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THE FUTURE**

# JGHH News

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SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSPITAL

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## Hospital Research Centre Expands



Dr. Eugenia Wang (right) confers with Dr. Lorraine Chalifour in the laboratory.

Thanks to generous financial support from the Eldee Foundation, the Bloomfield Centre for Research in Aging at the JGH Lady Davis Institute for Medical Research is expanding. President Neri Bloomfield's unwavering commitment and her invaluable support have helped place the LDI at the forefront of exciting medical research.

Dr. Mark Wainberg, Acting Director of the LDI, describes this expansion project as a confirmation of absolute commitment by the hospital board and administration to an expanded research presence at the JGH. Moreover, the appointment of Dr. Samuel Freedman as Director of Research is further proof of the hospital's renewed emphasis on research. "We are fortunate to have recruited Dr. Freedman. As staff investigators, we look forward to fruitful interactions with him, and we are sure he will foster excellence in the LDI and throughout the hospital."

Four storeys will be added to the Lady Davis Institute, providing much needed laboratory space for current and future research programs. The Bloomfield Centre for Research on Aging, which is carrying out exciting original research, will occupy the entire fourth floor. Dr. Wainberg's internationally recognized AIDS research biocontainment lab will be refurbished and expanded. More space will be available for cancer related research under the direction of Dr. Richard Margolese, Chief of the Department of Oncology, who recently received a three year research grant from the Terry Fox Fund.

According to Dr. Wainberg, physician scientists working in all areas of medicine - cardiology, endocrinology, hematology, pulmonary diseases, infectious diseases, gastroenterology etc. will be invited to take part in the expanded LDI. The LDI will do its best to accommodate hospital clinicians who have demonstrated the desire and ability to

do research, and who are capable of receiving outside funding for this purpose. Research is funded through government agencies, private foundations and other granting organizations. However, this does not cover salaries for researchers or their assistants which must be financed through individual endowments and the Hospital Foundation.



DRUMMOND PHOTO

Members of the Eldee Foundation discuss the expansion of the Lady Davis Institute. Left to right: Harry Bloomfield, Neri Bloomfield, President, Eldee Foundation and Evelyn Schachter.

The LDI expansion, explains Dr. Wainberg, is a highly significant development for both the hospital and McGill University. Physician scientists who are recruited will have joint university appointments, and McGill will be closely consulted in the recruiting process. "We're looking for people with solid research skills, a commitment to research and to putting in the long, grueling hours that are necessary. You cannot be truly successful in research working regular nine-to-five hours."

Dr. Norman Kalant, who retired as Director of the LDI after 35 years in this position, is maintaining an active role in the expansion. Says Dr. Wainberg, "Dr. Kalant is a man of vision and integrity. He was responsible for building the LDI from its humble beginnings, and we are forever grateful to him for that role." □

### To live with maximum grace: our goal for the elderly

Dr. Eugenia Wang, Director of the Bloomfield Centre for Research in Aging, believes that the 1990's will be a pivotal decade for age-related research. And her work at the Lady Davis Institute promises to place the Jewish General Hospital at the forefront of this exciting scientific inquiry.

The high percentage of elderly throughout North America in general and within the Montreal Jewish community in particular makes research in the process of aging imperative. It is a challenge which inspires research scientists like Dr. Wang. "Because we're living longer, we encounter diseases which never even surfaced 50 years ago. We have a new population of healthy people and a new population of patients who never existed before." Dr. Wang cited Alzheimer's Disease and osteoporosis as examples of age related problems which were simply unheard of 50 years ago.

Dr. Wang's close collaboration with Dr. A. Mark Clarfield, Director of the JGH Division of Geriatrics, pleases her. Ultimately, said Dr. Wang, the point of biomedical research in aging is to figure out how this knowledge will benefit the elderly, and close cooperation between research scientists and clinical physicians is essential. "The goal" insists Dr. Wang, "is not to live forever, but to live with maximum grace."

Currently, researchers at the Bloomfield Centre are investigating three major areas of age-related disease: neurodegenerative diseases (ie. Alzheimer's, senility and dementia), cancer, and hypertension. To explore the connection between disease and the aging process itself, researchers must compare cells from the healthy elderly with those taken from healthy young people. The study of Alzheimer's is particularly complex because it is impossible to accurately diagnose while the patient is alive. Dr. Wang hopes to discover and understand the fundamental mechanism which causes neurodegenerative illness.

