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Jewish General Hospital
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Capital Funds Campaign Goes Over The Top!



Morty Brownstein, Campaign Chairman, Al Regenstreif, Campaign Director, and Archie Deskin, Executive Director discuss campaign results with JGH News editor, Betty Rozovsky.

Q. Mr. Regenstreif, how much money was raised?

A. You will recall that we started with an objective of \$25 million... \$20 million from the private sector and 25% from the Ministry of Social Affairs up to \$5 million. The community will be delighted to know that we have reached the magnificent sum of \$26,000,000.

Q. How long did it take to raise the funds?

A. The Campaign time was relatively short and conducted over 2 periods. The first of 7 months and the second, about 5 months.

Q. To what do you attribute the speed and success of the campaign?

A. Simply stated, the ingredients in any order were — a good cause, exquisitely understood by a generous community, and a corps of devoted campaigners led superbly by an experienced and aware cabinet. That awareness was well demonstrated when the cabinet recruited and appointed Morty Brownstein to the chairmanship of the campaign. Mr. Brownstein was a delight to work with—he understood the issues, communicated the need and developed relationships with lay people, donors and staff that were most satisfying. Even when the pressure of campaigning was most intense, tension was not allowed to build. Donors seem to enjoy giving generously when Morty asks on behalf of a cause as noble and as worthy as The Jewish General.

Q. Mr. Brownstein, you must be delighted with the results. Can you describe your feelings?

A. The ready response of each donor was gratifying and inspirational for all those involved.

Q. Who was canvassed? In other words, where did the money come from?

A. We were extremely pleased with the sources of revenue in that the original concept was a goal of \$16,000,000. from a select grouping of our Jewish community.

In actual fact, what happened was an outpouring of generosity from the entire hospital - nurses, department heads, physicians, administrators - in fact, employees from every department responded with either five-year pledges or five-year payroll deductions. They inspired the campaign cabinet. An unexpected windfall came from individuals in the general community, Jewish and non-Jewish, who responded to the newspaper advertisements and hospital posters. In both cases, this was a generous, unsolicited show of support.

The corporations, both local and national, were early and pace-setting contributors to the campaign and our goal of \$4,000,000. from that segment of the community should be completed in the very near future.

And then, of course, we must mention the enormously supportive and generous members of the Jewish community to whom most campaigns address themselves for their needs. I believe that in the case of the JGH, this appeal was recognized with the strongest show of gifting and commitment to the most important institution in our community.

This fact is further emphasized by the Cummings' family gift. After having made an early contribution, they then gave further consideration to community support and hospital needs. In inimitable Cummings fashion, Maxwell and Nathan Cummings increased their commitment to a magnificent sum of \$1,500,000 which, in fact, put us over the top. This happened shortly before the death of Nathan Cummings and that gift will be used to endow THE CUMMINGS FAMILY PAVILION.

In retrospect, all of these factors combined to make the campaign an overwhelming success.

Q. Were many volunteers involved in this effort?

A. We did not look to a large corps of volunteers to complete the campaign.

Brownstein Centre named in tribute

A reception took place at the Montefiore Club on May 1 in honor of Mr. Morty Brownstein's exceptional effort as chairman of the capital funds campaign. Hosts for the evening were the hospital's officers.

Speeches were short and few in number. Mr. Herbert Siblin, president of the Centre Board began by saying, "Morty has done something unique in the annals of our history. Never has so much money been raised in a capital funds campaign in the Montreal Jewish community. Morty led, conspired, cajoled, but never offended", continued Mr. Siblin, praising Mr. Brownstein for inspiring his committee and the generous donors to well beyond the target sum of \$25,000,000. The mood of the evening was warm and jubilant, with many humorous remarks exchanged between speakers and guests.

Dr. Harold Frank described Mr. Brownstein as a driving force whose enthusiasm was contagious. "As a medical community, we are very proud to be associated with Morty in this highly successful campaign."

The evening culminated with a presentation by Mr. Leo Goldfarb, vice-president of the Board and chairman of major gifts, of a testimonial certificate which reads, in part, "a grateful hospital family records its appreciation and expresses its profound gratitude by proclaiming the dedication in perpetuity of THE MORTON BROWNSTEIN CENTRE FOR EMERGENCY CARE."

In response, the guest of honour attributed the success of the campaign to the fact that the JGH, in spite of lack of

beds and crowding, is admired and respected, which, he said, "stems from our original executive director Samuel Cohen and the standards he set which were continued by Bill Slatkoff and Archie Deskin".

His remarks included praise for the Jewish doctors in the 20's who saw the need for a hospital such as ours, and for the pioneers in the Jewish community who "bought land in ten days and continued throughout the years with exceptional leadership". He concluded by mentioning everyone present, thanking each one individually for their role in the campaign.

To his wife Bernice, who also has created an important niche for herself in community service, he said "Imagine, our next trip to China... a billion potential contributors."

The appreciation, affection and optimism of that evening reflected the feelings not only of those present, but of the entire hospital family.



Those men and women who did participate put in a determined effort and the results were obvious.

Q. If the funds raised exceed the cost of the expansion project, how will the rest of the money be used?

A. Having exceeded our goal of \$25,000,000, we now are bent on reaching \$27,000,000. If we are successful, the additional \$2,000,000 will provide for the construction of two more floors to the Lady Davis Institute for Medical Research. This project has been in abeyance for some time and is an urgent need.

Q. Would you say that this tremendous support of the JGH indicates a renewed confidence on the part of the Jewish community in the province and in the health care system?

A. The outpouring of community support encourages us to proceed with a vital space program which will enhance the

ultimate desire of the Jewish General Hospital's "pledge to excellence..." excellence in care, attention, cure, teaching and research. The success of the campaign is the community's endorsement of those goals and the recognition that the JGH is central to the confidence and growth of the community.

Q. Mr. Deskin, you must be very proud of this show of support for the institution. Did you anticipate such a response?

A. We were concerned at first because the campaign was launched in an economic environment which was less than desirable. However, initial contacts with different segments of our community indicated overwhelming support for our expansion objectives, and generous commitments were made towards the financial requirements of the project.

(cont'd on page 2)

Hospital implements no-smoking policy

by Janet Perlis

In early June, the Jewish General Hospital adopted a hospital-wide no smoking policy. As a medical institution dedicated to bettering the health and welfare of the population entrusted to its care, the hospital must fulfill its social responsibility by eliminating factors that threaten patient well-being. Tobacco smoking is potentially harmful to both the smoker and non-smoker.

It is not the intention of the hospital to increase patients' or their families' distress by depriving the smoker of tobacco during times of extreme tension and anxiety, however, the hospital must fulfill its prime objective of maximizing health care.

Smoking has been restricted to designated areas of the hospital to protect patients, visitors and staff from the harmful effects of passive smoke. This policy decision is supported by much evidence. According to Dr. Harvey Kreisman, Chief of the Pulmonary Division of the Department of Medicine, "Tobacco smoke is highly toxic. It contains hundreds of chemical compounds including tar, nicotine, carbon monoxide, hydrogen cyanide, D.D.T., propane, etc. Every time a pipe, cigar or cigarette is lit, all these chemicals are released into the air we breathe through two sources, mainstream smoke and sidestream smoke".

Mainstream smoke refers to the tobacco smoke inhaled by the smoker. The risks of inhaling mainstream smoke include a much greater chance of developing cancer, heart disease or stroke, chronic

bronchitis, peptic ulcer disease, peripheral vascular disease, etc. In the United States alone, over 400,000 people die annually from tobacco related diseases. These deaths are potentially preventable.

Sidestream or passive smoke refers to the smoke that enters the air from the burning end of the pipe, cigar or cigarette. "Recent evidence has shown that inhalation of passive smoke is equally detrimental to the non-smoker as mainstream smoke is to the smoker" states Kreisman.

A cigarette smoker inhales/exhales for approximately 24 seconds per cigarette while the cigarette burns for approximately 12 minutes, continuously polluting the air with hundreds of poisonous chemicals. Pipes and cigars burn for much longer periods of time. Passive smoke contains higher concentrations of many of the damaging chemicals than does mainstream smoke. For example, there is twice the amount of tar and nicotine, three times the amount of 3-4 benzpyrene (a suspected cancer causing chemical), five times as much carbon monoxide (which deprives the blood of necessary oxygen) and fifty times as much ammonia. Cadmium, which is linked to lung damage (emphysema), exists in much greater levels in sidestream smoke than mainstream smoke.

Long term exposure to hydrogen cyanide above ten parts per million (p.p.m.) is considered dangerous. The concentration in passive smoke is 1600 p.p.m.

oncology and associate director of the McGill Cancer Centre, was chairman of the study's surgical sub-committee. He describes the study as the most important surgical trial to have been done, pointing out that although partial mastectomy has been gaining increasing use, there has been heated controversy and uncertainty over the past many years. Now, these new results indicate that although not all breast cancer patients will be suitable for this type of surgery, the majority will.

