



**DEDICATED TO  
THE FUTURE**

# JGH News

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SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSPITAL

FALL 1990

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## Hospital development enters 2nd phase



Neonatal Intensive Care Centre urgently needs renovations.

The Board of Directors recently announced that the hospital will soon embark on Phase II of its development campaign. Mr. Morton Brownstein, who chaired our recent successful building campaign, has agreed to oversee this important second phase.

The Jewish General Hospital is firmly committed to the advancement of medicine through research, academic strength and outstanding patient care.

Our raison d'être is to provide our community with the most comprehensive health care available. This special relationship with our community is one of mutual interdependence — we depend on your generosity to help us serve you better.

The hospital's well earned reputation for excellence in many of its departments has resulted in an overwhelming demand

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### Gall bladder removal: home the next day

Less than 24 hours after her gall bladder was removed, Aurora Kelly was on her way home. The 36 year old mother of three became the first patient at the Jewish General Hospital to undergo a new form of surgery called laparoscopic cholecystectomy.

Ms. Kelly, who had the operation under general anesthetic on a Monday afternoon, was discharged at 10 a.m. on Tuesday. "I'm really relieved," she said, adding, "Technology is so advanced today, it's wonderful."

Aurora Kelly's troubles started last January when she began experiencing pains which at first she thought were caused by indigestion. A visit to her doctor revealed she had gall stones.

A major gall stone attack at the end of June brought her to the JGH Emergency. An ultrasound confirmed that her gall bladder was clogged with stones, and Dr. Harvey Sigman, Chief of General Surgery, recommended laparoscopic cholecystectomy, explaining the procedure, its advantages and risks.

A laparoscope, a kind of telescope, is inserted through a small opening in the belly button area of the abdomen. Attached to the laparoscope are a strong light source and a very small camera which enable the surgeon to watch the entire procedure on a television screen. Three small puncture holes are made below the right ribs, allowing instruments to be introduced into the abdomen to carry out the operation.

Considering the alternative - major abdominal surgery requiring a week long hospital stay and considerable post-operative pain - Ms. Kelly spoke enthusiastically about the procedure. "It's not often you go home on the second day," she marvelled. "I was alert after the surgery, and the nurses said I looked good. I got up that same day." Dr. Sigman assured her that she would be able to return to full activity within a week. □

Aurora Kelly (left) receives post-operative instructions from Dr. Harvey Sigman as she prepares to go home the day after her surgery.



### Weissman Centre improves quality of life

The Hilda and David Weissman Centre for Geriatrics was filled with excitement as patients and staff on the 6th floor demonstrated their spirit and sense of fun during the first ever Geriatric Summer Olympics. Special activities during the week long event included patient vs. patient volleyball, bean bag throw and bowling.

Mona Rutenberg, art therapist and coordinator of the games, was pleased by the response. "There was tremendous participation... between 50-100 people each day." The purpose, she added, was to promote interaction between the wings - 6N, 6W and 6NW. "It created a common interest that was purely social and playful."

Hilda and David Weissman, who generously donated the Centre for Geriatrics, attended the opening ceremonies in the 6th floor solarium. The solarium itself, (which occupies 1,200 sq. ft.) is a bright, comfortable area reserved for art, music and recreation therapy, religious celebrations and social activities.

The Geriatric Division places a great deal of emphasis on community involvement which, as Dr. Bergman pointed out, is absolutely essential. Almost 25% of the Jewish population is over 65 years of age, compared to 10% of the Canadian population. Moreover, there is a 700 bed deficit in the community's nursing

**Weissman...** Continued on page 8



Mr. David Weissman (right) helps patient Liba Blaukoph with bean bag throw under the watchful eyes of (left to right) Dr. Howard Bergman, Dr. A. Mark Clarfield, and Foundation President, Steven Cummings.

### A Medical First at the JGH

The JGH caserom participated in a Canadian medical first when female twins, conceived after transfer of frozen embryos, were born on July 24, 1990.

The twins were delivered by Dr. Toga Tulandi, an obstetrician/gynecologist at the Jewish General Hospital, and Director of Reproductive Endocrinology and Infertility at McGill University. He explained that the mother's reproductive history, which included three ectopic pregnancies - a highly dangerous condition where the embryo is fertilized in the fallopian tubes instead of the womb - made her a prime candidate for a procedure known as in-vitro fertilization.

Accordingly, Dr. Tulandi sent the woman for treatment to In-Vitro Fertilization Canada, located in Toronto. The

centre's 24% baby rate, one of the best rates in Canada and higher than in the United States, means that babies are carried to full term 24% of the time.

After receiving a series of daily injections of Perganol, a medication which stimulates the ovaries to produce eggs, nine eggs were removed from the woman's body. Eight of these eggs were then fertilized in a dish. Although five embryos were transferred immediately, this did not result in pregnancy. The remaining three embryos were frozen and transferred a few months later. This time, the woman became pregnant.

The little girls each weighed over 6 lbs. at birth, and as Dr. Tulandi reports, they are perfectly healthy. □



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## The Board of Directors is pleased to announce the following appointments



**Dr. Elliot Alpert** has been appointed Chief of the Department of Medicine at the Jewish General Hospital and Professor of Medicine and Vice Chairman of the Department of Medicine at McGill University.

Dr. Alpert received his degree in medicine from the State University of New York College of Medicine, Syracuse (summa cum laude) in 1961. He took his postgraduate training in medicine at Boston City Hospital (Harvard Medical Service), was a resident in epidemiology for the New York State Department of Health in Albany, and a clinical fellow in medicine (gastroenterology) at Harvard Medical School and Massachusetts General Hospital. From 1966-1971, he received three research fellowships in medicine (gastroenterology, hepatology and immunology/immunochemistry) at Harvard Medical School.

Dr. Alpert is certified by the states of New York, California, Massachusetts and Texas. Before coming to the JGH, he served as Head of Gastroenterology Services at the Methodist Hospital in Houston, and was a member of the consulting staff at three other hospitals, including Houston's M.D. Anderson Hospital and Tumor Institute.

His academic appointments have included positions as Associate Professor of Medicine at Massachusetts General Hospital and Harvard Medical School, Chief of Gastroenterology and Professor of Medicine and Professor of Cell Biology at Baylor College of Medicine in Houston. As well, he was a Visiting Lecturer at the Massachusetts Institute of Technology and at the University of East Africa in Kampala, Uganda.

Dr. Alpert has served on a variety of committees and associations at the local, regional and national level, with a special interest in cancer research. He has served as Chairman of the Medical Advisory Board of the Gulf Coast chapter of the US National Foundation for Ileitis and Colitis. He was Chairman of the Baylor-Methodist Joint Liver Transplantation Task Force, and Chairman of the Task Force on Liver and Biliary Tract Tumors of the American Joint Committee on Cancer. He is currently on the Grants Review Committee, Immunology Section, American Cancer Society, and was elected to membership in the American Society for Clinical Investigation. He is Vice-President of the International Society for Oncodevelopmental Biology and Medicine, and was a member of the Research Committee and Chairman of the Training and Education Committee, American Association for



**Dr. Samuel O. Freedman** has been appointed as Director of Research at the Sir Mortimer B. Davis - Jewish General Hospital. He will assume his new position in 1991 upon completion of his term as Vice-Principal (Academic) of McGill University.

An Officer of the Order of Canada and a Fellow of the Royal Society of Canada, Dr. Freedman previously served as Dean of the Faculty of Medicine at McGill. He is a Professor in the Department of Medicine and a Senior Physician at the Montreal General Hospital.

Dr. Freedman has been a Visiting Professor and Invited Lecturer at major universities and medical institutions throughout North America and Europe, and is the author of over 120 scientific publications in allergy and immunology.

He succeeds Dr. Norman Kalant, whose 35 year association with the Jewish General Hospital contributed immeasurably to its academic and scientific development.