Cancer is another age-related disease which puzzles research scientists.

To live . . . Continued on page 5

### Lady Davis Institute Building Committee Chairman



Hyman Polansky, Chairman of the LDI Building Committee, is pleased to report that construction should be completed by this summer, right on schedule. "We're meeting all the

projections. And from a visual point of view, it's coming along nicely."

Mr. Polansky's involvement in the building campaign which oversaw the construction of the new pavilions was such a positive experience, that he eagerly took on the role of Chairman of the LDI Building Committee. "Sitting with such an able team and such dedicated people has been an inspiration," he says.

What motivates a busy man to volunteer his time and energy to the JGH? It's simple, explains Hyman Polansky, "I get a lot of enjoyment out of doing this type of work. And when God's been good to you and the community's been good to you, it's time to give something back." Mr. Polansky is working closely with a committee that includes Executive Director Archie Deskin, Associate Executive Director-Administration Henri Elbaz and architect André Ibgby. □

### Nursing Retention Improves

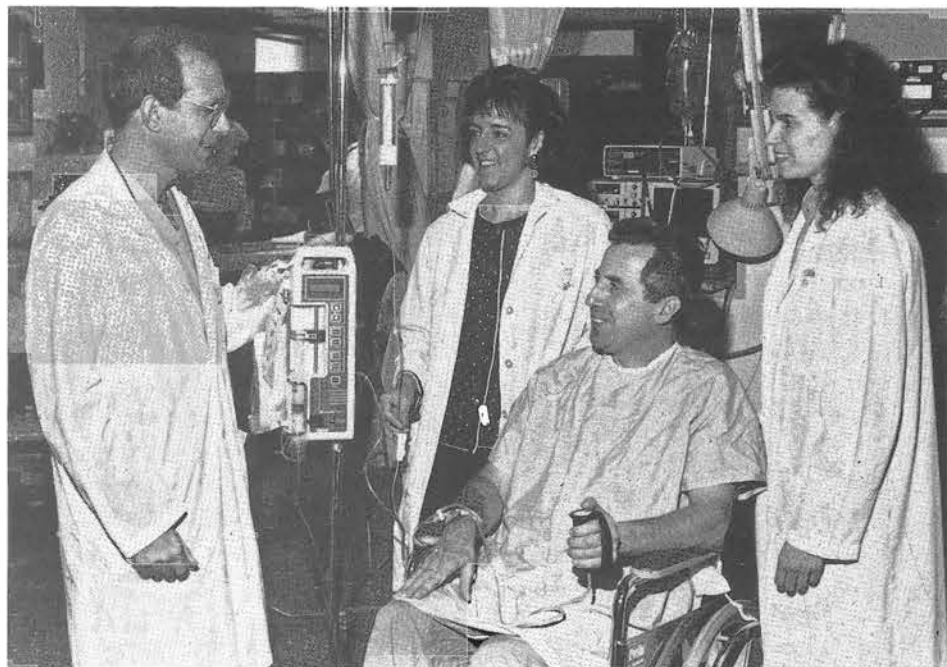
A severe nursing shortage across North America has caused our Nursing Department to implement an intensive recruitment and retention program. The results have been encouraging and over the past year, our retention of nurses has increased by 34.2%. □

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# Anesthesia: New levels of understanding



Shown here instructing a patient in the use of a patient controlled analgesia pump are, left to right: anesthetist, Dr. Paul Kliffer, nursing education consultant Martine Gagnon, pain management consultant Maria Socci.

As Chief of the Department of Anesthesia, Dr. Simcha Kleiman is entrusted with the often difficult task of minimizing patients' pain and discomfort.

The experience of pain, as Dr. Kleiman points out, is highly subjective, and often, a patient's anxiety about having pain can make matters even worse. That's why Dr. Kleiman is so pleased with the department's recent acquisition: the patient controlled analgesia pump (PCA).

As its name implies, with this piece of equipment, the patient is in control, able to manage and relieve pain without having to rely on a doctor or a nurse for assistance. Normally, as a result of the significant time lapse between the moment a patient first feels pain, feels it strongly enough to call for a nurse, and finally receives a painkiller, there is a great deal of anxiety about being in pain. Having the PCA by one's side removes this anxiety.