Other McGill Cancer Centre hospital participants included Dr. Henry Shibata of the Royal Victoria Hospital, Dr. John MacFarlane of the Montreal General Hospital as well as Dr. Roger Poisson of Hôpital Saint-Luc, a University of Montreal Hospital.

Breast cancer study

The results of a continent-wide study evaluating partial mastectomy vs radical mastectomy for breast cancer patients were announced recently. First evidence from the scientifically controlled study indicates that partial mastectomy or removing only the cancerous lump, when combined with local radiotherapy, is a useful and effective way of treating primary breast cancer. The study was conducted by a research group called the National Adjuvant Breast Project consisting of a large consortium of hospitals in Canada and United States.

Dr. Richard Margolese, director of the Jewish General Hospital division of

Capital Funds Campaign (cont'd from page 1)

Q. When will construction begin?

A. The critical path expectancies indicate that construction should start early in 1986. This is based on the appointment of architects and engineers in June 1985 and the development of plans and specifications ready for tender by January or February 1986.

Q. What are the priority areas?

A. The critical care areas such as the coronary care unit, the dialysis unit, the neonatal intensive care unit are, of course, the highest priority. In general, we are placing great importance wherever existing patient areas require upgrading for purposes of providing a safe, comfortable environment.

Q. Will the hospital be able to accept more patients?

A. No, unfortunately not. The chief objective of this expansion program is to maintain the patients' dignity and

self-respect by providing a physical environment appropriate to the care required. The building program is not designed to increase the volume of patients either on an in-patient or out-patient basis. In short, it is a qualitative and not a quantitative change.

Q. What about the emergency department? Will the expansion program relieve that situation?

A. The emergency department will be completely renovated so that patients will not have to be housed in the corridors. This renovation, together with a recent innovation involving earlier "triaging" i.e. categorizing patients according to the severity of their illness, will go far in correcting many of the poor conditions which patients encounter at present.

Q. How long will it take to complete this project?

A. The total expansion and renovation program is scheduled for completion in 1988.

Nitrogen dioxide levels above 5 p.p.m. are considered dangerous and cause lung damage. Passive smoke contains 250 p.p.m. Carbon monoxide levels are 5 times higher in passive smoke than in mainstream smoke. When you inhale this gas, carbon monoxide instead of oxygen combines with your blood to form a new compound, carboxyhemoglobin. The resulting lack of oxygen creates additional stress on the heart and lungs of people who already have impaired function of these vital organs. After leaving a smoke-filled environment, even if the air is ventilated, it takes several hours before the carbon monoxide levels return to normal.

Some studies on risk to the non-smoking spouse of heavy smokers have re-

ported a greater chance of developing lung cancer and respiratory problems. Children raised in households where one or both parents smoke are more likely to suffer from illnesses of varying severity when compared to children raised in non-smoking homes.

Passive smoke is a health hazard that cannot be ignored. Fortunately it can be prevented. By instituting this non-smoking policy, the Sir Mortimer B. Davis - Jewish General Hospital will be meeting its responsibilities by actively safeguarding the health of patients, visitors, and staff. It is hoped that this policy will influence the community the hospital serves into adopting similar standards.



Shown above, William Charney, industrial hygienist, Janet Perlis, and Dr. Harvey Kreisman, chief of the pulmonary division.

Exceptional survival rate maintained

Only 3.9 per 1000 infants weighing over 1000 gms. (2.2 lbs.) died at or around the time of birth in 1984 at the Jewish General Hospital, announced Dr. Apostolos Papageorgiou, director of the Pollack neonatal intensive care unit and Dr. Morrie Gelfand, chief of the department of obstetrics and gynecology.

This is the best perinatal mortality ever obtained in our hospital with the exception of 1982 when the record-breaking statistic of 2.2 deaths per 1000 was achieved.

The latest figure still remains less than half the provincial rate of 8 deaths per 1000 deliveries of babies weighing 2.2 lbs. and over.

Remarkable too, is the fact that the combined stillborn and neonatal death rate of babies over 500 gms (1.1 lbs.) was 8 per 1000. The provincial rate is 12.2 deaths per 1000. The number of stillbirths at 2.6 per 1000 deliveries is also below the provincial rate of 4.6 per 1000.

All babies born without anatomical defects survived, including all antenatal high-risk referrals. Unique, also, is the fact that 83% of respirator babies weighing over 750 gms. (1.11 oz.) survived. The provincial rate is 40-50%.

Achievements such as this have caused the Jewish General Hospital to be de-

signed by the government as a high-risk obstetrical centre, receiving referrals from all over the province and Frobisher Bay. In 1984, there was a total of 3121 deliveries, an increase of 5% over the previous year, reported Dr. Gelfand.

Neonatal follow-up clinic

Not only are more babies surviving, but they are surviving with fewer side effects. The quality of life is continually being improved through the effectiveness of the neonatal unit, and through the neonatology follow up clinic, which is directed by Dr. Ildiko Kunos.

This clinic serves as an ongoing link for 5 years between the Pollack neonatal intensive care unit, the home and the pediatrician.

Besides a complete physical examination, the clinic does developmental teaching, makes referrals to other doctors, labs and hospital departments when necessary.

Recently a self help group was formed to provide parents of premature babies with the opportunity to discuss shared experiences and to plan programs geared to their needs. This vehicle also encourages communication between parents and JGH perinatal professionals. If interested, please telephone 340-8222, local 5114.



Erika and Joshua Ungar are regular visitors to the neo natal follow up clinic. The twins were born two years ago, at 32 weeks, with Erika weighing 1450 gms (3 lbs 4 oz) and Joshua weighing 2200 gms (4 lbs 13 oz). They spent five weeks in the neonatal intensive care unit and are now progressing well. Erika, who was smaller at birth, is now larger than her brother. They are shown playing with Dr. Papageorgiou, Dr. Kunos and their mother, Susan.

Archie Deskin... a double anniversary

Archie Deskin celebrates two significant anniversaries this year... 25 years on staff at the hospital and ten years as executive director.

Born in Montreal, Mr. Deskin received his B.A. at Sir George Williams University and his Masters in Hospital Administration at the University of Montreal. He began his career in hospital administration as assistant executive director of the Montreal Old People's



Archie Deskin

Home, and became executive director of that institution in 1957. His dedication to the health care field was inspired

by his late father who served as executive director of the Montreal Old People's Home from 1940-1957. "I was his assistant, and the example he set provided my motivation for this kind of work".

As director of the Old People's Home, he helped establish a formally structured medical capability, and initiated one of the most up-to-date rehabilitation programs under the direction of Dr. Gustave Gingras. He also initiated and participated in plans for building a new home and hospital for the aged, and documented all information used by Allied Jewish Community Services to rationalize that project.

On completion of his academic studies, Mr. Deskin joined the Jewish General as an administrative resident in 1959, and became administrative assistant in 1960. He recalls one of the most significant experiences of his career at the JGH as the period between 1962 and 1969 when, as assistant executive director, he had the responsibility for the development of plans for construction and equipment of a \$21,000,000 renovation and expansion project. This resulted in the northwest wing, the Lady Davis Institute for Medical Research building and the Institute of Community and Family Psychiatry. Through

this experience, he became intimately involved with every aspect of the hospital's operation which "provided excellent background for my eventual duties as executive director".

Since his appointment as executive director in 1975, Mr. Deskin has enjoyed seeing the JGH declared a full teaching hospital of McGill University, with vastly improved academic capabilities including teaching and research, as well as the growth and development of a geographic full-time staff of physicians.

"I am very proud", he reflects "to be associated with the hospital at this time when it has received such overwhelming support from the community in terms of our expansion requirements. As long as this kind of support is forthcoming, the destiny of our hospital is secure and bright".

Mr. Deskin is chairman of the Directors General Group of Jewish Public Establishments Committee, chairman of the McGill Teaching Hospital Council, member of La commission administrative des hôpitaux de courte durée of the Regional Council and member as well of the Canadian Hospital Association, American Hospital Association, American College of Hospital Administrators and Canadian College of Health Service Executives.

Happy Anniversary, Mr. Deskin!

President elected



Leo Goldfarb

Mr. Leo Goldfarb was recently elected President of the Centre Board of Directors of the Sir Mortimer B. Davis-Jewish General Hospital. He succeeds Mr. Herbert Sibling.

Mr. Goldfarb first joined the hospital Board of Directors in the late sixties, and has served over the years as Chairman of the Audit Committee, Chairman of the Budget Control Committee, Co-Chairman of the Real Estate Committee, as a member of the Joint Conference Committee, as Vice-President, and as Chairman of major gifts on the Building Expansion Committee.

