope, serving as a model for other centres across the continent, Sheila Kussner devoted her efforts to securing an endowment fund for Hope and Cope. The total donated to this fund now stands at \$1,322,000.

In describing the positive influence of his wife, Marvyn Kussner said, "Sheila's spirit is contagious. What her husband and children have caught from her is a sense of commitment which has involved us in her every undertaking... an ever-widening circle of causes, enterprises, movements, mitzvot and miraculous happenings, of which Hope and Cope is certainly a central and defining one."

Mrs. Kussner thanked the assembled guests for turning her dream into reality. "What we are celebrating today is the greatness of heart with which you who are here responded to our call for help....You cannot know the extent of the blessings you have brought to the men, women and children who come within the scope of our concern and care."

Before unveiling a plaque bearing the names of the most generous donors, Mrs. Kussner reserved special praise for Marjorie and Gerald Bronfman, who encouraged her to create an endowment fund, and Abe Stern, who "did so much to urge us on when the objective seemed, as it sometimes did, to be beyond attainment."

Speaking on behalf of the JGH, President Stephen Vineberg also thanked the audience for their generosity. He recalled that members of the administration and the oncology department were initially opposed to the idea of a self-help group for cancer patients. Fortunately, this resistance did not deter Mrs. Kussner and her supporters, who convincingly argued their case. "Our highly skilled physicians, dedicated to battling cancer on the medical front, often do not have enough time to help patients cope with their fears and anxieties. Hope and Cope was and is a tremendous source of comfort and strength for thousands of these patients," said Mr. Vineberg.

Other speakers at the reception included Dean Richard Cruess, McGill Faculty of Medicine, and Dr. Richard Margolese, JGH chief of the Department of Oncology and Herbert Black Professor of Surgery, McGill University.



- 1 Sheila Kussner, O.C.
- 2 Edward Bronfman, Marjorie Bronfman, Abe Stern, Sheila Kussner, Gaby Stern, and Marvyn Kussner.
- 3 Sol Polachek, Mitzi and Mel Dobrin, and Steven Cummings
- 4 Henri Elbaz, Janice Kussner, Betty and Jack Reitman.
- 5 Jacqueline and Dr. Richard Margolese, Marvyn Kussner, and Pierre-Elliott Trudeau.
- 6 Dr. Michael and Toby Pollak, Norah Freedman, and Dr. Samuel O. Freedman, O.C.

— A Salute to Dr. Palayew —

A reception was held recently to pay tribute to Dr. Max Palayew, who is stepping down from his position as chief of the Department of Radiology.

He joined the Jewish General in 1956 as an intern and by 1962, he was appointed assistant radiologist. In 1971, he was promoted to chief of the Department of Radiology.

As an integral member of the hospital's Medical Executive Committee for over 20 years, Dr. Palayew played a pivotal role in the governance of the hospital.

His career holds many honors, awards, prizes and a few firsts. He was the first JGH physician to be appointed chairman of a department in the Faculty of Medicine at McGill University. This honor was bestowed upon him in 1977, when he was appointed chairman of the university's Radiology Department, a position which he held during two consecutive five-year terms. He has

been selected for inclusion in prestigious publications such as "Who's Who in America", and "American Men and Women of Science". Last year, Dr. Palayew received the Société Canadienne Française de radiologie Albert Jutras Award "in recognition of an outstanding career and exceptional contributions to radiology".

Guests who spoke at the reception described Dr. Palayew's most positive leadership qualities including his ability to motivate those around him, his insistence on maintaining the highest possible standards, and his integrity. He was presented with a testimonial certificate which reads in part:

"Dr. Palayew is a distinguished physician who served devotedly for many years with great distinction and made an outstanding contribution to the growth and development of the hospital and his department."



Hospital President Stephen Vineberg presents a testimonial to Dr. Max Palayew.

Family Medicine: health care for all stages of life

Dr. Cheryl Levitt, newly appointed chief of the JGH Department of Family Medicine, strongly believes that every individual needs a family doctor. As she explains, the role of the family physician is to provide primary care and to promote health at all stages in the life cycle. And the physician who winds up treating generations within the same family has an added advantage because this continuity of care provides an understanding not only of the medical history of the family, but also of its culture and community. This knowledge, says Dr. Levitt, is essential to providing the best possible care. "A physical problem may have social, psychological and cultural ramifications. When we look at a patient, we have to put it all together."

The JGH Department of Family Medicine consists of about 110 family doctors, some of whom divide their time between the hospital and the community, and others who practice exclusively in the community. The department's mandate includes operating and staffing the Herzl Family Practice Centre, the Geriatrics Division (both of which are located in the hospital), training family doctors and medical students at the Herzl as well as at the Côte des Neiges CLSC, looking after patients on the Neuro-Family Medicine Ward and providing a hospital base and continuing medical education for community based family physicians.

Creative programs

Over the years, the department has established innovative programs which deal with specific health issues. "We try to identify major needs within the community at every stage of the life cycle and how family medicine can play a role in addressing these needs," explains Dr. Levitt. The Teenage Health Unit, conceived and directed by Dr. Michael Malus, is a shining example of this philosophy. Designed to treat the physical and psychological problems which teenagers face, the adolescent clinic also has developed an impressive outreach program where physicians talk to high school students, answering questions in a completely non-judgemental and honest manner. The Department of Family Medicine also has an excellent maternal and child care program which covers everything from prenatal care to deliveries to parenting skills.

All members of the department are guided by four main principles of family medicine: to be an outstanding clinician; to provide continuous, comprehensive care to individual patients and incorporate the family into the philosophy of care; to work within the community and to understand the culture of different communities; and to be a resource and advocate for the patient in the health care system.

Links community with hospital

According to Dr. Levitt, while the efforts of specialists and surgeons are more visible and dramatic, family physicians provide the most important aspects of caring on a continual basis. As well, members of the Department of Family Medicine have their "feet planted firmly both within the community and the hospital," a unique perspective which enables them to act as a liaison between the patient and these groups.



Dr. Cheryl Levitt examines two month old Jeremy Michael Pomerleau.

One of Dr. Levitt's goals is to have family medicine play a greater role in caring for patients within the hospital. This is important because 40% of patients in the hospital do not have a family physician. She cites the department's highly successful Neuro-Family Medicine Unit as an example of how family doctors can improve the care being given to inpatients. This unit relies on a team of five to eight family physicians who admit and care for patients in consultation with neurologists, thereby placing less strain on overburdened neurologists and residents.

Another primary focus of the department is health promotion and disease prevention. Draft proposals are being created for separate health promotion programs dealing with preconception, sports medicine and drug addiction. As with most of the department's programs, community outreach is an essential component of health promotion.

Disturbed by the sometimes poor communication between doctors who provide health care in the community and those who do so in the hospital, Dr. Levitt hopes to improve this relationship.

Academic development, recruitment efforts and teaching remain top

priorities in the Department of Family Medicine, which has been lauded for its excellent teaching program. "We will continue to ensure that all medical students who want to be family doctors will have the best possible training experiences," promises Dr. Levitt.

