

NOUVELLES

JGH

NEWS



Meet Dr. John McCans



When John McCans moved to Montreal from Kingston, Ontario, he was struck by the great number of people here who smoke. "Quebec has the highest incidence of smoking by province in Canada," he observed, "not only more men, but more women are smoking." Dr. McCans, who has never smoked, relates the increase in heart disease amongst women to this phenomenon, adding that United States statistics in the past year indicate that lung cancer is rivaling breast cancer as a cause of death in women.

John McCans has been chief of the JGH division of cardiology and associate professor in the department of medicine at McGill University for almost three years. He also is on the consulting staff of the Montreal General Hospital and the Royal Victoria Hospital. Prior to coming here, he was a member of the attending staff at Hôtel Dieu Hospital in Kingston, and assistant professor in the department of physiology at Queen's University, Kingston.

John McCans enjoys running. Although he is a competitive runner, he prefers to compete with himself, and sets difficult goals for himself. He says, "I am usually dumb enough to speed up on hills."

He is a soft spoken, but very determined man, and this ability to respond optimistically to challenges stands him in good stead as he encounters the difficulties posed by insufficient beds for the acutely ill. His hectic schedule includes about two hours daily in the emergency department caring for patients for whom beds are not available on the ward.

The cardiology division, like the other medical services, is severely hampered by the constraints in the health care system, but he is pleased to report that new monitoring equipment will be installed shortly for the Cardiac Care Unit and Progressive Care Unit.

"However, the most pleasing aspect of

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Jewish Nursing Home . . . new address . . . more beds



Participating in the signing of the agreement to relocate the Jewish Nursing Home to land owned by the Jewish General Hospital are (from left) JGH executive director Archie Deskin, JGH president Leo Goldfarb, JNH president Stanley Lyon Sellinger and JNH executive director Isaac Katofsky.

The Quebec government has just approved plans for the Jewish Nursing Home to relocate on land owned by the Jewish General Hospital, and to expand from 44 to 160 beds.

A resolution, adopted recently by the boards of directors of both hospitals, provides for the sharing of services and facilities, with each institution retaining its autonomy.

While this is an important step, it only begins to address the critical need within the community for more long term beds. Studies by the Ministry of Health and Social Services and the Regional Council, the public body responsible for planning and co-ordinating health services in Montreal, indicate that over 600 more nursing home beds are needed in the west end (Côte des Neiges, Snowdon, Côte St.

Luc), where most members of the Jewish community live, and where more than half of the elderly are Jewish. In fact, 20% of the total Jewish community is over 65 compared to 10% in the rest of the community.

Therefore, the crisis in availability of appropriate health services is felt most acutely in our community. At present, 120 out of 557 beds at the JGH are occupied by elderly patients requiring long term rather than acute care. "Although the Jewish General geriatric medical service has developed into one of the best in the city," said Archie Deskin, JGH executive director, "there is still a vast difference between acute and long term care. 20% of our beds are occupied by patients who should be

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Clark fund promotes research



I. to r.: Dr. Norman Kalant, director of research at the JGH; Charles Clark and Edwin Carlson who is the recipient of the first Clark Research Fellowship.

The Gertrude and Charles Clark Cancer Research Fund was established recently at the Lady Davis Institute by Charles Clark in memory of his wife, Gertrude. The fund is designed to promote the training of scientists who plan a career in cancer research.

During the dedication of this important new fund, Dr. Norman Kalant, director of research at the hospital, described cancer as "one of the most terrible and prevalent afflictions of society. Some people," he continued, "accept that nothing can be done about it. Other people fight back to do what they can to prevent the affliction from affecting others in the future. Charles Clark is one of those people who made up his mind to do something about the problem."

Leo Goldfarb, president of the hospital, thanked Mr. Clark and said, "it is through the generosity of such people that research has been undertaken at the hospital. Research is not funded by government, and the only way in which research can be funded is privately." He then conveyed sincere appreciation to Mr. Clark on behalf of staff and patients.

A testimonial was presented to Mr. Clark by Leonard Ellen, president of the medical research foundation, who, in paying tribute to Mr. Clark's generosity, emphasized how research and teaching contribute to the highest standard of patient care.

As an everlasting tribute, a plaque has been mounted on the wall of the research facility, commemorating the Gertrude and Charles Clark Cancer Research Fund established in loving memory of Gertrude Clark, and dedicated on the occasion of her first Yahrzeit.



IN MEMORIAM

The Officers, the Boards of Directors, the Auxiliary, the Council of Physicians and Dentists, all the hospital staff members and all her volunteers extend profound sympathy to the Braverman family as we mourn the death of

Sandra Braverman

Director of Volunteer Services

A respected professional, a beloved colleague and friend whose warmth and zest for life cast a radiant light upon all whose lives she touched.

The Third Annual Hospital Shabbat

will honour the 50th anniversary of the Auxiliary

on May 24, 1986, 9:30 A.M.

Pavilion 'A' Auditorium

Services will be conducted by our hospital staff.

Kiddush following services.

Cont'd from page 1

served more appropriately in a different type of home or institution. The very slow turnover of such patients compounds the problem, and severely limits accessibility to the hospital for patients requiring acute care, which is our *raison d'être*."

Expanding and moving the Jewish Nursing Home from the east end of Sherbrooke St. to where the majority of the Jewish population lives will provide some of the missing long term nursing home beds, and thus should alleviate, to a degree, the JGH problem of long term care patients occupying acute care beds.

Because of the present shortage of chronic care beds, patients having the greatest need fill the Jewish Nursing Home, while those with lesser needs have difficulty getting in. The average patient age is 84, the waiting time to be admitted is about 1½ years, and the average turnover is 12 beds a year.

The Jewish Nursing Home opened 14 years ago in a 30 year old building. JNH executive director, Isaac Katofsky, describes the present facility as not only too small, but also inadequate in terms of the condition and layout of the building. "This new relationship between our two institutions," said Katofsky, "should result in increased quality of care for the people we serve".

The resolution approved by both institutions provides for collaboration on the level of policy, co-ordination and integration of services, which should reduce operating costs somewhat. While the JGH will retain ownership of the land on which the Jewish Nursing Home is built, the establishments will retain their present vocations, identities and existing board and administrative infrastructure, with each institution having representation on the other's board. A joint long-range planning advisory group will be created to ensure a co-ordinated approach to long term care.

The JGH, as a teaching hospital with a growing involvement in geriatric medicine and research, and the JNH, as a geriatric nursing home, will establish programs to advance the practice of geriatric medicine using the nursing home facility as part of the medical teaching and geriatric research programs of the hospital.

JGH construction plans progress

Plans for the hospital's expansion are well under way.

The expansion program will begin with two new additions to the present structure: a) the southwest wing on Cote St. Catherine Rd., adjacent to the emergency entrance, which will include diagnostic and treatment services, e.g. emergency psychiatric holding areas, dialysis unit, endoscopy, ambulatory service; b) the northwest wing on Legaré St. where all outpatient services will be centralized to accommodate clinic and G.F.T. patients.

The emergency department has been an area of great concern for the last few years, and to relieve space problems, it is planned to expand this sensitive facility partly into the new Northwest Pavilion, and partly into existing space now occupied by outpatient clinics.

Renovations within the existing building will begin eight to twelve months after the beginning of the new construction.

Fifty-four years ago the chairman of the first committee to build the hospital was A.H. Vineberg. "It is a source of considerable pride," says Morty Brownstein, campaign chairman, "that the current chairman of our building committee is Stephen Vineberg, his grandson, who has been active in that capacity over the last 4 years." His colleagues' names read like a builders "Who's Who". They are: Sam Aberman, Marcel Adams, Herbert H. Feifer, Leo Goldfarb, Hy Polansky, Harvey Rosenbloom, Max Roth, Mort Slone, Jonathan Weiner and staff liaison, Archie Deskin, Henri Elbaz, André Ibgby, Barbra Gold and Oryst Gudz. The committee meets at least every 2 weeks to review, to consult and to lend counsel to the hospital staff concerned with project planning.

The construction schedule is tentative, dependent on a variety of factors. However, it is hoped to have everything completed by the end of 1987.

A generous gift from Wood Gundy



Shown left to right: Chief of Pediatrics, Dr. Apostolos Papageorgiou; Rena Gornitsky of Wood Gundy, Inc., and Peter Quinlan, Vice-President of Wood Gundy, Inc.

Creative giving was demonstrated recently by the firm of Wood Gundy, Inc., investment brokers, who donated one day's commissions to charity. This year's theme was "children."