Mr. Goldfarb is President and Chief Executive Officer of Place Bonaventure Inc. and is also President of Ringold Enterprises, Ltd., a personal investment, development and management company.

Early in his career, Mr. Goldfarb was affiliated with Steinberg's Ltd. where he was a Director and Executive Vice President of Corporate Affairs. He joined Trizec Corporation in 1969 where he attained the position of Executive Vice President and Chief Operating Officer. He was a Founding Director of the International Council of Shopping Centres and was General Chairman of the Council's first convention in Canada.

Mr. Goldfarb was also a Director of the Morgan Trust Company of Canada from 1963 - 1983. He is a member of the Mount Royal Tennis Club, the Elmridge Golf and Country Club and the Montefiore Club.

Elected to serve with Mr. Goldfarb as Vice Presidents of the hospital's Board of Directors are Mr. Morty Brownstein and Mr. Stephen Vineberg.

mittee to the Quebec Government, Department of Education on Pre-School Education.

Mrs. Veinish has always been actively involved in the community. She is at present, on the Public Relations Committee of the council of Aging for A.J.C.S.



Jackie Veinish

New assistant director of nursing

Mrs. Grace Miller, recently appointed assistant director of nursing, has been nursing coordinator, obstetrics, gynecology and psychiatry at the JGH since 1980, and will continue to oversee nursing in the Psychiatric Service.

Born in Kingston, Jamaica, Mrs. Miller received her nursing education at the University Hospital of the West Indies, Jamaica, practiced nursing in England where she became a state certified midwife, received her baccalaureate in nursing at McGill University, her master of arts in educational studies at Concordia University, her diploma in college teaching at McGill University, and is at present pursuing studies towards a Ph. D. in nursing at Case Western Reserve University in Cleveland, Ohio.

Grace Miller has had extensive experience in her profession on the supervisory level as well as teaching in hospital and university settings, and has authored and presented a number of professional papers on a wide variety of topics.

She developed an education program for assistant head nurse demonstrators, and a nursing management program for hospital executives.

Grace Miller succeeds Pamela Georges who became director of nursing at the Jewish Rehabilitation Hospital after 15 years at the JGH.



Grace Miller

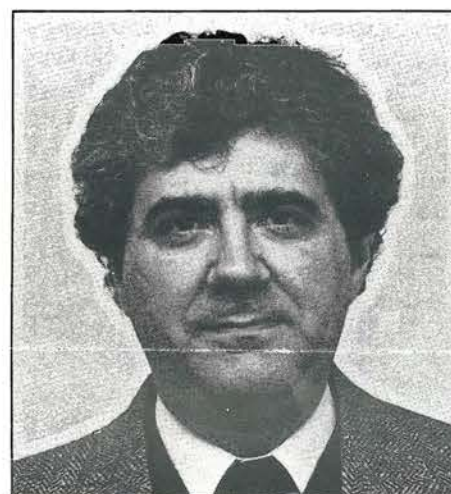
Chief appointed

The appointment is announced of Dr. Joel Rosen to the position of Chief of the Department of Ophthalmology.

Dr. Rosen was educated at McGill University where he received his B.Sc. (Honors Genetics) in 1964, and his medical degree in 1968.

His post graduate training at the Jewish General included a rotating internship, and a residency in medicine and then in ophthalmology. Dr. Rosen was a Research Fellow at the Department of Ophthalmology, Cornell University Medical Center in New York City.

Besides his new position as chief of the department, Dr. Rosen is director of the external disease clinic and of the contact lens clinic at the JGH. He is an assistant professor in the Faculty of Medicine at McGill University and president of the Montreal Ophthalmological Society.



Dr. Joel Rosen

Dr. Rosen is a member of Alpha Omega Medical Society, Quebec Medical Association, Canadian Medical Association, Association for the Advancement in Research in Ophthalmology, American Society of Contact Lenses, and has authored a number of articles which have been published in professional journals.

Dr. Slatkoff receives honor



Dr. William R. Slatkoff

Dr. William R. Slatkoff was honored recently by the Canadian College of Health Service Executives. The title of Life Member was bestowed upon him at the president's banquet during the second Quebec Conference of the Canadian College of which he is a past president.

Dr. Slatkoff has been a key figure over many years at the Jewish General Hospital. He served as Medical Director from 1953 to 1967, as Executive Director from 1967 to 1975 and continued after that time as a consultant. The entire hospital family congratulates Dr. Slatkoff for this most recent acknowledgement of the esteem in which he is held.

Auxiliary welcomes new president

Jackie Veinish recently was elected president of the Auxiliary after having served as Vial of Life chairman, treasurer and then vice-president.

Born in Montreal, Mrs. Veinish received her Bachelor of Arts at McGill University and her degree in early childhood education at Concordia. She taught for 16 years, and during that time, was on the executive of the Nursery School Teachers Association of Greater Montreal, on the founding board of McGill Community Family Centre, providing day care for children of McGill staff and students, and served for several years on a consultative com-

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.

Executive Director
Archie Deskin
Public Relations Director and Editor
Betty Rozovsky

Photos:
JGH Audio-visual services

Translation:
Claire Herzberg

Public Relations Committee
Sheila Zittler, Chairman, Hillel Becker,
Susan Levine, Dr. Sydney Pedvis

Bone transplant gives new hope

By Janice Arnold—reprinted from
The Canadian Jewish News

Doctors told 30 year old Paul Miller that the only treatment for the large cancerous tumor in his pelvic area was amputation of his leg and half of the bottom of his torso. The Trois-Rivières man could not accept the loss of that much of his body.

Besides the psychological trauma, the amputation would have left him an invalid because a prosthesis would be almost useless and even sitting would be difficult.

He was referred to Dr. Barry Miller (no relation), an orthopedic surgeon at the Jewish General Hospital, who was prepared to perform a new and delicate operation that offered an alternative to amputation. It involved removing Miller's diseased left pelvic bone and transplanting another from a cadaver in its

place. It was to be the first time such an operation was done in Canada.

That was Jan. 18, and today the patient's condition is described by Dr. Miller as excellent. After some weeks in a plaster cast, he is able to walk with a walker and it is expected he will soon be transferred to a rehabilitation centre. As for his cancer, the doctor says this type of cancer is usually curable with the removal of the tumor and is optimistic.

Twelve semi-pelvic transplants have been carried out by Boston orthopedic surgeon Dr. Henry Mankin, but the literature on the subject is still minimal, said Miller. Much of the surgical technique had to be experimental.

Not the least of the problems confronting Miller was finding a suitable half-pelvis. Unlike eyes and organs, people do not often donate their bones after death. It was several weeks before a pelvis became available. The family of a 48 year old man who had died of a heart attack in the JGH's emergency ward consented to donating the needed bone.



Paul Miller stands between his surgeon, Dr. Barry Miller, and physiotherapist, Francine Bishinsky.

It has been found that deep freezing a bone to be transplanted at -70C virtually eliminates the risk of rejection, which is such a problem in heart, kidney and

other organ transplants. The body's reaction to an alien bone is to grow new bone cells on it, thus eventually transforming it into its own. Infection was the biggest worry and intensive antibiotic therapy was required.

During the 6 hour operation, Miller was assisted by vascular surgeon Dr. Nathan Sheiner and Dr. Alex Hadjapavlou, another orthopedic surgeon.

Miller says the success of this surgery has demonstrated the potential for other bone transplants and the need to establish a bone bank in Montreal. Transplants (or grafts) of small pieces of bone are common to stimulate bone formation in causes of trauma, but usually the bone is taken from another part of the patient's own body.

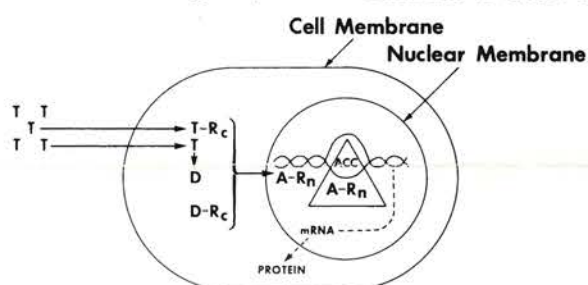
Allograft (transplant of bone from a donor) opens a whole new horizon. Miller sees the possibility of replacing, for example, thigh bones shattered in accidents instead of trying to fashion a bone from chips or, worse, amputation.

At the Lady Davis Institute for Medical Research

Genetics of responsiveness to male sex hormones

The Cell Genetics Laboratory in the Lady Davis Institute for Medical Research, under the direction of Dr. Leonard Pinsky, Professor of Pediatrics and Human Genetics, McGill University, is concerned with finding out how various cells in the body normally respond to the male sex hormones (androgen; abbreviated A in the diagram).