Encourages women as leaders

As one of the few women to head a department at the JGH, Dr. Levitt believes there must be a more active effort to recruit and encourage women to top positions. "We are usually not considered for leadership roles," she says, adding that women are at a disadvantage because "We don't have wives." Standards used to measure success for a physician such as the number of hours of work per week, and the sheer volume of publications and presentations expected, have not yet been adjusted to reflect the reality faced by women in their childbearing years. Hopefully, says Dr. Levitt, as more women take on leadership roles, a more "family-friendly" atmosphere will develop, where the workforce will provide creative and innovative job sharing methods, 24 hour daycare and similar measures designed to ease the burden on mothers with young children.

Appointment

Dr. Cheryl Levitt has been appointed chief of the Department of Family Medicine and Director of the Herzl Family Practice Centre.

Dr. Levitt received her medical degree in 1975 from the University of Witwatersrand, Johannesburg, South Africa. She then did her internship at Baragwanath Hospital in Soweto, South Africa, followed by a six month residency in obstetrics/gynecology at Vancouver General Hospital. She spent several years as a private family medicine practitioner in rural B.C., was a member of the staff of the Lady Minto Gulf Island Hospital in Saltspring Island, B.C., and a teacher in the Rural Practice Program, Faculty of Medicine, University of British Columbia. In 1984, she joined the Herzl Family Practice Centre at the JGH.

In addition to her role as a family medicine physician at the Herzl Family Practice Centre, Dr. Levitt was appointed residency coordinator of the centre's training program, and assistant professor, Department of Family Medicine, McGill University. In 1990, she was appointed acting chief of the JGH Department of Family Medicine as well as acting director of the Herzl Family Practice Centre.

A member of various hospital, university and national committees, Dr. Levitt has a strong interest in the health and welfare of children. She is chairperson of the College of Family Physicians of Canada's Task Force on Child Health, vice-chairperson, Board of Directors, Canadian Institute of Child Health, and a representative of the college of Family Physicians of Canada on other national committees dealing with neonatal resuscitation and maternal and child care.

Dr. Levitt has been an invited speaker and workshop leader at family medicine conferences across Canada, in the United States and in Israel. Her articles, book reviews and letters have appeared in publications such as Family Medicine, Canadian Family Physician and Canadian Medical Association Journal.

Family Medicine Research Unit

An exciting development in family medicine is the recent establishment of the McGill/JGH Department of Family Medicine Research Centre. Based at the JGH, this research unit is a joint project of the Jewish General Hospital, the hospital's Lady Davis Institute for Medical Research, McGill University and the CLSC Côte des Neiges.

The primary goal of the unit, explains its director Dr. Michael Klein, former chief of the JGH Department of Family Medicine, will be to foster family medicine research in the entire network of McGill family medicine departments. In addition to the JGH, this network includes St. Mary's Hospital, the Queen Elizabeth Hospital, and the Montreal General Hospital as well as institutions outside Montreal.

Family medicine research, says Dr. Klein, is not about esoteric disease. "It's about illnesses and states of wellness that affect many of us at some time. It's the study of the common, although, in collaboration with other disciplines, we sometimes study the common in uncommon ways." Examples of such studies include native health issues, alcoholism, falls in the elderly, the ability of family physicians to deal with patients with dementia, somatization and culture (cross-cultural ways of expressing pain) and curriculum changes for residents in family medicine.

In addition to Dr. Klein, the centre is staffed by research associate Dr. Eliane Duarte-Franco. Their combined expertise will enable the centre to act in a consultative capacity and to help with data analysis. "At this point," says Dr. Klein, "our responsibility is to improve the quality of the research, to make people aware of each other's research, encourage people to collaborate and find common themes around which collaboration would be more likely to occur."

Much of the research already being done crosses over into other departments. For instance, Dr. Klein's own research in maternal health entailed collaboration with experts in obstetrics, psychology, sociology and anthropology. His work is also an example of focusing on the normative, common experience of many people. He conducted the first North American randomized trial for episiotomy because nobody else was studying episiotomy. "It was thought to be a trivial issue. But most women have episiotomies, so it's not trivial at all."

With 110 physicians in the JGH Department of Family Medicine, the majority of whom are based in the community, a vast network is potentially available for community based research. Dr. Klein is excited by the opportunity to tap into this network and to expand family medicine research at the JGH and throughout the McGill system.

Steinberg family establishes career scientist award in oncology

A SPECIAL CEREMONY WAS HELD IN JUNE TO CELEBRATE THE ESTABLISHMENT OF THE HELEN AND SAM STEINBERG CAREER SCIENTIST AWARD.

Brahm Gelfand, JGH vice president and chairman of the proceedings, expressed deep appreciation on behalf of the hospital, saying that it is only through the support of generous donors like the Steinberg family that the hospital is able to grow and develop. "Most administrators deal with tough, painful decisions during the day. That pain is alleviated by the pleasure of coming here to thank a generous family," he said.

Speaking on behalf of McGill University, Principal David Johnston called the Steinbergs a magnificent family. "They are pioneers of the very best kind. They began with very little and through great vision, skill, tenacity and talent, they created a great deal." Principal Johnston also described the JGH as a fundamental part of McGill University, which, through its involvement in research and better patient care, will profoundly touch people's lives.

Dr. Richard Cruess, Dean of the Faculty of Medicine at McGill, echoed this theme when he described how the significant progress being made in oncology at the hospital has broadened the academic base at McGill. He added that the Steinberg gift, which will be administered jointly by the hospital and McGill, represents the strong partnership which has developed between the two institutions. "Advances are always made by people," he said, "and I want to thank the Steinberg family for giving us the flexibility to

do something truly exciting in the advancement of oncology."

Dr. Richard Margolese, chief of the JGH Department of Oncology, recalled the positive influence of Sam Steinberg, affectionately known as "Mr. Sam". When Sam Steinberg was president of the hospital, he started the GFT program, and encouraged the recruitment of physician-scientists. This meant that research advances could be translated immediately into better clinical care. Dr. Margolese added that by creating the Career Scientist Award, the Steinberg family is following this great tradition. "With this award, we can give our rising stars the support they need to nourish their scientific careers. I salute the Steinberg family for their continuous presence over decades - support that is unmatched by others."

Guest speaker Dr. James Holland, chairman, Department of Neoplastic Diseases and director of the Derald H. Ruttenberg Cancer Centre, Mount Sinai Medical Centre, New York, gave the inaugural address entitled "Experience vs. Experiments." His central argument was that contrary to popular belief, experiment rather than experience, is the best teacher. He pointed out that humanity has experienced hunger, poverty and similar "trails of repetitive behaviour".

Experiment, on the other hand, which comes from creative human thought, is the catalyst for change. The scientist who is concerned with experimentation asks two key



Members of the Steinberg family unveil a commemorative plaque. Front row, left to right: Mitzi Dobrin, Helen Steinberg, Marilyn Cobrin, Evelyn Alexander. Back row, left to right: Dr. James Holland, Brahm Gelfand, Dr. Brian Leyland-Jones, Principal David Johnston, Dr. Richard Margolese.

questions: why has this happened? what does it mean? As Dr. Holland explained, these questions are fundamental to our understanding about cancer and how it can best be treated. Scientists have discovered human genes, called oncogenes, which become active in the presence of cancer. As well, they have discovered other genes, called tumor-suppressor genes which are capable of stopping cancer cells. Dr. Holland said he is hopeful that the next generation of scientists will study whether and how the proteins which come from tumor-suppressor genes can be used to develop medications to make a cancer cell act just like a normal cell.