Dr. Freedman's appointment reinforces the Hospital's commitment to an enhanced program of research as a major McGill Teaching Hospital. □

the Study of Liver Diseases. Among a number of research grants awarded was a highly competitive US NIH research training grant to train MD's and Ph.D.'s in basic research in GI and liver diseases.

He has three major research interests: biology and biochemistry of carcinofetal antigens and proteins, immunodiagnosis of GI malignancy, and immunopathogenesis of inflammatory disease of the liver and GI tract.

A member of the editorial board of several scientific publications, he is Associate Editor of Tumor Biology. Dr. Alpert has authored over 200 publications.

His goals are to build on the excellent clinical and teaching programs of the department and to increase the academic productivity and reputation of the department and hospital as a full and equal partner in the McGill academic community.

As Physician-in-Chief, Dr. Alpert succeeds Dr. Harold Frank, who will remain at the JGH as a geographic full time member of the Department of Medicine. □



**Mr. Steven Cummings** has been appointed President of the Hospital Foundation.

Mr. Cummings has been a member of the Hospital's Centre Board and Foundation for several years, and has served on many hospital committees. He was the first Chairman of the Montreal Holocaust Memorial Centre and served on the board of Solomon Schechter Academy as Chairman of its fundraising and building committee. He is currently Vice President of Allied Jewish Community Services.

Steven Cummings is President of Maxwell Cummings and Sons Holdings Ltd., a private investment and real estate company. He is a Director of Onex Corporation, Altamira Capital Corporation and a number of other Canadian companies.

The Jewish General Hospital Foundation is responsible for the administration of private and corporate endowments and gifts which are used to fund research, education, the acquisition of major technology, and other hospital projects not funded by the government. □

**Dr. George Shenouda**, has been appointed Chief of the Department of Radiation Oncology. Providing state-of-the-art treatments in radiation oncology for cancer patients is his primary objective. He also intends to maintain a multidisciplinary approach and active interaction with other JGH departments; to promote basic research and participate in clinical trials pertaining to the management of patients with malignancy; and to participate in teaching radiation oncology to medical students and residents both at the hospital and McGill University.

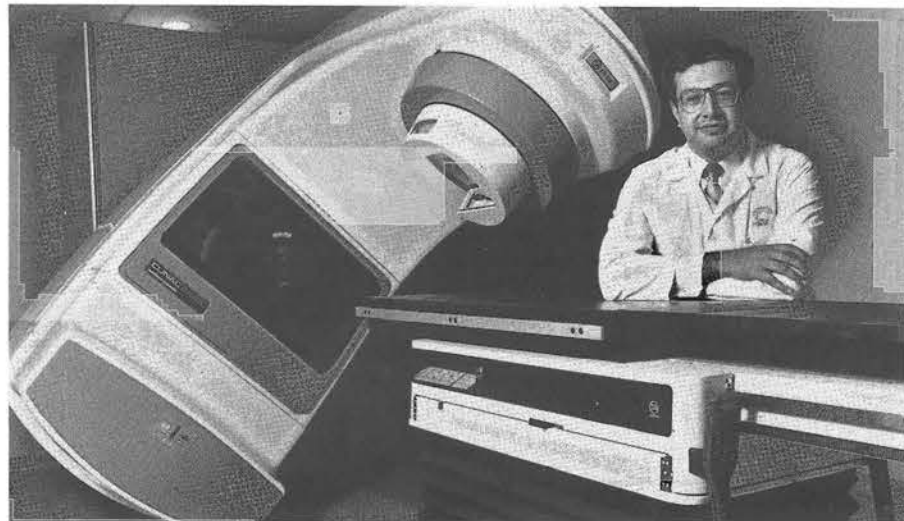
After graduating with honors from Medical School at Ain Shams University in Cairo, Egypt (1977), Dr. Shenouda did a one year rotating internship at Cairo's University Hospital.

In 1983, Dr. Shenouda received his Ph.D in Experimental Medicine, Cancer Immunology, from McGill University, where he then did a year long rotating internship. This was followed by four years of specialty training in Radiation Oncology and a six month research fellowship in the Department of Pathology, McGill University. He is currently Assistant Professor of Radiation Oncology at McGill University.

Dr. Shenouda received his LMCC from the Medical Council of Canada, his Radiation Oncology Certification from the Corporation professionnelle des médecins du Québec and his FRCP(C) in Radiation Oncology, and his American Board of Radiation Oncology.

Dr. Shenouda has received numerous awards, fellowships and grants. These include a Medical Research Council of Canada fellowship during his Ph.D studies, a two year Canadian Cancer Research Society operating grant, the Montreal General Hospital Research Institute Internal Award and a three year (1989-1992) Monat-Fraser-McPherson Scholarship from McGill University.

At the Jewish General Hospital he succeeds Dr. Caroline Freeman, who continues as Chairman of the Department of Radiation Oncology at McGill University. □



Dr. George Shenouda pictured beside state-of-the-art equipment in the Shirley and Leo Goldfarb Centre for Radiation Oncology.

### Terry Fox Grant received

A team of oncologists at the Jewish General Hospital and McGill University have received a \$750,000 three year grant from the Terry Fox Fund. The project will seek to combine the strength of the clinical research program with a basic laboratory research program into the genetics of cancer cells.

Dr. Richard Margolese, Chief of the JGH Division of Oncology, and Herbert Black, Professor of Surgical Oncology at McGill University, said that four world class scientists will be hired to lead the research team. "The rate we are acquiring new knowledge into cancer is expanding so rapidly that we want to combine the efforts of cell biologists, studying basic problems in cancer, with our most advanced treatment of patients," Dr. Margolese explained.

The lab scientists will work closely with doctors who are treating cancer patients, examining questions such as: why does one chemotherapy work better than another, and how does a cell survive a drug that's destined to kill it? □

# Happy Rosh Hashanah!

May the New Year bring you good health and much happiness.

## Herzl bids director farewell



Signing the agreement between Ben Gurion University and McGill University are, l to r: Dr. Michael Klein, Dr. Pesach Schwartzman, Dr. Joseph Herman and Dean Shimon Glick (signing).

Members of the Herzl Family Practice Centre recently organized a farewell luncheon in honor of Dr. Michael Klein, who has announced his retirement as chief of the Department of Family Medicine, a position he held for 15 years.

In a special tribute, colleague and friend Dr. Michael Dworkind described Dr. Klein's humanism, leadership and commitment to family medicine.

A full professor at McGill University, Dr. Klein has built the JGH Department of Family Medicine into a highly respected unit within the McGill system with a reputation for academic and clinical excellence. Dr. Klein has been invited to share his vision of family medicine in leading medical centres throughout the world.

Dr. Klein's most recent coup was the coordination of an exchange program between the JGH, McGill University and the Family Medicine Unit at Ben Gurion University's Faculty of Health Sciences. During his visit, Dr. Klein directed a week long conference in Eilat on teaching techniques in the ambulatory setting. The conference was well attended by physicians from all Israeli medical schools.

Dr. Dworkind praised Dr. Klein's special qualities. "From his endearing care of his patients, his profound care for his family, and special concern for each of the members of this department - Michael's humanistic care was always based on compassionate values and a personal sense of natural justice." □

## Paint In



Members of Chaverot painting. Left to right: Eunice Linetsky, Frances Isenberg, Michael Levine, Joan Ungar, Marcy Levine, Julie Skelly and Alec Freedman.

The Jewish General Hospital's new Shirley and Leo Goldfarb Centre for Radiation Oncology and the Oncology Department were recently transformed into art studios, as patients, staff and volunteers participated in a week long "Paint In".

Twenty two bright, colorful murals depicting landscapes, butterflies and birds, were designed by John Feight of the Foundation for Hospital Art. Patients and staff responded enthusiastically to an invitation to grab a brush and paint.

By adding their touch, volunteer painters experienced the satisfaction of adding beauty and helping others through art.