It does not begin to work only after birth. It is also necessary *before birth* to organize the development of internal and external reproductive organs of normal males. And, to do its job before birth, it needs the help of another, closely related, androgen that it generates from itself. This second male sex hormone is called dihydrotestosterone.



The major androgen made by the testis is called testosterone. It is abbreviated "T" in the diagram. T enters the cells that will come under its influence (target cells) simply by diffusing through the external cell membrane. Once inside the cell cytoplasm (C), T binds to a special protein called the "receptor" (Rc). The T-Rc complex then passes into the nucleus of the cell (A-Rn), and is somehow able to recognize which parts of the chromosome (genes; ACC) it must regulate in order to make a particular cell respond the way it should. For instance, one cell type must respond to the A-Rn complex by making hair proteins, another cell type must make muscle protein, and a third must make sperm. This is the basic story and it is understood well. What we understand poorly, however, are the important details. For instance, how does the same A-Rn complex "know" that in one cell type it has to stimulate hair, not muscle proteins; and, that in a second cell-type, it has to do the opposite?

It is abbreviated "D" in the diagram and it binds to the same receptor protein as T.

The strategy used in Dr. Pinsky's laboratory is to study male human beings who are born with various genetic (hereditary) defects that prevent them from responding to male sex hormones normally. It is the power inherent in the contrast between normal and abnormal that is helping them to learn the essential details of the normal process.

How common is it for males to be born with insensitivity (or resistance) to male sex hormones? The answer depends on the degree of defect one has in mind. People with *complete* inability to respond to male sex hormone are born quite rarely — perhaps once in every 50,000 births. On the other hand, defects which cause *partial* insensitivity to male sex hormones are not rare at all: they account for an appreciable fraction of all boys who do not virilize normally during puberty, and of all normally

virilized men who are infertile because they cannot make enough sperm.

The essential technique used in Dr. Pinsky's laboratory is "cell culture". A very small piece of skin (biopsy) is donated by the subject to be investigated. In the laboratory, the biopsy is maintained ("cultured") under special conditions that permit it to generate individual cells called "fibroblasts". Fibroblasts reproduce on the surface of the culture dish so long as they are fed the right medium: a mixture of salts, vitamins, carbohydrates, amino acids and proteins. In fact, these fibroblasts can be mass-produced by the billions, stored in the frozen state for many years, and then thawed whenever someone wants to do more experiments on them.

Dr. Pinsky's laboratory is the only one in Canada devoted to the study of male sex hormone resistance; there are only three in the USA, and 1 or 2 others throughout Europe. The cell culture technique permits Dr. Pinsky and his principal associate, Morris Kaufman, Ph.D., to study patients and families who are referred by geneticists and endocrinologists from all parts of the

world. These referrals are helping to give our hospital an international reputation as a centre for clinical research.

In addition to the basic science aspect of the work conducted by the research team in Dr. Pinsky's laboratory, the results of their studies can have immediate value for the families concerned. For instance, they can determine the risk of recurrence for a subsequent child in the same family, and they can help to decide on the sex-of-rearing when an affected child (born with ambiguous external genitalia due to partial insensitivity to male sex hormone) needs to have surgery to reconstruct the genitalia in the masculine or feminine direction.

Another beneficial spin-off of their research is that whenever they define a new type of defect responsible for in-born resistance to male sex hormones, it is likely that the new information can help to understand why the cells of only some patients with breast cancer can respond to male sex hormones so that the patient improves. And, furthermore, why those that do respond initially, sometimes lose their responsiveness at the cost of the patient's health.



The research team in Dr. Pinsky's laboratory at the Lady Davis Institute for Medical Research: Back row, left to right, Nellie Sebbaghian, research ass't; Morris Kaufman, Ph.D.; Anne Schwartz, graduate student; and Cynthia Pincott, graduate student. Front row, left to right, Davevik Sumblian and Carmen Gil-Esteban, research assistants.

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SPEAKER: Jane Lancour, MS.N RN
Nurse Consultant, Assistant Clinical
Professor at the Medical College of Wisconsin
School of Nursing

Information: 340-8222 local 5449

Grants and Awards

Poleski, M.H.: Fellow of the American College of Physicians.

Lasry, J.C. Margolese, R.: (Health and Welfare Canada, \$59,367.00) Quality of life following two types of breast cancer surgery.

Appointments

Blumer, H.M.: Assistant Professor at McGill University.

Gelfand, M.M.: President, Society of Obstetricians and Gynecologists of Canada, re-elected Conseil — Conseil d'Administration, Fédération des Médecins Spécialistes du Québec. Re-elected Chairman, Quebec Section, District 1, American College of Obstetricians and Gynecologists.

Klein, M.: Member of the Working Party for Maternal and Child Health Standards, Health and Welfare Canada; Associate Professor of Pediatrics concurrent with appointment to Professor of Family Medicine, McGill University.

Kravitz, H.: Interim Chairman, Department of Psychiatry, McGill University.

Kwitko, M.L.: Editorial Board, "International Journal of Cataract Surgery".

Lisbona, A.: Examiner and Vice-President, Board of Examiners, Diagnostic Radiology for Corporation of Physicians & Surgeons of the Prov. of Quebec.

Mendelson, J.: Program director for Infectious Diseases at McGill University; examiner for the Royal College examinations in Infectious Diseases.

Palayew, M.J.: Canadian Assoc. of Radiologists: Chairman of Committees on Nominations, Training and Qualifications, Representative to the American College of Radiology's Intersociety Commission.

Panasci, L.C.: Associate Professor, Department of Medicine, McGill University.

Parniak, M.: Assistant Professor, Department of Medicine, McGill University.

Papageorgiou, A.: Coordinator of the McGill Neonatal-Perinatal Program, re-appointed examiner in Pediatrics by the Quebec College of Physicians.

Pinsky, L.: Member, Committee on Human Resources, Chairman, Committee on Public Policy, Canadian College of Medical Geneticists.

Rosen, J.: Chief, Jewish General Hospital Department of Ophthalmology; President, Montreal Ophthalmological Society.

Shyamala, G.: Appointed by National Institutes of Health, Bethesda, MD, as member, site visit team to evaluate a project submitted by the University of California School of Medicine, San Francisco, Nov. 1984.

Wainberg, M.A.: Member of a site visit committee, Centre hospitalier universitaire de Laval (CHUL), Quebec City, March, 1985; member of grants panel of the Israel Cancer Research Fund, New York, March, 1985.

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Abita, J.P., Parniak, M., Kaufman, S.: The activation of rat liver phenylalanine hydroxylase by limited proteolysis, lysolecithin, and tocopherol phosphate. Changes in conformation and catalytic properties. *J. Biol. Chem.* 259: 14560, 1984.

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Edgar, L., Anderson, B., Jovellana, N.: An exploratory study on the assessment and management of chronic pain by nurse and patients. 10th National Nursing Research Conference, Toronto, April, 1985.

Edgar, L.: Reducing the averseness of cancer chemotherapy through nursing directed relaxation therapy. 10th National Nursing Research Conference, Toronto, April, 1985.

Fitch, N.: Clinical aspects of cytogenetics: Drugs in Pregnancy and Congenital Malformations. McGill University, Montreal, Feb. 1985.

Germinario, R.: Sugar transport regulation in cultured human cells. McGill University, Jan., 1985.

Gordon, P.H.: Invited participant in controversies in colon & rectal surgery, Sansum Medical Research Foundation, Santa Barbara, California, Feb., 1985.

Klein, M.: Who should provide primary health care to children — pediatricians or family physicians? Medical Grand Rounds, Montreal Children's Hospital, Jan. 1985; Pediatric primary care in Canada, who provides the care and who does the teaching? Education Rounds, McMaster Clinical Unit — Hamilton General Hospital, Feb. 1985; Controversies in obstetrical management and maternal care — the family physician's view. 7th Annual Seminar in Current Practice 1984-1985. Primary Care Obstetrics, Mount Sinai Hospital, Toronto, Feb. 1985; The Mount Sinai accoucheur — An endangered species. Invited speaker, The McQuitty Memorial Oration, 30th Annual Scientific Assembly, Alberta Chapter, College of Family Physicians of Canada, Feb., 1985.

Kwitko, M.L.: Pediatric and congenital glaucoma, Presenile glaucoma, American Academy of Ophthalmology, Atlanta, Nov. 1984; Pediatric and adolescent glaucoma, Lens implantation and the glaucoma patient, Rehabilitation of the traumatized anterior segment, Texas Ophthalmological Society, Dallas, Nov., 1984; Pseudophakic glaucoma, Pan American Implant Assoc., Fort Lauderdale, Florida, Dec. 1984. Modern management of congenital cataracts, Management of the glaucoma patient who develops a cataract and pseudophakic glaucoma, Frontiers of Ophthalmology, Phoenix, Arizona, Feb., 1985.