Dr. Holland also pointed out that experimentation and "the translation

of science to the bedside", have already had a profound impact on survival rates in acute childhood leukemia. In 1956, most children stricken with leukemia did not survive. By 1976, half of the children diagnosed with acute leukemia survived. Today, the survival rate is 70%.

Dr. Brian Leyland-Jones, chairman of the Department of Oncology at McGill University, who referred to Dr. Holland as "one of the true greats of cancer chemotherapy", thanked him for his inspiring address. Dr. Leyland-Jones said that the JGH, which is an integral part of the McGill Department of Oncology, "has shone beyond all measure." He predicted that with the calibre of scientists at the hospital, "the growth in the area of oncology will be phenomenal".

Donation enhances cardiology research



Thanks to a most generous bequest by Tillie and Samuel Mendelssohn, the JGH Division of Cardiology will be setting up a new research project.

Speaking on behalf of the hospital to family and friends at a dedication ceremony, Honorary President Morton Brownstein (left) praised the couple for their deep interest in the hospital. "This very meaningful gift is a source of encouragement to our physicians and will help their research into bettering humanity," he said.

Dr. John McCans, chief of the division, (right) explained that this yearly endowment "will support research which we simply could not do otherwise." He thanked the community in general and the Mendelssohn family in particular for their support of the cardiology division.

After a plaque was unveiled, Joe Lakien, Tillie Mendelssohn's brother, thanked the assembled guests for "helping me make this possible for Tillie and Sam."

Donation to ease trauma of illness



Left to right, Dr. Nathan Greenberg, chief, Division of Psychology; Dr. Philip Beck, chief, Department of Psychiatry; Margot Lande; Henri Elbaz, executive director; Dr. Ze'ev Rosberger.

Concerned about the psychological effects of illness, Ms. Margot Lande decided to establish an endowment fund for the development of psychological services at the hospital's Institute for Community and Family Psychiatry.

The fund will go towards training, research and the development of services to deal with the psychological ramifications of physical illnesses and events such as the loss of a baby, cardiac rehabilitation, organ transplantation, and coping with cancer, as well as the more traditional areas of mental and emotional illness.

Dealing with elder abuse



To help sensitize JGH staff to the problem of elder abuse, the Department of Social Services organized a Grand Rounds on the topic. Seated are members of the Elder Assessment Team at Beth Israel Hospital in Boston who were the guest speakers. Left to right: Dr. Kenneth Minaker, Jane Matlaw, and Doreen Spence. Conference organizers, standing, left to right: Karen Rotenberg, Angela Saldanha, Caroline Burman, Terry Fishman, Annie Danino.

During the past year, the JGH Department of Social Services has made the detection and treatment of elder abuse a priority. A training manual has been developed to educate and sensitize staff to the problem. Social workers discuss the issue with multi-disciplinary health care teams, explaining what clues to look for and how to proceed if abuse is suspected. Training is provided on an ongoing basis, to make sure new medical residents are aware of the problem.

Caroline Burman, director of the Department of Social Services, says that while exact statistics of elder abuse are unavailable, she has noticed an increase of cases. "Part of it is that we're screening better, we're detecting easier. And I think the other piece is, the economic situation has caused an increase in every kind of abuse."

When people lose their jobs or suffer major economic setbacks and at the same time are responsible not only for their children but also for an elderly parent, the stress and frustration can be overwhelming, explains Mrs. Burman.

Abuse takes different forms and can include financial exploitation,

verbal abuse, physical abuse and neglect. It cuts across all socioeconomic classes and ethnic groups. Often both the abuser and the victim minimize or deny the abuse. The problem is compounded in many cases because the elderly person lives with and is dependent upon the abuser. Fear of retribution or of being placed in a nursing home keeps some elderly from reporting the abuse.

Generally, when abuse is suspected, the first step is to get the victim away from the threat. In that sense, says Mrs. Burman, being in the hospital is an advantage. "They're protected here, and that gives us a little time to talk to them about the situation, without judging anyone, to offer them some support and provide alternatives." For example, sometimes just getting some help into the home can relieve the tension and lessen the likelihood of further abuse.

The elder abuse program in place at the JGH was created by Jewish Family Services Social Service Centre to address the problem within the community. For more information, please contact the JGH Department of Social Service, 340-8240 or Jewish Family Services at 485-1112.

Annual Report wins First Place

The Health Care Public Relations Association has awarded our hospital its prestigious Hygeia Award for excellence in health care communications. Our 1990-91 Annual Report took first prize in the two color annual report category of this Canada wide competition. Judge's comment: "A 10 in writing. Articles are worthy of time spent reading in any publication. Good use of an annual report to educate as well as inform."



Departments collaborate. Left to right: Hospital translator Odette Lapointe; Public Relations Department: Hena Kon, writer; (seated) Betty Rozovsky, editor; Sharon Rubin, assistant; Audio Visual Services: Felipe Arguez, photographer; Christine Lalonde, graphic designer.

Cardiac surgery revisited

In the last issue of the JGH News, we featured our new cardiac surgery program. Given the sheer number of people involved in the successful management of cardiac surgery cases, we could not mention all the members of the team. In this issue, we will introduce more of the key players, those who work behind the scenes and others who care for patients following surgery.

The Department of Biomedical Engineering

Before the cardiac surgery program could begin in earnest, specialized equipment had to be purchased and carefully inspected. That's where Alex Sebe, director of the Department of Biomedical Engineering, and his team of biomedical technicians came into the picture.

First, Mr. Sebe met with the cardiac surgery committee to discuss their needs. Everything was ordered to exact specifications, and upon delivery, each piece was closely inspected by the biomedical engineering team. "We verified that every piece of equipment met the proper standards for patient safety and equipment operation," said Mr. Sebe.

Each piece was tagged, and information was entered into a computerized equipment database to closely monitor repairs, preventive maintenance and to ensure proper functioning at all times.

Anesthesia technicians

When permission was given to the JGH to start a cardiac surgery program, Toulia Trihas, chief anesthesia technician, was one of many people who helped set the stage for successful operations. Working closely with the surgeons, she helped set up the operating room and trained the staff of 13 anesthesia technicians.

Anesthesia technicians function like the anesthetist's right hand by preparing all the lines which will be inserted into the patient prior to the operation and checking the anesthetic machines. According to Ms. Trihas, having technicians work side by side with anesthetists leads to greater efficiency in the OR.

In addition to preparing the anesthesia equipment, the technicians ventilate and monitor the patients during surgery.

Intensive Care Unit

Once surgery has been completed, patients are transferred immediately to the Intensive Care Unit (ICU) where they are cared for by a team of dedicated nurses, physicians and support staff.

The first 24 hours following surgery are the most critical, explains Joanne Letourneau, ICU head nurse. "The nurses' role is tremendous during this time because the patients are unstable and need one-to-one care." In fact, for the first 45 minutes, each patient requires two nurses.