Feight's belief that art has the capacity to heal, particularly in sterile hospital settings, was endorsed by Chaverot, who sponsored this project at the Jewish General Hospital.

Chaverot, or Friends of Hope and Cope, is a group, inspired by Frances Isenberg, that raises money to fund special projects for cancer patients. □

## Prestigious Award

Dr. Howard Chertkow of the Lady Davis Institute was recently awarded a five year salary support scholarship from the Medical Research Council of Canada. He was one of the only 13 physicians across Canada (four of them from McGill) to receive this prestigious award, and is the first physician at the Jewish General Hospital to be awarded this scholarship. Dr. Chertkow is a neurologist within the Department of Neuro-

sciences, and affiliated with the Division of Geriatrics as well. His research concerns investigations of memory loss in Alzheimer's disease and other forms of brain damage, and development of better means of dementia diagnosis. Dr. Chertkow is also affiliated with the Research Centre of the Centre Hospitalier Côte des Neiges and the Douglas Hospital Research Centre. □

## Dr. Kalant honored



To honor Dr. Norman Kalant on the occasion of his retirement as Director of the Lady Davis Institute, a symposium entitled "Diabetes and its Complications" was held recently at the LDI.

In his opening remarks, Dr. Ralph Germinario spoke of Dr. Kalant's immeasurable contributions to research at the LDI and the hospital as a whole. Dr. Kalant, who received his M.D. from the University of Toronto and his Ph.D from McGill University, joined the staff of the Jewish General Hospital in 1955. He was appointed Director of the LDI in 1967, where, for the past 23 years, he has initiated and directed a multi-faceted program based on solid academic research. "Quality in science was very important to him," said Dr. Germinario. "And through his capacity for analytical thinking and his vision, the LDI prospered."

Executive Director Archie Deskin paid tribute to Dr. Kalant, thanking him for "35 years of outstanding service" and for the LDI's "glorious 20 year record of achievements". In particular, the Bloomfield Centre for Research in Aging and the scientific research conducted in the labs of Dr. Pinsky and Dr. Wainberg,

were singled out for special recognition. Mr. Deskin also acknowledged the hospital's gratitude to the Bloomfield family for its advice, devotion and strong links to the LDI.

Dr. Kalant began the symposium by describing his own long standing interest in diabetes and outlining some of the major complications of this disease.

Guest speakers are shown in photo left to right:

Dr. Charles Hollenberg, Director, Banting and Best Diabetes Centre, University of Toronto; Archie Deskin; Dr. S. Michael Mauer, Professor of Pediatrics, University of Minnesota; Dr. Sean Moore, Chairman, Department of Pathology, McGill University; Dr. Norman Kalant; Dr. Urs P. Steinbrecher, Associate Professor of Medicine, University of British Columbia; Dr. Mladen Vranic, Professor of Physiology and Medicine, University of Toronto.

Dr. Hollenberg concluded the informative symposium by pointing out some major themes and adding that the day's events "epitomized Dr. Kalant's extensive knowledge and interest in the field of diabetes." □

## Hope and Cope makes plans



At its recent meeting in the hospital boardroom, the Executive Advisory Committee of Hope and Cope discussed programs to extend the scope of care and counselling provided to our hospital's cancer patients and their families.

Seated left to right: Abe Stern, Frances Isenberg, Sheila Kussner Chairman of Hope and Cope, Marjorie Bronfman,

Helen Knight. Standing, left to right: Archie Deskin, Executive Director, Eugene Riesman, Huguette Batshaw, Irena Razanas, Jean Remmer, Hope and Cope Coordinator, Marvyn Kussner, Dr. Richard Margolese, Chief of Oncology, Barbara Knobovitch, Marvin Rosenbloom and Al Regenstein.

Absent from photo: Marcel Adams and Edouard Schouela. □

## Sheldon Zelman Award

Dr. Michael Tamilya has received the sixth annual Sheldon Zelman Memorial Award. Established in memory of Dr. Sheldon Zelman, a popular resident at the JGH, the cash prize is given to a resident whose contribution to the Department of Medicine and sensitivity to patient care is deemed to be outstanding. □



## For premature high risk babies, every day counts



For Rhonda Levy, "every day counts." This simple philosophy became clear to her during the months following the birth of her youngest son. Jason Richard Levy was born November 19, 1989 at 26 weeks and 5 days gestation, weighing only 800 grams (1 lb 12 oz). Fortunately for him he was born at the Jewish General Hospital and immediately transferred to its Neonatal Intensive Care Centre. "I know if he had been born somewhere else, he never would have survived," Rhonda Levy says.

Jason spent the first three months of his life in the NICU, his tiny body resting in an incubator, hooked up to lifesaving

machines. Since his lungs were severely underdeveloped and he was unable to breathe on his own, he was attached to a respirator for seven weeks. A saturation monitor, a cardiac monitor and an IV with a central line kept his body nourished and functioning. As Rhonda describes it, life for her and her family was a "rollercoaster ride." The stress level was high, their nerves were raw, and she barely had enough time to eat. In the hospital daily from 10:30 a.m. to 3:30 p.m., she felt guilty for neglecting her four year old twin sons Shawn and Evan, and worried about her husband Robert.

Although she instinctively believed Jason was going to be fine, Rhonda had many concerns. Jason was so small at birth that picking him up was "like holding a feather wrapped in a blanket."

Her fears were tempered by the knowledge that Jason was in very good hands. "The quality of care in the NICU is absolutely remarkable", she explains, adding that, "You have to be a very special person to work there, to know how to handle not just the baby, but the parents."

In addition to superb medical care, the neonatal team at the JGH provides valuable moral support to families, encouraging active parental involvement in the care of premature infants. Rhonda also recalls how, no matter how critical the situation was at any given moment, the staff always made her feel as if everything that happened to Jason was routine - nothing to worry about.

Rhonda Levy feels an overwhelming sense of gratitude to Jason's two primary nurses, Leah and Natalie. "They were both marvelous. They explained everything and taught me how to read the monitors. They made me feel that I was able to do something for Jason. Leah and Natalie would always explain the baby's condition to us and sometimes would wait for us to arrive before giving the baby a bath. Leah used to let me help suction him. They let me touch him and hold him. It made a big difference."

As Jason was slowly being weaned off the IV, the nurses encouraged Rhonda to breastfeed her baby. "When you see your baby lying there with all those machines, you feel so helpless," she says. Breastfeeding enabled her to feel she was helping her son get stronger.

Rhonda Levy still remembers the day she was able to carry Jason over the threshold from the critical side of the unit to the more stable area. He was 10 weeks old. Shortly after he was removed from the incubator, he developed the flu. Once again, he was placed in an incubator (to isolate him from the other infants) - yet another bump on the three month long rollercoaster ride endured by the Levy family.

Jason Levy was sent home on February 15, 1990. It was only after her baby was home that Rhonda realized both how traumatic the experience had been for her and her husband, and how grateful they were to the NICU for saving their baby's life. To this day, she has maintained close ties with other mothers whose babies were in the unit.

She reserves special words of praise for Debbie Basevitz, a nurse and coordinator of the Neonatal Follow-Up Clinic who leads a weekly support group for parents. Says Rhonda, "Debbie Basevitz was very helpful, encouraging us to share our concerns. She's so dedicated." As well, Rhonda is thankful to neonatologists Dr. Apostolos Papageorgiou, who always reassured her, as well as Dr. Claudette Bardin, who took such excellent care of Jason, head nurse Barbara Takoor, assistant head nurse Diane Taylor-Cline, and of course, the two primary nurses whom she describes as Jason's first mothers. "The nurses in NICU are more than nurses. They all care about the babies, as if they belong to them. They give intensive, intensive care. They really are remarkable."

And how is Jason doing? "He's perfect", Rhonda says with a smile. □

## After the babies go home

When grateful parents bring their infants home from the Neonatal Intensive Care Centre, they remain concerned about their babies' future growth and development. That's why the Neonatal Follow-up Clinic, run by pediatrician Dr. Manon Allard, is so important.

