



Dedicated to the future

# JGH News

VOLUME 30, NO. 1

SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSPITAL

WINTER 1994

## Hospital celebrates anniversary

It's our 60<sup>th</sup> birthday this year, and we invite you to come celebrate with us.

A special committee has been meeting to plan a variety of activities, including a series of lectures, exhibits, an open house, a nursing homecoming weekend and much more. Some activities will be held in the spring, however, since our first patient was admitted on October 15, 1934, most of the celebrations will be taking place in October and November 1994. Watch this space for more details!

The planning committee, chaired by Steven Cummings, vice president of the Centre Board, is composed of hospital staff and community members: coordinator Betty Rozovsky, Archie Deskin, Bina Ellen, Leo Goldfarb, Marilyn Golfman, Jackie Margolese, Evelyn Schachter, Lucy Wolkove, Barbara Fiederer, Dr. Samuel O. Freedman, O.C., Marilyn Monk, Hena Kon, Al Regenstreif.



First hospital campaign. "Montreal Daily Star" 23/09/29.

## An interview with the Executive Director

Much like other hospitals throughout the province, the Jewish General Hospital is faced with the challenge of providing superior care in times of budgetary constraints.

To gain a clearer understanding of the specific issues, latest developments and future plans for our hospital, the JGH News interviewed Executive Director Henri Elbaz.

**JGH News: What would you say is the biggest challenge the hospital has faced in the past two years?**

**Mr. Elbaz:** Resolving the overcrowding in the Emergency Room (ER) was our number one priority. We knew that solving this crisis would require a hospital wide effort and we succeeded by working as a team. We were pleased to have such tremendous cooperation at every level, from the administration and the Board of Directors to doctors, nurses and other staff members. It's a very complex problem.

**JGH News: What makes this problem so complicated?**

**Mr. Elbaz:** There are a number of factors. First of all, we have the busiest Emergency Room in the city of Montreal, with a much higher percentage of patients who arrive on stretchers. For example, in 1991-92, of the 52,825 Emergency Room visits, 19,678 were stretcher patients. By comparison, the Royal Victoria Hospital and the Montreal General Hospital had 11,000 stretcher patients each. Secondly, the demographics of our community are different from the general community. One in four Montreal Jews is over the age of 65. As a result, compared to all the other McGill University teaching hospitals, we have three times the number of patients who are over the age of 75. These patients usually are more frail, have multi-system problems and require more attention. Thirdly, we have a high number of what are called

long term care patients - patients who are unable to return home and are waiting to be placed in a nursing home.

**JGH News: What is the connection between long term care beds and overcrowding in the Emergency?**

**Mr. Elbaz:** We are a university teaching hospital whose main focus is on treating patients who require acute care. The government requires that 10% of our beds - 63 beds - should be occupied by patients requiring long term care. At one point last year, however, we had 185 long term care patients. This meant that access to in-hospital beds for Emergency Room patients was severely limited. The greater the number of long term care patients we have, the less room there is for acute care patients.

This is a challenge that we are determined to meet in the most humane manner. We have the infrastructure and the expertise to provide acute care, but often access to this care is compromised because of a lack of available beds. For example, if one long term care patient is here for two years, in that same time period, we could handle 73 admissions for surgical procedures such as bypass operations and joint replacements.

The opening of the Jewish Nursing Home and the Jewish Hospital of Hope on JGH grounds has alleviated the situation somewhat by making an additional 144 beds available to our patients. But, we estimate that the Jewish community needs 300 more long term care beds. That's why we believe that the responsibility for taking care of these patients should not be ours alone, but should be shared with the community and the government. We have set up a steering committee, chaired by Dr. Harold Frank, to look at the services available to the frail elderly at our

**Interview...** continued on page 5.

## Cuddler program

A "cuddler" program was introduced recently in the hospital's Neonatal Intensive Care Unit. Volunteers hold and cuddle premature babies providing them with extra stimulation. The program is aimed primarily at babies whose parents either cannot come to the hospital every day, or who have had multiple births. Pictured below is Arlene Gilman, one of several enthusiastic volunteers.



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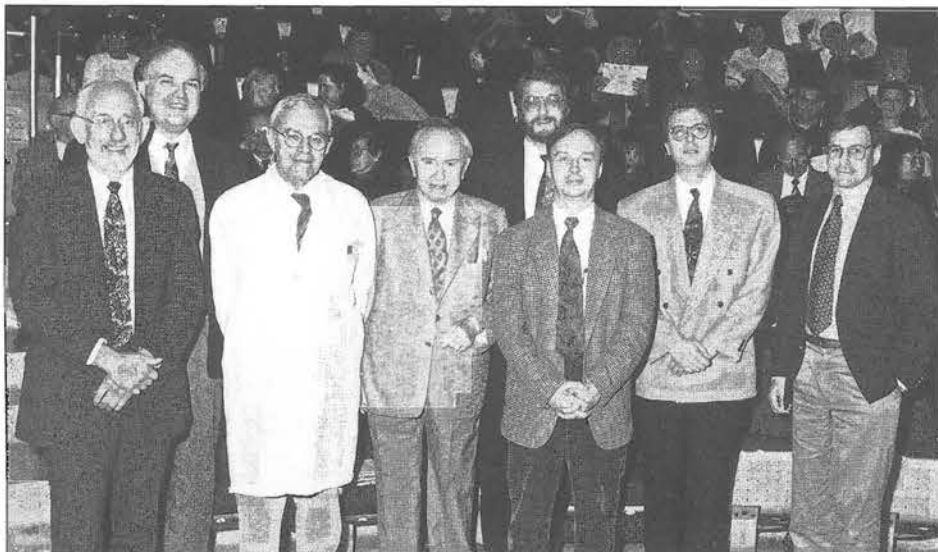


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## 30<sup>th</sup> Aisenstadt Clinical Day

A special testimonial was presented to Dr. André Aisenstadt in appreciation for his generous sponsorship of the Annual André Aisenstadt Clinical Day for the past 30 years. Physicians from around the world are invited to share their expertise at this medical symposium held at the hospital.



Left to right: Dr. Leonard Pinsky, Dr. R. Michael Blaese, Metabolism Branch, National Cancer Institute, Bethesda, Maryland; Dr. Michael A. Gold, conference coordinator; Dr. André Aisenstadt; Dr. Fred D. Ledley, Vice President for Clinical Research & Development, Department of Cell Biology and Pediatrics, Baylor College of Medicine, Houston, Texas; Dr. Denis Cournoyer, Division of Hematology, Montreal General Hospital; Dr. Stephen E. Karp, JGH Department of Oncology; Dr. Stanley R. Riddell, Division of Oncology, Fred Hutchison Cancer Center, Seattle, Washington. Absent from photo: Dr. Malcolm Brenner, Director of the Division of Bone Marrow Transplantation, Department of Hematology, St. Jude Children's Research Hospital, Memphis Tennessee; Dr. Jeffrey Whitsett, Director, Pulmonary Biology Division, Children's Hospital Medical Center, Cincinnati, Ohio.

Dr. Aisenstadt, who received his Ph.D. in mathematics and physics from the University of Zurich and studied with Albert Einstein, has dedicated much of his life to furthering medical education. In addition to sponsoring Clinical Day, he has served as president of the hospital Corporation and chairman of the Board of Directors.

"Progress in Genetic Medicine: Gene Therapy" was the theme of this year's Clinical Day.

According to Dr. Leonard Pinsky, chief of the JGH Division of Gene-

tics, gene therapy has profound implications for the treatment of diseases such as cancer, cystic fibrosis, defective immune systems, and many viral infections like AIDS and chronic hepatitis.

Gene therapy involves isolating a gene, repackaging it and transferring it into a particular cell type, organ or set of organs for therapeutic purposes. Thus, a "good gene" replaces or compensates for a defective or mutated gene that causes illness, ideally curing the disease.

- H.K.

## Nobel prize winner visits JGH



Dr. Andrew Schalley (right), winner of the Nobel prize in Medicine in 1977, and his wife, Dr. Eva Camaru-Schalley (centre), visited the hospital's Lady Davis Institute for Medical Research in November 1993. Dr. Schalley, of Tulane University, New Orleans, won the Nobel Prize for his work concerning hypothalamic hormones. He is collaborating with JGH oncologist Dr. Michael Pollak (left) on research projects involving the development of novel hormonal treatments for cancer.

## Dr. Slatkoff remembered

A dedication ceremony was held to pay tribute to the late Dr. William Slatkoff, former medical director and executive director of the Jewish General Hospital, and to unveil a plaque in his memory.

Mr. Samuel Cohen and Mr. Archie Deskin, former executive directors at the hospital, recalled that Dr. Slatkoff chose to work in administration because he enjoyed contact with people. "He was completely devoted and gave his all to this hospital," said Mr. Cohen. "Buildings and institutions are only as good as the people who work in them. He exemplified the best."

Hospital president Brahm Gelfand attributed his own desire to become involved in community service to the positive example set by Dr. Slatkoff. He first met Dr. Slatkoff at Camp Wooden Acres, and was impressed by the "twinkle in his eye and his ability to set things straight."

Present at the ceremony were Dr. Slatkoff's children, Robert Slatkoff and Susan Isseman, and his wife Belle Slatkoff. Speaking on behalf of the family, Mrs. Slatkoff said that her husband held the hospital in



Dr. Robert Slatkoff and Belle Slatkoff.

such high esteem that even after he retired he visited frequently. "If he spied something that he felt wasn't right, he had to attend to it immediately."

Dr. Slatkoff joined the Jewish General Hospital as its first medical director in 1953, and held the position of executive director from 1968-1975.

## Important new documents

Respecting the rights of patients, and in accordance with Law 120, the Jewish General Hospital has updated both its Patients' Complaints Policy and its Code of Ethics. Reprinted here are brief extracts of each document.

### Code of Ethical Responsibilities Towards Patients, and Statement of Expectations of Patients

#### Preamble:

The person requiring services is the reason for the very existence of those services.

(Act respecting health services and social services, S.Q. 1991, c. 42, section 3(1)).

The Sir Mortimer B. Davis - Jewish General Hospital will strive to provide the highest quality patient care. The hospital is committed to providing humane care and attention in a unique and individual way. The hospital is committed to the advancement of medicine. This mission is achieved by research and scholarly inquiry conducted in the context of outstanding patient care, teaching and social concern. The hospital is committed to research to advance the knowledge of the prevention, cause and treatment of disease and disability.

(From: the Hospital Mission Statement.)

The Sir Mortimer B. Davis - Jewish General Hospital believes that its activity in health education and research contributes to the quality of patient care. In individual cases where a potential for conflict exists between the rights, interests and reasonable expectations of patients and the demands of education or research, those of the patient must take priority. Both research and teaching activities must in all respects conform to accepted norms of professional ethics. In addition, no research related to patients may be done within the hospital without receiving prior approval from the hospital's Research and Ethics Committee.

### Patients' Complaints — Policy and Procedure

#### Preamble:

The administration and the employees of the Sir Mortimer B. Davis - Jewish General Hospital understand that you, the patient requiring our services, are the reason for the very existence of those services. You are entitled to competent care and to be treated with respect for your rights and freedoms.

You have the right to notify the institution if you:

- encounter inappropriate behaviour from an employee,
- are unable to access the care that you feel you need, or
- experience an untoward or unexpected outcome of the care that you have received.

Your concerns will be dealt with fairly and without bias in accordance with the intention of Bill 120, an act respecting the health and social services of Quebec.

This institution has established a specific procedure to examine complaints about patient care issues. The goal of this procedure is to resolve these issues to the satisfaction of the patient or his representative, within the availability of resources.

If you have any questions about these documents, please contact the Patient Representative at 340-8222, local 5833.

# 2nd Annual Golf Classic celebrates hospital's anniversary



ONCE AGAIN, THE SAM ELTES AUTOMOTIVE GROUP, SILVER STAR-AUTOMOBILES AND MERCEDES-BENZ CANADA WILL BE HOSTING THE ANNUAL JEWISH GENERAL HOSPITAL GOLF CLASSIC.

The tournament, part of the hospital's 60th anniversary celebrations, will take place on June 20, 1994, at the Hillsdale Golf and Country Club.

Last year's Golf Classic was such a huge success that players have already begun to register. And if you missed out last year, you have two chances again to win a Mercedes for a hole-in-one.

Under the chairmanship of Leonard Kantor, the committee has lined up 28 sponsorships to date out of the 36 holes available. Many were enlisted by new committee member Charles Larente, vice-president, Scotia McLeod.