Ms. Letourneau is in charge of a staff of 60 nurses who work in the ICU and the Intermediate Care Unit (IMCU). The latter unit was opened as a result of the cardiac surgery program. Patients stay in both units for a total of three days (24 hours in ICU and 48 hours in IMCU), and are followed, whenever possible, by the same nurses.

Martine Gagnon, nursing education consultant, was responsible for an extensive training program, teaching nurses how to use new machines such as special warming blankets and blood warmer pumps.

Cardiac surgery ward - 4 northwest

Patients who arrive on 4 northwest before their surgery are typically anxious. Many suffer from unstable angina, some have had a heart attack in the past, all worry about the operation and how it will affect their lives. "They have been waiting a long time for surgery, and that causes even more anxiety," says head nurse Fabienne Lavoie. "It's hard on the family too, and we have to help them cope," adds nursing education consultant Denise Bedard.

Ms. Bedard is in charge of a training program for all nurses on the ward, which includes the physiology of the heart, pre and post-operative care of cardiac surgery patients, understanding the fears of patients and their families, and patient/family education.



On 4 northwest, nurse Julie Ford (seated) teaches patient Raymond Otis while Denise Bedard and Fabienne Lavoie look on.

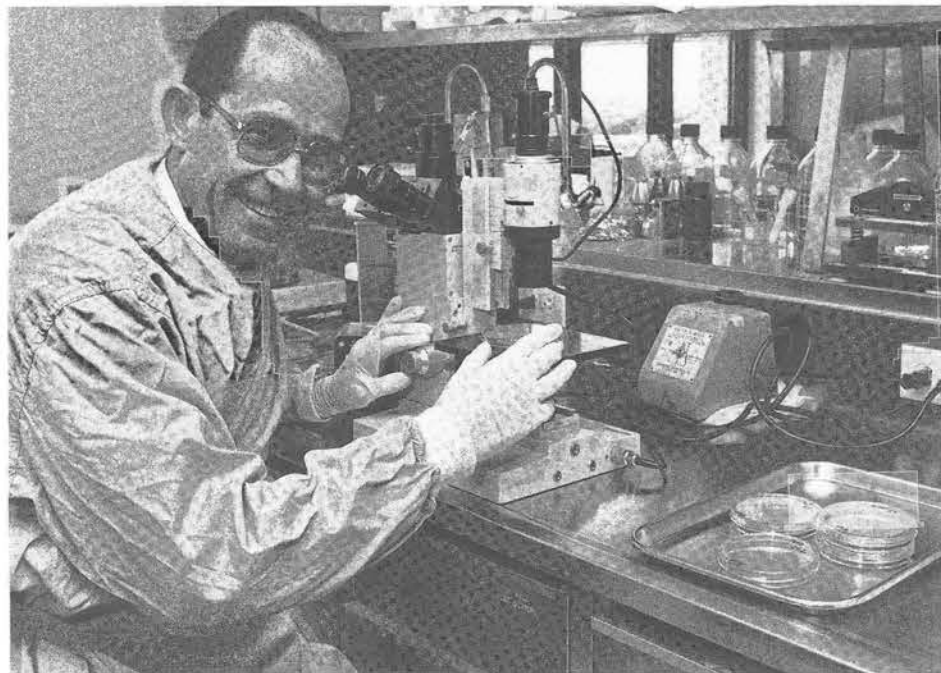
The first step is to assess not only the patient's knowledge, but also what he is ready to learn and accept. "We build on their knowledge, facilitate their learning, and reassure them that they can have a normal life after surgery," says Ms. Lavoie.

Patients spend a total of seven days in the hospital from the time of admission to discharge. After spending time in the Intensive and Intermediate Care Units, they are brought back to 4NW. The nurses prepare them for discharge by teaching them about risk factors such as smoking and diet, explaining any restrictions, how to look after the incision, and how to handle potential complications. Patients and family members are encouraged to call from home should they have any problems or further questions.

Currently, Ms. Lavoie and Ms. Bedard are organizing a program whereby a nurse from the ward will meet with patients when they come to the hospital for their pre-admission testing, give them information and offer to show them around the cardiac surgery ward. Concludes Ms. Lavoie, "We want to make sure their hospitalization will be a positive experience."

Israeli scientist chooses the Lady Davis Institute

During the past several years, staff at the Jewish General Hospital's Lady Davis Institute for Medical Research have welcomed scientists from Israel who have chosen to pursue their research at the LDI.



Dr. Bentwich in his lab.

For Dr. Zvi Bentwich, a clinical immunologist and expert in AIDS research, the LDI was a natural choice. As he explained, the incidence of AIDS is quite low in Israel, making it difficult to study the applications of new diagnostic tests for the AIDS virus. As a Canadian centre for the study of AIDS, receiving samples from across the country, the Lady Davis Institute AIDS lab is extremely well equipped and very active. "The people are hard-working, and scientists here are doing lots of interesting things," said Dr. Bentwich.

Once the arrangements had been made with Dr. Mark Wainberg, Director of the AIDS lab and the McGill AIDS Centre, based at the JGH, Dr. Bentwich took a nine month leave of absence from his post as chairman of Medicine at Hebrew University's Kaplan Medical Centre in Rehovot.

Dr. Bentwich is testing an assay for the detection of the HIV virus. This test, developed over a two year period in Israel, can detect the viral load - how much of the live HIV virus

is actually in the body. While still in the developmental stage, this test may have important implications in treating HIV infected patients. By measuring how much virus is in the body, it can be used to gauge the effectiveness of treatment. This is particularly useful in determining drug resistance, since if a medication were working, the amount of virus would decrease. Another advantage to this assay is its speed. The test produces results within 12-24 hours, as opposed to the usual wait of several days.

Having received his medical training in Israel and the United States, Dr. Bentwich was pleased with the opportunity to explore the Canadian research scene. So far, he has been most impressed with the high calibre of scientific research at the LDI. He has come to the conclusion that "many good things can be done in Canada. In fact, sometimes, with less means, you become more inventive, are forced to work harder and accomplish more."

Support for AIDS research

The hospital was honored recently when M. Jean-Pierre Hogue, M.P. d'Outremont, personally visited to present a \$100,000 cheque on behalf of Health and Welfare Canada in support of Dr. Mark Wainberg's research studies on AIDS.

Dr. Wainberg is scientific director of the hospital's Lady Davis Institute for Medical Research and director of the McGill AIDS Centre located at the JGH.



Left to right: JGH Director of Research Dr. Samuel O. Freedman, O.C., Dr. Wainberg, M. Hogue, President of the hospital Stephen Vineberg.

Ellen and Martin Prosserman Head and Neck Oncology Centre

A substantial gift from the Prosserman family has enabled the hospital to establish the Ellen and Martin Prosserman Head and Neck Oncology Centre. Dr. Martin Black, chief of the McGill Head and Neck Surgery and Oncology program and Dr. Saul Frenkiel who succeeds Dr. Black as chief of Otolaryngology at the JGH, expressed their deep appreciation.

This extremely generous gift will permit our patients to receive a superior service while enhancing the opportunity for essential research and equipment.



Left to right: The Prossermans: Ronnie, Brian, Ellen and Martin (Absent from photo: Gary Prosserman).

Rear: left to right: Director of the Foundation Al Regenstreif, Dr. S. Frenkiel, Executive Director Henri Elbaz, and Dr. M. Black.