Debbie Basevitz, a nurse who has been coordinator of the clinic for the past six and a half years, says "We're an ongoing link between the NICU and the outside."

The clinic receives 800 visits per year, from infants who have just been discharged to children up to nine years of age. The clinic's raison d'être, says Mrs. Basevitz, "is to identify potential prob-

lems early on and work on them." Research and development studies are another important component of the clinic's work.

In addition to monitoring the health of NICU "graduates", the JGH neonatal team provides the reassurance and support that parents need long after their babies are home. Get together, held twice a year and organized by Debbie Basevitz, who also acts as a resource person, allow parents to exchange anecdotes, advice and information. The clinic is also a member of *Parent Care*, an international parent support organization. For further information, please contact Debbie Basevitz at 340-8222, local 5114. □

## We're proud of our notable achievements

- The most premature infant known to have survived was born at 23 weeks 6 days gestation.
- the JGH has consistently maintained the highest survival rate in the province of babies weighing over 1000 grams, with good quality of life
- smallest survivor weighed 1.3 lbs at birth
- in 1982, the JGH set a world record with a mortality rate of 2.2 deaths per 1000 deliveries of babies weighing over 1000 grams.
- the JGH was one of the first to initiate ventilation (assisted breathing) in frail very low birth weight babies, with an excellent survival rate □

## "Preemie" reunion party



Pictured here are some of the Neonatal Intensive Care "graduates" who attended a lively reunion party held in their honor. Over 500 people, including parents, babies and children of all ages, gathered in the hospital's auditorium to celebrate miracles and to toast the extraordinary success of the NICU. Addressing the crowd, Dr. Papageorgiou said proudly, "We are very gratified to see our preemies growing up happy and healthy. Not only are more babies surviving, but they are surviving with fewer side effects. Their quality of life is continually being improved." □

### The Auxiliary and The Sir Mortimer B. Davis Jewish General Hospital

present

## "Bal des Pavillons"

Featuring  
André-Philippe Gagnon

November 25, 1990  
Queen Elizabeth Hotel

For information please call 340-8216

# \$3,000,000 needed to renovate Neonatal and Obstetrics Suite

In the Neonatal Intensive Care Centre at the JGH, miracles are a daily occurrence, as infants the size of a thimble, born weighing as little as 1.5 lbs, are kept alive and sent home healthy.

Internationally renowned for its tremendous success rate, the Jewish General Hospital has been designated by the Quebec government as a high risk obstetrical centre, receiving referrals from as far as Frobisher Bay.

But all is not rosy in this corner of the world where babies defy all the odds by surviving. Dr. Apostolos Papageorgiou, pediatrician and neonatologist in chief, fears the unit will be unable to maintain this degree of excellence unless urgently needed renovations are undertaken.

## Centre overcrowded

Designed to handle 18 babies at a time, the unit now has 33 beds, often operating at over 100% capacity. Whereas the standard required space for intensive care is 120 sq. ft., the space per crib currently measures only 60 sq. ft.

There is a host of problems connected to such "extraordinary tight conditions", says Dr. Papageorgiou. There is constant motion each time equipment is hooked up and babies attended to. "There is continuous manipulation of instruments," says Dr. Papageorgiou. "We have to move incubators around to get to a sick baby." Machines which are too close together sometimes break, increasing the risk of accidents.

Parents are also adversely affected. Worried about their infants, they naturally wish to spend as much time with them as possible. However, due to lack of space, they are asked to leave the room whenever routine procedures must be performed. As Dr. Papageorgiou



points out, "We encourage them to visit their babies, but psychologically it's very bad to have them go out whenever tests need to be done."

## Stress level high

While his devotion to his tiny patients is legendary, Dr. Papageorgiou also cares deeply about his staff. Working in neonatal intensive care is very stressful at the best of times. When this is compounded by overcrowding and fatigue, the likelihood of staff turnover increases. This worries Dr. Papageorgiou, "Each time we lose a nurse, we lose six months of service."

Dr. Papageorgiou is proud of his staff, but believes his ability to attract high calibre personnel cannot last long under present conditions. "The staff receive gratification from our outstanding re-

sults and from being part of a unit which is one of the leading institutions in North America. It compensates, but only up to a point."

## Must renovate

All of these difficulties can only be resolved through renovations to the unit. Connected to the obstetrical suite, the neonatal centre will be twice its present size, alleviating pressure on personnel, decreasing the risk of accidents, and making it even safer for babies. Nurses

will be able to relax in a quiet area, allowing them to return to the unit with renewed vigor.

Neonatal intensive care demands continual alertness. "Anticipation and prevention are essential," says Dr. Papageorgiou. "These babies are very delicate and their entire bodies need continuous monitoring."

## New equipment essential

Premature high risk newborns suffer from a wide range of complications, the most common being respiratory ailments. Thus, advanced technological machinery is crucial to their survival. "Thanks to private donations," says Dr. Papageorgiou, "We've managed to keep our heads above water." Still, he admits that because older machines depreciate and modernization makes others obsolete, there remains a need for more equipment. A respirator alone can cost \$15,000, and oxygenation monitors range in price from \$6000 to \$10,000. Since the smallest babies are hooked up to various machines during their three month stay in the unit, the cost can easily be \$35-50,000 per baby.

Dr. Papageorgiou is convinced renovations will enable the Neonatal Intensive Care Centre to maintain its phenomenal success rate. "We cannot stand still with our glory. We have reached a saturation point, and to keep up, we must expand." All things considered, it's a small price to pay for miracles. □

## Obstetrics Suite overwhelmed

Is it possible to be too successful? Dr. Morrie Gelfand, Chief of the Department of Obstetrics/Gynecology at the Jewish General Hospital, demonstrates how success can be both a blessing and a burden.

As a government designated high risk obstetrical centre, receiving referrals from across the province, the JGH Obstetrics Suite has had its hands full. Its excellent reputation has resulted in a very high demand for its services. "We anticipate 4,000 deliveries this year in facilities planned for 3,000. We are overwhelmed by people who come to us demanding primary, secondary and tertiary care," says Dr. Gelfand.

While the department does provide these ultra-specialized services with great skill, Dr. Gelfand insists, "We are at a crisis situation and must expand in order to continue to accommodate our clinical, teaching and research commitments."

The expansion program, which will include renovations to the present area plus the development of a new area, will link the Obstetrics Suite to the Neonatal Intensive Care Centre at a cost of \$3,000,000.

Renovating the caseroom is an urgent priority. Currently, only four labor rooms have birthing beds. Eight more are required for a total of 12 labor/delivery rooms. Another plan is for patients to be able to remain in the same room throughout their hospital stay, from the delivery until their discharge. These revamped facilities will provide mothers and their babies with a safer and more comfortable environment.

To handle more complicated deliveries, the department requires obstetrics operating/delivery rooms. Two caesarian section rooms must be built to avoid moving patients to the operating room which is located on a different floor.

Families eagerly awaiting the arrival of new babies should be able to do so in pleasant surroundings, and therefore, the demand for an adequate, comfortable waiting room must be addressed.

Nursing facilities in the department, which employs 24 full time and 14 part time nurses, are also entirely inadequate. With 20-25 obstetricians on staff, plus 24 Family Medicine physicians who are doing obstetrics and the 6-8 residents assigned to the Department of Obstetrics/Gynecology, the department is clearly a busy place. Adequate teaching and working facilities are essential to accommodate this large staff, so they can provide the most efficient patient care with the least amount of stress.

To ensure the safety and comfort of mothers and their babies, the department must be equipped with the most advanced technology. Necessary equipment includes birthing beds, fetal monitors, digital scales, and radiant transport warmers, needed to transport and stabilize babies from the caseroom to the nursery.