As one of several institutions benefitting

from Wood Gundy's generosity, the JGH Pollack neonatal intensive care unit received \$20,000 to be used towards the purchase of 2 pulse oxymeters, which continuously measure the oxygenation of the baby's body, avoiding invasive testing.

Perinatal team surpasses own record

A new record in infant survival has been achieved once again by the perinatal intensive care team at the Jewish General Hospital. In 1985, the hospital surpassed its record in perinatal mortality with a survival rate of 100% for infants weighing 1000-1500 gms. at birth, and 70.5% for infants born weighing below 1000 gms. This was announced on Friday, Feb. 28, 1986 by Dr. Apostolos Papageorgiou, chief of the department of pediatrics, and Dr. Morrie Gelfand, chief of obstetrics/gynecology.

Perinatal mortality refers to the death of babies during delivery, within one week of delivery or who are stillborn.

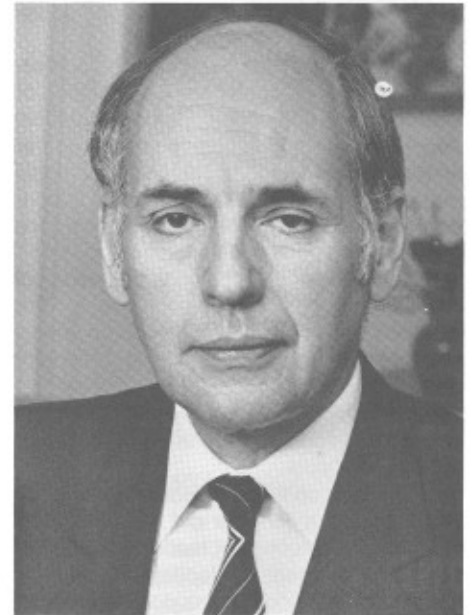
Renowned for its work with sick newborns, the team has, in the past, achieved

record breaking survival statistics, and this year has surpassed its own record.

Because of such accomplishments, the Sir Mortimer B. Davis-Jewish General Hospital has been designated by the provincial government as a high risk obstetrical centre receiving referrals from all over the province and Frobisher Bay.

Not only are more babies surviving, but they are surviving with fewer side effects. The quality of life is continually being improved through the effectiveness of the neonatal unit and through the five year neonatology follow-up clinic, according to the reports of Dr. Papageorgiou and Dr. Ildiko Kunos, who is in charge of the follow up clinic.

Herbert E. Siblin appointed to special advisory committees



Herbert E. Siblin, managing partner of Zitter, Siblin, Stein, Levine, Chartered Accountants, and Honorary President of the Sir Mortimer B. Davis-Jewish General Hospital, was recently appointed by Premier Robert Bourassa to his special advisory committees on vital policies. He also will sit on the committee advising Pierre Fortier, the Minister responsible for Privatization, on the privatization of Crown Corporations.

A prestigious list of Quebec business leaders make up committees which will study privatization, deregulation, government organization and freer trade with the United States.

Herbert E. Siblin has served on the Council of the Order of Chartered Accountants of Quebec. He is also a member of the Institute of Chartered Accountants of Ontario.

Specialists from China pay a visit



Six Chinese specialists, shown above with Drs. Apostolos Papageorgiou, 2nd from left, Richard Shatz and Ilde Kunos (rear), visited the Pollack neonatal intensive care unit and high-risk pregnancy facilities of the Jewish General Hospital as part of a tour organized by the World Health Organization and the Canadian government.

The Jewish General has been designated by the Quebec government as a high-risk pregnancy referral centre. It was

selected as part of a Canadian four city tour in response to the expressed wish of the Chinese doctors to study the latest technology and methods used by Canadian doctors in dealing with high-risk pregnancies and perinatal care. Other cities visited were Halifax, Toronto and Ottawa.

Dr. A. Papageorgiou is chief of pediatrics and Dr. Morrie Gelfand is chief of obstetrics/gynecology.

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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Sheila Zitter, Chairman; Hillel Becker, Susan Levine, Dr. Sidney Pedvis

Sydney Pedvis honored



At a reception in February, Dr. Sydney Pedvis was honored upon his retirement after 25 years as chief of the department of pediatrics. Executive director, Archie Deskin, chairman of the evening, paid tribute to Dr. Pedvis' administrative and medical skills. In a humorous vein, Mr. Deskin made several references to Dr. Pedvis' meticulous attention to detail, but emphatically made the point that this characteristic contributed positively to the advancement of the hospital.

Dr. Apostolos Papageorgiou, who succeeds Dr. Pedvis as chief, praised his outstanding contribution and thanked him for his constant devotion and guidance.

As the program continued, Dr. Nathan Sheiner, chairman of the medical execu-



tive committee, mentioned that "no one else has lasted for 25 years as chief, and in spite of all the pressures, he never lost his cool." While presenting a gift, Dr. Sheiner remarked that many of Dr. Pedvis' patients were now doctors.

Expressing appreciation on behalf of the Boards of Directors, President Leo Goldfarb observed that his own family was one of the many whose children had been raised with the help of Sydney Pedvis.

In response, Dr. Pedvis thanked those paying him honor, and reflected upon his 35 years on staff and 25 years as chief. He saw the ward grow from 20 to 56 beds, and was disappointed when a government decision caused it to close. He is pleased, however, with the development of the Pollack neonatal intensive care unit under the direction of Dr. Papageorgiou. He wished further success to the entire hospital, and looks forward to spending time with his family, and in his private practice.

JGH doctor donates his skills



I. to r.: Israeli translator, who spent a year in Montreal, stands with a 90 year old patient, and Dr. Shulom Friedman.

With a spirit of adventure, and a desire to offer medical help, Dr. Shulom Friedman and his wife Faigie spent four weeks in Israel last November.

The Friedmans went to Yeruham, Montreal Jewry's sister community, to work in the Kupat Holim, the local medical clinic. Yeruham is a small development with a population of about 7,000 people in the middle of the Negev desert.

Ophthalmologist Friedman is the first

Montreal doctor to volunteer his services in Yeruham, and in the course of his stay, saw 400 patients afflicted with various eye diseases. Working with the clinic's staff of young doctors, graduates of the Beer Sheva medical school, Friedman encountered familiar, as well as unfamiliar, eye problems such as trachoma, which afflicts only those living in the desert. Faigie acted as his secretary, and both found the experience more than satisfying. Their living



I. to r.: Faigie Friedman is shown with an acute glaucoma patient and the patient's grandchild.

accommodations were provided by the Israeli government and, says Dr. Friedman, "it worked well, and makes for an exciting holiday. I would like to encourage other specialists or general practitioners to volunteer their services."

While most of the population is of Moroccan origin and French speaking, there is a large number from India, as well as from Europe and the U.S.A. To encourage settlement in isolated areas, Israel provides housing at very low cost, and subsidizes a variety of services such as medical assistance and day care.

The community boasts a music centre, funded by the government, where the Friedmans enjoyed a concert performed by a quartet of classical musicians, as well as a library, cultural centre, golden age centre and day care centre. Most of these facilities, and the medical clinic, were built by Montrealers.

Dr. Friedman hopes to return to Yeruham, where the November temperature was 80° in the day and 50° at night. He strongly encourages others to share their expertise. "If there is anything you can offer, medically or otherwise, the people of Yeruham would appreciate the gift of your skills."

For further information, please call Manny Weiner, Executive Director of AJCS, 735-3541, local 247.

Meet Dr. John McCans (Cont'd from page 1)

coming to the Jewish," he says, "has been the support, co-operation and encouragement from not only the members of my division and colleagues on the medical staff, but also from the administrative staff of the hospital."

When he wishes to relax, John McCans enjoys renovating his home, with a prevailing interest in collecting and restoring Canadiana.

He also plays hockey, and skis cross country with his wife Susan, and children Sarah, age 8, and Mark, age 6.

Dr. McCans received his medical degree from Queen's University in 1968 and his M.Sc. from the same university in 1972, his F.R.C.P.(C) in 1975, and specialty certificate in cardiology, Province of Quebec, in 1983. He trained at the Kingston General Hospital where he served a straight internship in medicine, 1968-69, and subsequently, as a resident in internal medicine, as a clinical fellow in cardiology,

and at Queen's University as a research fellow in cardiology. From 1972-74, he was a research fellow in the department of cell biophysics at Baylor College of Medicine in Houston, Texas, and the following year was a clinical fellow in cardiology at Emory University in Atlanta, Georgia. Dr. McCans' various awards and fellowships also include the Frederick Boyd prize during his undergraduate years, as well as an MRC Fellowship, 1971-74, the K.M. Hunter Foundation Fellowship of the Ontario Heart Foundation, 1975-76, and a Senior Research Fellowship, 1975-82. His professional affiliations include the Royal College of Physicians and Surgeons, Canadian Vascular Society, Clinical Society for Clinical Investigation, Montreal Cardiac Society, and the Editorial Board of the Canadian Journal of Cardiology. He has had published over 40 articles in scientific journals.