Thus far, sponsors include Aventure Electronique, AGF Management Ltd., Astral Communications, Browns Shoe Shops Inc., Ernst & Young, Fidelity Investments Canada Ltd. (2 holes), Gestion Financière Talvest Ltd., Groupe Canadien International (2 holes), Lapointe Rosenstein, Loto-Québec, Madacy Music Group Inc., Manulife, Marleau Lemire, Metro-Richelieu, Midland Walwyn, Merck Frosst Canada, Peerless Clothing Inc., Power Corporation, Republic National Bank of New York, Richter Usher Vineberg, Rosenthal Insurance Inc., Scotia Bank, Scotia McLeod (2 holes), Swiss Bank Corporation, Templeton Funds (2 holes), Toronto Dominion Bank, Trimark Investment Management (2 holes), Wood Gundy.

Proceeds of the event will be used to purchase fluoroscopy equipment for the Department of Radiology. Fluoroscopes are used to examine the upper and lower gastrointestinal tract, including the esophagus, stomach, small and large bowel.



Left to right: Sam Eltes, President, Sam Eltes Automotive Group, Silver Star- Automobiles, Mercedes-Benz Canada, Leonard Kantor, Chairman, Golf Classic Committee, and Gerry Girouard, Regional Manager, Mercedes-Benz Canada Inc.

Lung biopsies also are performed under fluoroscopic control.

Committee members include Chairman Leonard Kantor, Harry Baikowitz, Charles Brandman, Morton Brownstein, Arthur Diamond, Mel Ellen, Leonard Ellen, Sam Eltes, Steven Favor, Leonard Flanz, Brahm Gelfand, Gerald Gold, Leo Goldfarb, David Granofsky, Sheilah Greenberg, Mervin Kerman, Milly Lande, C.M., Charles Larente, Frank Leboff, C.A., Jackie Margolese, Rona Miller, Barbara Pascal, Edouard Schouela, Michael Shapiro, John Vandzura, Stephen Vineberg, Ron Waxman, Eddy Wiltzer, Rose Yaffe, professional staff Al Regenstein, Betty Rozovsky and Melanie Frank.

**A limited number of players can still sign up. To register, please call a committee member or 340-8251.**



Leonard Kantor (left) and Charles Larente, Vice-President, Scotia McLeod.



The Auxiliary is hard at work signing up advertisers for the Souvenir Ad Book that will be distributed to the players and sponsors of the Golf Classic. Last year's book was a tremendous success, contributing \$70,000 of the total \$265,000 raised by the Golf Classic. Left to right: (seated) Rona Miller, Rose Yaffe; (standing) Leonard Kantor and Sheilah Greenberg.

## First Golf Classic raised \$265,000 – purchased colour Doppler

The Toshiba Sonolayer 270A is a latest model, state-of-the-art colour Doppler ultrasound scanning machine. Thanks to funds raised last June at the hospital's First Annual Golf Classic, the Department of Radiology now has – and is using – one of these top of the line machines. Sophisticated diagnostic tests are performed on about 500 patients per month.

Diagnostic radiologist Dr. Joseph Cassoff uses the machine and explained some of the many situations in which it enhances doctors' abilities to make diagnoses. "We can start at the top and go down to the bottom," he said. "We can scan the head, even on a new born baby, and structures in the neck like the thyroid gland. We can look for fluid in the chest and do abdominal scanning looking for all kinds of pathology such as tumours, gallstones and abscesses."

He also explained that the scan-

ning machine is used on pregnant women to check on babies in utero and that it is also used in diagnosing gynecological, including ovarian masses. Breast, testicular and prostate masses can also be examined with the machine.

Dr. Cassoff further explained that virtually any ultrasound scanning machine, which shows its images in varying shades of grey, performs these types of tests. The big step forward for this machine is in its use of colour Doppler, "which uses part of the sound energy that we put into

the patient to identify blood flow." This colour Doppler technology is only about eight years old and is important because increased blood flow in a mass would tend to indicate a malignant tumour or inflammatory mass. A benign tumour, on the other hand, would tend to be identified on a colour Doppler ultrasound scan by normal or decreased flow of blood. The colour Doppler image flow is superimposed on top of the conventional ultrasound's shades of grey to enable the more complete analysis.

The availability of this machine has made a big difference for the hospital's patients. Because of its colour Doppler features, it is much more accurate than previous generations of ultrasound scanning machines. For cancer patients, this can mean earlier detection of their malignancies so that treatment strategies can be planned earlier and more effectively. This, in turn, leads to improved survival rates.

The ultrasound images that appear

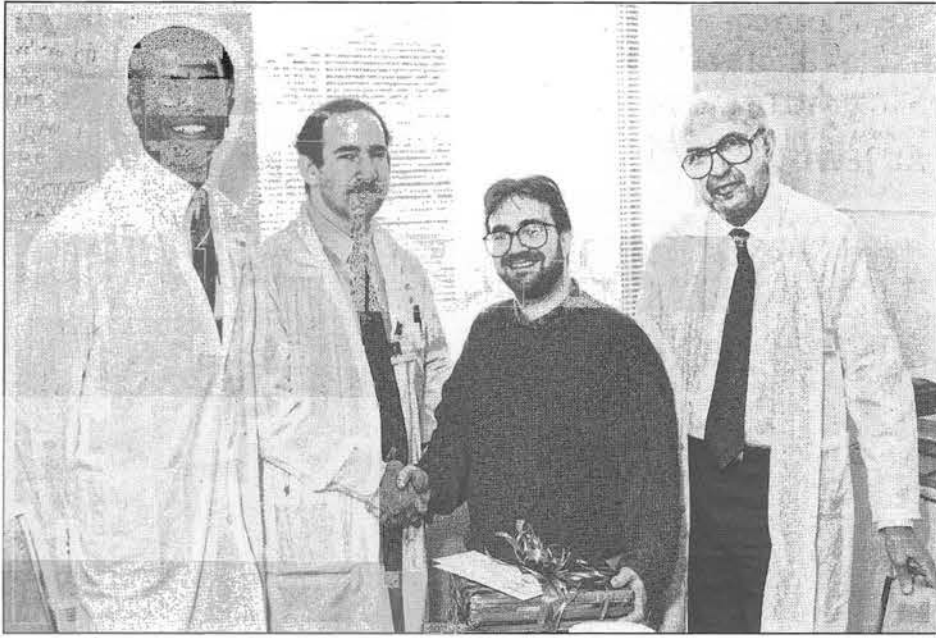
on the machine's screen can be preserved in several ways: on x-ray film, on video paper, or on video tape which can be replayed with a VCR. Generally it is the rare or more interesting cases, which are used for teaching and/or publication purposes, that are video taped.

Dr. Cassoff also stressed that as a teaching institution, "we're able to do a much better job of teaching residents," using the advanced capabilities of the colour Doppler machine.

Dr. Cassoff said that the Department of Radiology is very grateful that the proceeds of the 1993 Golf Classic were earmarked for the purchase of the colour Doppler ultrasound scanning machine. In fact, the relationship between the Golf Classic and the Department of Radiology will be further cemented in June when the proceeds of the 1994 Golf Classic will be used to purchase a state-of-the-art fluoroscope machine.

– M.R.

# Neuro-family medicine ward evolves



Left to right: Drs. Joseph Carlton, Stephen Rosenthal, Howard Goldstein and Israel Libman.

Since September, the director of the hospital's Neuro-Family Medicine Ward has been Dr. Howard Goldstein, a Herzl Family Practice Centre GFT physician who is also one of Herzl's team leaders.

In explaining the ward's evolution, Dr. Goldstein recalled that in 1989 the hospital's Neurology Department, which had no interns or residents of its own, was looking for assistance in caring for the non

neurological medical needs of patients on their ward. Many of these patients were stroke victims requiring extensive hospital care. At the same time, the Department of Family Medicine was looking to

expand the department's role in caring for patients within the hospital. An agreement was thus reached in which family physicians would attend to the non neurological medical care of these hospitalized patients.

Over the next few years, the ward continued to function in this fashion. However, there was a desire within the Department of Family Medicine to expand its horizons in the type of in-hospital patient care that it was providing and to involve the department's residents in taking care of in-patients from their Herzl practices. In fact, what was desired — and accomplished as of this past September — was to expand the ward's *raison d'être* to include all types of family medicine cases.

On any given day, the 28 bed ward usually accommodates between four and six family medicine patients, sometimes as many as ten. The lengths of stay range from one to 61 days per patient.

These patients are drawn from the practices of physicians at either the Herzl Family Practice Centre or the CLSC Côte des Neiges, and they have been admitted for a variety of reasons ranging from pneumonia to bone fracture and from cancer to

vertigo. Although the majority of the patients are elderly, they have ranged in age from 19 to 97.

Dr. Goldstein explained that there is a strict criteria for the admission of family medicine patients to the ward. "If they need an intensive care bed or cardiac monitor, they can't come to our floor" he said. "They also don't come to us if they need surgery or a specialty service such as chemotherapy." As before, most of the rest of the beds in the ward continue to serve neurology patients.

Since September, family medicine residents from Herzl and the CLSC Côte des Neiges have been integrated into the staffing of the ward. As Dr. Goldstein explained, residents are now assigned to the ward for four half days per week during which time they are assigned to the care of specific patients. Each resident is usually assigned to six or seven patients. Because family medicine is most often associated with treating patients on an out-patient basis, these assignments, said Dr. Goldstein, allow the residents to gain valuable experience in relating to their patients in an in-hospital setting.

— M.R.

## Clinic collaborates with referring physicians



Left to right: Dr. Nabeel Al-Ateeqi, volunteer Frances Atcovitch, coordinator Michelle Laurin, Dr. Becker, Dr. Sandra Cohen.

According to Dr. Rubin Becker, the Jewish General Hospital's Ambulatory Internal Medicine Clinic is geared to a dual function.

Medical students, interns and residents are taught to look after patients in an ambulatory care setting, and patients are provided with a hospital service that works collaboratively with the referring physician in coming to a complete diagnosis and a management plan for the patient. Dr. Becker has been the clinic's director since August.

Dr. Becker explained that Internal Medicine is a non surgical specialty geared to the care of adults and is distinguished from Family Medicine in that "it deals with more complex problems involving one or often multiple systems. It is from Internal Medicine that you branch into various sub specialties such as cardiology, respiratory medicine and endocrinology", he said.

Patients come to the Ambulatory Internal Medicine clinic for a number of reasons following referrals from such sources as their family physician, the emergency room or

from various surgical sub specialties. It could be that their illness is more complex than the family doctor is in a position to treat "or because they have a series of complaints that are not as yet diagnosed." First and foremost, the general internist, stated Dr. Becker, "is trained to be a diagnostician." Internal Medicine residents, he explained, "spend four years seeing fairly sick patients in a variety of settings and they learn to develop a strong differential diagnosis." They also learn to do this "as quickly and as painlessly as possible," he added.

Although the Ambulatory Internal Medicine Clinic has been in operation for a number of years, Dr. Becker explained that "it has been somewhat reorganized and refurbished as of this past August." This includes a policy that encourages a strong liaison with the patient's family physician. "We're not here to replace the family physician in

the care of these patients," he said. "We don't try to act independently. We need to communicate to the family doctor any findings of our investigations and any indication for a change of therapy."

Because many patients are now discharged from the hospital fairly quickly, those who have been discharged from an internal medicine ward are often followed up at the clinic so that any remaining clinical problems can be sorted out or pursued. Dr. Becker said that this is beneficial to both the patients who receive the care and to the residents who provide it. The same residents who work on the internal medicine wards also serve in the clinic. They are thus in a position to follow a patient over a longer period "and to ensure a more appropriate return home."

The clinic currently operates four half days each week and will expand to five days per week. There is a potential pool of about 20 residents and about 12 participate in the clinic in any given week. The clinic is supervised by one or two attending staff physicians.

Dr. Becker, who earned his medical degree from McGill in 1976, completed residencies in internal medicine at the Montreal General and Royal Victoria Hospitals while also becoming certified in geriatric medicine. He arrived at the Jewish General Hospital in 1981 to found and direct the Geriatric Assessment Unit and became the first director of the Division of Geriatrics from 1982-1984. Since 1984, he has been Chief of Medicine at the Jewish Rehabilitation Hospital and has provided geriatric consultation to Mount Sinai Hospital since 1985. At the present time, he is Mount Sinai's director of the long term and palliative care units.

Although he continued teaching medical students, interns and residents at the Jewish General Hospital,

Dr. Becker gave up his directorship of the Geriatric Assessment Unit in 1988. Now that he is back at the hospital, he feels that he has come full circle. In addition to directing the clinic, since November, Dr. Becker has also become the director of the Internal Medicine Training Program.

Dr. Becker feels that his concurrent work at three institutions- the Jewish General, Mount Sinai and the Jewish Rehabilitation Hospitals — has enhanced the collaboration of the hospitals, and sees a role for more physicians to be situated in more than one institution to further enhance cooperation in teaching and research and to facilitate the flow of patients.

— M.R.