Ultimately, says Dr. Gelfand, renovations will ensure that the department maintains its standing as a superior facility providing the highest level of professional expertise and concerned care for our patients. □

## Researchers study chemotherapy alternative



Left to right: Dr. Karen Gallant (Sandoz), Dr. Roger Poisson (Hôpital St. Luc), and Dr. Michael Pollak.

A preliminary study investigating an alternative treatment to chemotherapy for breast cancer patients was announced recently at the hospital.

Dr. Michael Pollak, a JGH oncologist and principal investigator of this study, proposed the idea to Sandoz Canada Pharmaceuticals based partly on his laboratory research carried out with the assistance of technician Martine Richard. The study involves treatment with two drugs originally developed by Sandoz for other indications, but which may have potential in the treatment of breast cancer.

The first of these drugs, Sandostatin, mimics the action of a naturally occurring hormone, and may prove effective in lowering levels of an insulin-like growth factor and the body's growth hormone, both of which have been identified as stimulants of breast cancer cells. The second drug, CV 205-502, inhibits prolactin, another hormone thought to be a stimulant of breast cancer cells.

As Dr. Pollak explained, since statistics indicate that 1 in 12 women will develop breast cancer, it is a "problem which concerns all of us." Unlike chemotherapy, the hormone therapy under investigation has no side effects. Empha-

sizing that this is a preliminary investigation, Dr. Pollak added, "This Montreal study will be one of the first to answer questions that interest scientists around the world."

Dr. Pollak says it's a no risk proposition. If after the four month minimum period the tumors have grown, the women will be given the option to discontinue the treatments. If the tumors have either stabilized or shrunk, then the women will continue to participate in the study.

The clinical trial funded by Sandoz in the amount of \$100,000, will be carried out at four McGill University teaching hospitals - the Jewish General, the Montreal General, the Royal Victoria and St. Mary's hospitals - and at Hôpital St-Luc, a Université de Montréal teaching hospital. The study will be coordinated by Dr. Brian Leyland-Jones, Chairman of the McGill Department of Oncology.

This preliminary investigation is restricted to patients who have metastatic breast cancer (cancer which has spread to other parts of the body), and for whom existing treatments such as chemotherapy, radiation therapy and surgery are no longer appropriate. The clinical trial is expected to be completed next year. □

## Plans unfold for future of Jewish General Hospital



Discussing fundraising plans are left to right: Steven Cummings, Vice-President; Morton Brownstein, Chairman of the Development Campaign; Stephen Vineberg, Vice-President; Leonard Ellen, President; Brahm Gelfand, Vice-President; Leo Goldfarb, Past President; Al Regenstreif, Foundation Director; Betty Rozovsky, Director of Public Relations. Absent from photo: Herbert Sibli, Past President; Archie Deskin, Executive Director.

Members of the Board and Administration have developed a long range plan to take the JGH into the future as a state-of-the-art institution. Health care is becoming more high tech, and our hospital must modernize its facilities to keep up with these changes so that we may continue to provide the best health care available. We are dedicated to safeguarding the personalized aspect of health care while offering our patients the most modern comforts and conveniences.

### Emergency

Faced with one of the heaviest loads of acutely ill stretcher patients in Montreal, the Jewish General Emergency Department has continued to meet the growing demand for its services.

It is a department that never sleeps. Twenty four hours a day, seven days a week, patients are treated by skilled medical staff trained to handle all types of emergencies.

However, serious congestion problems can only be alleviated through

renovations at a cost of \$1.5 million. Planned expansion will double the number of treatment areas for sick patients, add extra treatment areas to the observation room and double the number of resuscitation beds. The triage area will be enlarged and more space will be available for research and teaching.

### Labs

The blood bank, microbiology, biochemistry and hematology labs perform diagnostic testing for in and outpatients, and as such, play a crucial role in the delivery of health care at the JGH.

Substantial growth within these areas has led to an urgent need for redistribution of existing facilities. Hence, an expansion program, to cost \$200,000 is necessary. Moreover, lack of certain highly specialized pieces of equipment has required that our labs send out samples to other hospitals for analysis. Included in the proposed expansion are plans to upgrade technological equipment.

### Nuclear Medicine

Nuclear medicine uses radioactive materials to identify and locate problems within organs such as the liver and thyroid. The field has developed significantly, with newer cameras able to provide more precise information.

While this accelerated growth has been positive overall, here at the JGH it has also resulted in crowded conditions. There is not enough space for personnel or for patients to be tested comfortably, nor is there adequate office space for physicians. To alleviate these problems, renovations at a cost of \$190,000 have been planned.

The department will expand out of its existing parameters, taking over space which had been vacated by departments which have moved to the new pavilions.

### Coronary Care Unit

See page 7.

### Neonatal and Obstetrics Suite

See page 5. □

## Hospital Development

Continued from page 1

for these ultra-specialized services. During the past decade alone, there has been a significant increase in the number of patients seen and treated at the JGH. For example, in 1979/80, there were 47,232 visits to the Emergency Department. In 1989/90, that figure rose to 54,041. Ten years ago, the Radiology Department performed 84,332 tests compared to 97,254 in 1989/90.

Our ability to provide first rate health care is being threatened by serious problems. Chief among these are space shortages, overcrowding, and equipment which urgently needs to be updated.

Renovations are especially crucial in the Emergency Department (\$1.5 million), the Coronary Care Unit (\$1 million), the Neonatal Intensive Care and the Obstetrics Suite (\$3 million), the Laboratories (\$200,000), and the Department of Nuclear Medicine (\$190,000). All of these departments have distinguished themselves through their medical expertise, important research projects, and highly rated teaching programs.

Scientific and technological advancement occur at a rapid pace, as new procedures and improved treatments are developed. Unless we are equipped with the tools and conditions necessary to remain at the forefront of medicine, we risk falling behind.

In order to undertake these renovations, to purchase essential equipment and to establish endowment funds to enhance academia in our hospital, we require a total of \$20 million. While the cost of this program is high, the end result will be an even stronger, more vibrant hospital able to meet the ever changing needs and growing demands of our community. □

## Angioscopy System Donated



Left to right: Mr. and Mrs. Len Kantor, Dr. John McCans, Chief, Department of Cardiology and Dr. Leonidas Dragatakis, Director of the cardiac catheterization laboratory.

Mr. and Mrs. Len Kantor recently presented the Cardiology Department with an angioscopy system. This highly sophisticated research and diagnostic tool uses fiberoptics to take pictures directly inside a patient's coronary arteries. A catheter is inserted through an artery and fed into the heart, and a

picture appears on screen, allowing the cardiologist to determine the existence and extent of any abnormalities. The JGH is the only hospital in Canada to have a cardiac angioscopy system, which will be used in conjunction with the angiogram. □

## Angioplasty... "Its an amazing thing"

Despite his busy schedule and the pressures of running a successful business, Len Kantor jogged, played golf and swam 30-50 lengths per day.

When a routine stress test revealed blockage in his coronary arteries, no one was more surprised than Len Kantor. "To say I was shocked would be an understatement." In retrospect, he realized there had been warning signs. "I would feel a slight pain in my chest during my exercise warmups. It would disappear within five seconds. I never even thought there could be a problem."

To determine the exact nature and location of the blockage, Dr. R. Schlesinger performed a coronary angiogram. This technique produces a highly detailed image of the heart. First, a catheter is inserted into a blood vessel through the patient's groin and floated up to his heart. Then a dye is injected and a picture of the heart in its entirety appears on a screen. This enables the cardiologist to pinpoint which vessels are affected and the severity of the blockage. Based on the results of the angiogram, the doctor can decide which form of treatment - medical therapy, bypass surgery or angioplasty - is best for the patient. Len Kantor turned out to be a good candidate for angioplasty.

Like the coronary angiogram, angioplasty involves the insertion of a catheter through the groin to the heart, but with a difference: a small balloon is

attached to the catheter. The balloon is then inflated against the blockage, opening up narrowed coronary arteries. Once the procedure was explained to him, Kantor said, "There was no question about having it done." Moreover, he saw no reason to be overly concerned: "I had full confidence in Dr. McCans, Dr. Dragatakis, and the team around me."