Lasry, J.C.: Priorities in the Sephardic community of Montreal to Network/North American Jewish Students Network, National Convention in Montreal, Dec., 1984.

Laughrea, M.: Translation fidelity in the brain, liver and hippocampus of the aging Fischer 344 rat. Department of Biology, Concordia University, Nov., 1984.

Marcu, S.: Assisted by Gauthier, D.: A two part workshop, "Formation de Jeu de Rôle", Hôpital Montfort, Ottawa, July, 1984 and Feb., 1985.

Palayew, M.J.: Rounded atelactasis, benign progressive multinodular pulmonary Histoplasmosis, Visiting Professor at the University of California Davis Medical Center, Sacramento, California, Feb., 1985.

Papageorgiou, A. (S. Chemtob, I. Kunos): Accumulation of furosemide following frequent repeated doses in newborn infants. 61st Annual Meeting, Cdn. Pediatric Society, Toronto, June, 1984; Incidence and evaluation of factors predisposing to retrolental fibroplasia in infants weighing < 1500 gms. Convention of the European Society of Perinatology, Dublin, Ireland, Sept. 1984; Protective role of Betamethasone on RLF in newborns with birthweight of < 1000 gms. Annual Meeting of the American Society for Pediatric Research, Washington, D.C., May 1985.

Poleski, M.H.: The Treatment of stress ulcers with Pirenzepine, Mexican Association of Gastroenterology Annual Meeting, Guadalajara, Mexico; Demographic factors affecting the healing of duodenal ulcers treated with Pirenzepine and Cimetidine Second Academic Meeting on Progress in Acid-Peptic Therapy, Mexican Society of Gastroenterology, Puerto Vallarta, Mexico, Dec. 1984; Update on peptic ulcer disease, Continuing Medical Education Rounds, Lachine General Hospital, Lakeshore General Hospital, Jan. 1985, St. Hyacinthe, Quebec, March 1985.

Ponka, P.: Iron transport and control of heme synthesis in reticulocytes. Red Cell Club, Montreal, Oct., 1984; The rate of iron delivery from transferrin limits the rate of heme synthesis in reticulocytes, Transferrin-dependent phosphorylation of reticulocyte transferrin receptors, 26th Annual Meeting of the American Society of Hematology, Miami Beach, Florida, Dec. 1984; Is the rate of heme synthesis in erythroid cells controlled by iron supplied from transferrin? Visiting Professor, Salt Lake City, Utah, March, 1985.

Robbins, J.: Cognitive social psychology and illness behavior. Presented to Behavioral Science Course, McGill University Medical School, Nov., 1984.

Shamian, J., Parsons, R., Georges, P., Kagan, E., Miller, G.: Medication delivery systems and professional practice of the nurse, 10th National Nursing Research Conference, Toronto, April, 1985.

Shyamala, G.: Multiplicity of steroid receptor forms: distinction between biologically relevant forms and products of artificial degradation. Department of Pharmacology, McGill University, Nov. 1984; Regulation of mammary responsiveness to estrogen. St. Louis University School of Medicine, St. Louis, Missouri, Feb. 1985.

Sigal, J.: Intergenerational effects of prolonged excessive stress. To Centre for Research in Human Development, Concordia University, Nov. 1984.

Wainberg, M.A.: Mechanisms of viral abrogation of immune function. Seminar-invited speaker, Ottawa Civic Hospital; Tumor induction and regression in retrovirus-induced neoplasia. Department of Microbiology and Immunology, University of Ottawa, Dec. 1984; Immunosuppressive effects of Epstein-Barr virus (EBV). Inter-hospital Infectious Disease Rounds, Montreal Children's Hospital, Montreal, Jan. 1985; The viral etiology of AIDS. Inter-hospital Infectious Disease Rounds, Sir Mortimer B. Davis - Jewish General Hospital, Montreal, Jan. 1985; Effects of interleukin-1 and interleukin-2 on viral impairment of lymphocyte mitogenesis. Miami Winter Symposium, Miami, Florida, Feb. 1985.

Coronary Rehabilitation Program

A heart attack affects not only the patient but the entire family. The JGH coronary rehabilitation team helps cardiac patients come to terms with their disease, make the necessary changes in their lifestyles to reduce their risk factors, supports the patient and family in dealing with the emotional aspects

of the illness and helps the patient return to an active and useful life. The program is tailored to the needs of each patient as directed by his cardiologist. Under the leadership of Dr. Michael Dworkind, a family physician with the Herzl Family Practice Unit, the team consists of a co-ordinator, social worker, psychiatrist, two psychologists, physiotherapist, dietician, pharmacist and cardiac care unit (c.c.u.) nurses. While in the cardiac care unit, the patient receives a folder introducing the rehabilitation program. After being moved to a room on the floor, the patient is visited by Mrs. Toba Herman, the team co-ordinator, who explains

to the patient the program and his progress through monthly phone calls, and describes the program: diet teaching, progressive exercises, stress management, follow up meetings, stop smoking information, discharge manual, "heart to heart" teaching by C.C.U. nurses, films and "outreach" i.e., former patients offering support and encouragement to new patients.

A recent adjunct to the program is the cardiac wives group. When a patient is discharged from hospital after a heart attack, he receives detailed instructions, guidance and attention, but his wife does not. As a

result, spouses often suffer from acute anxiety. The cardiac wives group which now meets on a regular basis has proved to be a source of support and encouragement. According to Dr. John McCans, chief of the division of cardiology, "The cardiac rehabilitation program at the JGH is an extremely valuable component of the comprehensive treatment of patients who have suffered a heart attack. In particular, it allows the patient and his (her) family to understand the nature and implications of the disease and thus to deal with it in the most effective and appropriate manner."

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Bernard Schachter & Irving Babb
Sorkin & Richer
Professional Pharma
Jack Richer
Margolese, Rozenzveig, Hitzig & Welikovich
Allan H. Tabac
Morty Cryer & Oscar Respitz
Jack Jacobson
J.S. Lipper
Irving & Michael Kates
Roberto Klein
Reuben Croit
Henry Etingin
Fuller Jenks & Landau
Louis H. Hannach
S.M. Mendelsohn
Joseph Raymer
Harry & Elliot Sheftman
Hyman & Moses Herman & Ivan Levine
Roll Harris & Associates
Craimer, L'Ecuier & Assoc.
Dr. Joseph Cassoff
H. & D. Singerman
Theodore Lande
Dr. Steven Brem;
Dr. Louis Begin
Dr. M. Laure Brisson de Champlain
Dr. David Bercovich
Dr. Martin Black
Dr. Ralph Bilefsky
Dr. Daniel Benatar
Stephen Altro & David Mars
Paul & Jacques Golbert
Lawrence Yanofsky
Steve & Irving Kaufman
Kenneth Gold
Sam & Jack Teller
Sol Rawas
Morris & Saul Cohen
Calko (Canada) Inc.
Charles Brandman
Lindor Inc.
Phil Tanny
Andrew Rauchman
Stanley Abbey
Jeffrey Ray
Raphael Fleming
Jack Gold
Barry Shapiro
Abe Gomel
Reg Weiser
Levitt Feldstein Dubin
H. Sheinberg
Ben & Morris Waldman
Philip, Joel & James Salomon
Seymour Alper
Louis Solomon
David Rakita
Jack K. Field
Myer Samuels
Mark Bercuvitz
William Berman
Sam Schwartz
Abe Rosenberg
Abe Auerbach
Joseph Telio
Philip Smith Foundation
Abe Chodos & Company
George H. Scott
Henry & Hersh Majnemer
Israel Gillman
Mr. & Mrs. Samuel Sheiner
Eddy & Abe Lenkov & Mike Prazoff
STS Systems Ltd.
Myer & Hyman Knobovitch
Arnold M. Ludwick
Richard Abrahamson
Lou, Abe & Copple Cooper
Lou Goldberg
Jonathan Wener
Irving, Solie & Al Kravitz
Peter S. Golick
Mr. & Mrs. Gerald Sheiner
Morrie Cohen
MacGillivray & Co.
SVH Fashions Ltd.
Bram Wenger
Radio Therapy Associates
Rudy Corber
Stanley A. Hartt
Shalom Bloom
J. Louis Levesque Foundation
Mortimer Rother
Gershon Kaplan
Anonymous
Mr. & Mrs. Leonard Sheiner
Lawrence Kessler
Estate Abie Vineberg
Esther Shubert
Max Cohen
Doubletex Inc.
Dr. J. McCans
Carole Rosenstein Fleschner
Martha Steinberg Family
Jack C. Blumer
Allan & Issie Tannenbaum
A. & J. Morantz
Herby Schnapp
Maurice Noveik
Myer Mendelsohn
Seymour Finkelstein
I.N. Knight & Sy Moskowitz