A gift for oncology patients

Mr. Jean Guy Larin, vice president, Quebec operations of Sanofi-Winthrop Inc., presents a cheque to Mrs. Sheila Kussner, founding director of Hope and Cope. Looking on is Sheryl Miller, left, Hope and Cope volunteer, and Brenda Bessner, right, clinical representative, Sanofi-Winthrop Inc. This generous gift will purchase walkmans to provide music and relaxation for oncology patients in hospital, and during treatment.



Memory... continued from page 2.

A third approach is through participation by Drs. Howard Bergman, Mark Clarfield and Marie Beaudet (statistician) in the epidemiological research team studying dementia in the elderly. Epidemiology involves the study of diseases and their causes by examining how and where they occur in the population. The research team is comprised of epidemiologists Drs. Mona Baumgarten (Université de Montréal) and Christina Wolfson (McGill University), associate members of the Division of Geriatric Medicine as well as researchers from Centre Hospitalier Côte des Neiges. This particular research is being funded by the Fonds de recherche en santé du Québec (FRSQ).

A pilot study funded by the National Health Research Development Program (NHRDP) looking at the possible link between general anesthesia and Alzheimer's disease is presently in progress.

In a relatively short time, the JGH Memory Clinic has established impressive clinical and research programs which will contribute to the understanding of Alzheimer's disease. However, despite the start-up operational grants which the clinic has received thus far, it functions on a severely limited budget. Unfortunately, research grant money does not cover the support staff and other necessary resources which form the backbone of the clinic.

A Gift from Wood Gundy

Since 1986, the brokerage firm of Wood Gundy Inc. has donated generously to the Neonatal Intensive Care Unit. Including this year's gift of \$10,000, Wood Gundy has given a grand total of \$75,000 to this unit. Thanks to the concern demonstrated by companies such as this, the Neonatal ICU can fulfill its mission to save the lives of premature, high risk newborns.



Dr. Apostolos Papageorgiou, chief of Neonatology and Pediatrics, gratefully accepts a cheque from Mr. Jack Ditkofsky of Wood Gundy Inc.

Vermont delegation visits JGH

Critical health care legislation is being debated in the Vermont State House and Senate. To get a better idea of what socialized medicine is all about, a special delegation from the state of Vermont visited the Jewish General Hospital in early May. They were welcomed by the hospital's nursing directors, who then took them on a tour of several areas including the geriatrics ward, the obstetrics ward, the neonatology unit and the emergency department. Members of the delegation said they were impressed with the health care system here.



Front row, seated left to right: Senator Cheryl Rivers, Vermont State Senate Health and Welfare Committee; Representative Marilyn Rivero, Vermont State House Health and Welfare Committee; Loretta Tyler, lecturer, University of Vermont School of Nursing, and member of the Vermont State Nurses Association Legislative Committee.

Back row, left to right: Lynne McVey, JGH nursing director; Marilyn Monk, associate executive director-nursing, JGH; Ariella Lang, JGH nursing director.

The Jewish Community Listening Service



343-4343

An anonymous and confidential telephone service

Coping with sleep disorders



Working on the Sleep and Aging Project, standing, left to right: Drs. Fichten and Libman. Seated: left to right: Laura Creti and Harriet Lennox.

Having trouble sleeping is a common problem, especially among the elderly. For those who rarely experience insomnia, lying awake at night is merely an annoyance. But for others, regular bouts of poor sleep can seriously impair daily functioning.

It is this latter group that concerns a team of psychologists at the Institute of Community and Family Psychiatry who are working on the Sleep and Aging Research Project.

Drs. Eva Libman and Catherine Fichten, co-directors of the project, point out that it is normal for older people to wake up multiple times during the night, and to sleep less. However, when individuals become upset and anxious about their insomnia, perform poorly during the day as a result, and take sleeping pills on a regular basis, sleep disorders become a problem.

Insomnia in the elderly has become a burden on the health care system. Hypnotics and sedatives taken to "cure" the problem can have serious consequences. Sedatives, which remain in the bloodstream, can cause "grogginess", which leads to a greater risk of falls. As well, these drugs may interact negatively with other medication taken by the elderly for a variety of conditions. And although sleeping pills lose their effectiveness after a few weeks, some people continue to take them for years.

Thus, Drs. Libman and Fichten decided to create an effective treatment package for insomnia without the use of medication. The first step was to discover what

differentiates self-described good sleepers from poor sleepers. Approximately 400 volunteers were compared on a variety of factors such as socioeconomic status, physical and psychological state, sleep patterns and lifestyles.

Results showed that while there were no differences in terms of napping or sleeping patterns, those who described themselves as good sleepers were more active during the day, and engaged in more pleasurable activities and had a higher proportion of positive versus negative thoughts. Poor sleepers typically experience the time spent awake during the night as more distressing and unpleasant, experienced more anxiety during periods of wakefulness, and felt that time passes more slowly.

Based on these findings, the researchers developed a treatment which focuses on changing the quality of time spent awake during the night. By interrupting negative and intrusive thoughts, the "awake time" does not seem as long, and this results in less anxiety. The treatment, which has been tried with 40 people so far, has had encouraging results.

The Sleep and Aging Project is funded by the Conseil Québécois de la recherche sociale. In addition to co-directors Drs. Libman and Fichten, the research team is composed of Laura Creti, project coordinator; team members Sally Bailes, Ann Gay, Harriet Lennox, Vicki Tagalakis, Nettie Weinstein; medical consultants Drs. A. Mark Clarfield, Robert Levy, Israel Libman; statistical consultant Rhonda Amsel.

Prostate cancer support group

Each year, as our population ages, detection methods improve and more and more men will be diagnosed with prostate cancer.

To minimize the shock and anxiety which the patient and his family often face, the JGH Division of Urology organized a support group for prostate cancer patients.

The ten sessions are led by Isabelle Grégoire, a nurse-clinician in the urology clinic, and a psychologist experienced in leading groups. In the first phase, guest speakers such as urologists and radiotherapists provide the group with extensive information on the stages and treatment of cancer of the prostate.

During the second phase, the focus is on coping, psychologically and emotionally, with prostate cancer and its side effects such as incontinence and sexual dysfunction. Patients and their families are encouraged to express their concerns and share coping strategies.

Patients who have participated in this support group report that it gave them a better understanding of their disease, alleviated some of their anxieties and allowed them to feel more involved in their treatment.

If you are interested in joining a prostate cancer support group, please call Isabelle Grégoire at 340-7558.

Hormone Therapy Conference attracts experts to JGH



"Steroid Hormones in the 1990's: from Adolescence to Senescence" was the title of a conference held at the JGH in May. Experts in the field of the menopause discussed topics such as the risks and benefits of hormone therapy for menopausal women, breast cancer and hormones, and the special uses of oral contraceptives. The conference was directed by Dr. Morrie Gelfand, Chief of the JGH Department of Obstetrics/Gynecology, Professor of Obstetrics/Gynecology at McGill University (far right), and Dr. Alex Ferenczy, Professor of Pathology, Obstetrics and Gynecology, McGill University, (far left). They are standing here with two of the guest speakers at the conference, Dr. Leon Speroff, Professor of Obstetrics and Gynecology, Oregon Health Sciences University, President of the American Fertility Society (second from left), and Dr. Allan Rosenfield, DeLamar Professor and Dean, Columbia University School of Public Health, New York.