### Board of Directors Meetings

The Jewish General Hospital Centre Board of Directors meets every four weeks, and the meetings are open to the public. Here is a schedule of the rest of the meetings for 1994:

Tuesday March 1, Tuesday April 26, Tuesday May 24, Tuesday June 28, Thursday September 29, Tuesday October 25, Tuesday November 22, Wednesday December 21, 1994.  
5 P.M.

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### TUNE IN TO WHAT'S HAPPENING!

A project of PROMONTREAL



## Teamwork does the job

Many individuals throughout the hospital have been devoting their energies to solving problems in the Emergency. They find the time above and beyond their own busy professional schedules, meeting on a regular basis, to analyze the procedures and processes connected with the Emergency, and make recommendations.

Their contributions have been outstanding, and the results speak for themselves. Consisting of hospital staff and board members, the Steering Committee is chaired by Dr. Joel Rosen, Chief, Department of Ophthalmology, and Mrs. Alison Milligan, Nursing Director, Surgical Services, Out Patient Department and Operating Room.

Members are: Hospital President Brahm Gelfand, Foundation President Stephen Vineberg, Executive Director Henri Elbaz, Dr. Lucien Abenheim, Director, Centre for Epidemiology and Community Studies,

Dr. Marc Afilalo, Chief, Emergency Department, Dr. André Dascal, Associate Medical and Teaching Director, Dr. Harold Frank, Medical and Teaching Director, Dr. Calvin Melmed, Chairman, Medical Executive Committee, Mrs. Marilyn Monk, Associate Executive Director - Nursing, Dr. Peter Small, Chief, Division of Allergy and Immunology, Amina Talib, Administration.

*We will have more details about this committee in the Spring/Summer edition of the JGH News.*

A sub committee of the Steering Committee, **The ER Liaison Committee**, chaired by Ms. Lynne McVey, Nursing Director, Medicine, Psychiatry and Geriatrics, has actively contributed towards the improvements in our Emergency Service. At a recent meeting, Executive Director Henri Elbaz dropped in to offer his congratulations and praised the committee for their exceptional efforts. He described their work as an excellent example of what can be accomplished through teamwork.



Front row, left to right: Dr. P. Small, Chief, Division of Allergy and Médecin Coordonateur; Dr. M. Afilalo, Chief, Emergency Department; C. Burman, Director, Social Services; J. Kleinman, Director, Hospital Services; M. Goldenberg, Emergency Administrator; J. Schreiber, Director, Admitting Services; Dr. H. Goldstein, Director, Neuro-Family Medicine Ward. Back row: Dr. A. Dascal, Associate Medical and Teaching Director; V. Vandal, Head Nurse, 7NW; S. Charland, Discharge Planning Coordinator; Dr. J. Kirk, Associate Director, Division of Geriatric Medicine; M. Boucher, Head Nurse, Emergency Room; H. Elbaz; L. McVey; A. Kuyumjian, recorder; Dr. S. Caplan, Associate Chief of Medicine, Clinical Services; Dr. M. Shapiro, Chief, Division of Plastic Surgery; B. Rozovsky, Director, Public Relations. Absent from photo: J. Benzaquen, Director, Technical Services; A. Milligan, Nursing Director, Surgery; Dr. J. Rosen, Chief, Department of Ophthalmology; Dr. P. Beck, Chief, Department of Psychiatry; Dr. J. McCans, Chief, Division of Cardiology.

## A special bar-mitzvah



The bar-mitzvah boy, Michael Carpman, surrounded by family and friends.

The chapel on the sixth floor of the Jewish General Hospital was the site of a joyous celebration in June when Michael Carpman had his bar-mitzvah. His grandfather, a patient in the hospital, was one of the proud guests who attended the services, conducted by Rabbi Zeitz.

Interview... continued from page 1.

hospital, in other institutions and in the community. We hope that within the next 12 months, this committee will develop feasible, creative solutions.

**JGH News: Given all these factors, how has the hospital been able to ease overcrowding in the Emergency?**

*Mr. Elbaz:* The situation has improved dramatically and we are better able to respond to our patients' needs. I must stress, again, that teamwork was the key to these improvements. Our staff has displayed a genuine commitment to meeting this challenge. Their willingness to cooperate, and to share ideas and suggestions in a collegial atmosphere, has been remarkable.

Many measures have been implemented to reduce the length of stay in the ER. Staffing changes and the creation of new positions have led to greater efficiency. Dr. Stephen Caplan was appointed associate chief of Medicine for clinical services, and Dr. Peter Small was appointed medical coordinator. A team of two general internists plus an ER physician was created to care specifically for medical patients in the ER. We also have two discharge planning officers, one for the ER, and one for the hospital, and two liaison nurses who coordinate follow-up care with CLSC's. Changes in policy and procedure have made a big difference. Patients who have been in the ER for 15-20 hours are reassessed automatically. We have modified the distribution of beds on medical floors throughout the hospital, and there are nine beds in the Green Short Stay Unit. If necessary, patients will be admitted to the solarium. Other positive changes include a more consolidated team approach, the increased involvement of the Department of Family Medicine, better communication between the ER and the medical units.

Of course, we are still working on finding more permanent solutions.

**In a way, we at the JGH have responded to a crisis that other hospitals probably will be facing in ten or 15 years, when the percentage of elderly in the general community matches that of the Jewish community today.**

**JGH News: What are some of your other priorities for the coming year?**

*Mr. Elbaz:* Reducing our deficit is an important priority. Two days prior to the closure of the 1992-93 fiscal

period, the Ministry of Health and Social Services cut the hospital's budgetary base by \$1.2 million. In 1993-94, other cuts have amounted to \$4.8 million.

The Ministry also is planning to decrease the number of specialists in the province while increasing the number of general practitioners by March 31, 1996. Each hospital has been asked to prepare and submit a medical manpower plan to their respective regional councils. The JGH and the other McGill University teaching hospitals are in the process of coordinating their efforts with the dean's office.

Some of the other major priorities at the JGH involve the recruitment of new chiefs for the Departments of Obstetrics, Radiology and Neurology, and the reassessment of the hospital's strategic plan. As well, we hope to begin renovations to the Departments of Emergency, Neonatology and Obstetrics in 1994. These projects are very complex and will cause some disruption of services, which we will try to minimize as much as we can.

**JGH News: McGill University announced the possibility of creating a McGill Academic Health Sciences Centre in the future by merging five of its hospitals. Where does the JGH fit into these plans?**

*Mr. Elbaz:* The merger idea is still under discussion at McGill and among the five hospitals in question - the Royal Victoria, Montreal General, Montreal Children's, Montreal Chest hospitals, and the Montreal Neurological Institute. They also are looking at other scenarios. The JGH was invited to participate in the merger. However, because we serve densely populated areas in the west end of the city, it does not make sense for us to join a downtown super-hospital. Whatever option the other hospitals choose, the JGH will remain a university teaching hospital. We will have our own board of directors and will continue to collaborate and be fully affiliated with McGill University.

**JGH News: These days there is a lot of talk about major cuts in health care. How will this affect the hospital and the population in general?**

*Mr. Elbaz:* We are aware of the budgetary crisis facing the government, and we are working together to find the best possible solutions. I want to reassure everyone that we will do our best to maintain the quality and accessibility of services at the JGH.

## Support group benefits from Rosner exercise class

A recent meeting of M.S. PALS, a support group for people with multiple sclerosis, featured an exercise class in the hospital's auditorium. Led by Gerda Rosner, who volunteered her time and expertise, the 45 minute class emphasized chair exercises. The 16 participants enjoyed themselves, and the group plans to invite Mrs. Rosner back to teach more exercises.

For more information about M.S. PALS, please leave a message for Bina Ellen at 340-8216.



# Looking at the Department of Ophthalmology

**T**he JGH Department of Ophthalmology has the distinction of performing the highest number of eye surgeries in the McGill University system — 2,000 cases per year. "Patients come from all over Quebec to our eye surgeons," observes Dr. Joel Rosen, chief of the department.

The department includes five clinical specialists based at the hospital and a full time research investigator. Acting as consultants for more complex cases, their areas of expertise are glaucoma, cornea, retina, and cataract surgery. In addition, there are 15 other specialists and general ophthalmologists actively affiliated with the JGH Department.

Teaching is an important activity, with four or five residents rotating through the department at any one time. Dr. Rosen and his colleagues are proud to have been voted the best hospital for training in ophthalmology in the McGill system. In fact, over the last three years, five of the six recipients of the Frank Buller Award, an award given to the best clinical and surgical teachers at McGill, were affiliated with the JGH. As a result, the number of residents in the department has increased.

Dr. Rosen's own expertise lies in the field of cornea and external disease, including the diagnosis and treatment of a wide range of diseases involving the outer coats of the eye.

His surgical practice includes corneal transplants, a procedure performed more frequently at the JGH than the other McGill teaching hospitals. As well, Dr. Rosen treats some conditions with the excimer laser.

The main goal of the JGH Department of Ophthalmology, according to Dr. Rosen, is to excel in clinical care, research and teaching. "We have an excellent group of ophthalmologists who work well together in good facilities, the hospital is very supportive, and we are able to work efficiently despite limited resources."

*Dr. Rosen was quick to acknowledge the clinical expertise of the ophthalmologists affiliated with the JGH whose offices are located outside the hospital. They are: Drs. B. Arthurs, J.P. Chartrand, M. Gans, E. Edelstein, S. Fichman, S. Friedman, B. Kattleman, H. Magder, D. Kraus, M. Kwitko, E.D. Svarc, D. Silver, L. Solomon, J. Wise.*

**The JGH News interviewed the department's geographic full time members (GFT's) whose offices are located in the hospital.**

## Dr. Don Boyaner

When Dr. Don Boyaner began his career, his practice focused on all aspects of clinical and surgical ophthalmology. This changed in the 1970's with the introduction of lens implants for cataract surgery procedures, enabling surgeons to restore the patient's normal vision.

Previously, patients had to wear thick glasses or contact lenses after surgery. Over time, Dr. Boyaner's involvement in this procedure continued to increase, to the point where he now does approximately 500 cataract operations per year.

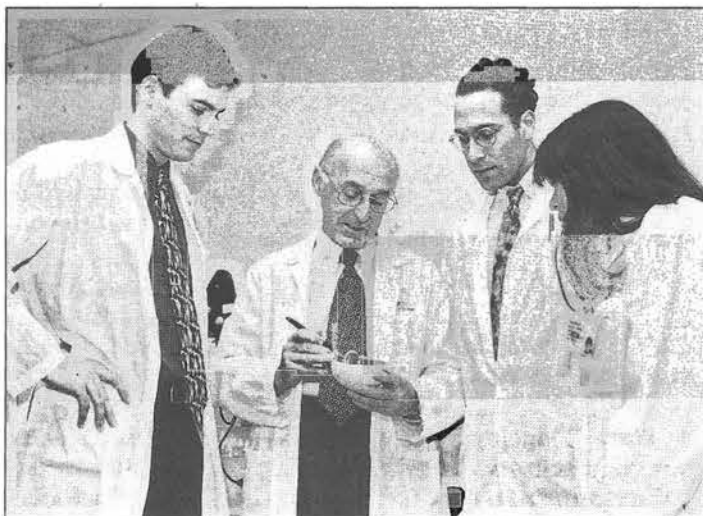
A cataract occurs when the lens of the eye becomes hazy and then opaque.

As a result, vision blurs, making it difficult to see. A normal part of the aging process, cataracts are quite common. In fact, cataract surgery is the most frequently performed operation in North America.

In the past, cataract surgery was a fairly complicated procedure. Patients would have to be hospitalized for several days post-operatively, followed by a four week recovery period and a three month waiting period before glasses could be prescribed. Now, thanks to small incision surgery, the procedure is done in One Day Surgery, patients can go home in less than one hour following a cataract extraction and lens implantation, and they recover within 24-48 hours. The actual pro-

cedure uses ultrasound to break up the cataract, which is then aspirated from the eye.