The pump is preloaded with narcotic solution and attached to the patient's IV. Whenever the pain becomes unmanageable, one touch of a button provides relief. Since both the amount and frequency intervals of painkillers are programmed into the device by an anesthetist, it is impossible for a patient to overdose. In most cases, the exact opposite occurs. Since the PCA removes any anticipatory anxiety and fear about being in pain, patients wind up self-administering even smaller doses of drugs.

Another benefit of this new tool is that with the PCA, the patient receives drugs which are more appropriate to the level of pain being experienced. With traditional methods, on the other hand, the drugs enter the bloodstream immediately, becoming toxic for a brief period of time before levelling off.

Dr. Kleiman is pleased with the patient controlled analgesia pumps, and his enthusiasm is shared by patients and recovery room nurses alike. "The PCA's have exceeded our wildest expectations. Patients leave the recovery room and go right out to the wards with it. And the nurses love it." Dr. Kleiman attributes the success of the project to the combined team efforts of nursing, anesthesia and administration.

The ten pumps are distributed daily to new patients who use them for the first 48 hours in their recovery period. The pumps cost \$4100. each, and as Dr. Kleiman says, "We need five more of them."

## An excellent research tool

Aside from its obvious benefits to patients, the PCA is also an excellent research tool. Recently, the Department of Anesthesia hired a trained nurse and research assistant who divides her time between instructing patients in the proper use of the pumps, and assisting anesthetists with their research projects.

Research is a top priority for the department, and as Dr. Kleiman proudly states, "We've done more research this

year than has ever been done in this department and we're starting to see results." For example, there are scientific lab studies which involve collaboration with other hospital departments, studies on post operative pain, comparative studies to determine which methods of analgesia are most effective for women in labor, studies on the incidence of minor side effects with spinal anesthesia using different size needles. Due to the presence of an older, sicker population at the JGH, this hospital is at the forefront of research investigating how anesthesia affects the elderly as opposed to the young. "Our department is committed to research not only for its own sake, but for its atmosphere and the enthusiasm it generates," concludes Dr. Kleiman.

Another source of satisfaction to Dr. Kleiman is the close ties between his department and McGill University. The JGH Department of Anesthesia teaches 40 medical students per year, and 10-12 residents are assigned to the department. Electives in anesthesia are provided for students in other programs, and in addition to lecturing at the university, members of the department give talks in other hospitals.

The JGH Department of Anesthesia has significant representation on undergraduate, post-graduate and research committees. Dr. Kleiman is chairman of the McGill Anesthesia Quality Assurance Committee, a responsibility he takes very seriously. "Quality Assurance means defining standards of quality, seeing how you measure up in relation to these predetermined standards, developing mechanisms to fix any gaps between the two and re-measuring. It's the only way we can assure ourselves and the public that we're providing the best possible care to our patients, and it generates a sense of professional pride."

## Trust between patient and anesthetist

Quality is also the watchword when dealing with patients who are in pain, and this demands both first rate medical attention and the ability to establish a sense of trust. The image of an anesthetist as a doctor who would rather put patients to sleep than actually communicate with them is inaccurate and passé. To begin with, the fact that many operations take place under local and/or regional anesthesia has significantly altered the patient/anesthetist relationship. Given that patients are often awake during surgery, says Dr. Kleiman, "You really have to like people in this job because of very intense contact with patients in stressful situations."

Initial contact with a patient is made prior to surgery, when the anesthetist answers questions, explains procedures

and does everything possible to reassure the patient. This first meeting is crucial because it is here that the anesthetist gathers all the necessary information regarding the patient's medical history and health problems. The anesthetist is then able to develop an appropriate treatment plan, taking into account the demands surgery will make on the patient and how he or she may be affected by various types of anesthetics. "90% of what an anesthetist does happens before surgery," says Dr. Kleiman. Moreover, the anesthetist is in charge of optimizing the patient's condition prior to the operation. This may involve ordering medications to strengthen the patient or requesting consultations with experts such as cardiologists.

It is, in fact, the anesthetist who has the final say over whether or not a patient is admitted to the operating room. During surgery, the anesthetist provides intensive care to the patient, monitoring all systems to keep him in balance, minimizing, as much as possible, the physical and emotional stress of undergoing an operation. The anesthetist, according to Dr. Kleiman, plays a vital role as part of the operating team. "We're putting drugs in, measuring and monitoring how the patient reacts to all the invasive techniques going on. We have to constantly process information and act accordingly."