An interview with the cardiologist-in-chief

News: Dr. McCans, there are various types of heart problems, and lay people sometimes use certain terms interchangeably. Would you please explain the difference between heart attack, cardiac arrest, heart failure and angina?

Dr. McCans: A heart attack refers to damage to the heart muscle caused by an obstruction of a coronary artery. When the blood supply to an area of the heart muscle is blocked off, part of it dies. This is also known as myocardial infarction. Cardiac arrest refers to a sudden disorganized rhythm of the heart that results in a loss of effective beating. With heart failure, the heart muscle is weakened and no longer functions effectively as a pump, and then is unable to keep up with the needs of the body. Angina is a brief episode of chest pain, and is caused by narrowings in the coronary arteries which restrict delivery of blood and oxygen to the heart. Usually, angina occurs with exertion and goes away with rest. Each of these problems, of course, requires a different type of treatment.

News: How large is the staff of the cardiology division?

Dr. McCans: There are 11 cardiologists. Three, called geographic full-time doctors, have their offices in the hospital. The others have their offices outside the hospital.

News: Would you please describe the activities of the division?

Dr. McCans: Our activities are divided into three main categories — patient care, teaching and research. Clinical services include the cardiac care unit (CCU) which is an eight-bed unit that admits the seri-



The cardiac catheterization lab.

ously ill. Last year, about 800 patients were admitted to the CCU. After a stay in that unit, patients are transferred to the 12-bed progressive cardiac unit (PCU) where they convalesce and receive education towards their rehabilitation from members of the cardiac rehabilitation team.

News: What outpatient services does the hospital provide for cardiology patients?

Dr. McCans: First of all, there is the cardiology clinic where patients who do not have a specific cardiologist are followed. Last year, there were between 450 and 500 visits.

News: Please tell us about the other services available for cardiac patients?

Dr. McCans: In the ECG laboratory, approximately 35,000 electrocardiograms are done per year. Then, there is the pacemaker clinic where all patients with pacemakers are followed. Last year, there were 1000 visits to that clinic.

News: What is Holter Monitoring, and does the JGH possess that equipment?

Dr. McCans: This is an excellent means of observing a patient's heart rhythm as he/she goes through a daily routine. The patient being monitored wears a small apparatus which records the heart beat for a 24-hour period while he/she performs regular activities. This state of the art equipment should be in place by the time this issue appears.

News: What other testing techniques are used?

Dr. McCans: Cardiac catheterization and

coronary angiography are done in the cardiac catheter lab. The first is a technique in which a catheter, or small tube, is passed through the blood vessels to the heart, measuring the heart's performance. At the same time, coronary angiography is done, that is, x-ray moving pictures of the coronary blood vessels to diagnose coronary artery disease and to determine whether by-pass surgery is required.

News: The hospital recently purchased digital angiography equipment. What is that?

Dr. McCans: Digital angiography involves the sophisticated use of computers to help us get more precise information during coronary angiography.

News: There are important tests in which the patient's body tissue is not disturbed. Please tell us about some of these non-invasive tests.

Dr. McCans: The key non-invasive tests for cardiac disease, in addition to ECG, are echocardiography and treadmill stress testing. The first is a technique used to diagnose diseases of the valves, and the heart muscle itself, through the use of ultra-sound which produces images of the chambers and the valves of the heart. In stress testing, patients walk on a treadmill, set at varying speeds, while the electrocardiogram is recorded, permitting us to diagnose coronary disease, and to assess the degree to which a patient's heart function is impaired by a given condition.

News: You mentioned research as an important aspect of the division's activi-



Dr. Robert Schlesinger assesses a patient's heart function on the stress testing treadmill.



The patient has an electrocardiogram, at rest, at regular intervals.

ties. Would you please describe some of those projects?

Dr. McCans: We have been studying new medication aimed at preventing recurrence in people who have had their first heart attack. We are participating in a large multi-centre study with about 39 other hospitals across North America. The Jewish General is one of the data analysis centres, and we are also the co-ordinators of the McGill group, which includes the Royal Victoria, Montreal General and the Queen Elizabeth. Another research project involves the assessment of medications used in treating angina to determine how effective and well-tolerated they are. This study is geared to our yearly swings in climate, and is specifically designed to tell which forms of medication for angina are most effective for patients exposed to cold temperatures.

Dr. Latour is engaged, as well, in clinical studies to determine the effectiveness of new medications in the treatment of heart failure.

We have established a sophisticated system at the Lady Davis Institute for Medical Research which allows us to measure a number of heart medications as they circulate in the bodies of patients in order to understand how the body handles and disposes of medications. This is particularly important in the elderly. We know that as a person ages, the ability to handle medications lessens, and thereby increases the dangers of side effects not likely to happen in younger people.

In the cardiac catheter lab, Dr. Dragatakis and Dr. Schlesinger are using sophisticated computer techniques to study changes in blood pressure in various parts

of the circulatory system in order to understand heart function more fully.

Finally, in collaboration with the McGill School of Epidemiology, we are attempting to assess the adequacy of the care of cardiac patients presenting at our emergency departments in order to determine which refinements and improvements must be made.

News: Dr. McCans, are patients informed of the fact that they may be involved in a study?

Dr. McCans: Patients participate in these studies only after they have been fully informed, and have given their consent. All studies in the hospital are monitored and approved by the hospital's research committee.

News: We often hear that Type A personalities, that is, intense individuals who make strong demands upon themselves, are more prone to heart problems. Has this been your experience?

Dr. McCans: I am not convinced that Type A personality by itself makes a person more prone to heart disease. There are several confounding variables that may enter the picture. For instance, a person with that type of personality may smoke more, may have higher blood pressure, may not watch their diet, and so on. Recent information raises doubts as to the importance of personality type.

News: You are a runner, Dr. McCans. What makes you run, and do you recommend that activity as a means of reducing one's chance of heart attack?

Dr. McCans: This activity makes me feel better. I enjoy running alone and I run for

enjoyment, not for immortality. In general, people feel better when they run. Since runners smoke less and lose weight, they may feel better because of just those factors. The important thing is not the running, but enjoying what you do, whether it be swimming or biking, or walking. It is not a panacea. In fact, people with certain heart problems should not run.

News: Are more women experiencing heart disease?

Dr. McCans: With more women in the work force, and more women smoking, the number of women suffering heart disease has increased considerably.

News: What advice can you offer to help people live longer, or to help avoid heart disease?

Dr. McCans: Eat sensibly, choose a form of exercise that you enjoy, don't smoke and choose your parents with great care.

News: How great a role does heredity play?

Dr. McCans: Certain families show very strong tendencies to heart problems such as heart attack and angina. Heredity seems very important in many cases. Of course, we also tend to pick up dietary habits and attitudes toward smoking and exercise from our parents.

News: As you reflect back upon your almost three years as chief of the JGH division of cardiology, what pleases you most, and what are your hopes for the future?

Dr. McCans: Our co-operative effort with the other McGill hospitals is a source of considerable satisfaction. We have gone from splendid isolation to a greater degree of integration into the system, and close co-operation. The chiefs of cardiology of the Montreal General and the Royal Victoria hospitals come here on a consulting basis for teaching purposes, just as I visit those hospitals. Residents in the McGill training program in cardiology rotate to the Jewish as of this year.

Although we have made much progress over the past few years, we still have a way to go. We require, and, I hope to obtain, new appointments to the division. We intend to recruit young cardiologists, superbly trained, who will bring not only expertise in diagnosis and treatment, but who will also enrich and strengthen research. The first such individual will join us in July. The JGH cardiology division has the possibility of being second to none in North America, and this is due to the support of people in the community, in the hospital, and our affiliation with McGill.

Dr. John McCans is chief of the division of cardiology at the Sir Mortimer B. Davis-Jewish General Hospital and associate professor, department of medicine, at McGill University. He has held both appointments since July, 1983.