Children say no to smoking

Pictured here are five of the winners in the first annual No Smoking Poster Contest. Organized to coincide with National No Smoking Week, the contest was open to children of JGH staff. Certificates and prizes were handed out to the children during a ceremony held in their honour.



Posing in front of the posters are, left to right: Mia Sarah Bergman, Jessett Lampkin, Jessica Walsh, Stephanie Lipstein and Jean-Sébastien Dufresne. Absent from photo: Devora Jakobovits, Eyal Tapiero and Maya Tapiero.

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: Stephen Vineberg
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Editor: Betty Rozovsky
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Assistant: Sharon Rubin
Translation: Odette Lapointe
Photography: JGH Department of Audio-Visual Services



Printed on recycled paper

Bulletin

Publications

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Nominations/Appointments Prix/Awards

Brisson, M.-L.: Appointed Assistant Secretary of the Executive Committee of the Canadian Association of Pathologists and Member of the Executive Committee of the Quebec Association of Pathologists. Co President Organizing Committee of the Canadian Congress for Laboratory Medicine, Montreal 1991.

Bégin, L.R.: Appointed External Examiner Master's Thesis in Experimental Surgery, McGill University. Expert Evaluator, Professional Inspection Committee, Professional Corporation of Physicians of Quebec. Appointed Scientific Reviewer for Archives of Pathology and Laboratory Medicine.

Bergman, H.: Elected a Fellow of the American Geriatrics Society.

Caplan, S.: Director, lymphoma section clinical trials operation, Department of Oncology, McGill University. Member Groupe de travail sur les facteurs de stimulation des colonies cellulaires. Conseil consultatif de pharmacologie, Ministère de la Santé et des Services sociaux, Gouvernement du Québec.

Chertkow, H.: Appointed to the Post Graduate Education Committee, Department of Neurology and Neurosurgery, McGill University. Member, FRSQ - Committee for awarding chercheur-boursier clinician salary grants. Member, McGill Advisory Committee Peer Review, MRC Grants and Awards.

Crelisten, G.: Elected to Council, Division of Medicine, Royal College of Physicians and Surgeons of Canada.

Dascal, A.: Grant Reviewer. National Research Council of Canada and National Health Research and Development (NHRDP) Immunovirology of HIV.

Deskin, A.: Appointed to the Board of Directors, Alliance Quebec.

Faust, E.: Associate Professor, Department of Experimental Medicine, McGill University. Project director, Lady Davis Institute for Medical Research.

Ferenczy, A.: Appointed President Elect of the Society of Canadian Colposcopists. Appointed to the Editorial Advisory Board, International Journal of Gynecologic Cancer. Expert witness for the Canadian Medical Protective Association.

Freedman, B., Fuks, A., Weijer, C.: Honorable mention, Nellie Westerman Prize for essays on ethics of clinical research, American Federation of Clinical Research (AFCR) 1992: "Demarcating research and treatment: a systematic approach to the analysis of the ethics of clinical research."

Freedman, S.O.: Honorary Doctor of Science degree, McGill University.

Gagnon, A.: Appointed Project Director, Lady Davis Institute for Medical Research.

Heilpern, P.: Elected President of the Association of Medical Directors of Canadian Teaching Hospitals.

Hiscott, J.: MRC-NHRDP AIDS Grants Panel, Medical Research Council of Canada and Health and Welfare Canada. Cell and Molecular Biology Grants Panel, Cancer Research Society Inc. Faculty Scholarship Committee, Faculty of Medicine, McGill University. Fonds de la recherche en santé du Québec, Senior Chercheur Boursier.

Hyams, B.B.: Appointed Member Ethics Committee, JGH.

Just, N.: Appointed to the Selection Committee for Chairman of Diagnostic Radiology, McGill University.

Kahn, S.: Winner of the 1992 American College of Physicians Associates Competition.

Karp, S.E.: Appointed Project Director, Lady Davis Institute for Medical Research.

Klein, M.: Member, Editorial Board Family Medicine (official academic journal of the Society of Teachers of Family Medicine and the North American Primary Care Research Group). Consultant à la Commission royal d'enquête sur les nouvelles techniques de reproduction. Les conduites et les attitudes des médecins canadiens à l'égard du diagnostic prénatal. Group de recherche sur les aspects sociaux de la prévention (GRASP), Université de Montréal, 1992.

Lisbona, A.: Re-appointed Examiner, Diagnostic Radiology, Royal College of Physicians and Surgeons of Canada. Member of committee of ARQ for implementation of screening mammography in the Province of Quebec.

Lamoureux, E.: Appointed Member of jury for General Surgery specialty, Royal College of Physicians and Surgeons of Canada, 1991. Reappointed to Residency Committee, Pathology, McGill University, 1991.

Martin, M.: SBASTJ. Medal for exceptional volunteerism by the St. John Ambulance Society, 1992.

Mendelson, J.: Appointed to Editorial Board of the Canadian Journal of Diagnosis.

Panasci, L.: Associate Professor, Department of Oncology, McGill University.

Pollak, M.: Associate Professor, Department of Medicine, McGill University. Associate Professor, Department of Oncology, McGill University.

Papageorgiou, A.: Elected President of the Society of Neonatologists of Quebec.

Rochon, L.: Appointed Associate Professor of Pathology and of Otolaryngology, McGill University 1992.

Rozovsky, B.: 1st prize JGH Annual Report - Canada wide. Health Care Public Relations Association.

Rush, C.: Consultant: Cornwall General Hospital, 1991-92.

Satin, R.: Appointed Associate Editor of the Journal of the Canadian Association of Radiology.

Shenouda, G.: Appointed Project Director, Lady Davis Institute for Medical Research.

Sigman, H.: Awarded the Resident's Award for excellence in teaching, Department of Surgery, McGill University, 1992.

Small, P.: Reappointed Co-editor in Chief of Allergy Magazine. Reappointed to the Editorial Board, American Journal of Rhinology. Chairman, Examining Board, Professional Corporation of Physicians of Quebec. Appointed Editor, Allergy focus. Appointed Editor, Allergy Handbook. Chairman-organizer, The Changing Face of Immunotherapy, Montreal.

Steinert, Y.: Chairperson, Behavioral Science Task Force, Department of Family Medicine, McGill University. Co-Chairperson, Faculty Development Program Committee, Faculty of Medicine, McGill University.

Stern, J.: Appointed Examiner, Fellowship Boards for Nuclear Medicine, Royal College of Physicians and Surgeons of Canada. Judge, Scientific Session: Canadian Association of Medical Radiological Technologists, Ottawa, 1992.

Trudel, M.: Appointed to Lymphoma Committee, Clinical Trials Operations, McGill University, Department of Oncology.

Wolkove, N.: Reappointed to the Internal Medicine Board of Examiners, Royal College of Physicians and Surgeons, 1992-93. Group leader, McGill University, Faculty Development Workshop on effective lecturing and the use of audio-visual aids 1992. Local coordinator, Montreal, Royal College Oral Examinations, Internal Medicine, 1992.