Changes and advances in the practice of anesthesia have been well received by the department. For instance, today 25-35% of operations are performed while the patient is under regional anesthesia. This means that only a single nerve or group of nerves that go to a particular area of the body is frozen, and the patient remains awake during surgery. Dr. Kleiman adds that regional anesthesia demands a high degree of skill, and his department's proficiency in this area is a main attraction for anesthesia residents.

In addition to his duties in the operating room, the anesthetist is also in charge of post operative care. Patients in recovery have special analgesia needs, and anesthetists provide traditional care plus specialized techniques such as nerve blocks, inter-plural analgesia, epidurals etc.

The provision of anesthesia requires sophisticated equipment. The hospital's new ambulatory surgery unit will receive new anesthesia equipment thanks to the Auxiliary which organized a Bal des Pavillons to raise funds for the unit. As Dr. Kleiman points out, ambulatory surgery is essential for a hospital of this size, reducing the strain on resources, and is also more convenient and less stressful for the patient. □

## No Smoking Policy

As a medical institution, the JGH is concerned for the health of patients, visitors and staff alike. Given the dangers of passive smoke, the hospital has decided to reinforce its strict no smoking policy. Smoking will be forbidden in the hospital's main entrance, corridors, stairways and patient rooms, and permitted only in designated areas, including the cafeteria and the vending machine room. We would ask all patients and visitors to please respect the health of others and abide by these regulations.

## Retain sense of control research nurse advises

The importance of taking personal responsibility for maintaining health was the theme of the Auxiliary's Fall General Meeting. Guest speaker Hélène Ezer, a CLSC and research nurse who is also an Associate Professor in the McGill School of Nursing, discussed strategies for individuals and their families to retain personal control.

Ms. Ezer pointed out that the health care system is in reality an "illness cure system", composed of professionals in disease management who see themselves as experts and their patients as relatively powerless. This sense of

powerlessness can be counterproductive, and studies have shown that maintaining a sense of control is associated with getting better faster. Strategies to achieve this sense of control include finding an accessible general practitioner, becoming well informed and exercising one's right to choose among various options, trusting one's own judgement, being aware of all available services, enlisting the help of one's nurses, making one's views and needs known, and giving detailed feedback - whether positive or negative - to the system. □

## Bal des Pavillons

Thanks to diligent planning and much hard work on the part of co-chairmen Rachelle Douek, Rosalie Gordon, Jackie Veinish and Phyllis Waxman, the "Bal des Pavillons" was a smashing success. Organized by the Auxiliary, the purpose of the ball was to raise funds to purchase anesthesia equipment for the new ambulatory surgery unit, located in the Peter and Edward Bronfman Pavilion. \$120,000 was raised at this special event attended by 540 people. □



Seated left to right: Dr. Norman Wolkove and Mrs. Lucy Wolkove, Auxiliary President; Dr. Elliot Alpert, Physician-in-Chief and Dr. Lesley Coulton-Alpert. Standing left to right: Mr. Leonard Ellen, Hospital President and Mrs. Bina Ellen, Mr. Archie Deskin, Executive Director and Mrs. Riva Deskin; Dr. Harold Frank and Mrs. Esther Frank.

## McGill honors Sheila Kussner



Left to right: Dr. Richard Cruess, Dean of Medicine, McGill University, David Johnston, Principal, Sheila Kussner, Alex Patterson, Chairman, McGill University Board of Governors.

In recognition of her outstanding achievements, Mrs. Sheila Kussner, fundraiser and community leader par excellence, was awarded an honorary Doctor of Laws degree from McGill University.

Dr. Richard Cruess, Dean of Medicine, praised Mrs. Kussner's remarkable efforts in the fight against cancer. She led a community effort to raise millions of dollars for McGill's Oncology Department, in addition to founding Hope and Cope. "Working from the premise that cancer patients and their families

require advice, assistance and support from the community, she developed the structure, arranged the funding and directed the activities of this most unusual organization," said Dr. Cruess.

A member of the Order of Canada, Sheila Kussner has received the Eleanor Roosevelt Humanitarian Award, the Memorial Sloan-Kettering Cancer Centre's Robert Fisher Fellowship and the Canadian Volunteer Certificate of Merit. Mrs. Kussner is also the only woman to have been awarded Israel's President's Medal. □

## Auxiliary receives award

The Auxiliary was recently awarded the Quebec Association of Hospital Auxiliaries Rita Finestone Award for "Cancer Answers", a seminar, arranged in collaboration with Hope and Cope. The award recognizes innovative health care related programs. Rita Finestone, named volunteer of the year in 1982 by the Quebec Hospital Association, is a past president of the Auxiliary. □

## Calling all HOPS graduates

The Auxiliary is reviewing the HOPS (Hospital Opportunity Program for Students) program and would like to know where HOPS graduates are today. If you participated in the HOPS program, please contact the Auxiliary office at 340-8216.