Irving Ludmer
Andrew Levinson & Family

\$1,000 and Over

Leon & Philip Friedman
Brahm M. Gelfand
M B Data Processing Ltd.
Herman Bistricher
Marcus Leibovitz
Irving Bilmes
William Pencer
Estate Lilly Parkany
Dr. Rubin Becker
Myer Goldstein
Dr. Joel Rosen
Dr. Michael Davidman
Dr. Michael Lichter
Dr. David Elkin
Dr. Edward Levinson
Dr. Bruce Costom
Dr. Jack Wise
Divco Limited
Phil Silverberg
Sidney H. Levy
Ben Kaganov
Xception Design Ltee.
Charles Schwartz
Dr. Bernard Slimovitch
Dr. Michael Klein
Dr. Khalil Geagea
Dr. Jack Cohen
Dr. Calvin A. Melmed
Dr. Herta Guttman
Dr. Stephen Potoker
Dr. Rowan Fish
Union Carbide Canada Ltd.
Julius Lipson
Ben Kaufman
Oscar Luger
Harry Grobstein
Victor Caro
Hyman Fisher
Albert Douek
W.R. Reben
Michael M. Rapoport
Gerald D. Segal
Howard Reisman
Ab Robins
Jonathan J. Robinson
Jack Scopp
Martin & Alan Kirsch
Ben & Hy Block & David Sher
Louis, Hyman & Nathan Greenfeld
Morris Mintzberg
Sam Bern
Texturon Yarns Ltd.
David Barmish
Ben Segal
Herman Gruenwald
Mortimer Fruchter & David Stendahl
Alex Seltzer, Simon Shatsky & Sol Levin
Hy & Jack Beraznik
Zave Ciman
Jack Fels
Dr. Evan Brahm
Dr. Jacob Buchbinder
Dr. Ned Better
Dr. Joseph Carlton
Dr. Ehud Arbit
Dr. Mortimer Lechter
Gerald Goldberg
Eli Cohen & Jack Zuckerman
Trust General du Canada
Westinghouse Canada Ltd.
The SNC Group
Dr. A. Mayman
Dr. Avram Mark Clarfield
Dr. Allan Finesilver
Dr. Robert Levine
Reg Weiser
Dr. Arthur Groszman
Dr. Monroe Miller
Dr. Michael Malus
Dr. Marvin Clamen
Dr. Irena Kupferszmidt
Dr. Ildiko Kunos
Dr. Irwin Glickman
Dr. Isaac Fried
Dr. Issie Wyszogrodski
Dr. Gilbert Zimmerman
Dr. Vivianne Zicherman
& Dr. Howard Yanofsky
Dr. Melvin Schloss
Dr. Rubin Strauss
Dr. Jacques Voyer
Dr. Morris Schweitzer
Dr. Emile Svarc
Dr. Julius Gomolin
Sterilite Inc.
Samuel S. Cohen
Geo. Weiner Inc.
Sidney M. Copoloff
Henry Rosenblatt
Johotex Ltd.
Atlas Auto Accessories
Harry Rottenberg
Max Kape
David Chaitman
Sam Lisak & Fred Tansky
Norman Goodman
William Gross
David Nemeroff
Marvin Kane
Gerald Frank
Max Clarfield
Paul Echenberg
Josh Uditsky
Steve Segal
Earl Pantel & Stanley Satov
Mel Schwartz
Genfoot Inc.
Herbert Ptack
George Steiner
Airco Service Inc.
Beatrice Wilansky
Austin C. Beutel
Michael Vineberg
Anonymous
Morris Rosenfeld
Bryant Levy
Philip Polonsky
Joyce & Michael Leitman
Morton D. Gross
Dr. Andrew Toeman
Banque D'Epargne
Dr. Daniel Steinberg
Dr. Jack Sherman
Dr. David S. Shapiro
Dr. Richard J. O'Connor
Edward Mendelson
Dr. Ezra Kleinman
Dr. Avrum Sonin

Dr. Fred Wiener
Dr. Edward Slapcoff
Dr. Melvyn Shevell
Dr. Harry Skurnick
Dr. Israel Winkler
Dr. Peter W. Stutman
Dr. Isaac Tannenbaum
Dr. David Sklar
Dr. Barry Sternthal
Dr. Marvin Stutman
Dr. Morris H. Wechsler
Dr. Hyman Surchin
Dr. Gary L. Freedman
Dr. Arthur Felgar
Dr. Lawrence Cohen
Dr. Leonard Druckman
Dr. Carl Cummings
Dr. Lawrence Cramer
Dr. Lawrence Cohen
Dr. Philip Eibel
Dr. Earl Mel Hershenfield
Dr. Samuel Galperin
Dr. Leonard Prosterman
Dr. Paul Latour
Dr. Sam Lerman
Dr. Earl Karanofsky
Dr. Solomon Joffe
Dr. Robert Perlman
Dr. Harold Pomerantz
Dr. Lawrence Panasci
Dr. Ezra Lozinski
Dr. Khalil Geagea
Dr. Harry Grauer
Dr. Frank Guttman
Dr. Allan Morton
Dr. Harvey L. Levitt
Dr. Aron Gonsior
Dr. Arthur Greenspoon
Dr. Irwin Margolese
Moe & Louis Richler
Dr. Morton Greenblatt
Dr. Melvyn Helt
Crédit Foncier
Clarke Transport Canada
Fireman's Fund Insurance
Velan Inc.
Bernard & Michel Wexler
Aaron Rudolph
Jack Zitter
Dr. Herb H. Borzuk
Dr. Henri Benoualid
Morty Baker
Dr. Ernest Burman
Sam Eltes
Ross B. Peters & Gerald Ritz
Sydney Chesick
William Chesick
Moe & Louis Richler
Ernest Fiedler
Morris Fish & Harvey Yarosky
Tommy Zemel
Phil Shugar
VTM (Varitex) Inc.
David C. Tobias
Leon Carson
Allen Quallenberg
Sam Palnick
Gordon L. Echenberg
Peter, Mark & Joe Baboushkin
& Harry Shapiro
Lou Cohen
Louis Krakower
Stephen B. Dorsey
Appel & Partners
Ian Karper
Moses Trister
Alex Abrams
Edward Kertzman
Jakob Cukier
Percy G. Abelson
Joseph Riwash
Montague Buckman & Aaron Schwartz
Joseph Schmerer
Henry Herman
J.A. Lyone Heppner
Melvin Myers & D. Witkin
Julius Sternthal
Richard Bergman
Nathan Boidman
Max Zell
Harry Witenoff
Robert Vineberg
Murray Lapin
Thomas Kahn
Alfred J. Kahn
Harvey Hoffer
Steve & Edward Lash
Morton Mintz & Louis Tarlo
Henry F. Pollock
Abe Feigelson
Marty Leboff & Cameron Shapiro
Seymour Issenman
Donald A. Goltman
Lightstone & Riback
Fred Shagass
Martin Wright & Peter Reiskind
N.A. Shulman
Sonny Tire & Supply
Singer Abdalla Foxen
Manny Bloom & John Carr
Dr. Premsvl Ponka
Isaac Rawas
Morris Dalfen
Leon Alfin
Nat Agensky
Charles Roth
H. Carl Goldenberg Q.C.
Seymour Jacob Rosen
Ed Spiegel
Kibbee Industries Ltd.
Bernard L. Isaacs
G. Lieberman
Norman S. Kessner
David & Syd Silverman
Camtron Electronics International Ltd.
Morris Goodman
I. Silverman
Murray Yanow
Footwear Imports Ltd.
Paul Hubscher
Hyman Wisenthal
Dr. Mark Wainberg
Clarence & Stephen Kisber
Tibor Schiff
Irving Shapera
Bernard Pesner
Gordon Kugler
O. Selmeici & Zoldan Erdos
Joseph Nitkin
Edward Mendelson
Hy Mendelson
Decarie Motors Limited

\$2 Million and Over

Alan & Lucy Bronfman Family Foundation
(Peter & Edward Bronfman)

\$1 Million and Over

Samuel & Saidye Bronfman Family Foundation
Nathan & Maxwell Cummings Family Foundations

\$500,000 and Over

Anonymous
Nathan Steinberg Family
Samuel Steinberg Family

\$250,000 and Over

Dr. André Aisenstadt
Bank of Montreal
Joseph E. Seagram & Sons Limited

\$200,000 & Over

Gerald Bronfman
Canadian Pacific Limited
The Reitman Family
Royal Bank of Canada
Ivaco Inc.