JGH has unique coronary rehabilitation program

While the patient's own cardiologist is the primary authority on rehabilitation, the JGH coronary rehabilitation team provides an added dimension to the cardiology service that is unique to this hospital. The multi-disciplinary approach of the program, led by family physician Dr. Michael Dworkind, is designed to help patient and family come to terms with the reality of heart disease, effect modifications in the patient's lifestyle, reduce risk factors and help the patient return to an active and useful life as quickly as possible.

A few "happy graduates" met recently to evaluate, very informally, the coronary rehabilitation program. Their enthusiasm was unanimous, as patients and spouses alike expressed appreciation to the staff, and were especially lavish in their praise of co-ordinator Toba Herman, and head nurse of the cardiac care unit Yvette Salomon.

Said John Shenker, a former patient, "the minute Toba came into my room, she set my mind at ease." Sylvia Robins added that "doctors are sometimes too busy to answer all your questions, and Toba's monthly call seemed to come just when I needed it."

Besides the co-ordinator's hospital visits and monthly follow-up calls, the patients receive diet teaching, an exercise program, stop smoking information, stress management relaxation therapy, teaching sessions, cardiac wives group meetings, an outreach program, and a discharge manual in English, French, Yiddish, Greek and Italian.

John Mishkin was a swimmer before his



Roslyn Shenker: "I can tell when Toba has called Johnny because he comes home looking more relaxed."



John Shenker: "My doctor convinced me that what put me into the hospital was my smoking."



Sylvia Robins: "My doctor said that the body sends messages which I used to ignore. Now, I pay attention. I've learned to say 'no' — if I'm tired I rest."

attack, and is very pleased with the exercise program recommended by his physiotherapist. With the strong encouragement of his doctor, he also does a lot of walking, exercises at the Y six days a week, and finds the information in the rehabilitation folder very useful.

Helen Mathé echoed his feelings, referring to the manual as a "bible." She especially appreciates the nutrition plan. Mrs. Mathé had lived in Montreal only a short time before she had a heart attack in 1982, and a bypass, and said of her doctor and the team, "without their guidance and help in learning to get around I'd have

been in left field all by myself."

John Shenker was formerly a heavy smoker. His doctor agreed to have him as a patient only if he quit. Shenker golfs, plays tennis, skis and claims that his life hasn't really changed much. "In fact," he said, "my golf handicap went up. Today, I don't push myself whereas before, I would have." Shenker also said "if you have to have a heart attack, have it here. The treatment is second to none. The care was as if no one else was in the hospital." He continued, "no one's immune. Anyone may have to go into hospital. Since this is a community hospital, everyone should feel a responsibility to support it and maintain the services being offered."

Lorne Pedvis agreed. After his heart attack, in 1985, he found the rehabilitation team's program invaluable. He followed the advice of the nutritionist and now weighs 54 lbs. less than his original 184 lbs. He found the combination of exercise and diet important and satisfying. "Today," he said, "I am a health nut." He practices relaxation techniques, learned during stress management, at home, but, as salesmen, he and Shenker agree that they still have difficulty practicing these techniques on the job. All felt that stress was the crucial factor, and that learning to handle stressful situations is essential to their good health. Said Mathé, "we should also be preparing our children about all the risk factors."

Roslyn Shenker and Brenda Pedvis praised the Cardiac Wives Group. "The meetings brought me back to sanity," said Mrs. Shenker.

The group echoed the feelings of John



Helen Mathé: "I'm very impressed with this hospital. Every day I wake up and thank God I'm alive. I recommended that they establish a program like this at the hospital where I had my bypass."



Lorne Pedvis: "It would be a big loss for future patients if this special program stopped. The rehabilitation group must continue just the way it is."



Brenda Pedvis: "I find Cardiami, which is a self help group for former patients and their families, very good. We meet 4 or 5 times a year, and everyone is very enthusiastic."

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At the Lady Davis Institute...

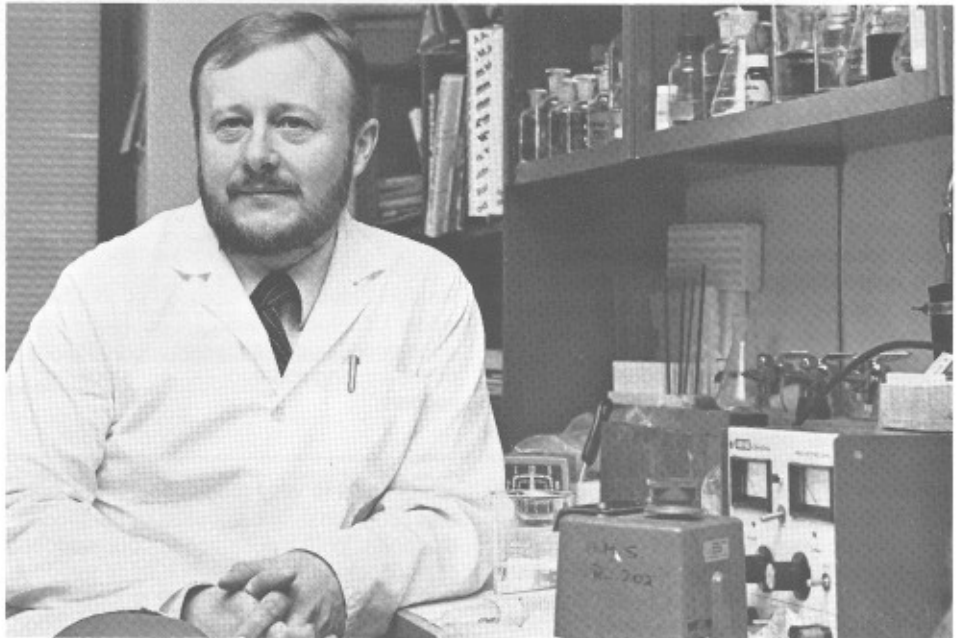
Research on Iron Transport, Iron Overload and Proteins of Iron Metabolism

by Prem Ponka, M.D., Ph.D.

Iron is needed not only for the formation of red blood cells, erythrocytes, but also for the growth and metabolism of all cells. However, iron is virtually insoluble under conditions occurring in our cells and body fluids and, therefore, specialized mechanisms and molecules for the acquisition, transport and storage of iron in a soluble form have evolved to meet cellular and organismal iron requirements. In mammals, iron is transported within the body between sites of absorption, storage and utilization by the plasma protein termed transferrin. Within cells, iron is stored in the iron storage protein known as ferritin.

Our major goal is to understand the molecular mechanisms and various kinds of controls involved in iron exchange between plasma transferrin and different cell types. This is not an easy task since transferrin binds iron with an extremely high affinity. The first problem we study concerns iron delivery to the immature red blood cells for their hemoglobin synthesis. We have learned that transferrin carrying iron binds to molecules at the cell membrane which are capable of specifically recognizing transferrin with bound iron, and which have been termed transferrin receptors. The numbers of these transferrin receptors significantly increase when the hemopoietic cells gain the potential to form hemoglobin, are present during the development of young red blood cells and disappear when the cells develop into mature erythrocytes. Following binding of transferrin to its receptor, the whole complex is engulfed, appears in the cell interior and iron is released from the transferrin by a rather complicated and not fully explained mechanism which will require lots of further experimentation. During studies of this intra-erythrocytic iron transport, we demonstrated that the potential of immature red blood cells to acquire iron from transferrin determines and regulates their rate of hemoglobin synthesis. On the other hand, the balance between the synthesis of heme and globin determines the rate with which developing erythrocytes take up iron from transferrin.

We have good evidence which leads us to believe that those regulatory aspects are unique to young hemoglobin-synthesizing red blood cells and that other cell types (we can call them "non-erythroid" cells) do not control iron uptake from transferrin by



mechanisms we demonstrated to operate in immature erythrocytes. However, what erythroid and non-erythroid cells have in common is that they need transferrin receptors for iron uptake from transferrin. Investigation of transferrin receptors in non-erythroid cells has become increasingly interesting for us, and also other investigators in the field. Recently, we have demonstrated that actively dividing, both normal and tumor cells, significantly increase their transferrin receptor numbers and also take up considerably more iron as compared to their non-dividing and non-malignant counterparts. It is very hard for us to explain this "craving" of malignant and normal proliferating cells for iron especially because the majority of incorporated iron ends up as metabolically inactive iron, in the iron-storing protein ferritin.