## Orthopedics Prize



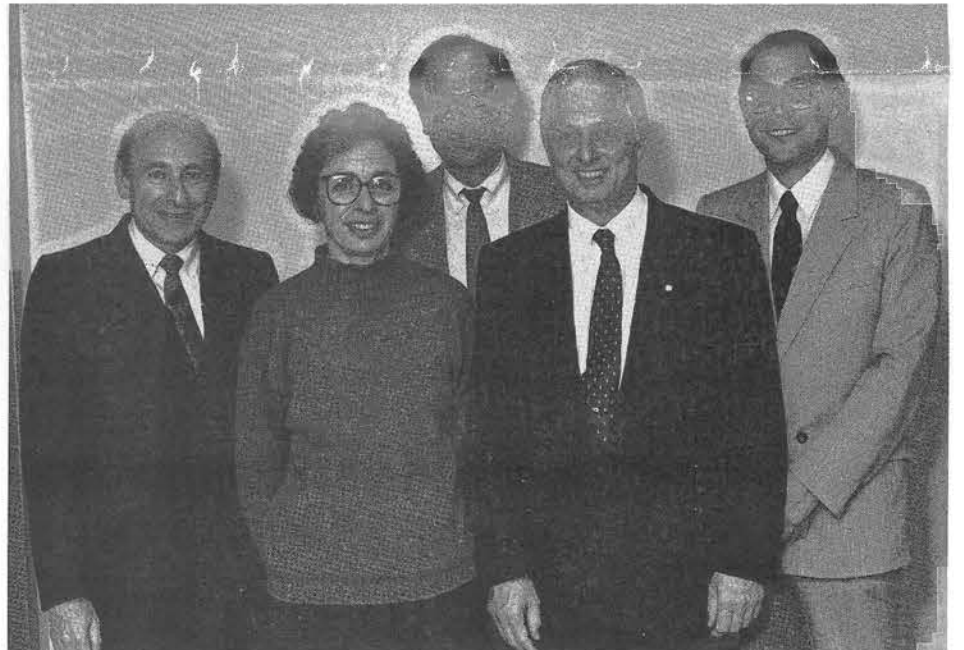
Mr. Robert Marx, a 4th year McGill University medical student who will graduate this spring, was the recipient of the 1990 Dr. Joseph Shuger - Jewish General Hospital Prize for Excellence in Orthopedics. Established by Mrs. Shuger in memory of her husband, the prize is awarded to a medical student or resident who demonstrates the greatest knowledge and proficiency in orthopedic surgery. Dr. Joseph Shuger was chief of Orthopedic Surgery at the JGH from 1962-1969 and from 1974-1977. □

## Louis Gross - Harold Segall Memorial Lecture

The 1990 annual Louis Gross - Harold Segall Memorial Lecture held in November, attracted a crowd of 250 people who came to hear Dr. Richard Goldbloom speak on "Is prevention better than cure?" This was the first lecture since the death of Dr. Segall on Aug. 23, 1990.

This annual lecture series was created in 1938 by the Montreal Clinical Society, an association of Jewish doctors, as a memorial to Dr. Louis Gross. A brilliant physician and researcher on coronary circulation, rheumatic fever and bacterial endocarditis, Dr. Gross died in 1937 at the age of 42.

When the late Dr. Harold Segall celebrated his 90th birthday a few years ago, the clinical society decided to link his name with Dr. Gross, who had been his close friend and colleague. A pioneer in Canadian cardiology, Dr. Segall had initiated cardiac clinics in several medical centres before assuming the post of Chief of the JGH Cardiology Division in 1934, a position which he held until 1960. □



Left to right: Dr. Brahm Hyams, Mrs. Carol Kahn, daughter of the late Dr. Segall, Dr. Martin Poleski, Dr. Richard Goldbloom and Dr. Marcus Martin.