In January 1988, three weeks after the blockage was first discovered, Len Kantor entered the JGH, where Dr. Leonidas Dragatakis performed the angioplasty. Under local anesthetic, Mr. Kantor was even able to watch part of the process on screen. Within an hour, the procedure had been completed. Warned there was a 30% chance the blockage could recur, Mr. Kantor underwent a second angiogram a year later. The test revealed what he had already suspected: "I no longer had pain when I exercised. The blockage was gone and I felt great."

With no restrictions placed on his lifestyle or activities, Len Kantor considers himself fortunate to have benefited from this modern, low risk, relatively painless alternative to bypass surgery. "I left the office at 4 p.m. one afternoon, entered the hospital, had the angioplasty, stayed in the hospital for a little over a day, and was back in my office at 10 a.m. the following morning. They fixed my heart and I was away from my office for only 36 hours. It's an amazing thing." □

# Coronary Care Unit must be enlarged



Heart disease is still the number one killer in Canada, a reality the Jewish General Hospital takes very seriously. So seriously, in fact, that renovations, at a cost of \$1,000,000 have been planned to make the coronary care unit (CCU) more attuned to patients' needs and more efficient.

Dr. John McCans, Chief of the Department of Cardiology, explained that cardiac arrest can occur abruptly, without warning, and stable situations can suddenly become critical. Hence the need for the kind of close observation that is integral to a coronary intensive care unit. Everything from blood pressure to heart rhythms to other vital signs is constantly monitored, and patients are always within a nurse's direct line of sight.

## Continuity of care hampered

Given the intensity of patient care, it is imperative that continuity, especially in terms of nursing care, be maintained. The current layout does not allow for this as the 20 bed CCU is divided into an eight bed ICU and a 12 bed patient ward, both in different parts of the same floor. With a different set of nurses for each section, continuity in nursing care is broken.

Essentially, one function is split in half, and this affects the unit's overall efficiency. Dr. McCans expects the renovations to enlarge the unit so that all necessary facilities will be housed in the

same area. There will be one central nursing station and office space for a full time cardiology director who will be based on the premises. Looking forward to both these changes, Dr. McCans said "This will provide much more coordinated care and be a better experience for the nurses. It will also enhance our research activity."

## Unit severely overcrowded

Included in the expansion are plans to build better facilities such as a high care procedure room that will allow use of an x-ray machine when needed. Currently, crowded conditions make working in CCU that much more difficult. The area allocated to each patient is much too small, according to Dr. McCans, with little space or privacy.

The dedicated coronary care team is concerned with a patient's overall well being as well as the state of his heart. This is why the lack of windows in the CCU is distressing. Dr. McCans explained that patients lose track of time, unable to tell whether it is day or night. This upsets elderly patients in particular who, when placed in unfamiliar environments, can become disoriented and agitated, resulting in additional stress to the heart.

## Patients must be educated

Despite the cramped quarters, patients are very well cared for in CCU. Special emphasis is placed on education as a means of improving quality of life

and preventing, as much as possible, further complications. Nurses discuss risk factors which can be reduced by lifestyle changes such as proper nutrition, weight loss and quitting smoking. An equally important objective in patient education is to allay their very real and understandable fears.

As Dr. McCans wryly observed, humans think they're invincible until something happens. When that something is a heart attack, "You've got a captive audience. It's a crucial time to educate patients about the things they have to pay attention to."

In keeping with the theme of education, teaching and research remain important components of Cardiology. The department continues to attract referrals from other hospitals for non-invasive tests (where nothing enters the body)

such as echocardiography, and invasive techniques such as angiography and angioplasty. This latter procedure lasts about one hour, requires a short one to two day hospital stay, and involves minimal risk to the patient.

## New equipment crucial

Our Jewish General Hospital has the most distinguished staff of cardiologists whose skills are constantly in demand. The acquisition and updating of modern medical equipment is crucial to their ability to provide our patients with the best possible health care. The Division of Cardiology requires the following:

- |    |   |                 |
|----|---|-----------------|
| 1  | C-arm angioplasty used for angiocardiology        | \$725,000       |
| 1  | Digital Pressure Injector for catheterization lab | \$ 30,000       |
| 5  | Defibrillators - emergency lifesaving equipment   | \$ 8,000 (each) |
| 10 | pacemakers - for use prior to pacemaker implants  | \$ 3,000 (each) |

Total Cost:	
Renovations:	\$1,000,000
Equipment:	\$ 825,000

Under Dr. McCans' leadership, there have been substantial improvements in the quality of care offered by the Cardiology Department. "Slowly but surely, we are becoming a truly tertiary care, academic department. We have improved our ability to look after patients, to teach housestaff and to pursue research. We can serve the needs of the community much better."

Clearly, the ability to serve these needs can only be enhanced once renovations are completed. As always, it is the patients who will benefit most from these improvements. □

## CCU: Reassuring is the word

Lester Lazarus contends that everything about the JGH coronary care unit - from its medical expertise to the intensity of care - was reassuring.

When he suddenly felt sharp pains in his chest last August, Mr. Lazarus was brought to the JGH Emergency, where, he says, "The calibre of the people who looked after me was just wonderful."

The next morning, he was transferred to the Coronary Care Unit, under the care of his cardiologist Dr. Paul Latour. Since the unit was full, Mr. Lazarus was placed in the hall directly outside. This was an inconvenience that would have angered many, but he saw no reason to get upset. As he explains, "The attending staff and nursing staff were absolutely fantastic. They were aware, watching everything, hovering around and taking the necessary steps."

During his first few days in the CCU, doctors conducted an extensive series of tests to ascertain what had caused his severe chest pains. When it became clear that Mr. Lazarus had had a heart attack, Dr. Leonidas Dragatakis performed an angiogram to determine the extent of the damage. The results indicated that Mr. Lazarus would benefit from angioplasty, a non-surgical alternative to bypass operations.

The night before the procedure, Mr. Lazarus was pleased when an anesthetist dropped by to explain in detail what the angioplasty would involve. "He explained the benefits and the risks. He was very reassuring."

Mr. Lazarus characterizes the CCU as a place which is obviously concerned with a patients' overall well-being, an attitude which was often demonstrated in the simplest of ways. "I was very



impressed with the sincerity of care. They really seemed concerned. I didn't even need to ask anybody to bring me another pillow - they thought of everything."

He was pleasantly surprised to find that the concern for his welfare did not end once he left the unit. In fact, a month after his discharge, Mr. Lazarus was invited to join the Cardiac Rehabilitation Program. "It's an excellent program. It teaches you how to deal with the world around you and makes you feel that the hospital is still interested in your progress."

Lester Lazarus had heard more than his share of horror stories about hospitals. But, having spent 11 days in the JGH Coronary Care Unit, his tale is a positive one. "If you're sick," he concludes simply, "This is the best place to be." □

## Endowments

An Endowment Fund is a very personal way to participate in the hospital's ongoing development. Through an endowment fund ensuring the continuity of the hospital's research, education and patient care programs, your name is linked with the hospital in perpetuity. Money given through an endowment is invested, and only the interest is used to support programs not funded by the government. The gift enables the hospital to plan its academic programs.

In consultation with the hospital, donors can request that the endowment be given to a department of their choice, with the added satisfaction of knowing these chosen projects will always be supported.

An Endowment Fund links family names with the hospital in perpetuity.

A \$15,000 endowment can make possible a named annual visiting lectureship.

A \$25,000 endowment can help supply a research laboratory.

A \$5,000,000 endowment can make possible a continuing research project in any field of medicine or surgery.