Zukor, D.J.: Re-appointed as Nucleus Member of the Royal College of Physicians and Surgeons of Canada. Orthopedic Written Examination Test Committee. Appointed Director of Resident Research, McGill University, Orthopedic Program.

Conférences/Presentations

Allard, L., Durand, L.G., Guo, Z., Roederer, G., Langlois, Y.E.: Comparison of spectral analysis techniques for computer assisted classification of doppler ultrasound spectra recorded in the lower limb arteries. IEEE-EMBS, France, Oct. 1992.

Alper, D., Hiscott, J.: The simian virus 40 enhancer activates the interferon alpha promoter in human fibroblasts. Life Science Advances (Virology) 10: 1-12, 1991.

Alpert, E.: Biochemistry of Alpha-Fetoprotein. Department of Chemistry, Birkbeck College, University of London, London, England, May 1992. Characterization of a novel human autoantigen. Institute for Cancer Research, University of Freiberg, West Germany, May 1992.

Bergman, H.: The diagnosis and treatment of urinary incontinence. Geriatric Medicine Board Review and Conference. Division of Geriatric Medicine, Department of Medicine, University of Hawaii, 1992.

Berkowitz, R.I., Zukor, D.J.: Investigations into the use of five bromo two deoxy uridine as a label for Meniscal and Synovial cells. Orthopedic Research Society, Washington, D.C., Feb. 1992.

Bramson, J., McQuillan, A.C., Prévost, J., Panasci, L.: Expression of DNA repair enzymes in chronic lymphocytic leukemia. Abstract: American Association of Cancer Research, Vol 33, San Diego, May 1992.

Brenner, B.G.: Novel NON-NHC restricted cytotoxic lymphocytes are inducible in HIV-1 seropositive individuals. 2nd Annual National Conference on HIV-AIDS Research, Vancouver, May 1992.

Caplan, S.: Ten years of plasma exchange in Canada. Presented at VIIIth World Congress of the International Society for Artificial Organs in conjunction with IVth International Symposium on Blood Substitutes, Montreal, Aug. 1991.

Chertkow, H.: Increased activation of anterior cingulate region in dementia of the Alzheimer's type. American Academy of Neurology, San Diego, May 1992. Imagerie de la fonction du cerveau chez les malades souffrant de démence de type Alzheimer. 60ième congrès de l'ACFAS, Montreal, May 1992. Détérioration de la mémoire sémantique dans la démence de type Alzheimer. Colloque du 10ième anniversaire du Centre de Recherche du CHCN, Montreal, April 1992.

Chung, M.A., Bayer, I., Mitmaker, B., Gordon, P.H., Wang, E.: Poster session. A zone of proliferative tissue adjacent to colorectal carcinomas. American Society of Cell Biology. Boston, Dec. 1991.

Covell, C., Rozanski, P.: Innovative changes through imposed efficiencies. 17th Annual Health Administration Forum, Ottawa, Feb. 1992.

D'Addario, M., Wainberg, M.A., Hiscott, J.: Activation of cytokine genes in HIV-1 infected myelomonoblastic cells by phorbol ester and tumor necrosis factor. Journal of Immunology 148: 1222-1229, 1992.

Dascal, A.: Invited speaker: Toxic strep. Canadian Association for Clinical Microbiology and Infectious Disease, Quebec City, Dec. 1991. Invited speaker. Cephalosporin use in the hospital setting. Hôpital Sacre-Coeur Université de Montréal, Medical Grand Rounds, April 1992. Recrudescence of severe group A strep disease. Family Medicine Day, Montreal, May 1992.

Ferrante, A., Fournier, K.: Understanding nurses' concerns about documentation: an approach to evaluating one hospital's system. First Annual Quality of Nursing Worklife Conference. Hamilton, March 1992.

Filion-Laporte, L., Davis, M.W.L., Steinert, Y., Haggerty, J., Cedeno, R.: Symposium. Developing family medicine in Costa Rica: a case study.

13th WONCA World conference on Family Medicine, Vancouver, May 1992.

Freedman, B.: Is an ethicist obliged to save a patient's life? The limits of the justice of neighbors. Plenary address. Society for Bioethics Consultation, Toronto, Sept. 1991. 1) Judaism and the justice of neighbors: a philosophical basis for bioethical clinical consultation 2) The allowable limits of risk in research upon incompetent subjects: minimal risk reconsidered. 4th International Congress on Ethics in Medicine, Jerusalem, Israel, Oct. 1991. How informed an informed consent? Clinical Research Association of Canada, Toronto, Nov. 1991. Ethical issues regarding treatment of infants with intracortical hemorrhage. Grand Neonatology Rounds, University of Manitoba/Health Sciences Centre, Winnipeg, Feb. 1992. Jewish Values and HIV Disease. YMHA, Winnipeg, Feb. 1992. The Rabbinate and medical ethics. Rabbinic Council of Montreal, March 1992. Living wills: a hospital ethicist's perspective. AJCS, Montreal, March 1992. Ethics consultation within the hospital: Judaism and the justice of neighbors. Belkin Memorial Lecture, Albert Einstein College of Medicine, Bronx, NY, April 1992. Clinical trials and a patient's right to the best care. Pharmaceutical Manufacturers Association of Canada, Toronto, April 1992. Nursing patients in pain: ethical dilemmas. Meeting the Challenge of pain in the 90's. Nursing conference in conjunction with the Canadian Pain Society, Montreal, May 1992. Continuities and new departures: ethics of genetic research and intervention. Scientific Day, Institute of Medical Science, University of Toronto, May 1992. Family's role and ethical issues of psychiatric patients. AMI Quebec, May 1992.

Fried, G.M., Sigman, H.H., Meakins, J.L., Hinchey, E.J., Garzon, J., Barkun, J.S., Mamazza, J., Wexler, M.J.: Management of acute cholecystitis by laparoscopic cholecystectomy. Society of American Gastroendoscopic Surgeons Annual Meeting, Washington, April 1992.

Friedl, A., Jordan, V.C., Pollak, M.: Effect of tamoxifen (TAM) on insulin like growth factor-1 (IGF-1) levels in breast cancer patients. Abstract: Proceedings of the American Association for Cancer Research, San Diego, 33: 282, May 1992.

Gelfand, M.M.: Hormone Replacement Therapy 1992, Practical Approaches. Montreal, Feb. 1992. Unresolved issues: hormonal replacement during menopause. Nationwide teleconference, by World Health from Atlanta, March 1992. CBC-TV. The Best Years. Menopause and Menopause Clinic at the JGH, April 1992. Workshop. Hormone replacement therapy in the aging woman. Annual Meeting of ACOG, Las Vegas, April 1992. Co-chairman of a symposium on the menopause. 34e Congrès de la Fédération des Gynécologues et Obstétriciens de Langue Française. June 1992. Hormonothérapie et Cancer de l'Endomètre. La 6e Réunion Internationale de la société Francophone de Cancerologie. Université de Montréal, June 1992.

Germinario, R.J.: Tyrosine phosphorylated substrate (pp175) and insulin degradation may be involved in insulin and insulin like growth factor-1 dependent cell growth in Chinese hamster lung fibroblasts. Sorona Symposium: Cell Biology and Biotechnology, Boston, Jan 1992.