### IN MEMORIAM

The Board of Directors, the Council of Physicians, Dentists and Pharmacists and the Administration mourn with the families of the late

#### Mr. Frederick Goldstein

a valued member of the administrative staff who served the hospital from 1936 to 1978.

#### Dr. Harold J. Rosen

Emeritus Chief and Founding Chief of the Division of Neurosurgery from 1968 to 1990.

#### Dr. Harold N. Segall

Pioneer in Canadian Cardiology  
Founding Physician-in-Chief and  
Chief of the Division of Cardiology from 1934 to 1960.

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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Dr. Sidney Pedvis

## Quality Assurance Conference



The organizing committee responsible for a most successful conference: left to right: V. Dubrofsky, W. Singer, M. Brownstein, N. Ishayak, J. Best, E. Wolff, J. Ingram, P. Rawlings, C. Fletcher, Dr. Bush, N. Consolacion.

"Quality Assurance: It's Everybody's Business" was the theme of the hospital's first quality assurance conference. As Mr. Morton Brownstein, past president of the hospital and chairman of the JGH Quality Assurance Committee pointed out, "Today's turnout of 280 participants is indicative of a tremendous amount of interest in quality assurance." Mr. Brownstein welcomed representatives from 12 other institutions

including hospitals and universities.

Guest speaker, Dr. Dennis Bush, began by defining quality assurance as a means by which all staff systematically monitor and evaluate the quality of patient care. Dr. Bush discussed various issues including the importance of staff commitment, and establishing standards of quality. As well, he provided detailed examples of effective quality assurance techniques. □

## Mural donated to Child Psychiatry



Kneeling, Rosemary Short, head nurse Child Psychiatry and George Richardson. Standing, Eric Botner and Harold Botner.

Winnie the Pooh, Ernie and Bert, elephants, dolphins and cows are just some of the animals and children's characters that populate a 16 foot mural hanging on a wall in the Child Psychiatry Department, which provides therapy on an outpatient basis. Based on a child's imagination and divided into four panels, the mural was graciously donated to the JGH by the Botner family.

Originally commissioned for Eric Botner's then three year old son, Max, the mural was painted by Max's uncle, George Richardson. A freelance art director who has worked on many movies, Mr. Richardson listened closely as his nephew told him what to include in the mural. When the Botner family sold their house recently, they decided to donate the mural to the Jewish General.

Head Nurse, Rosemary Short, who organized an official unveiling, invited

everyone to "admire this lovely gift given to Child Psychiatry. I'd like to thank the whole Botner family for their generosity and for thinking of our department." Children in the department showed their appreciation in a personal way as they presented Mr. Richardson with handmade thank you cards. As the adults milled about, the children pointed to various parts of the mural asking the artist all sorts of questions about the painting. □

## Academic Advisory Committee

The JGH is committed to the strategic planning process and determined to strengthen its academic development programs. Thus, an Academic Advisory Committee has been formed.

This committee, which will report to the Board of Directors, is being chaired by Dr. Samuel Freedman, Director of Research. As an advisory body, the committee, which plans to meet on a monthly basis, will play an influential role in decisions pertaining to research and academic development at the JGH.

The Academic Advisory Committee will be responsible for scrutinizing research themes and priorities for financial support. This committee will monitor all research and educational activities of hospital departments and geographic full time doctors. As well, the committee will make recommendations on the allocation of internal resources for the GFT research program and on the disbursement of research funds, a task

which now is handled by the Planning and Priorities Committee.

To ensure a broad spectrum of representation, the officers of the Academic Advisory Committee will appoint to this body three fundamental researchers, three clinical researchers and one nursing researcher to serve a rotating three year mandate.

Members of the committee are: Director of Research, Dr. S. Freedman; Executive Director, Mr. A. Deskin; Acting Director of the Lady Davis Institute, Dr. M. Wainberg; Chief of Medicine, Dr. E. Alpert; President of the Board, Mr. L. Ellen; Chairman of the Medical Executive Committee, Dr. C. Melmed; Dr. H. Schulman, Dr. M. Parniak, and Dr. L. Panasci (fundamental research); Dr. H. Kreisman, Dr. J. Robbins, and Dr. R. Margolese (clinical research); Mrs. L. Edgar (nursing research). □

## 27th Annual Clinical Day



Prostate cancer is clearly on the rise, and this past year alone, 105,000 new cases were discovered in the United States.