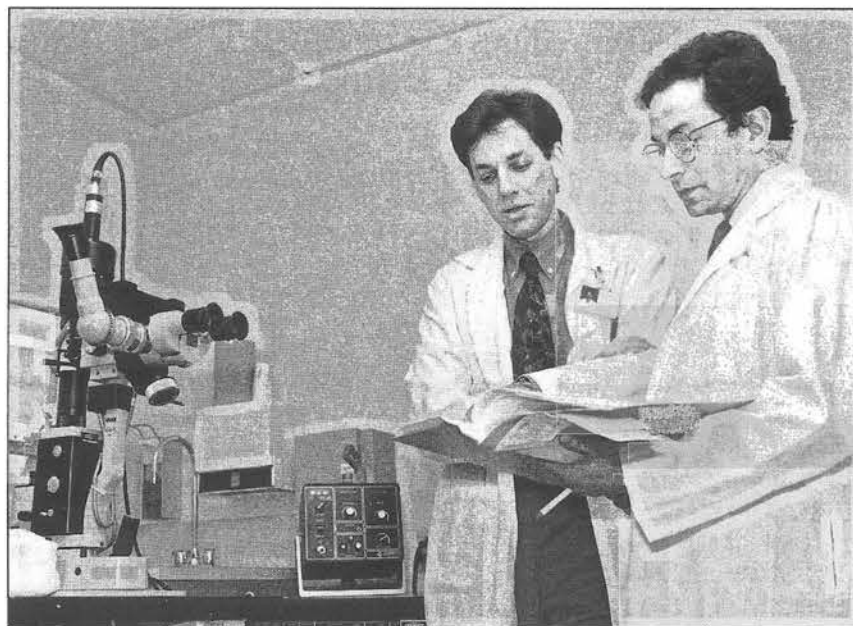
Dr. Boyaner, who is director of the Teaching Committee for Cataract Surgery at McGill University, is particularly proud of the quality of teaching at the JGH. A recipient of



*Dr. Boyaner (2<sup>nd</sup> from left), with residents Ron Baldassare, Avi Wallerstein and Naomi Hasegawa.*

the 1990-91 Frank Buller Award for most outstanding surgical instructor in ophthalmology in the McGill University system, Dr. Boyaner clearly enjoys his role as an educator. "Teaching is my connection with the future. We frequently have students who do electives in our department and go on to become ophthalmologists. It's very gratifying to know that we've had such a positive influence."

He is equally pleased with the excellent clinical work in the JGH Department of Ophthalmology. "This department is tops. We have a positive team spirit with a large staff of high calibre ophthalmologists attached to the hospital."



*Left to right: Dr. Julius Gomolin and Dr. Oscar Kasner.*

## Dr. Julius Gomolin

Dr. Julius Gomolin, director of the Retina Services at McGill University and the Jewish General Hospital, is one of only six retinal disease specialists in the McGill University system. Not surprisingly, he has a busy clinical practice, examining between 7,000-8,000 patients per year. His patients come from all over the province and outside Canada.

The retina, an extension of the brain, is the part of the eye with receptors for vision. Dr. Gomolin compares it to the film in a camera. What makes the retina particularly fascinating is that it provides an image of what goes on in the rest of the body in systemic diseases such as diabetes, aging and inflammatory problems.

The two most common causes of visual loss are diabetes and macular degeneration — the progressive deterioration of the centre of the retina with age. Whereas diabetic retinopathy is a major cause of visual loss in people aged 20-64, macular degeneration affects the elderly population. Although the actual visual loss is generally irreversible, these conditions are treatable, with a 50-80% success rate in stabilizing vision.

At the JGH, Dr. Gomolin is able to offer testing and treatment for retinal diseases, including fluorescein angiography, electroretinography, ultrasound of the eye, and laser treatments. "The equipment we use is very high tech and very expensive, but absolutely necessary," he explains. In fact, lasers have become the mainstay of treatment. The laser is a very powerful source of light that is capable of focusing down to extremely small sizes. The heat of the laser is used to repair the damaged retina.

The specialty of retinal diseases has changed tremendously in the past fifteen years. For example, thanks to major clinical trials which have centred on diabetic retinopathy and macular degeneration, ophthalmologists know how to minimize visual loss, how to maintain vision, and how and when to treat patients at each stage of these diseases. More recently, molecular biology has been used to further refine scientific knowledge of the retina. "There is nothing that I do now exactly the way I was taught in my residency," admits Dr. Gomolin.

## Research

The JGH is the Quebec centre for a multi-centre trial investigating the effectiveness of different types of lasers, to determine the best type for treating macular degeneration. This study is funded by the Medical Research Council of Canada.

As well, Dr. Gomolin is participating in multi-centre drug toxicity trials. For example, a study is underway to examine possible retinal effects of the drug tamoxifen.

Other studies involve testing medications designed to control the growth of blood vessels in the eye which can cause leaking and scarring, with subsequent visual loss.

Voted best clinical teacher by McGill ophthalmology residents in the 1992-93 year, Dr. Gomolin enjoys teaching. His career gives him a great deal of satisfaction. "It's wonderful to preserve, maintain or restore vision."

Dr. Gomolin is proud to be a member of the JGH Department of Ophthalmology. "This is a very cohesive group. Our different subspecialists bridge problems from the front to the back of the eye very well. It's a privilege to work here."

## Dr. Oscar Kasner

Dr. Oscar Kasner chose to specialize in ophthalmology because he was attracted to its mix of surgical and clinical practice. "I like this field because I can do a bit of everything," he says.

As Director of the JGH Glaucoma Service, Dr. Kasner sees an average of 125 patients per week, most of them complicated cases referred to him by other ophthalmologists.

Glaucoma is a condition where the pressure in the eye is too high, damaging the optic nerve that controls peripheral vision. If left undiagnosed and untreated, the condition can damage the patient's central vision as well. There are two main types of glaucoma: angle closure, where the drainage in the eye is blocked, and open angle, where the drainage is open but not filtering out the pressure. Since there are no symptoms in open angle glaucoma, the condition can only be spotted by an ophthalmologist.

Glaucoma affects 1-2% of the general population, but as people age, the rate rises to 4-5%. Many of

Dr. Kasner's elderly patients also have cataracts, so he often treats both conditions at once. "Although in this department we each have our own specialty, there's a lot of overlap," he says.

Use of the laser has revolutionized treatments for glaucoma. In the past, treatment would involve an operation under general anesthesia. Today, the procedure is quick and virtually painless: it takes about five minutes, the patient is followed-up an hour later and then sent home.

#### Research

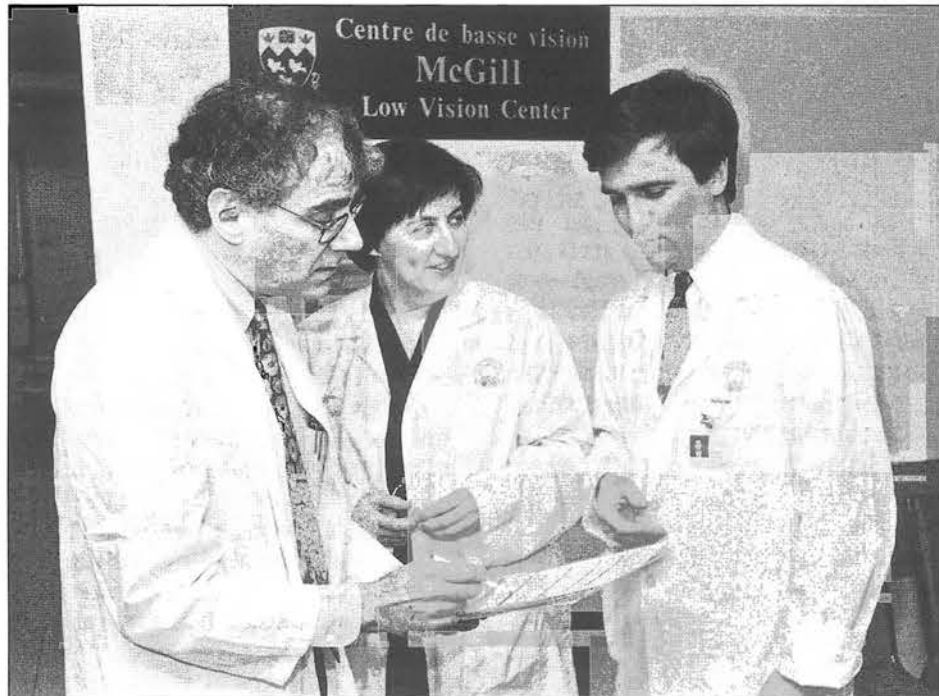
In addition to his clinical and teaching responsibilities, Dr. Kasner is working on a number of research projects. One study involves developing a new test that would allow ophthalmologists to make earlier diagnoses of glaucoma. Another study is examining how eyedrops and ocular medications affect the results of visual field tests. Dr. Kasner is participating in a multi-centre study (Canada and the United States) on normal tension glaucoma. Patients with this condition have normal pressure in the eye and yet, suffer from glaucoma. The question is whether lowering this pressure will help these patients or is the condition the result of a sick nerve and not related to pressure at all. He also is testing the efficacy and possible side effects of new medications developed to treat glaucoma.

#### Dr. Andrew Garfinkle



Dr. Andrew Garfinkle, who joined the JGH Department of Ophthalmology in April 1991, devotes his time at the hospital exclusively to applied laboratory research. Funded by the Fonds de la recherche en santé du Québec as a chercheur boursier clinicien, he is working on developing plastic implants to the cornea to change the focusing power of the eye.

The cornea is the front clear part of the eye overlying the pupil, and is responsible for two-thirds of the focusing power of the eye. A corneal transplant is an option for patients



Left to right: Chief of Department Dr. Joel Rosen, Dr. Olga Overbury and Dr. Patrice Archambault.

with diseased corneas, but transplants are difficult to obtain and do not work for everyone. A suitable artificial material would be a good alternative, should the need arise.

Nearsighted people must either wear glasses or contact lenses, or undergo surgery to see clearly at a distance. While the latter option is highly effective, it is also permanent. Thus, if a patient's vision were to change later on, the procedure would have to be repeated.

According to Dr. Garfinkle, a more flexible solution to the above problems would be to design a corneal implant which could be exchanged at a later date should a patient's vision change. This would function as an implantable contact lens. The trick, however, is to find a type of plastic that would heal and remain clear without causing underlying scarring. Furthermore, whenever an implant is placed in any part of the body, great care must be taken to ensure that nutrients and oxygen can pass through the implant, otherwise the surrounding tissue would die and the implant would be expelled.

Dr. Garfinkle is concentrating his efforts on changing the chemistry of the surface of plastic so that the cells covering the surface of the cornea will heal over the implant. "We try to manipulate the plastic to the point where we get the desired effect without compromising the positive features of the original material," he explains. A group of scientists at the Université de Montréal with backgrounds in engineering physics are helping him with this stage of the research. Technician Maureen Olivera, who works in Dr. Garfinkle's lab, is responsible for culturing corneal cells that are then used to test the adhesion quality of the plastic.

Thus far, Dr. Garfinkle has designed a few promising surface treatments for hard plastics that can

enhance the healing stage. The next step is to develop surface treatments for soft lenses, which are better for implanting. However, the problem here is that soft lenses are more difficult to treat because they have a high water content.

Having earned both a medical degree and a Ph.D. in biomedical engineering, Dr. Garfinkle brings a unique perspective to his research. "I can talk to engineers on the one hand and have a good understanding of the medical needs on the other," he says.

#### The McGill Low Vision Center

Directed by Drs. Olga Overbury and Patrice Archambault, the McGill Low Vision Center, based at the JGH, offers rehabilitative services to patients with visual impairment. These are people who do not see well even with glasses, and who cannot be helped further through surgery or medication. "These patients will never be totally blind but their vision is very poor," explains Dr. Overbury.

Most of the patients referred to the center have lost the ability to see clearly both up close and from a distance. Because their central vision is blocked, they can no longer focus. This makes ordinary tasks like reading, writing, shopping, and recognizing familiar faces almost impossible. A smaller percentage of patients, who have poor peripheral vision, are able to perform the above tasks but have difficulty walking. The centre sees fewer of these patients because they normally can be better helped at full service agencies which provide care for visually impaired people.

The most common cause of the above visual problems is macular degeneration, a condition that affects elderly people. Thus, patients referred to the clinic are usually in their 70's, although people as young as 50 and as old as 90 also have been treated here.

"The patients we see are people who are otherwise healthy enough that this problem is very disabling," says Dr. Archambault. Patients

become extremely frustrated at not being able to see properly, losing their autonomy, and having to give up pleasurable activities.

In addition to providing them with visual aides, staff at the Low Vision Center encourage patients to talk freely about their fears and anxieties. In fact, the first appointment a patient will have at the clinic is what Dr. Overbury calls a "talking and testing day." Ophthalmology and psychology residents conduct a battery of visual tests to find out not only patients' visual acuity, but how well they are using the vision they have. As Dr. Overbury explains, some people are able to use the information they have gathered about the visual world to help them function better, while others cannot. "We can have two patients with the exact same diagnosis, and yet, one patient seems to be getting along much better than the other."

Patients are asked to describe their needs and the specific tasks they would like to perform with greater ease. They are encouraged to set concrete, realistic goals. Says Dr. Overbury, "Usually, it's the doctor who gives the instructions and the patient who follows them. The roles are reversed here. The patient has to tell us what they want and we give them the tools to get there." Adds Dr. Archambault, "These are rehabilitative services, not a cure. We help patients use what they have in a more efficient way."