\$150,000 and Over

Alcan Ltd.
Brownstein Family including Andre Landsman
Alexander Dworkin
Imperial Oil Limited
Mr. & Mrs. Sydney Nowa
Maurice Pollock Foundation
The Schouela Family
Bell Canada

\$100,000 and Over

Canadian Imperial Bank of Commerce
Consolidated Bathurst Inc.
John Labatt Limited
La Brasserie Labatt Limited
Ogilvie Mills Ltd.
Catelli
Ault Foods Limited
Imasco Limited
Auxiliary — Jewish General Hospital
Senator E. Leo Kolber
Joe & Ben Schaffer
Bank of Nova Scotia
Mr. & Mrs. Nathan Feifer & Family
Saul Boyman
David Weissman
Michal Hornstein
G.H. & B.J. Kruger & Family
Sol Lederman
Bina & Leonard Ellen
The Pascal Family
Bram Garber
Mike Rosenbloom
The Rosenbloom Family
B. & Abbey Taran
The Toronto Dominion Bank
Daniel Freedman
Stephen A. Vineberg & Mrs. G.W. Vineberg
Frank & Simon Cobrin

\$50,000 and Over

Al Nadler
Fred & Phil Perlman
Sid Aptucker & Larry & Robert Wexler
Richter Usher & Vineberg
Zitter Sibling Stein Levine & Associates
Michael Adams
Brascan Limited
Abe & Sophie Bronfman Charitable Foundation
Morley M. Cohen
The Levenson Family
Dominion Textile Foundation
Myer Pollock
Robert Miller
Nahum Gelber Q.C.
Leo Goldfarb
Hersh Segal
Molson Family Foundation
Philip Ostroff & Hyman Skolnik
I. Rocke Ransen
Michael Greenberg Family
Irving Teitelbaum, I. Katsof & Stephen Gross
Herschel Victor
Webster Foundation
Mr. & Mrs. Moe Gussman in memory of
Jonathan Gussman
F.B.I. Foods Ltd.

\$30,000 and Over

Canadian National Railway Co.
Sun Life Assurance Co.
Herb Black
Ain & Zakuta (Canada) Inc.
Arthur & Beverly Mendel & Family
Royal Trust Limited
Henry Geniele
Naomi & Buddy Migicovsky
IBM Canada Ltd.
Estate Sigmund Beckow

\$25,000 and Over

Gordon Merovitz
Ernest Avriht
David B. Granofsky
Henry & Maurice Wechsler
David & Michael Zunenshine
Sam Berger & Family
Morton Barmish
Crown Meakins Limited
Sam Litwin
Heinisch Foundation Trust
Alan D. Gray
Late Henry Benson
Seymour Blumer
Joe Elieson and Jack Gerson Goodwin
Bernard Friedman and Philip Grossman
Carling O'Keefe Brewers
Mrs. Freda B. Cohen
Mickey Smolkin and Carl Langelben
Morton Wexler
Harvey & Gerson Adelman
David Grover, Leona Eiding and
Irene Brown
H.S. Druckman
Estate Max Steinberg
Aaron Gelber & Norman Sternthal
Vilam Frankel
Jack Freedman
Gutman Family
Thomas Hecht
Hiram Walker Resources Group
Mrs. Naima Lawee — In memory of
Ezra M. Lawee
Irving Levitt
Andy Levy
London Life Insurance Co.
William Luber
McDonald's Restaurants Ltd.
S. Cohen & Co. Ltd.
William B. Miller
Dave Mintz
Lewis & Michael Rosenfeld
Sheldon Klein & Al Boxer
Nabisco Brands Ltd.
Paperman & Sons Inc.
Charles & Lester Lazarus
Leonard Pedvis
Alvin Segal
Pratt & Whitney Aircraft
Kermit Kitman
M.I. Rosenthal
Southam Inc.
The Oshawa Group Limited
Trizec Corporation Ltd.
Philip F. Vineberg O.C., Q.C.
Northern Telecom Limited

\$15,000 and Over

J. Raymond & M. Rozanski
The Great West Life Assurance Company
Standard Life Assurance

Manufacturers Life Insurance
Marvyn Kussner
Erick Fayer
Harold Greenberg
Eugene N. Riesman
Leonard Kantor
Kraft Limited
Leonard Mendel
National Bank of Canada
Sydney Schwartz
Myer Storf
Morty Kape
Wood Gundy Limited
M. Hecht & Sons
Samuel Aberman
Lou Gordon
Mendelsohn, Rosentzweig, Shacter & Assoc.
Seymour Pearl
Lionel & Myer Richler
Herbert E. Sibling C.A. (Special Gift)
Hillel Becker, Sam Cossover & Louis Fishman
Philip & Morris Shiveck
Abe Kasvan
Norman Spector & Daniel J. Albert
Saul Goldwarg
David Azrieli
Jacob & Sam Baizer
Gordon Brown
The late Paul & Mrs. Havas
Lou Dubrovsky
H. Dubrovsky & Family
Fannie Dworkin In memory of
Dr. Simon Dworkin
Morris Feinstein
Bert Gould
Humphrey Kassie
Jack Lazare
Sam Yarrow
Saul Abracen
Paul Lowenstein
James Miller
Moishe Lighter
Hy Pantel
Gulf Canada Limited
Norman Latsky
Neil & Ivan Phillips
Melville Lands
S. Lyon Sachs
Sheva & David Honig Foundation
Stan Kivenko & Leo Karasik
Victor, Gold & Co.
Stanley & Larry Plotnick/Ted Matthews
In honor of their parents
Mortimer & Edgar Leibovitch
Ernest Hirschheimer

\$10,000 and Over

Mel Hoppenheim
Morton Tauben
Chait, Sternthal, Katznelson & Michelin
Gershon & Zalman Stern
Victor Zyto
Robert Dalfen
The Friedman Family
Ted Goldman
Jack Steinberg
Edgar H. Cohen
Lorne & Eddie Abramowitz
Ezra V. Ades
Mel Adler
Anonymous
Aldo Bensadou
Ralph H. Berman
Besner Family
Bessner Gailay Schapira Kreisman & Co.
The Late Ben Beutel
David Bloom
Louis S. Bloom
Harold Botnick
Jack Margolis & Len Scott
Anonymous
Irving Maklan
Larry Kendall
Canada Life Assurance Co.
The Wiseman Family
Lou Appel & Gordon Schwartz
Anonymous
Percy & Gary Caplan
The Caplan Family
Saul Steinfield
Sol & David Zuckerman
Nathan Cohen
Confederation Life Insurance
Crown Life Insurance Co.
Edward Davis
Drazin Family
Du Pont Canada Inc.
Sam Dubrovsky
H. Dubrovsky & Family
Sydney Ender
Ed Felsky
Bernard J. Finestone
Morty Finkelstein
Lou Flam
Lloyd & Stanley Davis
Sydney Gasco
The Gelber Family
Dr. Morrie M. Gelfand
Ted Goldman (National Woodcraft)
Joseph H. Gross
George S. Grostern
Joe Berman
Theodore Kahane
Gerald Kessner
David Doodie Klein
Lawrence & Morton Wallfish
Ben & Bella Lechter Family
The Leviton Family
Levitsky, Feldman, Wexler & Moss
Anonymous
Milgram & Company Inc.
The Miller Family
Eddie & Martin Nadler
Nesbitt Thompson & Co. Ltd.
Marvin Tanner
Noranda Mines Limited
Louis Bass, Joseph & Peter Schreter
Tessie Pachter
Sam Cooper
Seymour Reisler
Ronald Wexelman
N.L. Rappaport Q.C.
Lou Ritchie
In memory of Joseph I. Rosen
George J. Rosengarten
Frank Rubin & Dr. Phyllis Black
Ruby, Stein & Wagner
Arthur Rudnikoff
David Berbrier & Irving Melnik
In memory of Aron & Dvora Karpman
Max Schuchmann
Shuchat Group
Bert Silverman

Nathan & Samuel Benditsky
Max Steinman
Charles Retter & Ralph Young
Mac Moyse
Morris Treffer
Lou Engelberg
Ike Wenger
The Wise Family
I.B. Zelikovitz
Arthur Diamond & family in memory of
Sheila Diamond
Sarah Rosenstone & Sheila Rudberg
in memory of Moses Rosenstone
Simon Maislin & family
Jack & Harry Cooperstone
Moritz Hasen
Lou Firestone
Moses Deitcher
Miriam Roland
Victor Cohen
Nathan & Samuel Benditsky
Jack Liebman
Morton & Nathan Kolomeir
Hyman Polansky
Howard Maged
Edward N. Jacobs
Reuben Gold
Lou Flam
Henry Botner
Norman Raicek
Estate Hyman Kendall
Samuel Gewurz
Gibby Rosenberg
Saul Steinfield
Nesbitt Thomson & Co. Ltd.
Doris Miller
Joseph Cymbalista
Sam Rapps