The 27th Annual André Aisenstadt Clinical Day focused on "Benign and Malignant Disease of the Prostate." Experts in the field presented their clinical and research findings, discussing new developments in diagnostic, surgical and hormonal treatments which offer improved control of the disease.

The symposium, attended by physicians, medical staff and students who receive credit for the day, was sponsored for the 27th year by Dr. André Aisenstadt and coordinated by Dr. Michael Gold. The morning session was chaired by Dr. Alex Brzezinski, right, while the moderator for the after-

noon session was Dr. Stephen Jacobson, left, both of the JGH.

Guest speakers, shown with Dr. Aisenstadt (third from left), included: Dr. Andrew W. Bruce, University of Toronto; Dr. Abraham T. K. Crockett, Strong Memorial Hospital, University of Rochester Medical Centre; Dr. Donald S. Coffey, Brady Urological Institute, John Hopkins Hospital, Baltimore; Dr. Mostafa M. Elhilali, McGill University, Royal Victoria Hospital; Dr. John D. McConnell, University of Texas Southwestern Medical Centre, Dallas; Dr. Carl Olsson, Columbia University, New York; Dr. David F. Paulson, Duke University Medical Centre, Durham, N.C.; Dr. Matthew D. Rifkin, Thomas Jefferson University Hospital, Philadelphia. □

### Navigating the storm - a seminar on mental illness

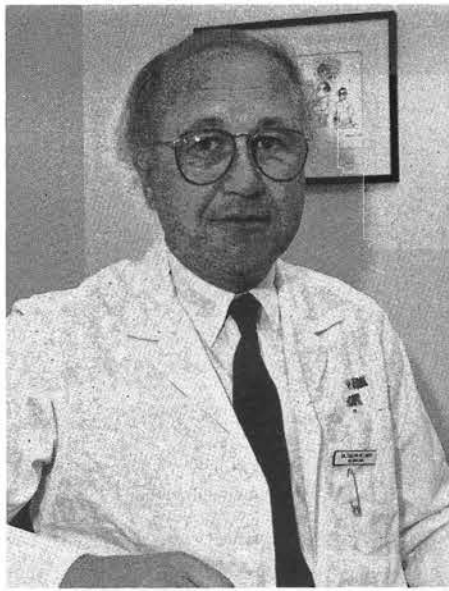
Tuesday, May 7, 1991 from 4 - 9 p.m.

The Institute of Community and Family Psychiatry

The Quebec Alliance for the Mentally Ill and the JGH Department of Psychiatry are jointly sponsoring an intensive seminar offering information and assistance to families and friends of patients. Keynote speakers will be Dr. Virginia Duff, Director, Continuing Care Clinic and Dr. Benjamin Freedman, Ethicist, with mental health professionals from the hospital, the community and AMI members as discussion leaders.

Information 486-1448.

## Appointment



Dr. Calvin Melmed, a JGH neurologist, senior physician and director of the EMG and Evoked Potentials Lab, has been appointed chairman of the Medical Executive Committee (MEC) of the Council of Physicians, Dentists and Pharmacists. With a mandate to ensure the provision of the highest level of medical care, the MEC gives physicians a voice in the overall functioning of the hospital. □

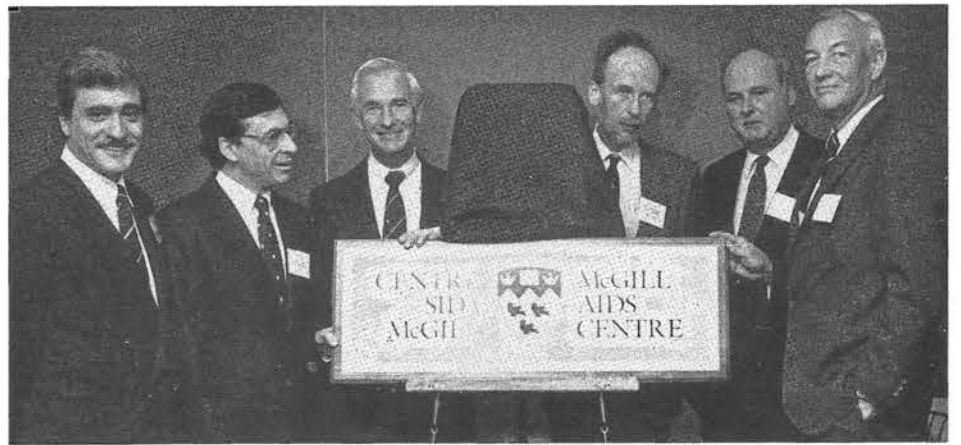
## McGill AIDS Centre Headquarters at the JGH

AIDS is rapidly becoming the number one health problem in the world, warns Dr. Mark Wainberg, Acting Director of the Lady Davis Institute for Medical Research.