During the second appointment, patients try out different devices to help them see better, most of which work with magnification. If the appropriate device is simple and inexpensive, patients are given a prescription to purchase it on their own. If it is expensive, patients may borrow the device on a loan system. Observes Dr. Overbury, "Clinic use and home use are not the same. Before they spend a few hundred dollars, we like them to try out the devices in their own environment." Patients are then followed up four to six weeks later to make sure the devices prescribed for them meet all their needs.

Dr. Overbury's clinical research into low vision explores three main areas. In the first, she is trying to design better assessment techniques; useful, effective tests that will provide more information than the ones currently in use. The second project involves the perceptual and cognitive strategies of patients' use of vision, and the question she is trying to answer is can patients who do not use their vision effectively be taught how to do so? Finally, Dr. Overbury is exploring how individuals and their families adjust, socially and psychologically, to having low vision.

- H.K.

## Developments in psychiatric nursing

In order to improve the care given to psychiatry patients, those who are discharged from the hospital automatically receive follow-up care.

According to Nursing Director for Medicine, Geriatrics and Psychiatry Lynne McVey, this has led to an exciting opportunity for the Nursing Department to create two clinical nurse specialist positions. Karen Finestone, who joined the JGH Psychiatry Department in 1989, and Susanna Jack, a psychoanalyst and nurse with extensive experience in psychiatric nursing, are valuable members of the Department of Psychiatry's multi-disciplinary team.

Clinical nurse specialists spend approximately 70% of their time in clinical practice and 30% of their time providing education and leadership to nurses. In addition to specialized nursing skills, psychiatric nursing requires excellent judgement and assessment abilities. Nurses are part of a multi-disciplinary team whose goals are to discharge patients, safety permitting, as early as possible, and to prevent hospitalization in the first place by working with individual patients and their families.

### Award winner



Karen Finestone (left) and Lynne McVey.

Karen Finestone recently received the Marjorie Hiscott Keyes Award from the Canadian Mental Health Association. This award is given annually to a psychiatric nurse who shows interest, compassion and understanding in his or her work. The Department of Psychiatry's multi-disciplinary team nominated Mrs. Finestone. As clinical nurse specialist, she provides crisis intervention to psychiatric patients who urgently require care, but who would be best served in the home and the community. As a result, emergency room overcrowding is alleviated, hospitalization is avoided in some cases, and patients do not fall between the cracks.

By communicating on a regular basis with the staff of the Emergency Department and inpatient psychiatric ward, Mrs. Finestone maintains a smooth flow of patients between these clinical units and the outpatient department.

## JGH participates in special job program with Summit School

Since the beginning of October, Randi has been working in the hospital's mailroom on Tuesday, Wednesday and Friday afternoons. Her initial task was to sort the mail for the doctors' mail slots, but she has taken on the added responsibility of data entry in the Department of Telecommunications.



Randi, a student at Summit School, is participating in a unique program designed to give students job related experience. Summit School is an educational facility for intellectually disabled children, most of whom have learning disabilities and/or behavioural difficulties that cannot be handled in the regular school system. The students range in age from 4-21 years old, and each individually designed curriculum is based on the child's age and level of functioning. Children who are at a higher level are usually reintegrated into the regular school system, while the focus with other children is on teaching them life and work skills. The job program is an essential component of the curriculum for this latter group of students.

Gurit Lotan, a psychologist who directs the school's Job Training and Integration Program, explained that most of these students will be unable to earn their high school leaving certificates. "We have until the age of 21 to teach them how to function in society and to help them find a place in the working environment." Thus, from the age of 12 or 13 onward, students are taught basic life skills such as shopping and taking public transportation. In their late teens, the school provides them with job apprenticeship opportunities where they can learn how to interact with others in the work force in socially acceptable ways, to solve problems and respond properly to authority figures.

The success of the job integration program depends on the cooperation of companies and organizations. Randi is the first Summit School student to have been placed at the

JGH, and this is the school's first experience in a complex public service organization. Ms. Lotan had nothing but praise for the hospital staff, especially Helen Collier, formerly of the Human Resources Department. "Everyone here, from the administrators to the Human Resources Department, the unions and the mailroom staff, has been very supportive. This program is an excellent example of cooperation in a large organization and cooperation between the hospital and the educational community."

Mary Polychronas Hatzis, a Summit School job coach who supervises Randi during her shifts at the hospital, is also pleased and impressed with the high level of support she has encountered. "The staff in the mailroom have been great. They've accommodated us as best they could, they're open to suggestions and they work well with us."

While the students gain valuable work experience and learn new social skills, those who work with them also benefit in many ways. As Ms. Hatzis pointed out, initially, staff are nervous about how to approach and speak to the student. Gradually, as they watch the interaction between the job coach and the student, they become more comfortable. "People who work with the students get a great sense of accomplishment because they see that they're making a difference in somebody's life."

And how does Randi feel about her experience in the mailroom? "I like working here," she said with a smile.

- H.K.

## Auxiliary News

The Auxiliary is pleased to have reintroduced the Hospitality Cart. This helpful service delivers newspapers, magazines and sundries to patient areas. New volunteers are always needed to participate in this rewarding project. If you are interested in volunteering, please call 340-8222, local 5984.



Left to right: Volunteers Ruth Costin, Shirley Sonberg, Eileen Schrier, Oscar Costin.



Congratulations to the Auxiliary Program Committee, who organized a highly successful education day on menopause entitled "Changing with the Change". Guest speakers included Dr. Shirley Katz, "Menopause is not a Disease", Dr. David Zukor, "All About Bones", Dr. Joe Schwarcz, "Looking Young - the Right Chemistry", Dr. Bill Brender, "Couple Sexuality in Mid-Life". Members of the Program Committee are, left to right (standing): Franeen Finesilver, Rachel Hyams, (seated) Ruth Costin, Annette Goldman and Rona Small.

## Patients fill up the cookie jar



The Geriatric Recreation Service conducts various recreational activities, including music and art therapy and special programs, for long term care patients. The four patients pictured here were hard at work baking cookies which were enjoyed by all.

## Thyroid Support Group holds lecture at JGH

Dr. Amnon Kahn was the guest speaker at a lecture sponsored by the Thyroid Support Group. He spoke on "You and Your Thyroid". The lecture was a big success, with an attendance of close to 200 people. For more information about the Thyroid Support Group, please call 279-1677.

# Aging Holocaust survivors studied

The Aging Holocaust Survivor was the theme of the Sylvia Hamovitch Educational Day presented by the Psychogeriatric Home Care Team.

Based at the JGH, the team is a specialized consultation service offering psychiatric expertise to community workers, physicians and family members. The educational day, held on Remembrance Day, was aimed at professionals who deal with the elderly, particularly those who have little or no experience in treating and assisting Holocaust survivors.

To care for survivors effectively, health care workers must understand the impact of the Holocaust experience, and in this context, to re-examine behaviours which may appear to be extreme.

Sandy Sandman, nurse clinician and coordinator of the Psychogeriatric Home Care Team, explained that during the aging process, short term memory tends to recede and long term memory surges to the forefront. For some survivors, this means that traumatic memories are unlocked.

McGill University sociology professor Dr. Morton Weinfeld spoke about the Social and Cultural Meanings of the Holocaust. He emphasized that one should not generalize and stereotype survivors as a whole because they are a diverse group of people from many backgrounds. Dr. Weinfeld explained that the Holocaust has become central to Jewish identity and education. Themes include the belief that Jews can trust only themselves ("never again"), the heroism of those who fought back, and the importance of remaining vigilant in the face of racism, prejudice and intolerance throughout the world. In recent years, Jews have been dealing with Holocaust denial and revisionism.

Dr. Harry Grauer, of the JGH Department of Psychiatry, paid tribute to Sylvia Hamovitch, who worked in the Psychogeriatric Clinic for 30 years, first as a volunteer and later as an employee. "I hope this day will help us serve survivors better. That would have been Sylvia's wish."

Dr. Grauer spoke about post-traumatic neurosis, commonly referred to as shell shock. Dr. Grauer, who has done 1500 examinations of Holocaust survivors, said that the symptoms experienced by survivors depend on the intensity and duration of the trauma which they had undergone. Sleep disorders and nightmares are very common, as are anxiety and chronic depression. Other symptoms include detachment, withdrawal, the inability to interact effectively with others, irritability and difficulty concentrating. Dr. Grauer also pointed out that some survivors resist treatment because they do not trust authority figures.

Dr. Henry Kravitz, emeritus chief of Psychiatry at the JGH and a consultant to the Psychogeriatric Home Care Team, also based his remarks on his professional experience counselling survivors. In a normal environment, he explained, the individual develops a sense of self, an inner set of rules and regulations, trust and hope in the future. All of this was destroyed during the Holocaust, as dehumanization, humiliation and daily confrontation with death turned the normal social order upside down. "Survivors suffered the loss of individuality, loss of dignity, loss of hope and the loss of loved ones. They had to shut down all emotions and to hide their physical exhaustion."

Dr. Kravitz said that while many survivors went on to build successful lives, others are still suffering. For example, the idea of relocating to a nursing home is extremely frightening for elderly survivors because it brings back memories of being relocated to the camps. The decreased physical capacity that accompanies aging can revive trauma as well because in the camps, only the strong and healthy were allowed to live.

Pointing out that "remembering is a dictum of the Jewish faith", Dr. Kravitz said that Holocaust museums fulfill this demand by serving as educational tools and as memorials.

- H.K.



## Sylvia Hamovitch remembered

Relatives and colleagues of the late Sylvia Hamovitch gathered in the Psychogeriatric Clinic where a plaque was affixed in her honour. Dr. Harry Grauer, director of the Psychogeriatric Home Care Team, described Mrs. Hamovitch, who worked as a volunteer for 12 years before she became a member of the staff, as a very important part of the team. Mr. Dave Hamovitch recalled that the clinic meant a lot to his wife, and that she had a great deal of admiration for Dr. Grauer. Colleague Sylvia Miller, who worked closely with Mrs. Hamovitch, said that above all, "Sylvia treated everyone with dignity." Pictured from left are family members Sylvia Messer, Miriam Tompkins, Dave Hamovitch, and Karen Tompkins-Rosenstein,

## Laryngectomy symposium held at the JGH

A day long symposium entitled "Laryngeal Cancer: Concepts of Voice Preservation and Restoration", was held at the Jewish General Hospital in November. This multi-disciplinary conference, attended by lay people, students and professionals from in and around Montreal, was initiated and organized by the Quebec Federation of Laryngectomees (persons who have had their larynx (voice box) surgically removed due to cancer).



Pictured here are the conference organizers with some of the guest speakers (left to right): Don Reny, vice president of the Montreal Association of Laryngectomees; Helena Kiselevsky, speech language pathologist, St. Mary's Hospital Centre; Dr. Amine Haddad, otolaryngologist, Royal Victoria Hospital; Anita Silverman; Dr. Martin Black; Joe Hazan, president, Quebec Federation of Laryngectomees, Jean-Paul Tardif, founder, Quebec Federation of Laryngectomees.

Professionals at four McGill University teaching hospitals and Hôpital Notre Dame were invited to give presentations at the symposium. According to Anita Silverman, a speech language pathologist at the JGH, "this gave everyone a chance to share expertise and learn from each other". Presenters from the JGH included Dr. Martin Black, chief of the Department of Surgery and director of the Head and Neck Surgery and Oncology Program, Dr. George Shenouda, chief of the Division of Radiation Oncology, and Mrs. Silverman.

## Mezzuzot affixed at LDI



Left to right: Dr. Leonard Pinsky, Dr. Freedman, Rabbi Schechter and Mr. Henri Elbaz.

Members of the hospital's Lady Davis Institute for Medical Research gathered to watch as mezzuzot were placed on the building's outside entrance and offices.

Dr. Samuel O. Freedman, O.C., director of research at the JGH, said that the ceremony also marked the completion of the move of many scientists to the Institute's expanded facilities.

Hospital chaplain Rabbi Myer Schechter explained that the mezzuzah contains a handwritten scroll of a Biblical commandment. Jews are obliged to place mezzuzot on the doorposts of their homes and places of work. "It is placed on the doorpost to remind ourselves of our identity, of who we are and how we should live."



Dr. Mark Wainberg, scientific director, L.D.I.

## Share the vision Become a Research Governor

The improved quality of health care that we have seen over the years can be attributed in large measure to medical research. Much of the new and quickly expanding medical knowledge, and advances in treatment are the result of important research taking place at locations such as the Jewish General Hospital and its research facility, the Lady Davis Institute.

Research clinicians and scientists at the Lady Davis Institute are currently studying the causes and potential treatments for a wide variety of illnesses. Some areas of expertise include heart disease, Parkinson's disease, Alzheimer's disease, cancer, AIDS, clinical epidemiology, human genetics, iron metabolism, molecular oncology, experimental pharmacology, psychosocial aspects of illness and thyroid disease.