Both the formation and content of ferritin is highly increased in tumor cells and we do not know yet whether this reflects directly malignant transformation or is secondary due to the increase in transferrin receptors and enhanced iron uptake. Both transferrin receptors and ferritin are proteins which are coded for by specific genes and these genes have already been cloned. We have just initiated molecular biological experiments, the aim of which is to monitor, and in the future, to manipulate,

the expression of ferritin genes in different cell types. On the other hand, we are conducting experiments in which we measure and manipulate tumor cell growth either in the presence of modified transferrin (having bound iron in non-usable form) or with iron bound to chelating agents (developed in our laboratory) which, as we demonstrated, can bypass transferrin/receptor pathway of iron utilization. All these experiments will help us to understand the nature of malignant transformation including uncontrolled division of tumor cells and the role of iron and proteins of iron metabolism in this process. Both theoretical and clinical aspects of such studies are quite apparent.

The second major problem we have been dealing with is iron mobilization from the cells by either transferrin or various synthetic chelating agents. This is very important, clinically, to develop treatment for patients with iron overload. Everyone is familiar with the problem of iron-deficiency anemia, but the opposite problem, iron overload, is less well known — probably because it is less common. However, it is much more serious, often fatal, and the treatment of iron overload is extremely difficult. Iron overload has either a genetic

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Research on iron transport . . .*Cont'd from page 10*

basis or develops in patients maintained on chronic blood transfusions. None of the iron from transfused red blood cells can be eliminated from the organism and the content of iron in the body, which is normally about 4 g, can increase 10 to 20 fold. The metal is deposited in the spleen, liver, heart, and endocrine glands, causing degenerative changes in these organs and eventually death.

Iron-free transferrin is by far the most suitable of all the known iron-binding compounds, to mobilize iron from cellular stores. In the blood, the association of iron with the transferrin is extremely strong, but can be made much less strong when blood plasma is passed through a slightly acid environment. By exploiting this phenomenon, we have designed animal experiments in which blood plasma will be pumped through an extracorporeal dialyzing system capable of removing iron from transferrin which then, in its iron-free form, will mobilize excessive iron from stores. This is a novel approach which will be very useful to understand the physiological aspects of iron transport, and may also represent a significant improvement in the treatment of iron overload.

A few years ago, we discovered a new and strong iron-binding compound and showed that this compound has properties which may be suitable for application in therapy of iron overload. We continue in further characterizing this compound in various biological systems. In addition, we have synthesized, in collaboration with Professor J. Edward (Department of

Chemistry, McGill University) about 60 analogues of the original compound. Some of the newly synthesized compounds are highly effective in mobilizing iron from cells and tissues and represent a significant contribution in the quest for new drugs that are urgently needed for iron overload treatment.

We have been conducting these studies in collaboration with Dr. Herbert Schulman, also here at the Lady Davis Institute. We both started our research on hemoglobin synthesis and iron transport and metabolism in different parts of the world about 20 years ago. I think, without trying to be immodest, we have contributed to the understanding of several aspects of cellular iron metabolism, first working independently and, in the last 6 years, jointly in this exciting area of research, which is supported by the Medical Research Council of Canada. We succeeded in creating and providing experimental evidence for some original concepts, and we were asked to organize the Eighth International Conference on Proteins of Iron Metabolism which will be held here in Montreal in 1987. Research on iron, which has unique chemical properties and is indispensable for life, brings us from the physiology of iron to the molecular biology of proteins of iron metabolism, to tumor biology. All of this is extremely interesting academically, but practical applications of this research for clinical medicine can be expected.

Dr. Prem Ponka is also an Associate Professor of Physiology and Medicine, McGill University.

LDI student wins Ciba-Geigy Award

Mr. Iain Webb, now a 3rd year medical student, spent the whole of last summer in a laboratory at the Lady Davis Institute under the supervision of Dr. P. Ponka.

The main goal of Mr. Webb's research was to investigate transferrin receptors and cellular iron metabolism in proliferating normal and malignant hematopoietic cells. Webb conducted a series of experiments in which he further clarified the role

of iron in DNA synthesis and cell proliferation.

He presented the results of his experiments on the Medical Research Day at McGill University last December. He received one of the Ciba-Geigy awards, and needless to say, this reflects credit on the Lady Davis Institute and the Jewish General Hospital.

Jewish foster homes urgently needed

There are children who need foster families because their own parents are temporarily unable to care for them.

Emergency, short, and long-term homes are always needed.

Right now, **long-term "special" homes** are desperately needed for:

- a 2 year old girl
- 2 sisters, aged 2 and 5
- a 9 year old boy

Jewish Family Services provides full social work back-up, financial remuneration, and a foster parent training program.

As these children will all need extra time and attention, additional financial and support services are available.

Anyone interested in obtaining more information please call: Debbie Levine at Jewish Family Services, 731-3881.

The coronary rehabilitation . . .*Cont'd from page 9*

John Mishkin: "Each year since I've been here, I've sent money in and it's worth it. People mustn't figure that the hospital can afford it."

Mishkin when he said, "The bottom line is, all the people interviewed say the program is good. So we must support it financially. Many people don't know they can make contributions to honor a happy or sad occasion."

The Ministry of Health and Social Services provides the hospital's operating budget. This support does not include funds for such special programs as the coronary rehabilitation program. Until now, the program has been supported by private funds, donated by grateful patients, their relatives and friends.

The coronary rehabilitation team includes: Dr. Michael Dworkind, director, Toba Herman, coordinator, Yvette Salomon, head nurse coronary care unit, Hélène Labelle, coronary care unit nurse, Barbara Mills, dietitian, Judy Phillipson, social service, Danielle Dupont and Diane Landry, pharmacists, Dr. Herta Guttman, psychiatrist, Ze'ev Rosberger, psychologist, Ruta Westreich, researcher, Edith Georges, cardiac clinic nurse and Linda Rudick, exercise specialist.

For further information, or to contribute, please contact Toba Herman, 340-8222, local 5337 or the hospital's Medical Research Foundation at 340-8251.

The Auxiliary celebrates its 50th

by Jackie Veinish, president

In 1936, the Women's Auxiliary of the Jewish General Hospital was founded under the presidency of Annie Goldbloom. The purpose of this organization was "not the personal glorification of one woman or group of women, but to give all women an equal opportunity to serve (the hospital)." The Women's Auxiliary became The Auxiliary in 1979, when it admitted male members, but the spirit moving all auxiliaries remains the same today as it was then.

By the end of its charter membership drive, the Women's Auxiliary had attracted 1,850 women; today, our roster numbers close to 8,000. We turned over \$535,000.00 to the hospital in 1985.

This money was raised with much hard work and dedication through our shops, sale of used paperback books, membership dues, tribute fund and various fundraising events. These include the Annual Bridge Luncheon, the Look Ahead Show, Fur Follies, Raffle and this year the Gala Premiere of "A Chorus Line The Movie", held in December. All were extremely successful, both socially and financially. We also raise funds, while providing services to patients, e.g. infant photography, hair-dressing and sale of maternity aids.

As I look back over the past fifty years, I am reminded of a statement by the late John F. Kennedy, "A man may die . . . but an idea lives on. Ideas have endurance." Our Auxiliary epitomizes these words. In 1936, we established the Lifesaving Fund



Jackie Veinish



Rabbi Myer Schechter, director of chaplaincy services, lights the Chanukah menorah during dinner at the gala performance of Chorus Line, sponsored by The Auxiliary.

to provide medical care and social services to indigent patients. Today we supply funds to the Social Service Department of the hospital to provide the "extra necessities" for patients.

In 1938, the Auxiliary formed the layette committee to provide baby clothes for needy mothers. To this day, we assure that no new mother leaves the hospital without a layette for her baby.

In 1944, we funded the salary of a social worker in the Tumor Clinic. Today Hope & Cope, a support service for cancer patients and their families, is one of the best and most innovative projects of its kind.

Over the years, we have consistently funded new programs in the hospital on a pilot project basis. In 1941, we started the medical library, and supported it with volunteer librarians and funds until 1957, when it was taken over by the hospital. Over the years, the positions of director of volunteers and patient representative were originally funded by the Auxiliary, and later these professionals became part of the official hospital staff.

The CVA program for stroke victims is another example of such a pilot project, now part of the hospital budget. We are now partially funding the cardiac rehabilitation program and the psycho-social geri-

atric recreation program for outpatients.

These are but a few of the areas of the hospital which the Auxiliary supports.

As we start 1986, our 50th Anniversary year, we have many exciting events planned.