Information about Endowment Funds may be obtained from the Foundation Director at 340-8251. □

## New approaches in psychosocial oncology



Results of the Nucare study were presented at a conference. Left to right: Barbara Knobovitch, Hope and Cope, Dr. Vivian Zicherman, Dr. Stephen Caplan, Dr. Lynn Lesko keynote speaker, Dr. Richard Margolese Chief of oncology, Lucy Tardif, R.N., Linda Edgar, Dr. Zeev Rosberger, Huguette Batshaw, Social Service

While over half of all cancer patients ultimately recover, the disease and its treatments often cause a great deal of anxiety and stress. Currently, there is a greater awareness within the medical profession that one's psychological state has a profound impact on one's quality of life.

What is true in general is also true for cancer patients, as Linda Edgar, JGH Director of Nursing Research, Dr. Zeev Rosberger, psychologist at the Institute of Community and Family Psychiatry, and their team of researchers discovered.

To determine just how effective psychosocial intervention on the part of nurses could be, a four year study, funded in the amount of \$170,000 by National Health and Welfare, was launched. Results of the project, entitled "Nucare: the effects of a nursing based psychosocial intervention on coping in cancer patients", were presented at a conference held recently at the hospital.

Nucare began as a response to concerns expressed by newly diagnosed cancer patients. As an oncology nurse, Linda Edgar interacted with these patients on a daily basis, and came to believe that the anger, sadness, depression and anxiety they felt was based on the loss of personal control. A review of the literature showed that coping sessions and stress management skills had not been tried extensively with cancer patients. Since nurses spend the most time with patients, Mrs. Edgar wanted to see if nurses could help patients regain this much needed sense of personal control.

In all, 205 patients participated in this

specially designed psychosocial support and coping skills program. The first of two groups received intervention immediately following the diagnosis, while the second intervention group started the program four months later.

Participants met with nurses on an individual basis for five one hour sessions spread out over a four month period. The sessions were devoted to relaxation training, cognitive strategies, goal setting and effective problem solving. Patients were also encouraged to ask questions about their illness, treatment program and what to expect. They met with resource people and learned how to use the healthcare system effectively.

Results of the study demonstrated that psychosocial intervention was helpful to all cancer patients who participated. Said Mrs. Edgar, "We tried to teach them that no matter what's going on with the cancer, they can still take control over what's happening around them."

An interesting finding was that generally, the most effective time for psychosocial intervention is four months after diagnosis. Dr. Rosberger speculated this may be due to the overwhelming pressures facing people immediately following the diagnosis. Whereas, initially, there may be too much to deal with, after four months, stress levels may be reduced to the point where learning and retention of skills can occur.

Both during and after the study, Mrs. Edgar received many positive comments and letters from patients who suggested that psychosocial intervention be integrated into oncology treatment programs.

### Weissman... Continued from page 1

homes and long term care institutions.

At any given time, at least one out of every five JGH beds is occupied by an elderly patient. Devoted exclusively to elderly patients, the sixth floor of the hospital is divided into two categories: an acute care ward and one for long term patients.\* The main purpose of the 25 bed acute care ward, according to Dr. Howard Bergman, Assistant Director of the JGH Division of Geriatrics, is to treat the medical problems of our patients in order to get them to return to the highest possible level of independent living.

The Geriatric Division, under the direction of Dr. A. Mark Clarfield, has had remarkable success in rehabilitating elderly patients who were admitted for acute illnesses. In fact, 65% of the patients treated in the acute care ward are able to return to the community. Credit

for this impressive rehabilitation rate goes to the special multi-disciplinary team which assesses each and every patient. The team consists of doctors, nurses, physiotherapists, occupational therapists, social workers, music, art and recreational therapists.

The 65 bed long term care ward houses patients who are awaiting placement in nursing homes. As Dr. Bergman explained, even though these patients have been assessed as requiring long term care, "we still work on their rehabilitation, and 10% of them are discharged back into the community." For those remaining in the unit, the emphasis is on attentive, concerned care. "We work to maintain people at their highest potential and to assure the best possible quality of medical and nursing care and quality of life."

Dr. Bergman emphasized that the sixth floor is only one of many programs offered by the Division of Geriatrics.

\* Overall, the Geriatric Division occupies 28, 475 sq. ft.

## From generation to generation



Back row, left to right: group animators Carol Epstein and Vilma Reisler, coordinator social worker Tanya Nemiroff, head nurse 5W Louise Cossette, nurse Jackie Hall. Front row, left to right: Rose Kuzmich and Rose Broudo.

Members of an activity group of the Geriatric Division proudly display their handiwork. The project began in response to the Obstetrics Department's need for blankets for newborn babies about to be sent home. Happy to oblige, the group's members, many of whom

had never knit before, set about knitting multi coloured squares which were then pieced together. This unique project, one of many undertaken by the group, gives elderly participants the satisfaction of reaching out to others. □

## Neuro-Family Medicine Ward ...an innovative approach

Dr. Stephen Rosenthal likes the challenge of heading the Neuro-Family Medicine unit, a concept which he helped pioneer as of July 1989. A collaborative practice model between the Department of Family Medicine and Neurology, the unit relies primarily on family physicians for provision of primary care rather than neurologists and already overburdened residents. The team consists of five to eight family physicians who admit and care for patients in consultation with neurologists.

Physicians are also able to offer coverage from home because nurses play a larger role in patient assessment. "Nursing was very keen on the idea," said Dr. Rosenthal. Citing the active participation of neurologists, family physicians, Dr. Paul Heilpern and Dr. Harold Frank, he added, "It's a real team, cooperative effort."

Dr. Rosenthal is Director of Neuro-Family Medicine, a physician in Family Medicine, a member of the Emergency's attending staff where he works two to three days per week, and he runs a monthly adolescent clinic at a high school in LaSalle. He believes this multi-faceted approach allows him to enjoy "the best of all worlds. I want to be a well balanced family physician, but I'm also interested in acute and ambulatory care. I like the mix."

Involved in residency training, research and teaching programs for nurses, Dr. Rosenthal chose to practice at the JGH because of its strength in the areas of adolescent medicine and emergency. He is encouraged by the success of the Neuro-Family Medicine ward. "It's unique in the McGill system and could be a model for other teaching hospitals," he said. □

Within the hospital itself, the division provides consultation teams to assess elderly patients in the Emergency Department and other wards.

Outpatients are assessed by the Geriatric Assessment Unit which accepts referrals from physicians and social workers, and by the Psychogeriatric Clinic which provides psychiatric and social support. Here too, professionals from various disciplines work as a team to deal with the complex, diverse needs of each individual.

The Geriatric Division works closely with CLSCs, Jewish nursing homes and rehabilitation hospitals, and also operates a Medical Home Care Services Program which helps find family doctors for elderly homebound patients.

The division of Geriatrics is also involved in important research on diseases such as Alzheimer's, and is in the process of setting up a Memory Disorder Clinic. □

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## New equipment for dialysis



During a tour of the new pavilions, Jan Barrow (left), Head Nurse, Hemodialysis, demonstrates a brand new Cobe Centry 3 unit to Mr. and Mrs. Myer Pollack, long-time supporters of the hospital. This piece of equipment provides the most modern hemodialysis treatment available, and the hospital urgently requires seven more of these units at \$30,000 each.

## Scientific Merit Award



Pictured here are the proud recipients of the Pennsylvania Society of Colo-rectal Surgeons Award for Scientific Merit. The award was presented to Dr. Benjamin Mitmaker (centre), Surgery, Dr. Louis Bégin (left), Pathology, and Dr. Phil Gordon, Chief of the Division of Colo-rectal Surgery for their paper entitled: "The Nuclear Shape as a Prognostic Discriminant in Colo-rectal Cancer." □

## New Equipment Essential

In addition to construction costs, the Jewish General Hospital is faced with the ongoing costs of replacing and updating hospital equipment. This equipment is essential to the treatment of patients and the operation of the hospital. Combined with renovation costs, we will need \$20,000,000 to complete our plans.

Some of the equipment listed here has been in use for many years. We must keep pace with the latest technology so that the highest standard of care is given to our patients.