Notably, the Lady Davis Institute houses several important research centres. These include: the Bloomfield Centre for Research in Aging, one of Canada's only

research facilities studying the normal aging process; the Centre for Clinical Epidemiology and Community Studies whose goal is to provide information which can be used to prevent disease, decide on proper treatment and make appropriate clinical decisions; and the McGill AIDS Centre. In fact, prior to the establishment of the McGill AIDS Centre in 1991, scientists at the Lady Davis Institute were amongst the first in Canada to study AIDS.

Despite its importance and benefits, medical research is funded only by grants from a variety of sources that cover some of the direct costs of specific research projects. The hospital must raise about two thirds of its research budgets. These funds are provided through gifts from corporations, individuals and private foundations as well as through the work of the Auxiliary. And much of it comes through the generosity of the hospital's Research Governors.

The Hospital's Research Governors are a growing group of men

and women who are distinguished by their vision and concern for the ongoing and vital medical research that is taking place here at the hospital. Each Research Governor has made a commitment to contribute \$250 per year toward financing research at the hospital. It is these contributions that provide the basic seed money for the hospital's many research activities.

There are currently about five hundred individuals participating as Research Governors and they would like to invite others in the community who share their vision and concern for medical research to join with them and strengthen this program. The benefits to the community, and well beyond, have been many.

*For further information on becoming a Research Governor, please call the Sir Mortimer B. Davis - Jewish General Hospital Foundation at 340-8251. The Foundation may be reached by fax at 340-8220.*

### List of Research Governors

Arnold Aaron  
Saul Abracens  
Marcel Adams  
Gerson Adelman  
Hy Adelman  
Dr. Andre Aisenstadt  
Mrs. Andre Aisenstadt  
Seymour Alper  
Arthur Amro  
Cecil April  
Edward I. Aronoff  
Fred J. Arshinoff  
Morton Arshinoff  
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Hyman August  
David Azrieli CM  
Sam Baker  
David Barmish  
Mrs. David Barmish  
Morton Barmish  
Hillel Becker  
Norman Beckow  
Charles Bedzow  
Gerald Benjamin  
Mrs. Henry Benson  
Donald Berman  
Ralph H. Berman  
Esther Besner  
Lawrence Bessner FCA  
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Ronald Black  
Brenda Blatt  
David Bloom  
L. Michael Blumenstein  
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Hyman Brock  
Barbara B. Bronfman  
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Maurice Brotman  
Gordon Brown  
Gerald Brownstein  
Harold Brownstein  
Mrs. Harold Brownstein  
Morton Brownstein  
Mrs. Morton Brownstein  
Gerald L. Bruck  
Louis Brumer  
Robert Brumer  
Dr. Jacob Buchbinder  
Julius Cappel  
Barry Clamen FCA  
Charles Clark  
Simon Cobrin  
David Cohen  
Edgar H. Cohen  
Lou Cohen  
Morley M. Cohen  
Morrie Cohen  
Morton Cohen  
Norman Coltin  
Sam Cooper  
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Ben Cowan  
Harold H. Cummings  
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Hy Druckman  
Reuben Dubrovsky  
Lou Dubrovsky  
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Irving Eklove  
Dr. David Elkin  
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Mrs. Leonard Ellen  
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Louis B. Engelberg  
Erich Fayer  
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Bernard J. Finestone  
Diana Finestone  
Joshua Fink  
Harry Finkelstein  
Nat Finkelstein  
N. Fisher  
Avram Fishman  
Raphael Fleming  
Edward Flomen  
Daniel Freedman  
Bernard Friedman  
Leon Friedman  
Mortimer Fruchter  
Ronald Gallay CA  
Bram Garber  
Henry L. Garber  
Mitchel Garfinkle  
Sydney Gasco  
Eleazer Gelber  
Nahum Gelber Q.C.  
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Howard Gilmour FCA  
Harry Glassman  
Elliot Godel  
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Dr. Michael A. Gold  
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Senator H. Carl Goldenberg Q.C.  
Leo Goldfarb  
Eileen Goldman  
Eaul Goldman  
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## Stroke Club donates special chair

Helping people who have had a stroke is the raison d'être of the Jewish General Hospital Stroke Club. And this assistance takes many forms.



Left to right: Julius Cappel, Dr. Joseph Carlton, Montague Buckman, Annick des Longchamps, Stroke Team coordinator Claudette Fletcher.

Recently, members of the Stroke Club purchased a special chair for patients who are unable to sit in regular wheelchairs. The chair does not require any restraints, provides lots of support, and its position can be changed without disturbing the patient.

Annick des Longchamps, head nurse on 4 Main, said that the chair is a tremendous advantage for patients who would otherwise be stuck in bed. With the chair, they can be taken out of the room for walks and there is less risk of developing bed sores.

Neurologist Dr. Joseph Carlton expressed his appreciation as well. "I can't thank the Stroke Club enough for their gift," he said.

Donations to the club are used to organize and run the group's activities and to purchase equipment like the chair. For more information about donating to the Stroke Club, please call the hospital Foundation office at 340-8251.

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.

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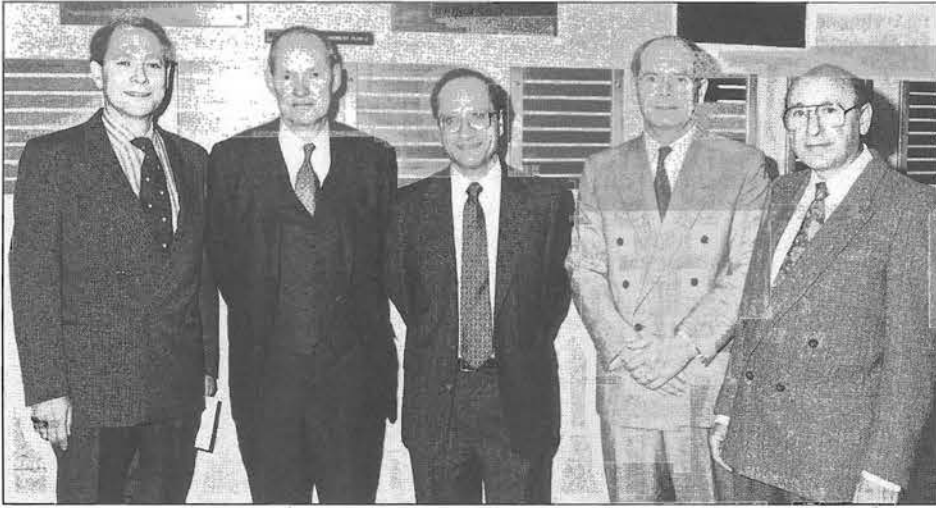
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## Louis Gross - Harold Segall annual lecture

Dr. Thomas W. Smith was the guest speaker at this year's Louis Gross - Harold Segall lecture. A professor of medicine at Harvard Medical School and chief of the Cardiovascular Division at Brigham and Women's Hospital, Dr. Smith spoke on "Digitalis: a 220 year journey from foxglove tea to contemporary treatment of heart failure".



The organizing committee, left to right: Drs. Marcus Martin, Thomas Smith, David Langleben, John McCans, Brahm Hyams.



After the lecture, cardiologist Dr. David Langleben (left) presented the Montreal Clinical Society Book Award to Internal Medicine residents Drs. Mina Madan and Majed Fiaani, who plan to pursue careers in cardiology.

## Cohen donation helps Radiology Department



Left to right: Esther Cohen, Brahm Gelfand, William Cohen, Morton Brownstein, Dr. Brahm Hyams, Henri Elbaz.

A dedication was held at the hospital in honour of William and Esther Cohen, who made a generous contribution towards upgrading the Radiology Department. Honorary President Morton Brownstein thanked the Cohens for their generosity, and added that, "According to the great Jewish philosopher Maimonides, the highest level of charity is to give before being asked." Mr. Brownstein said that during the hospital campaign in 1929, over \$1 million was raised towards the establishment of the Jewish General. Illustrating how times have changed, he said that today, the hospital's annual budget is over \$100 million. "One thing that hasn't changed is the support of our community. This

is what keeps our dedicated physicians going."

Hospital President Brahm Gelfand and Executive Director Henri Elbaz thanked the Cohens for setting an example and providing positive leadership, adding that the Jewish General is proud to serve patients from across the province.

Dr. Brahm Hyams spoke on behalf of the Department of Radiology, "Doctors appreciate these donations because your generosity allows us to maintain excellence in patient care, research and teaching."

After a plaque in their honour was unveiled, Mr. and Mrs. Cohen pledged continued support to the hospital.

## Irving Zaritzky Memorial Lecture



A generous endowment by the Zaritzky family provides an annual lecture on cardiovascular disease. Dr. Bruce A. Freeman, University of Alabama at Birmingham, was this year's speaker. His topic was "Free radical mediated cardiopulmonary injury and the mitigating role of nitric oxide". Front row left to right: Gerry Anisman, Linda Zaritzky-Anisman, Myra Zaritzky-Lang, Mrs. Marsha Zaritzky, Harry Lang, Dr. Jean-François Courval. Back row left to right: Drs. François Marcotte, Jean Diodatti, chief of Cardiology John McCans, David Langleben, Bruce A. Freeman, George Honos.

# Bulletin

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- Wainberg, M.A., Arts, E., Gu, Z., Gao, Q., Nagai, K., Salomon, H., Geleziunas, R., Bour, S., Spira, B., Nguyen, K., Tran-Huu, Y.: Development of viral drug resistance in HIV infection. In: *Focus on HIV*, (Neu, H.C., Levy, J.A., Weiss, R.S. eds) Churchill-Livingstone, London, 352, 1993.
- Wang, E.: Abstract. Growth control in aging fibroblasts. The Division of Research Grants Workshop on "Cell Cycle Progression, Aging and Cell Death". National Institutes of Health, Bethesda, MD, Oct. 1993. Transcription factors linked to programmed cell death. Transcription factors; key pieces of the aging puzzle? Workshop, Montecito, Cal. Oct. 1993.
- Wang, E., Lee, M-J., Pandey, S.: Abstract. Cell cycle traverse, fibroblast senescence, and programmed cell death. The 23rd Annual Meeting of the American Aging Association (AGE). American College of Clinical Gerontology 8th Annual Meeting, Montreal, Oct. 1993.
- Wang, W., Alpert, E.: Human  $\alpha$ -fetoprotein inhibits TNF- $\alpha$  production by monocytic cell line U937 cells. *Hepatology* 18, Supp 3, 154A, 1993.
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- Wiesel, S., Gutman, J.B., Kleiman, S.J.: Adult epiglottitis and postobstructive pulmonary edema in a patient with severe coronary artery disease. *J Clin Anesth* 5: 158-62, 1993.
- Wiesel, S., Tessler, M.J., Easdown, L.J.: Postdural puncture headache: a randomized prospective comparison of the 24 gauge Sprotte and the 27 gauge Quincke needles in young patients. *Can J Anaesth* 40: 607-11, 1993.
- Wiesel, S., Grillas, R.: Abstract. Laparoscopic versus open cholecystectomy: PCA morphine requirements. *Anesth Analg* 76: S 465, 1993.
- Wolfson, C., Wolfson, D.B.: The latent period of multiple sclerosis: a critical review. *Epidemiology* 4: 464-470, 1993.
- Wolfson, C., Law, S.: Validation of a French version of an informant questionnaire for screening for dementia. *Neurology* 12: 132, 1993.
- Yang, G., Wang, E.: Expression of terminin in the rat brain during neuronal differentiation. *Brain Research* 615: 71-79, 1993.