In January, we sponsored a noon hour seminar on overcoming mid-winter stress for hospital personnel. In March, we held our Annual Meeting and in May, we are hosting the conference of Jewish Hospital Auxiliaries of North America. We have planned an exciting and stimulating four days for our fellow auxiliaries from Jewish Hospitals all over the continent. We are also being honored at the Hospital Shabbat on May 17th.

Next fall, we will have our Look Ahead Show, Raffle and Fur Follies, all with the emphasis on this golden anniversary, and we are planning a most exciting fundraising event to culminate our celebrations.

As we start our second 50 years, we look forward to an ever increasing membership, and with this in mind, we are refurbishing our Life Members Plaques in the main lobby of the hospital. A new section will be started for those who became Life Members from 1986 on. We will continue to serve our hospital and community as they grow from strength to strength.

New co-ordinator appointed



Deborah Grace Sarre was recently appointed coordinator of Hope and Cope.

Ms. Sarre, who was born in Australia, received her Bachelor of Arts degree from Adelaide University in 1975, and her Bachelor of Social Administration from Flinders University in 1979.

From 1972-75, she worked as assistant personnel officer in the recruitment and training section for the Australian Public Service Board in Adelaide, and from 1975-79, supervised Counter Officers in the Department of Social Security, also in Adelaide. During this time, she took a two year leave to study social administration.

Debbie Sarre became a social worker in the Department of Social Security in Adelaide in 1979, and then at Woden Valley Hospital from 1981-82.

From 1983-85, she did social work at Flinders Medical Centre in Adelaide where her responsibilities included: administra-

tion of the volunteer program within the hospital for cancer patients and families; support to nursing and medical staff; preparation and organization of patient seminars about available cancer treatments and alternative approaches; and liaison and teamwork with the hospice program and palliative care program.

We welcome Debbie Sarre to the JGH.

Liaison Officer Appointed



A new liaison officer has been appointed in the emergency department. Lisa Edwards, who has been a secretary in that department for the past 3 1/2 years, will co-ordinate the non-medical and non-nursing care of the patient. Her responsibility will include assuring timely consultations and lab reports and keeping families informed of their patients' progress while in that department. Ms. Edwards will be on duty Monday thru Friday from 11 a.m. until 7 p.m.

Premiere Performance a smash hit

The premiere performance of the movie "Chorus Line" took place in December, under the auspices of the Auxiliary. From all reports, the evening has been rated as a "smash hit" which is due entirely to the devotion and creativity of co-chairmen Joan Lazarus and Claire Sheiner and their committee.

In attributing the success of the evening to this devoted and energetic group, Mesdames Lazarus and Sheiner said, "We

attained all the goals we set for this event, namely: a full house, a large hospital turnout, a wonderful, warm atmosphere and sufficient funds to meet our commitment for new equipment for the emergency room. The net result was that we were able to give the Hospital \$35,000 which has been earmarked to cover the cost of a cardiac monitor plus two electric stretchers."



Shown above, Dr. Howard Schwartz, chief of emergency who thanked the Auxiliary on behalf of patients who will benefit and staff who will use this equipment; Joan Lazarus and Claire Sheiner, "Chorus Line" co-chairmen; Mr. Archie Deskin, J.G.H. executive director; Jackie Veinish, president of the Auxiliary.

Clarification

In the last issue of the JGH News, an article described the new adolescent unit as the only such English speaking unit in the west end.

In fact, there is a close association and interchange of resources and personnel with this regional unit and the unit located downtown at the Montreal Children's Hospital.

Dental department studies AIDS patients

The Dental Department of the Sir Mortimer B. Davis-Jewish General Hospital is pleased to announce the recent appointment of Dr. Drasko D. Pekovic as research director.

Dr. Pekovic, who has a medical degree from Yugoslavia and a Ph.D. from the University of Montreal, has been investigating the causes of caries (decay) and periodontal disease in humans. In his post-doctoral studies, he has noted the immune response in the involvement of teeth with caries and the alveolar bone with periodontal disease. The oral cavity of the dentate adult harbours a large diverse microbial population. Current studies encourage the concept that the oral flora is controlled by an immune response system constantly present in the gums. This is supported by an increased incidence of oral opportunistic diseases as well as caries and periodontal disease observed in our studies of dental patients with AIDS. The determination of which micro-organism of the normal oral flora can indicate disease potential in the oral cavity of the immuno-compromised host is one of the most challenging subjects for dental research in the last three decades.

Dr. Pekovic has recently developed a new direct approach for studies of AIDS in patient's tissues and cells. We are now concerned about the role of saliva as a



vehicle for AIDS. The possibility of transmission of AIDS virus by saliva to dentists and dental auxiliaries is a very intriguing question. Indeed, infections by certain other viruses, for example, the hepatitis B

virus, are considered occupational hazards for dental personnel as evidenced by the higher incidence of infections in dentists than in the rest of the population. Dental personnel are aware of this danger and protect themselves by wearing rubber gloves, masks, and protective eyeglasses. This type of protection has been shown to be very efficient against all highly infective viruses.

Dr. Pekovic is a research associate at the Lady Davis Institute of the Sir Mortimer B. Davis-Jewish General Hospital, an assistant professor in the Faculty of Medicine at McGill University, a lecturer in the Faculty of Dentistry at McGill University, an assistant physician in the division of experimental medicine of the Department of Medicine, Montreal General Hospital. "Dr. Pekovic has added a needed research component to the Department of Dentistry," according to Dr. Mervyn Gornitsky, dental department chief, "and a further dimension to the teaching and clinical components of the department." The Department of Dentistry is fully affiliated with McGill University; with Ohio State University in Columbus, Ohio; with John Abbott College and with Maimonides Geriatric Hospital Centre. It is the largest hospital dental facility in Canada.

Pharmacists visit from Japan



A large delegation from Japan attended the World Congress of the International Federation of Pharmacists in Montreal, last fall. They included the JGH on their tour in order to see our oncology preparation and unidose drug delivery system. Here, JGH pharmacist, Michael Zelovics, explains the computerized outpatient program in the main pharmacy.

JGH radiology training receives full accreditation

The Radiology Department has been accredited for the training of CEGEP Radiology technicians. The accreditation was done by the Canadian Medical Association Conjoint Committee on Accreditation of Educational Programs for Medical Radiation Technology. The department received full accreditation status «maximum of 5 years» for the training of four students. The on site survey of the clinical program included a review of the administration, resources, the integration of the clinical and didactic segments, and student evaluations. The department passed with flying colors in all these areas.

Congratulations to Dr. Max Palayew, chief of the department of radiology, Neil Alexander, co-ordinator of radiology services and his staff, and to Joe Kleinman, director of hospital services.

BULLETIN BOARD

GRANTS

Klein, M.: British Council grant to support visit of Dr. Luke Zander, St. Thomas Hospital Medical School, London, England, in order to collaborate on a book chapter covering family practice obstetrics.

Wainberg, M.A.: Recipient of the 1985 ASTRA Pharmaceuticals Award for excellence in Herpes research.

APPOINTMENTS

Beck, P.R.: Membre, Comité d'implantation des ressources Alternatives (Centre-Ouest), C.S.S.S.R.M.M. October, 1985.

Becker, R.: Chief of Medicine, President of Council of Physicians and Dentists, Jewish Rehabilitation Hospital, Medical Executive Committee, Mount Sinai Hospital.

Brahm, E.: Admissions Committee, Faculty of Medicine, McGill University, Sept. 1985.

Brem, S.: Fellow of the American College of Surgeons (FACS), Oct. 1985.

Brender, W.: Member, the Research Awards Selection Committee for the Conseil Québécois de la recherche sociale, Psychology Research Section.

Frank, E.: Re-elected chairperson of the Admitting Officers Committee, Montreal Joint Hospital Institute.

Freedman, A.N.: President of the Council of Physicians, Dentists and Pharmacists, Jewish Hospital of Hope.

Goldenberg, M.: Councillor, Montreal region, Canadian Association of Radiologists, 1986.

Germinario, R.J.: Chairman elect, division of Biological Sciences, Canadian Association on Gerontology.

Lasry, J.C.: Member of panel C (Epidemiology, Quality of Life), to review research projects presented to the National Cancer Institute of Canada (Toronto). Biography included in Who's Who in Frontiers of Science and Technology, Ed. Marquis, Who's Who Inc., 2nd Edition, Chicago, Ill., 1985.

Palayew, M.J.: Advisory member, Department of Radiology, Royal Victoria Hospital, 1985. Reviewer of manuscripts, Journal of Radiology, 1986.