\$5,000 and Over

Canada Cement Lafarge Ltd.
Earl & Sheldon Merling
Jack Lupovich
Bert Friedman
Harry Karpman
Gross Pinsky
Dudley N. Mendels
Hersh Woolless Limited
Sam Wittenberg
A. Steinman, S. Rabinovitch & S. Cartman
Tom & Irwin Tarasofsky
Ben Finkelstein
Aron Fish
M. Issenman & D. Sigler
Ben Levitt
Arthur Perlman
Mike & Milton Lackman
Louis Orenstein
I. Engel & P. Kizner
Archie Deskin
Dr. Melvin Guralnick
National Trust Company
Douglas Cohen
Mr. & Mrs. Bernard Isenberg
Zellers
Stephen Kaplan
Joseph Schacter
Michael Greenblatt Q.C.
Dr. Michael M.A. Gold
Clarence Schneiderman
Dr. Arthur Cooperberg
Nathan & David Schachter
Carl Laxer
J. Gross & N. Silverman
Cy Turner
Joseph & Howard B. Cooper
Mark Shapiro & Harvey Wolfe
Glisserman Ackman Cutler
Issie Sacks
Martin Kace
Allan Silverstein
Dr. Ralph C. Lipper
Herbert N. Dobrin, C.A.
Dr. L. Dragatakis
Dr. A. Papageorgiou
Dr. Max Palayew
Dr. Merrill Pinsky
Dr. Elsa Quiros
Dr. Shulom Z. Friedman
Dr. B. Mitmaker
Dr. Carol Cohen
Dr. Philip Lander
Dr. Jack Mendelson
Dr. Harvey Kreisman
Dr. Henry Kravitz
Dr. Henry Korman
Dr. Arthur Markus
Dr. Richard Margolese
Dr. Harry Magder
Dr. A. Lisbona
Dr. Harold Frank
Dr. Philip H. Gordon
Dr. Mervyn Gornitsky
Dr. Marvin Goldenberg
Dr. Harry Glick
Dr. Israel Libman
Dr. Norman Kalant
Dr. Amnon Kahn
Dr. Roger Fenster
Dr. C. Lachance
Dr. A. Ferenczy
Dr. Stephen Jacobson
Dr. Jean de Saint Victor
Dr. Arthur N. Freedman
Dr. Jacob Garzon
Dr. A. Hadjipavlou
Dr. Emily Hamilton
Dr. Leon Heller
Dr. Brahm B. Hyams
Dr. Norman Wolkove
Dr. Jeffrey Rivlis
Dr. Peter Small
Dr. Jerry Stern
Dr. Louise Rochon
Dr. Herbert Srolowitz
Dr. Allan Spanier
Dr. Marvin Rosenbloom
Dr. Leonard Rosen
Dr. Leon D. Solomon
Dr. Richard Satin
Dr. Bernard Rothstein
Dr. I. Shanfield
Dr. Harvey Sigman
Dr. Janet Shinder
Dr. Nathan Sheiner
Dr. Robert Schlesinger
Dr. Victor Sayegh
Dr. Morris Sabin
Dr. Sydney Segall
Telelobe Canada
Suncor Inc.
Royal Insurance of Canada

RCA Limited
McLeod Young Weir & Co.
Gaz Métropolitain Inc.
Dominion Securities Ames
Domglas Inc.
Corby Distilleries Ltd.
Harry Roitman
Hyman August
Robert J. Bruck
Ben Milner
Cabrelli Inc.
Golden Brand Clothing
Nat & Bernard Fersten
Mrs. Joe Caplan
Bernard Besner
Ben & William Cohen
S. Naim Levy
Lawrence A. Nadler
A. Morrow
Fred Weinstein
Charles Rotchin
Hyman Sederoff
Charles Balinsky
Irwin Adelson
George Reinitz
Jos. G. Schwartz
Ben Schwam
David Fisher
Louis Green
Fred C. Ullman
David Taub
Bernard Schachter & Irving Babb
Sorkin & Richer
Professional Pharma
Jack Richer
Margolese, Rozenzweig, Hitzig & Welikovich
Allan H. Tabac
Morty Cryer & Oscar Respitz
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J.S. Lipper
Irving & Michael Kates
Roberto Klein
Reuben Klein
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Louis H. Hannach
S.M. Mendelsohn
Joseph Raymer
Harry & Elliot Sheftman
Hyman & Moses Herman & Ivan Levine
Roll Harris & Associates
Craimer, L'Ecuyer & Assoc.
Dr. Joseph Cassoff
H. & D. Singerman
Theodore Lande
Dr. Steven Brem;
Dr. Louis Begin
Dr. M. Laure Brisson de Champlain
Dr. David Bercovich
Dr. Martin Black
Dr. Ralph Bilefsky
Dr. Daniel Benatar
Stephen Altro & David Mars
Paul & Jacques Golbert
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H. Sheinberg
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Philip, Joel & James Salomon
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Mark Bercovitz
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Sam Schwartz
Abe Rosenberg
Abe Auerbach
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MacGillivray & Co.
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Bram Wenger
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Rudy Corber
Stanley A. Hartt
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Mortimer Rother
Gershon Kaplan
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Mr. & Mrs. Leonard Sheiner
Lawrence Kessler
Estate Abie Vineberg
Esther Shubert
Max Cohen
Doubletex Inc.
Dr. J. McCans
Carole Rosenstein Flesher
Martha Steinberg Family
Jack C. Blumer
Allan & Issie Tannenbaum
A. & J. Morantz
Herby Schnapp
Maurice Novek
Myer Mendelsohn
Seymour Finkelstein
I.N. Knight & Sy Moskowitz

Irving Ludmer
Andrew Levinson & Family

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Dr. Edward Levinson
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Dr. Jack Cohen
Dr. Calvin A. Melmed
Dr. Herta Guttman
Dr. Stephen Potoker
Dr. Rowan Fish
Union Carbide Canada Ltd.
Julius Lipson
Ben Kaufman
Oscar Luger
Harry Grobstein
Victor Caro
Hyman Fisher
Albert Douck
W.R. Reben
Michael M. Rapoport
Gerald D. Segal
Howard Reisman
Ab Robins
Jonathan J. Robinson
Jack Scopp
Martin & Alan Kirsch
Ben & Hy Block & David Sher
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Morris Mintzberg
Sam Bern
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David Barnish
Ben Segal
Herman Gruenwald
Mortimer Fruchter & David Stendahl
Alex Seltzer, Simon Shatsky & Sol Levin
Hy & Jack Beraznik
Zave Climax
Jack Fels
Dr. Evan Brahm
Dr. Jacob Buchbinder
Dr. Ned Better
Dr. Joseph Carlton
Dr. Ehud Arbit
Dr. Mortimer Lechter
Gerald Goldberg
Eli Cohen & Jack Zuckerman
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Westinghouse Canada Ltd.
The SNC Group
Dr. A. Mayman
Dr. Avram Mark Clarkfield
Dr. Allan Finesilver
Dr. Robert Levine
Dr. Arthur Grossman
Dr. Monroe Miller
Dr. Michael Malus
Dr. Marvin Clamen
Dr. Irena Kupfersmidt
Dr. Ildiko Kunos
Dr. Irwin Glickman
Dr. Isaac Fried
Dr. Issie Wyszogrodski
Dr. Gilbert Zimmerman
Dr. Vivianne Zicherman
& Dr. Howard Yanofsky
Dr. Melvin Schloss
Dr. Rubin Strauss
Dr. Jacques Voyer
Dr. Morris Schweitzer
Dr. Emile Svarc
Dr. Julius Gomolin
Sterilite Inc.
Samuel S. Cohen
Geo. Weiner Inc.
Sidney M. Copoloff
Henry Rosenblatt
Johotex Ltd.
Atlas Auto Accessories
Harry Rottenberg
Max Kape
David Chaitman
Sam Lisak & Fred Tansky
Norman Goodman
William Gross
David Nemeroff
Marvin Kane
Gerald Frank
Max Clarkfield
Paul Echenberg
Josh Uditsky
Steve Segal
Earl Pantel & Stanley Satov
Mel Schwartz
Genfoot Inc.
Herbert Pack
George Steiner
Aircor Service Inc.
Beatrice Wilansky
Austin C. Beutel
Michael Vineberg
Anonymous
Morris Rosenfeld
Bryant Levy
Philip Polonsky
Joyce & Michael Leitman
Morton D. Gross
Dr. Andrew Toeman
Banque D'Epargne
Dr. Daniel Steinberg
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