## Nominations / Appointments

- Alpert, E.: Representative, University Statutory Promotion Committee for Full Professor, Department of Neurology and Neurosurgery. Faculty of Medicine, Search and Selection Committee for Chair of Department of Neurosciences.
- Alpert, L.C.: Associate membership, Division of Clinical Oncology, Department of Oncology, McGill University. Elected to the medical membership of the American Society of Cytology. Member, Evaluation Committee, Faculty of Medicine, McGill University.
- Becker, R.: Director, Internal Medicine Clinic, JGH.
- Bégin, L.: Associate Member, Division of Clinical Oncology, Department of Oncology, McGill University. Member, International Society of Urological Pathology. Member, Quebec Corporation of Physicians, Examining Board for Certificate in Pathology.
- Beique, F.: Assistant Professor, McGill University.
- Bergman, H.: Director, Division of Geriatric Medicine and Aging, Department of Medicine, McGill University.
- Brisson, M-L.: Member, Implementation Committee of the new curriculum, McGill University. Secretary Executive of Quebec Pathology Association. Délégué, FMSQ. Assistant Secretary Treasurer, Canadian Association of Pathologists. Chairperson, Self study, Department of Pathology, McGill University.
- Brock, G.: Joseph F. McCarthy Essay Contest and Milely B. Wesson Essay Contest, American Urological Association, Western Section.
- Clarfield, A.M.: Research Associate, Brookdale Institute of Gerontology, Jerusalem, Israel.
- Deskin, A.: Appointed by the Ministry of Health and Social Services to a committee for the provision of health and social services in the English language.
- Dollin, J.: Member, Board of Directors, Canadian Institute of Child Health (CICH).
- Elbaz, H.: Chairman of a committee of l'Association des hôpitaux du Québec, Défi Qualité Performance, whose purpose is to assess the impact of the government's objective to reduce spending in the health-care system by \$1 billion over 3 years, and to participate in achieving this objective. As chairman, he will sit on a similar committee at the Régie régionale.
- Faust, E.A.: Chairman, Studentship Committee, Medical Research Council of Canada.
- Ferenczy, A.: Contributing Editor, Contemporary Ob/Gyn Canada. Associate Member, Ontario Medical Association Ad Hoc Committee on Cervical Cancer Screening.
- Fichten, C.S.: Consulting Editor, *Journal of Postsecondary Education and Disability*. Guest Reviewer: Cognitive Therapy and Research, *Canadian Journal of Behavioural Science*, *Journal of Consulting and Clinical Psychology*. Grants Jury Member. Social Sciences and Humanities Research Council-Strategic Grants Program.
- Gordon, P.: Vice-Chairman, Department of Surgery, Jewish General Hospital.
- Hiscott, J.: National Cancer Institute of Canada. Site Review Committee. Terry Fox Program Project. Ontario Cancer Institute, Toronto.
- Joffe, D.: Assistant Professor, McGill University.
- Kardash, K.: Assistant Professor, McGill University.
- Kleiman, S.: Associate Professor, McGill University.

Lang, A.: Nurse Scientist, Centre for Nursing Research, JGH. Reviewer, Journal of Death Studies. Member, Scientific Review Committee, Canadian Foundation for the Study of Infant Deaths.

Lamoureux, E.: Member, Examining Board for General Surgery, The Royal College of Physicians and Surgeons of Canada.

Levitt, C.A.: Consultant, Health and Welfare Canada, Children's Mental Health Unit, New funding program, Ottawa, 1993.

Libman, E.: Associate member. Centre for Studies in Aging, McGill University, Faculty of Medicine.

Mohr, G.: Chairman, Equipment Committee, JGH.

Ponka, P.: Member, Academic Advisory Committee, JGH. Member, Advisory Board, Canadian Hemochromatosis Society.

Rochon, L.: Associate Professor, Department of Pathology, McGill University. Associate Professor, Department of Otolaryngology, McGill University.

Schwartz, M.: Comité des normes d'exercice professionnelle-Ordre des dentistes du Québec. Health Facilities Committee - Commission on Dental Accreditation of Canada, Canadian Dental Society.

Sherwin, B.B.: Full Professor, Department of Psychology, Faculty of Science, McGill University.

Sigman, H.: Assistant Dean, Medical Education and Student Affairs, Faculty of Medicine, McGill University.

Sigman, M.: Chairman Planning Council for Family and Children's Services, Federation CJA.

Steinert, Y.: Director of Faculty Development, Faculty of Medicine, McGill University.

Trudel, M.: Associate membership, Division of Clinical Oncology, Department of Oncology, McGill University.

Tulandi, T.: President Elect, The Canadian Fertility and Andrology Society. Chairman, CFAS Program Committee, Combined Annual Meeting of the Canadian Fertility and Andrology Society and American Fertility Society.

Wainberg, M.A.: Honorary Fellowship, Israel Cancer Research Fund.

Wang, E.: Chairperson, Biological Sciences of the Canadian Association on Gerontology. Fellow of the Biological Sciences of the Gerontological Society of America. Member, Scientific Advisory Committee, Biology of Aging Program, National Institute on Aging, National Institutes of Health. Member, Executive Committee, McGill Centre for Studies in Aging. Member, Graduate Student Affairs Committee, Department of Anatomy, School of Medicine, McGill University. Visiting Specialist, Institute for Biomedical Sciences at Academia Sinica, Nanking, Taipei, Taiwan, Republic of China. Ad hoc Reviewer, Medical Research Council of Canada. Ad hoc Reviewer, National Science Foundation of the USA. Ad hoc Reviewer, United States/Israel Binational Science Foundation.

Wolfson, C.: Member, Advisory Committee, McGill Centre for Studies in Aging.

## Prix / Honors, Awards

Bernier, P.: Prix du mérite annuel en diététique du bureau laitier du Canada.

Gordon, P.H.: Certificate of Appreciation in recognition and appreciation of outstanding contribution to the United Ostomy Association, San Diego.

Wainberg, M.A.: Certificate of Appreciation. International Association for Comparative Research on Leukemia and Related Diseases.

## In Memoriam

Dr. Hyman Mendelson  
1915-1993

joined the JGH staff as an intern in 1939 and, except for a 3 year period from 1942-1945 when he served in the RCAMC overseas, was a member of the attending staff.

## Conférences / Presentations

Abenhaim, L.: Preliminary results of the international study on primary pulmonary hypertension. International Symposium on Pulmonary Hypertension, Paris, France, October 1993. Workshop on pharmacovigilance (PMS). Servier Interneur, Lederle. Abhays des Vaux-De-Cernay, France, Oct. 1993. Objectifs et méthodes. Association pour le développement clinique de la pharmacologie clinique (ADPC). 6ième journée d'étude, Paris, France, Oct. 1993.

Alpert, L.: Invited speaker. Dysplasia in ulcerative colitis. Controversies in the management of inflammatory bowel diseases. St. Adèle, 1993.

Amsel, R., Wright, J., Fichten, C.S.: E. Libman chairman of Symposium, "Cognitive behavioral assessment and treatment of insomnia in older individuals." Cognitive assessment: effects of scale values (0-4 versus 1-5) on states-of-mind (SOM) ratios. Annual convention, Association for Advancement of Behavior Therapy, Atlanta, Nov. 1993.

Amsel, R., Robillard, K., Lennox, H., Wright, J., Fichten, C.S.: Novelty effects and the attentional mechanism model of interaction strain. Annual Convention of the Canadian Psychological Association, Montreal, May 1993.

Bardin, C., Zerkowicz, P., Papageorgiou, A.: Outcome of appropriate for gestational age (AGA) and small for gestational age (SGA) infants with birthweight less than 1000 g. 4th European Workshop on Neonatology, Corfu Island, Greece, Oct. 1993.

Batist, G.: Lab-clinic interface anti-cancer drug development. National Cancer Institute of Canada, Symposium, Toronto, Sept 1993.

Bergman, H.: The Jewish General Hospital Memory Clinic: a model for research and clinical care in Alzheimer's disease. Rotman Research Institute, Baycrest Hospital, University of Toronto, 1993. 1) Speaker at symposium: Diploma of geriatrics

program for family physicians. 2) What is aging? Member of closing plenary panel. Canadian Association on Gerontology, 22nd Annual Scientific Meeting, Montreal, 1993.

Bergman, H., Levy, R., Chertkow, H., Leblanc, A.: H. Bergman chairperson and speaker at Symposium: The multidisciplinary approach to research in the early diagnosis of Alzheimer's Disease. Canadian Association on Gerontology, 22nd Annual Scientific Meeting, Montreal, 1993.

Boivin, J., Takefman, J., Tulandi, T.: Reactions to infertility based on extent of treatment failure. Combined Annual Meeting of the American Fertility Society and the Canadian Fertility and Andrology Society, Montreal, Oct. 1993.

Brenner, B.G., Gryllis, C., Vo, C., Wainberg, M.A.: Differential effects of chemotherapy and HIV-1 viral induced immunocompromise on inducible natural immunity. XVI Symposium of the International Association for Comparative Research on Leukemia and Related Diseases, Montreal, July, 99, 1993.

Brien, S., Mohr, G., Spanier, A.: Cardiomyopathie ischémique sévère et œdème pulmonaire neurogène par rupture d'anévrisme de l'artère communicante antérieure. Congrès des Sciences neurologiques, Ste. Adèle, Sept. 1993.

Brock, G.: Nitric oxide synthase: un outil diagnostique dans l'impuissance neurologique. Quebec Association of Urology Annual Meeting, Montreal, Nov. 1993.

Brock, G., Nunes, L., Von Heyden, B., Carrier, S., Dahaiya, R., Harin-Padma, N., Boyd, S., Lue, T.F.: Nitric oxide synthase: a new diagnostic test for neurogenic impotence. American Urological Association, Palm Desert, CA, Nov. 1993.

Bub, D., Arguin, M., Chertkow, H.: Towards an interpretation of category-specific agnosia for biological kinds. Academy of Aphasia 31st Annual Meeting, Tucson, AZ, Oct. 1993.

Caplan, S.N., Caplan, C.E., Trudel, M., Wang, E.: Quantitative analysis of statin expression by flow cytometry in normal and B cell chronic lymphocytic leukemia lymphocytes. Fifth International Conference on Malignant Lymphoma, Lugano, Switzerland, July 1993.

Chalifour, L.E.: Gene expression changes and cell line isolation in a transgenic model of cardiac hypertrophy. Department of Biochemistry, Concordia University, Montreal, Oct. 1993.

Chalifour, L.E., Holder, E., Fahmy, R., Mou, L., Al Moustafa, A-E., Ly, D., Dorrance, T., Bonyadi, S., Vestergaard, J., Salloukh, H., Miller, H.: Mini symposium "Genetic regulation in the study of aging". Characterization of hypertrophy associated gene expression. American Aging Association, Montreal, Oct. 1993.

Chan, K., Tulandi, T., Arseneault, J.: Resident Prize Award. Comparison of ultrasound scalpel and cold knife on wound healing and adhesion formation in the rat model. Combined Annual Meeting of the American Fertility Society and the Canadian Fertility and Andrology Society, Montreal, Oct. 1993.

Chen, S.G., Gambetti, P., Xue, R., LeBlanc, A.C.: Targeting of the amyloid protein precursor to the endoplasmic reticulum: study of APP metabolism. Society for Neuroscience, Washington, DC, Nov. 1993.

Chertkow, H.: Semantic memory processing in normal and brain damaged individuals. American Psychological Ass. Toronto, Aug 1993. Low tech to high tech: new avenues in multidisciplinary research on early diagnosis. The multidisciplinary approach to research in the early diagnosis of Alzheimer's disease. Canadian Association of Gerontology 22nd Annual Meeting, Montreal, Oct. 1993.

Chertkow, H., Bub, D.: Semantic memory deficits in dementia of the Alzheimer's type: characterizing the nature of the impairment. Academy of Aphasia 31st Annual Meeting, Tucson, AZ, Oct. 1993.

Clarfield, A.M.: Symposium. Health Care of the Aged in Israel. International Hospital Federation. Madrid, 1993. Consensus Conferences in Geriatrics: Implications for family practitioners. WONCA/SIMG Congress, Den Hague, The Netherlands, 1993. The aged in Israel and the elderly around the world: A cross national comparison. Jewish Hospital and Home for the Aged. New York, 1993. Symposium. Geriatric consultation in the emergency room. American Geriatrics Society Annual Meeting, New Orleans, Nov. 1993. First Bayne Lectureship. Who Decides? Achieving collaboration in decision making in health care. Key-note speaker. Interprofessional Grand Rounds, Communication skills in working with the elderly. McMaster University, Hamilton, Ont. Nov. 1993. The role of the family physician in the care of the elderly. Department of Family Medicine, Hadassah Medical School, Jerusalem, 1993. 1) Aging around the world: a cross national comparison. Department of Social Medicine, Masters Seminar. 2) The frail elderly-who are they? Department of Social Medicine, Masters Seminar. Hadassah Medical School, Jerusalem, 1993. The elderly-how to ensure quality care assurance. WHO/ESHEL/Ministry of Health Meeting, Jerusalem 1993. Research in the elderly: why, what, how, why not? Family Medicine Research Network. Netanya, Israel, 1993

Cissé, S., Schipper, H.M.: Isolation of peroxidase-positive astrocyte granules from intact rat brain and cystamine-treated neuroglia cultures. XVIII Can Cong Neuro Sci 1993.

Creti, L., Levy, R.D., Brender, W., Fichten, C.S., Libman, E.: Comparison of objective and self report assessment of sleep quality in older individuals. Annual Convention of the Canadian Psychological Association, Montreal, May 1993.

Creti, L., Fichten, C.S., Weinstein, N., Amsel, R., Brender, W., Libman, E.: E. Libman chairman of Symposium "Cognitive behavioral assessment and treatment of insomnia in older individuals." Cognitive refocusing: an insomnia treatment for older individuals. Annual Meeting, Association for Advancement of Behavior Therapy, Atlanta, Nov. 1993.

Cupples, W., Ajikobi, D.O.: Synergistic control of renal artery in vitro by norepinephrine and angiotensin II. 32nd International Union of Physiological Sciences, Glasgow, UK, July 1993.