Here is just a sampling of the equipment which needs to be updated or purchased. The list only includes medical equipment. General office equipment such as computers, printers and typewriters is not included, nor is equipment for non-medical departments such as laundry and food service. There are just too many items to list them all. If you wish to make a contribution, please phone Gifts and Bequests office 340-8251, to discuss how your name can be permanently connected with the hospital.

Qty	Item	Cost	Qty	Item	Cost	Qty	Item	Cost
1	<b>Magnetic Resonance Imaging</b> A highly accurate diagnostic tool providing a very detailed image through the use of radio waves to identify various diseases such as brain tumors, cancer and multiple sclerosis. There are only 2 such units in Montreal, with a waiting list of about 1 year.	\$2,500,000 each	1	<b>Dynatrac computerized exercise muscle tester</b> For physiotherapy patients Tests muscle strength. Retrains muscles	\$ 30,000 each	8	<b>Birthing Bed</b>	\$ 15,000 each
1	<b>Special Procedures</b> Special equipment for radiology testing	\$ 980,000 each	1	<b>Digital Pressure Injector</b> Used in catheterization lab	\$ 30,000 each	11	<b>Baby warmers</b> Help to regulate baby's temperature	\$ 14,000 each
1	<b>C - arm angioplasty</b> used for angiocardiology	\$ 725,000 each	1	<b>Ultra Sound Machine</b> To visualize infant in womb to assess complications, etc.	\$ 30,000 each	20	<b>Incubators</b>	\$ 8,500 each
2	<b>Fluoroscopy machines</b> Frequent use of old equipment necessitates frequent repair. Therefore, long waiting periods for patients.	\$ 483,820 each	7	<b>Anaesthetic Machines</b>	\$ 26,000 each	5	<b>Defibrillators</b> Emergency life saving equipment	\$ 8,000 each
	<b>Operating Room equipment</b>	\$ 414,500	7	<b>Hemodialysis machines</b> For patients with kidney failure	\$ 25,000 each	10	<b>Anaesthesia Unit Ventilators</b>	\$ 7,500 each
	<b>Case Room equipment</b>	\$ 318,000	4	<b>Inhalation Therapy Bird 6400 ST volumetric ventilator</b> to assist patients in breathing on their own.	\$ 17,500 each		<b>Physiotherapy</b>	
1	<b>Nuclear Medicine Camera</b> Does lung, brain and heart scans	\$ 200,000 each	8	<b>Fiber scopes automatic washers</b>	\$ 15,000 each	4	<b>Ultra -sound units</b> - used to treat small areas of inflammation	\$ 5,000 each
	<b>Ophthalmology Equipment</b> Used for eye examinations and treatment	\$ 86,455	1	<b>Radiant warmer</b> For patients in Intensive care	\$ 14,000 each		<b>Treatment table</b>	\$ 6,000 each
	<b>New minor O.R. Recovery Rooms</b>		6	<b>Fetal Monitors</b> Used to assess baby's function at birth.	\$ 16,000 each		<b>Exercise bicycle</b>	\$ 900 each
2	<b>Anesthesia equipment</b>	\$ 60,000 each	3	<b>Radiant Transport Warmer</b> Needed to transport and stabilize babies from caseroom to nursery	\$ 14,000 each	9	<b>Cardiac monitors</b> for infants in Neonatal Intensive Care Unit	\$ 4,200 each
1	<b>EEG machine</b> For measuring brain waves	\$ 60,000 each	8	<b>Radiology Multi-viewers</b>	\$ 12,000 each		<b>Emergency Capnograph</b> Used for intubated patients to make sure there is no accidental extubation	\$ 7,500 each
2	<b>Mobile x-ray units</b> Used in the Operating Room and Emergency.	\$ 50,000 each	2	<b>Physiology Monitors</b> Measures patients vital signs in the operating room.	\$ 12,000 each	2	<b>Critical blood pressure monitor and oxymeter</b> Used in the resuscitation room to monitor critically ill patients blood pressure and oxygenation	\$ 6,000 each
						3	<b>ENT chair</b> for minor emergency procedures for patients with ear, nose and throat problems.	\$ 4,000 each
						10	<b>Pacemakers</b> For external use prior to pacemaker implants.	\$ 3,000 each
							<b>Microscopes</b>	\$ 3,000 to \$ 8,000 each
						12	<b>Digital scales</b> To weigh babies	\$ 2,000 each
						9	<b>Intravenous pumps</b> To administer IV and drugs	\$ 3,000 each
						2	<b>Adoptlers</b> To listen to baby's heart beat while in the womb	\$ 450 each

## GIFTS AND BEQUESTS

July 1, 1989 to July 1, 1990

The many thousands of contributions received to mark special events or as memorials to friends and loved ones help to fund research, teaching and the development of the hospital's high standard of patient care.

By annual publication on these pages, the Board of Directors expresses its appreciation to those who have chosen to mark life's milestones through "Funds". The Board thanks the thousands of donors whose contributions of \$10.00 or more are so graciously given.

Information regarding the establishment of new funds may be had from the hospital's Foundation office 340-8251.

LAURA & B. AARON ENDOWMENT FUND FOR MEDICAL RESEARCH	DR. CASIMIR BOTOSANSKY MEMORIAL FUND	DERMATOLOGY FUND	GENETICS RESEARCH FUND	KIDNEY RESEARCH FUND
FELICIA & ARNOLD AARON ENDOWMENT FUND FOR MEDICAL RESEARCH	SAUL BRASGOLD MEMORIAL FUND	STELLA & SOL DERMER ENDOWMENT FUND	GERIATRIC ASSESSMENT UNIT FUND	EILEEN LOIS KING MEMORIAL FUND FOR ONCOLOGY
VICTORIA & SASOON S. ABED ENDOWMENT FUND	SANDRA BRAVERMAN MEMORIAL FUND	DEVELOPMENT FUND	GERIATRIC UNIT FUND	MARTIN J. KIRSCH MEMORIAL FUND FOR PSYCHIATRY
ANN ABRACEN MEMORIAL FUND FOR ONCOLOGY	JOHN DAVID BRENNER FUND FOR PULMONARY RESEARCH	DIABETIC DAY HOSPITAL FUND	GERIATRIC RESEARCH FUND	HARRY KIRSHNER MEMORIAL FUND FOR THE INTENSIVE CARE UNIT
EDDIE & MURIEL ABRAMOWITZ RESEARCH FUND	ABE & SOPHIE BRONFMAN FOUNDATION FUND	DIABETIC RESEARCH FUND	GERONTOLOGY RESEARCH FUND	JACK KLEIN MEMORIAL ENDOWMENT FUND FOR CARDIOLOGY
BERNA ABRAMSON MEMORIAL FUND FOR HEMATOLOGY	BERNICE & MORTON BROWNSTEIN ENDOWMENT FUND	DIALYSIS UNIT FUND	HELA GERSZONOWICZ FUND FOR ONCOLOGY RESEARCH	LYLA PINSKY KLEIN MEMORIAL ENDOWMENT FUND
HENRY CHARLES ADAMS MEMORIAL FUND FOR SPECIAL NEEDS	ROBERT BRUCK MEMORIAL FUND FOR THE INTENSIVE CARE UNIT	ALEC DIAMOND MEMORIAL FUND FOR ONCOLOGY RESEARCH	SYDNEY GERTEL ENDOWMENT FUND FOR LONG TERM PATIENTS	TERRY KLEIN MEMORIAL FUND FOR COLORECTAL SURGERY
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**N**ous sommes très reconnaissants à tous nos bienfaiteurs. Nous comptons sur votre générosité pour financer des activités non subventionnées par l'État, dont des programmes de formation et de recherche ainsi que l'achat de matériel technique.

Prière d'adresser vos dons à la Fondation de l'Hôpital Général juif - Sir Mortimer B. Davis et de les poster au 3755, Chemin de la Côte-Sainte-Catherine, Bureau A-700, Montréal (Québec) H3T 1E2.

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