Papageorgiou, A.: Reappointed to the Quebec Board of Examiners for the Certification in Pediatrics. McGill University representative to the Regional Council for Obstetrics and Perinatology. Member of the Group of 3-5 year Planning du Comité d'humanisation de soins obstétricaux de la région de Montréal. Member of the Neonatal-Perinatal section of the American Academy of Pediatrics. Member, editorial board, Contemporary Pediatrics. Member of the Medical Advisory Committee - Jewish General Hospital.

Pollak, M.: Assistant Professor, Department of Medicine and Assistant Professor, Cancer Centre, McGill University. Project Director, Lady Davis Institute for Medical Research, Staff Physician, Sir Mortimer B. Davis-Jewish General Hospital, Department of Medicine and Oncology Unit.

Sherwin, B.: Executive Committee, Department of Psychology, McGill University, Sept. 1985. Assistant Professor, Department of Obstetrics and Gynecology, Faculty of Medicine, McGill University, Dec. 1985.

Shyamala, G.: University Animal Care Committee, McGill University.

Sigman, M.: Vice President, Allied Jewish Community Services, Montreal, 1985.

Wainberg, M.A.: Editor of the Journal of Leukocyte Biology, with responsibility for the field of viral immunology.

PUBLICATIONS

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Sigman, M., John, R., Levinson, E., Betts, D.: Multiple family therapy with severely disturbed psychiatric patients. *Psychiatric Journal of University of Ottawa, Ont.* 10, No. 4, 1985.

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Wainberg, M.A., Mills, E.L.: Mechanisms of virus-induced immune suppression. *Can Med. Assoc. J.* 132: 1261, 1985.

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Wiseman, A., Rene, P., Crellinsten, G.L.: Streptococcus agalactiae endocarditis: an association with villous adenomas of the large intestine. *Annals of Internal Medicine*, Vol. 103: No.6, Dec., 1985.

Zuker, D.J., Miller, B.J., Hadjipavlou, A., Lander, P.: Hip Pinning, Past and Present: Richards Compression Screw Fixation Versus Ender's Nailing. *Canadian Journal of Surgery* 28: No. 5, Sept. 1985.

PRESENTATIONS

Becker, R.: Multidisciplinary assessment of the elderly. Aisenstadt Clinical Day, Oct. 1985. Rehabilitation Potential. Jewish Rehabilitation Hospital Clinical Day, 1985. Rehabilitation — more than a name change. Jewish Rehabilitation Hospital Annual Meeting, 1985. Medical concerns in retirement. Concordia University. Nov. 1985. Geriatric health care concerns. McGill University. Nov. 1985.

Braverman, S.: Theories of change in family therapy. Royal Ottawa Regional Rehabilitation Centre. Nov. 1985.

Brem, S.: Brain Tumors. School of Physical and Occupational Therapy. McGill University, Apr. 1985. Inhibition of angiogenesis in human brain tumor by reduction of serum copper. *Amer. Assoc. Neurological Surgeons*, Atlanta, Georgia, Apr. 1985; 8th International Congress Neurological Surgery. Toronto, July, 1985; American College of Surgeons, Chicago, Ill., Oct., 1985. Low density lipoprotein initiates the production of neo-vascularization by cultured smooth muscle cells. Angiogenesis in human brain tumors: Inhibition by copper depletion CCNS meeting, Montreal, June, 1985. Pathogenesis of the arteriosclerotic plaque: Neovascularization induced by the cellular component of the atheroma. *Congress of Neurological Surgeons*, Maui, Hawaii, Oct. 1985. Low density lipoprotein induces cultured smooth muscle cells to elicit neovascularization American Heart Assoc. Washington, D.C., Nov. 1985.

Cohen, C., Martin, J., Wolkove, N., Kreisman, H.: Comparison of a conventional and a rapid method of histamine bronchoprovocation. 51st Annual Scientific Assembly, American College of Chest Physicians, October, 1985.

Colaone, A., Wolkove, N., Cohen, C., Fox, J., Zahir, A., Kreisman, H.: Deep breath augments response to nebulized salbutamol in COPD. 51st Annual Scientific Assembly, American College of Chest Physicians, Oct., 1985.

Colohan, A.: Isoflurane: Not always an ideal neuroanesthetic. Mortality following serious head injury: Comparison of two series with radically different treatment protocols. American Association of Neurological Surgeons, Atlanta, Apr. 1985. Reducing the costs of minor head injury. Eighth International Congress of Neurological Surgery, Toronto, July 1985. The effects of associated injuries on outcome following minor head injury. *Congress of Neurological Surgeons*, Hawaii, Oct., 1985.

Fecteau, A., Rendleman, R., Wasser, P., Kapusta, M., Kirmayer, L., Robbins, J.: Illness cognitions and somatization in fibromyalgia syndrome. Student research day, McGill University, Faculty of Medicine, Dec. 1985.

Fichten, C.S.: Interaction entre les personnes qui ont un handicap physique et celles qui n'en ont pas. Association Québécoise de Pédagogie Collégiale, Sherbrooke, Qué. juin, 1985.

Germinario, R.: Effect of sulfhydryl reagents on basal and insulin stimulated sugar transport in human fibroblasts. Tissue Culture Association Meeting, New Orleans, June 1985. Steroid modulation of insulin action *in vitro* and *in vivo* aged fibroblasts. Douglas Hospital, Montreal, Jan. 1986.

Gordon, P.H.: Panel moderator — Alternatives to conventional ileostomy in ulcerative colitis. Royal College of Physicians and Surgeons of Canada, Vancouver, Sept., 1985. Invited participant — Current classification of fistula-in-ano in panel on anal fistulae — current concepts. American College of Surgeons, 71st Clinical Congress, Chicago, Ill., Oct., 1985. Parks post anal repair for anal incontinence. A movie of Dr. Gordon's work presented to the American Society of Colon and Rectal Surgeons, 84th Annual Meeting, San Diego, Cal., May 1985.