Gordon, P.H.: Interesting case presentations and Management of colonic polyps with invasive carcinoma. T² Medical Meeting. Palm Beach, Florida, Feb. 1992. Pitfalls and aids in low colorectal anastomosis. American College of Surgeons. Orlando, March 1992. Complex anal fistula: use and abuse of a seton. Combined meeting of Quebec Association of General Surgeons and Association of Surgeons of France. Montreal, Apr/May 1992.

Gyorkos, T.W., Tannenbaum, T.N., Abrahamowicz, M., Franco, E., Delage, G., Carsley, J., Bedard, L., Miller, M., Lamping, D., Grover, S.: Evidence on the effectiveness of immunization delivery methods. Second National Conference on Immunization, Toronto, May 1992.

Gyorkos, T.W., Tannenbaum, T.N., Abrahamowicz, M., Franco, E., Delage, G., Carsley, J., Miller, M., Bedard, L., Lamping, D., Grover, S.: The effectiveness of immunization delivery methods: a summary of the scientific evidence. Information Technology in Community Health (ITCH) Victoria, Oct. 1992.

Hiscott, J.: La régulation de l'expression de VIH-1 et l'activation des gènes de cytokines. Médecine/Science 8: 346-352, 1992. Invited speaker. Regulation of cytokine gene expression in HIV-1 infected myeloid cells. American Association of Immunologists Annual Meeting, Anaheim CA. April 1992.

Hiscott, J., Lacoste, J.: Regulation of NF-kB/rel activity in T cells expressing Tax oncogene of HTLV-1. International Conference on Advances in Cancer Research, San Remo, Italy, June 1992.

Hiscott, J., Roulston, A., D'Addario, M., Cohen, L., Lacoste, L., Wainberg, M.A.: Induction of differentiation and NF-kB activity in HIV-1 infected myeloid cells. Abstract for Keystone Symposium "Transcription Control in Development, Differentiation and Disease" Tamarron, Colorado, Jan 1992.

Jamous, G., Durand, L.G., Langlois, Y.E., Lanthier, T., Pibarot, P., Carioto, S.: Optimal time-window duration for computing time frequency representations of normal phonocardiograms in dogs. IEE-TBME, 1991.

Kahn, S., Leblanc, R., Sadikot, A., Fantus, I.G.: Hypothalamic-pituitary dysfunction with marked hyperprolactinemia caused by carotid aneurysm. American College of Physicians, Annual Session, San Diego, March 1992.

Klein, M.: Invited speaker: Episiotomy, a marker in obstetric care. Clinical Scholars Program. Stanford University, California, Feb 1992. Two sessions on perinatal medicine - 1) Evaluation in neonatal care: the influence of birth setting and the physical and attitudinal environment on the health professional's and father's behavior toward his partner and infant. 2) Incorporating existing new knowledge into practice. Child Health 2000. Vancouver, B.C., Feb. 1992. How to turn questions into answers. Episiotomy - a window on obstetrical practice. 37th Annual Scientific Assembly. College of Family Physicians of Canada, Alberta Chapter. Banff, Feb. 1992. Est-ce que l'épisiotomie est capable de prévenir le traumatisme des planchers pelvien et périnéal. Étude faite en collaboration des universités McGill et de Montréal. La réunion scientifique du département d'obstétrique-gynécologie. Hôpital Notre Dame, mars 1992. A.T. Gowron Memorial Lecture. 1) Influence of Practice Setting on Maternity Care. 2) Episiotomy - window on obstetrical practice. Manitoba Chapter of the College of Family Physicians of Canada Annual Scientific Assembly, April 1992. Episiotomy: a window on the maternity care paradigm. Group de recherche interdisciplinaire en santé (GRIS). Université de Montréal, April 1992. **Donald Rice Invited Speaker:** Arbutus Blooms Seminar on Community Based Residency Training. Episiotomy as a window on our training programs. University of British Columbia, May 1992. The place of research in family practice; The influence of the practice environment on the influence of maternity care. Family Practice Research Seminar. Memorial University of Newfoundland, June 1992. Keynote: Family Practice Research Day. Episiotomy, window on maternity care. Memorial University of Newfoundland, June 1992.

Klein, M., Gauthier, R., Kaczorowski, J., Robbins, J., Jorgensen, S., Johnson, B., Corriveau, M., Joshi, A.: Physician beliefs about episiotomy and perineal management: consequences for primips under their care. Further results from the McGill/Université de Montréal Episiotomy Trial. North American Primary Care Research Group Annual Meeting. Medical College of Virginia, Richmond, April 1992.

Lacoste, J., Cohen, L., Hiscott, J.: Regulation of NF-kB/rel activity in T cells expressing the Tax oncogene of HTLV-1. Abstract for American Association for Cancer Research Annual Meeting, San Diego, Cal. May 1992.

Lander, P.: 1) Percutaneous electrothermo-coagulation of posterior spinal nerve for facetogenic pain. 2) Assessment of low back pain: the present and future. University of Arizona, College of Medicine, Tucson, March 1992.

Leblanc, J.F., Hiscott, J.: Differential response of human interferon B promoter elements to trans-activation by HSV VP16 and IRF-1. Virology 186: 760-763, 1992.

Levitt, C., Klein, M., Van der Velden, K., Zander, L., Scherger, J.: The relevance of family practice maternity care. Symposium. World Association of Family Physicians (WONCA), Vancouver, May 1992.

Markakis, E.: PTCA Update: the latest in coronary angioplasty. Cardiovascular Nursing, Toronto, March 1992.

Mendelson, J., Condylomata international collaborative study group: Randomized placebo controlled double-blind combined therapy trial with interferon alpha and laser surgery in the treatment of genital and/or perianal warts. Annual Meeting of the International Society for Interferon Research, Nice, France, 1991. Hepatitis. Family Medicine Day, Montreal, May 1992.

Miller, M.A.: Antibiotic use in urology. Killington, Vermont, April 1992. Evaluation of office procedures (strep, chlamydia, etc.). Family Medicine Day, Montreal, May 1992. 1) Fungal infections in the ICU and surgical areas. 2) Update on aseptic meningitis. Saint John, New Brunswick, June 1992.

Miller, N., Spanier, A., Satin, R.: Mycotic aneurysm of the superior mesenteric artery: a case report. 10th Anniversary of Entrepreneurs Vasculaires, Chicoutimi, May 1992.

Mitmaker, B., Bayer, I., Gordon, P.H., Wang, E.: Poster session. Modulation of statin expression in nucleus of rat thyrocyte following TSH administration. American Society of Cell Biology, Boston, Dec. 1991.

Mohr, G., Bouthillier, M., Lessard, S.: Surgery of intrinsic cerebellar lesions in adults: clinical aspects and functional results. XIth International symposium (Experimental and Clinical Aspects of Cerebella Function, University of Montreal, Aug. 1991. Immediate reversal of "cruciate paralysis" following transoral removal of odontoid in rheumatoid arthritis with basilar vagination and Chiari 1 Malformation. Joint Meeting of the Society of British Neurological Surgeons with the New England Neurosurgical Society. London, England, Sept. 1991.