Dworkind, M., Fish, J., Steinert, Y.: The physician well-being committee. International Conference on Physician Health, Scottsdale, Arizona, Jan 1993.

Feldman, P.: Sexuality, birth control and child-birth: what the health practitioners should know about Orthodox Jewish traditions. Interdisciplinary Rounds. Mount Sinai Hospital, Toronto, May 1993.

Fichten, C.S., Creti, L., Amsel, R., Lennox, H., Tagalakis, V., Brender, W., Libman, E.: E. Libman chairman of Symposium "Cognitive behavioral assessment and treatment of insomnia in older individuals." Cognitive, affective and behavioral aspects of sleep quality in older individuals. Annual Convention, the Association for Advancement of Behavior Therapy, Atlanta, Nov. 1993.

Fichten, C.S., Lennox, H., Wright, J., Amsel, R.: Changing attitudes toward peers with disabilities: a comparison of modeling and self disclosure. First North American Regional Conference of Rehabilitation International, Partners for Independence: Models that work, Atlanta, Oct. 1993.

Ferrante, A., Frunchak, V.: Use of focus groups as a technique to assess specific learning needs of clinical staff nurses. OIQ 73rd General Assembly and Congress, Montreal, Oct. 1993.

Gambetti, P., Xue, R., LeBlanc, A.C.: Production of a C-terminal truncated form of the amyloid protein precursor in newborn rat cortical neurons. Society for Neuroscience, Washington, DC, Nov. 1993.

Gao, Q., Gu, Z., Parniak, M.A., Foster, B., Wainberg, M.A.: Generation of multiple drug resistance by sequential in vitro passage of the human immunodeficiency virus type 1. 3rd Annual Canadian Conference on HIV/AIDS Research, Montreal. Abst. Can J Infect Dis 4: 13B, 1993.

Gelfand, M.M.: Hormonal Regimens. The Society of Obstetricians and Gynecologists of Canada-Menopause Consensus Committee Meeting. Ottawa, June 1993. Poster presentation. An evaluation of a bioadhesive vaginal moisturizing gel in women with breast cancer. 7th International Congress on the Menopause. Stockholm, Sweden, June 1993. Moderator for round table discussion. Estrogen-androgen therapy after menopause. Fourth Annual Meeting of the North American Menopause Society, San Diego, Cal. Sept 1993. Estrogen-androgen hormone replacement therapy. International Symposium on Women's Health in Menopause - Behaviour, Cancer, Cardiovascular Disease, Hormone Replacement Therapy. Milan, Italy, Sept 1993. Round table discussion. Estrogen-androgen hormone replacement therapy. Conjoint Annual Meeting of the American Fertility Society and the Canadian Fertility and Andrology Society, Montreal, Oct. 1993.

Germinario, R.: Modulation of glucose transporter activity in mammalian cells. University of North Dakota, Grand Forks, ND, Oct. 1993.

Glikstein, R., Delcarpio-O'Donovan, R., Just, N., Mohr, G.: Intéret de la reconstruction tridimensionnelle dans l'évaluation préopératoire des lésions de la base du crane. Société Canadienne-Française de Radiologie Formule pour Communication Scientifique ou Exhibit. Montreal, Oct. 1993.

Gordon, P.H.: Invited participant. Colostomy surgery. 31st Annual United Ostomy Association Conference. San Diego, CA, Aug. 1993. Colorectal guest lecturer. A look through the "retrospectroscope": reflections and realities on a decade of evolution of colorectal surgery in Canada. Canadian Society of Colorectal Surgeons. Vancouver, Sept. 1993. Local management of rectal carcinoma. Postgraduate course on malignant disease of the large intestine. Royal College of Physicians and Surgeons of Canada. Vancouver, Sept 1993. Invited participant. Carcinoma of the anus in postgraduate course on gastrointestinal disease. American College of Surgeons 79th Annual Clinical Congress. San Francisco, Oct. 1993. 1) The selected operative management of fistula-in-ano in Crohn's disease. 2) Moderator of Symposium on the complex pelvis. Tripartite Colorectal Meeting, Sydney, Australia. Oct. 1993.

Gordon, P.H., Pandey, S., Wang, E.: Study of differential expression of early cell cycle genes in the human colon carcinoma and adjacent normal tissue. Canadian Assoc of General Surgeons, Vancouver, Sept 1993

Gu, Z., Gao, Q., Parniak, M.A., Wainberg, M.A.: Identification of a novel mutation in the HIV-1 pol gene responsible for resistance to 2'-3'-dideoxycytidine (ddc). 3rd Annual Canadian Conference on HIV/AIDS Research, Montreal. Abst. Can J Infect Dis 4: 14B, 1993.

Hiscott, J.: The NF-kB/rel signalling pathway: a target for human retro-viruses. Instituto Superiore di Sanita, Rome, Italy, Oct. 1993.

Issa-Chergui, B., Mohr, G., Gordon, P., Dupuis, P., Begin, L., Alpert, L.: Tumeur carcinomateuse primaire de la région sacrococcygienne. Association des Pathologistes du Québec, Québec, Oct. 1993.

Jarzem, P., Wiesel, S.: Poster presentation. The effect of neuromuscular stimulation on muscle blood flow in the dog. 67th Congress of the IARS, March 1993.

Kanungo, N., Just, N., Black, M., Mohr, G., Rochon, L., Del Carpio-O'Donovan, R., Glikstein, R.: Craniofaringioma Nasofaringeo. Informacoes Finais & Chamada para Apresentação de Trabalhos. Silan 93, Florianopolis, Brazil, Oct. 1993.

Kaplan, C.: Global budgeting in Quebec. Foro de Gestion Financiera, Paipa, Colombia, Aug. 1993.

Kardash, K.: Complications of regional anesthesia. Lower extremity blockade. Harvard Anesthesia Review, Boston, May 1993. Guest lecturer. Lower extremity blockade. Royal London Hospital, Aug. 1993.

Kleiman, L., Mak, J., Jiang, M., Cohen, E., Rekosh, D.: The role of 160<sup>88g-pol</sup> in the incorporation and genomic placement of primer tRNA<sup>Lys3</sup> in HIV-1. Cold Spring Harbor Laboratory Retrovirus Meeting, Cold Spring Harbor, N.Y., 1993.

Koromilas, A.E.: Regulation of cell growth and differentiation by interferon-induced double-stranded RNA dependent protein kinase, PKR. 1) Department of Biochemistry, School of Chemistry, Aristotelian University of Thessaloniki, Greece, Oct. 1993. 2) Department of Biology, Research Institute Demokritos, Athens, Greece, Oct. 1993.

Lamoureux, E.: Invited speaker. Barrett's Esophagus: histologic changes and dysplasia. International Society for Diseases of the Esophagus, Montreal, 1993. Invited speaker. 1) Stump the stars: non-granulomatous ulcerative jejunitis. 2) Postgraduate course. Mucosal biopsies of the GI tract. 2nd Canadian Association of Gastroenterology. Canadian Association of Study of the Liver, Ste. Adèle, Que. 1993.

Langleben, D.: Hemodialysis stimulates both cellular and plasma phases of blood fibrinolytic activity. 14th Congress of the International Society on Thrombosis and Hemostasis, New York, July 1993. Management of primary pulmonary hypertension. Hôpital Ste Justine, July 1993.

Lanoix, J., Lacoste, J., Pepin, N., Le, L., Hiscott, J.: Interactions between HTLV-1 TAX and NF- $\kappa$ B/rel oncoproteins in T cells. Plenary session International Association for Comparative Research on Leukemia and Related Diseases. Montreal, July 1993.

Laughrea, M.: Signaux de dimérisation et d'encapsulation dans le génome de VIH-1. Centre de Recherche de l'Hôpital Sainte-Justine, Dec. 1993.

LeBlanc, A.C.: Molecular diagnostic of Alzheimer's disease. Canadian Association of Gerontology, Montreal, Oct. 1993.

Lee, M.-J., Liu, C., Wang, E.: Identification and characterization of a p80 DNA binding protein as a biochemical marker separating senescence from quiescence in cultured human fibroblasts. XIIIth Washington International Spring Symposium: The Cell Cycle '93: Regulators, Targets and Clinical Applications, Washington, 1993.

Levine, M.: The elderly Holocaust survivor-a challenge for gerontological nursing practice. 1) 7th National Conference on Gerontological Nursing, May 1993. 2) 22nd Annual Scientific and Educational Meeting. Canadian Association on Gerontology, Montreal, Oct. 1993.

Levitt, C.A.: Invited speaker. Health promotion during the reproductive years. Invited workshop. 1) Gestational diabetes. 2) Shoulder dystocia. 3) Common prenatal problems. 10th Annual Obstetrics Update for Family Physicians. Vancouver, Oct. 1993. Consultant: Health and Welfare Canada. Children's Mental Health Unit. New funding program. Ottawa, April 1993.

Libman, E., Creti, L., Amsel, R., Gay, A., Brender, W., Fichten, C.S.: E. Libman chairman of Symposium "Cognitive behavioral assessment and treatment of insomnia in older individuals." Retrospective and ongoing measurement of sleep quality in older individuals: how do they compare? Annual Convention of the Association for Advancement of Behavior Therapy, Atlanta, Nov. 1993.

Miller, W.H.: Use of RT-PCR in the detection of minimal residual disease in acute promyelocytic leukemia. Fondation de la Recherche medicale, Paris, France, Sept. 1993.

Miller, M.A.: Sexually transmitted disease. Wagar High School, Montreal, May 1993.

Mitmayer, B., Baynter, S., Wang, E.: Temporal relationships of statin and terminin expression in the ventral lobe of the rat prostate following castration. 62nd Royal College of Physicians and Surgeons, Vancouver, Sept 1993.

Mohr, G.: Le traitement des anévrismes intracrâniens Rompus en 1993. 10<sup>e</sup> Congrès Scientifique de l'Association des Médecins d'Urgence du Québec. Québec, 1993. Tumerous anévrismes (mega-anévrismes). IIInd International Cerebrovascular Montreal-Cleveland-Yale Symposium on Giant Intracranial Aneurysms Montreal, Dec. 1993.

Mohr, G., Awad, I.: 1. Giant aneurysm board: presentation of difficult and problematic cases (video session). 2. Round table discussion: Perspectives in the management of giant intracranial aneurysms. IIInd International Cerebrovascular Montreal-Cleveland-Yale Symposium on Giant Intracranial Aneurysms, Montreal, Dec. 1993.

Mohr, G., Black, M., Aebi, M., Montes, J., Pokrupa, R.: Odontoidectomie transorale et fusion occipito cervicale par plaques et vis transpédiculaires en deux temps dans l'instabilité atlanto-axiale et l'invagination basilaire. Congrès des Sciences Neurologiques, Ste. Adèle, Québec, Sept 1993.

Mohr, G., Brien, S.: Compression chiasmatisque et ophthalmologie aigüe: a propos de 2 cas de métastases hypophysaires. Congrès des Sciences Neurologiques, Ste. Adèle, Québec, Sept. 1993.

Mohr, G., Gorczyca, W., Gans, M., Bourgoon, P.: Acute apoplexy in pituitary macro-adenomas: pathophysiological and therapeutic implications. New England Neurosurgical Society, New Haven, Conn., Sept 1993. Apoplexie aigüe et macro-adenomes hypophysaires: l'Impact de la chirurgie transphénoïdale et des stéroïdes à haute dose dans la récupération visuelle. Congrès des Sciences Neurologiques, Ste. Adèle, Québec, Sept. 1993.

Mohr, G., Frenkiel, S., Gans, M., Komaromi, G.: Exérèse transphénoïdale d'un adénome hypophysaire géant en deux temps delivres. Congrès des Sciences Neurologiques, Ste. Adèle, Québec, Sept 1993.

Novak, V., Schondorf, R.: Is the heart "empty" at syncope? American Autonomic Society Conference, Vanderbilt University, Nashville, TN, Oct. 1993.

Pandey, S., Gordon, P.H., Wang, E.: Expression of cell proliferation-specific genes in the transitional mucosa adjacent to human colon cancer. XIIth Washington International Spring Symposium: The Cell Cycle '93, Regulators, Targets and Clinical Applications, Washington, 1993.

Papageorgiou, A.: Guest lecturer. Severe prematurity: obstetrical management and longterm prognosis. Obstetrical Grand Rounds, Charles Lemoyne Hospital March 1993. 1) Invited guest lecturer. The use of Tocolysis and steroids in premature labour. 2) Chairman of a session on Perinatal Care. First Lebanese and European Seminar on Perinatal Medicine, Beirut, Lebanon, May 1993. Effects of steroids in single and twin pregnancies. Annual Meeting of the International Perinatal Collegium, Catham, Cape Cod, July 1993. Invited guest speaker. 1) Cognitive and behavioural outcomes of children with birthweight less than

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