- Guttman, H.:** La famille et le mort. Premier congrès international francophone sur les soins palliatifs, Montréal, Oct. 1985. Workshop on Women in Quebec. American Psychiatric Association, Montreal, Oct. 1985.
- Hoover, G.:** Low-density lipoprotein induces cultured smooth muscle cells to elicit neovascularization. American Heart Association's 58th Scientific Sessions, Washington, Nov., 1985.
- Kaufman, M.:** Qualitative androgen receptor defects and androgen resistance syndromes. Hadassah Medical School, Department of Physiology, Israel, Dec., 1985. Thermolability of androgen receptor complexes. A specific marker of qualitatively abnormal methyltrienolone receptor complexes in ligand selective androgen resistance. Beilinson Medical Center, Israel, Dec. 1985. Single site allosteric model of steroid receptor interaction. The Weizmann Institute of Science, Dept. of Hormone Research, Israel, Dec., 1985.
- Kirmayer, L., Robbins, J.M.:** Illness cognitions, symptom reporting and somatization in family medicine. Behavioural medicine group. Jewish General Hospital, Dec., 1985.
- Klein, M.:** Research in family medicine, Invited speaker, plenary session. Teachers of family medicine, 7th Annual workshop, Department of Family Medicine, Memorial University of Newfoundland, Nov., 1985.
- Kwitko, M.L.:** Congenital and pediatric glaucomas. Pre senile glaucoma. American Academy of Ophthalmology, San Francisco, Oct. 1985. Cataract surgery in the glaucoma patient. McGill University Post Graduate Course, Montreal, Oct., 1985. Pseudophakic glaucoma. The use of healon in radial keratotomy. Congrès de l'European Intraocular Implant Lens Council, Cannes, France, Oct., 1985. Radial keratotomy. Niagara Academy of Ophthalmology, St. Catharines, Ont., Nov., 1985. Radial Keratotomy techniques. Pan American Implant Assoc., Fort Lauderdale, Dec., 1985.
- Lander, P.:** Temporal CT Scans of Lumbar Disc Disease Treated by Chymopapain Chemonucleolysis. Chemonucleolysis: Clinical Efficacy according to Level and Mechanism of Injury. International Symposium on Orthopaedic Surgery, Beijing, China, Nov. 1985.
- Lasry, J.C.:** Etat civil, sexe et santé mentale au Québec. Société Québécoise de la recherche en psychologie. Les Juifs nord-africains à Montréal. Loge L'Amitié de B'nai Brith. Oct. 1985. "Immigration and Psychiatric Hospitalization in Montreal." Convenor and Chairman of the symposium "Immigration and Mental Health." First Regional European Congress of the International Association for Cross-Cultural Psychology, Malmö, Sweden, June 1985.
- Lasry, J.C., Frederik, M.:** La structure familiale et le pouvoir conjugal dans des familles haïtiennes de Montréal. Huitième congrès biennal de la Société Canadienne d'Etudes Ethniques, Montréal, Septembre, 1985.
- Laughrea, M.:** Stratégies de protection des non-fumeurs. Colloque de l'Association Pulmonaire, Montréal, Oct., 1985. Stratégies de protection des non-fumeurs. "Tabac ou Santé? A vous de choisir," Université Laval, Education Médicale Continue, Québec, Nov. 1985. La fidélité de la synthèse des protéines. Université Laval, Département de biochimie, Québec, Nov., 1985.
- Olivenstein, R., Wolkove, N., Cohen, C., Rush, P., Frank, H., Kreisman, H.:** Salbutamol dose schedule in acute asthma: Is more better? Reunion Annuelle Association des Pneumologies du Québec, Septembre, 1985.
- Palayew, M.J.:** Methods of Detection of Cancer: The Biopsy - The Modern X-ray. McGill Cancer Centre Public Lecture Series, Jan. 1986. Visiting Professor, University of Sherbrooke, Nov. 1985.
- Paltiel, H.:** CT Study of subacute necrotizing encephalomyelopathy (Leigh Disease) Montreal Children's Hospital Neuroscience Day, Nov. 1985 and The Radiological Society of North America, Nov. 1985. Tomodensitometre des Lésions interstitielles pulmonaires. La société Canadienne Française de Radiologie, Montreal Children's Hospital, Nov. 1985. Received third prize for Residents Presentation.
- Papageorgiou, A.:** Steroids and maternal and neonatal outcomes. Canadian Gynecological Society, Montreal, Sept. 1985.
- Papageorgiou, A., Chemtob, S., Kunos, I.:** Protective role of Betamethasone on RLF in newborns with birth weight of < 1000 gms. S P R Meeting, Washington, D.C., May, 1985. Predisposing factors to RLF and possible protective role of Betamethasone in infants of low birth weight. International Neonatal Care Collegium, Chatham, Mass., June 1985.
- Parniak, M.:** Catalytically active oligomeric species of phenylalanine hydroxylase. Effect of pH on cofactor-dependent activity of phenylalanine hydroxylase. American Chemical Society, Chicago, Sept. 1985. Substrate-level regulation of mammalian phenylalanine hydroxylase. McGill University, Montreal, Oct. 1985.
- Pedicelli, G.:** Résorption spontanée de reins dysplasique multikystiques in utero ou dans les premiers mois de vie. La société Canadienne Française de Radiologie, Montreal Children's Hospital, Nov. 1985. Received third prize for Residents Presentation.
- Pinsky, L.:** The thermal behavior of androgen-receptor complexes in ligand-selective androgen resistance. The American Society of Human Genetics, Salt Lake City, Oct. 1985. Ligand-sensitive androgen-resistance mutation. Queen's University, Department of Biology, Kingston, Dec. 1985.
- Poleski, M.H.:** Update on peptic ulcer disease. Sherbrooke Hospital, Oct. 1985. Common digestive problems and complaints. Laval Jewish Community Centre, Dec., 1985. Screening for colon cancer. McGill University Continuing Medical Education for Physicians, Jan., 1986.
- Ponka, P.:** Is the rate of heme synthesis in erythroid cells controlled by iron supply from transferrin? Colloque Internationale sur les Prophyries et les Porphyrines, Paris, June 1985. 1) Transferrin-iron complexes from which iron is not incorporated into heme; 2) Evidence that iron uptake from transferrin regulates hemoglobin synthesis. 7th International Conference on Proteins of Iron Metabolism, Lille, June-July, 1985. The rate of iron delivery from transferrin limits the rate of heme synthesis in reticulocytes. First International Symposium on Iron Transport-Storage-Metabolism, Tübingen, July, 1985. 1) Mobilization of iron from iron-loaded cells by pyridoxal isonicotinoyl hydrazone (PIH) and other acyl hydrazones; 2) Preparation and biological function of transferrin-iron complexes from which iron is not released upon acidification. 27th Annual Meeting of the American Society of Hematology, New Orleans, Dec. 1985.
- Rubin, M., Libman, I., Brisson, M.L., Goldenberg, M.:** Spontaneous Remission in CNS Lymphoma. XXth Canadian Congress of Neurological Science, Montreal, 1985.
- Shamian, J.:** Nursing services reorganization in an out-patient Department. 113th Annual meeting of the American Public Health Association, Washington, D.C. Nov. 1985.
- Sherwin, B.B.:** Psychoendocrine studies of the menopause. Invited speaker, Canadian Gynecology Fellowship Society, McGill University, Apr. 1985. The Menopause and sexuality. Invited speaker, Annual Meeting of the American College of Obstetricians and Gynecologists, Washington, D.C., May, 1985. Covariation of sex steroid levels and mood during postmenopausal replacement therapy. Annual Meeting of the Society of Obstetricians and Gynecologists of Canada, Jasper, Alberta, June, 1985. Psychosexual aspects of the menopause. Invited speaker, Planned Parenthood Association, Oct., 1985.
- Shyamala, G.:** Mechanism of estrogen action in mammary glands. Oakland University, Dept. of Biology, Rochester, Nov., 1985. Molecular properties of mammary estrogen receptors. University of Michigan, Dept. of Obstetrics and Gynecology, Ann Arbor, Nov. 1985. Interaction of mammary estrogen receptors with chromatin. 8th Annual San Antonio Breast Cancer Symposium, San Antonio, Nov., 1985. Steroid hormone receptor proteins in health and disease. International Symposium on Proteins in Food, Health and Industry, Madras, Jan., 1986.
- Sigal, J.J.:** Children of holocaust survivors, Department of Psychiatry, St. Mary's Hospital. Oct., 1985. Second and third generation effects of survival of the holocaust. Child psychiatry section, Department of Psychiatry, Jewish General Hospital, Dec., 1985.
- Sigman, M.:** The sandwich generation - resolving issues generated by having a career, children and aging parents. Career Women's Network. AJCS Montreal, Aug. 1985. Directed 5 workshops for Communicated for Hearing Impaired Persons (C.H.I.P.) MacKay Centre, Nov-Dec. 1985.
- Sigman, M., John, R., Levinson, E., Betts, D.:** Multiple Family Therapy with hospitalized and discharged psychiatric patients and their families. Canadian Group Psychotherapy Association, 6th Annual Conference, Banff, Alberta. Oct. 1985.
- Slaughter, S.E., Shamian, J., MacLean, J.:** Effects of a nursing program on falls of the institutionalized aged. 3rd National Conference on Gerontological Nursing, Hamilton, Ont. June, 1985.
- Small, P.:** Adverse reactions to radiocontrast material - Invited Lecturer - Canadian Medical Association, Ottawa, August, 1985. Allergen specific IgE in nasal secretion of patients with perennial rhinitis. International Congress of Allergy and Clinical Immunology, Washington, D.C., October, 1985. Newer forms of immunotherapy. Association of Allergists and Immunologists of Quebec, November, 1985.
- Wainberg, M.:** Studies on infection by HTLV-III: Role in AIDS. Expression of the "src" gene product in tumor regression. International Society for Research on Leukemia, Hamburg, July, 1985. Individual responsiveness of human lymphocyte cultures to infection by HTLV-III. Conference on Retroviruses and Immunosuppression, Howard Hughes Medical Research Institute, Coconut Grove, Oct., 1985. Expression du gène "src" dans les tumeurs en progression et en régression. Université de Montréal, Nov. 1985. Mécanismes d'immunosuppression induits par les virus HTLV-III, l'agent étiologique de SIDA. Institut du Cancer, Hôpital Notre-Dame, Montreal, Nov. 1985. Individual responsiveness of human lymphocyte cultures to infection by HTLV-III. Wistar Institute of Science, Philadelphia, Dec. 1985. Research Award Lecture on Herpes, ASTRA Pharmaceuticals Ltd. Canadian Association of Clinical Microbiology and Infectious Disease, Toronto, Nov. 1985. Viral mechanisms of immunosuppression. Basic science seminar, McGill University, Dept. of Microbiology and Immunology, Jan. 1986. AIDS. McGill Cancer Centre, Jan. 1986.
- Ziatkin, M.:** CT of the Spine in Paget's Disease. The Radiological Society of North America, Nov. 1985.