A pioneer in AIDS research in Canada, Dr. Wainberg has been appointed Director of the newly established McGill AIDS Centre. This marks the first time that a McGill Centre is based at the Jewish General Hospital. While clinicians and scientists have been studying the disease for several years, they have done so in isolation from each other. Thus, the Centre's main raison d'être is to act as a centralized network for researchers and practitioners who are studying the various dimensions - biomedical, clinical, psychological and social - of AIDS. High level clinical trials will be conducted to discover which drugs represent the best hope for AIDS, and the Centre will eventually conduct vaccine trials as well. Rotating seminars and lectures will add to the exchange of ideas.

The Centre's two Associate Directors are Dr. Norbert Gilmore, a member of the McGill Centre for Medicine, Ethics and Law, and the Division of Clinical Immunology at the Royal Victoria Hospital, and Dr. Christos Tsoukas, Director of the Flow Cytometry Laboratory of the Montreal General Hospital.

The Jewish General Hospital was chosen as the administrative site for the McGill AIDS Centre for a variety of reasons, according to Dr. Wainberg. "It



Left to right: Dr. Christos Tsoukas, Dr. Mark Wainberg, David Johnston, Principal, McGill University, Dr. Norbert Gilmore, Philip Aspinall, Director, Montreal Chest Hospital, Dr. Richard Cruess, Dean of Medicine, McGill University.

signifies a recognition on the part of the university that the JGH is an important and integral component in the McGill sphere."

Indeed, the work carried out in Dr. Wainberg's lab has been internationally recognized as an important training ground for the next generation of AIDS scientists. Requests to work in his lab come not only from North America, but also from as far as Greece, Japan and China.

Dr. Wainberg's AIDS research bio-containment lab is one of the few facilities in Canada which has the capacity to work with HIV-1. It was one of the first labs to develop an understanding of the mechanism of the drug AZT and compounds of a similar nature. His lab has

been at the forefront of identifying the emerging problem of HIV strains which, after prolonged use of AZT, become resistant to the drug. His lab has also played a pivotal role in drug screening programs, having identified several compounds which Dr. Wainberg hopes will be successful in helping patients with AIDS.

A growing number of JGH physicians and researchers are currently funded by the Federal government to study the various aspects of this fatal disease. These include Drs. John Hiscott, Michael Parniak, Bluma Brenner and Lawrence Kleiman of the Lady Davis Institute, Dr. André Dascal of the Division of Infectious Diseases, and Linda Edgar, Director of Nursing Research. □

## To live . . . Continued from page 1

Not only is cancer more prevalent in the elderly, but the disease itself behaves quite differently in an older person than it does in a younger adult. In fact, cancer is almost like a different disease in the elderly. Moreover, since the body changes with age, particularly in terms of its defense and hormonal systems, the elderly react differently to cancer treatment. By comparing tumor biology in the young and the elderly and attempting to discover the molecular mechanism of this disease, Dr. Wang hopes to gain a more exact understanding of how cancer cells evolve. This knowledge may eventually enable physicians to devise more appropriate treatment for elderly cancer patients.

### Genes studied in age-associated diseases

The Bloomfield Centre also is studying hypertension. While it is clear that the risk of heart attack increases with age, no one knows exactly why heart attacks occur. Dr. Lorraine Chalifour, a molecular biologist, is attempting to unravel this mystery through transgenic mice technology. In her lab, foreign genes are introduced into the embryo of a mouse, thereby producing a line of genetically altered mice with enlarged hearts. The significance of this research cannot be overestimated, according to Dr. Wang. "This is a tremendous breakthrough. Through transgenic mice technology, we can study the genes that evolve in age-associated diseases." These mice enable researchers to study how the diseased organs are affected by observing the behavior of genetically altered mice as compared to a control group of normal mice.

Animal models, according to Dr.



Dr. Samuel Freedman, JGH Director of Research (left), and Dr. Eugenia Wang, Director, Bloomfield Centre for Research in Aging (second from right), meet with Mrs. Neri Bloomfield and Dr. Morrie Gelfand of the Eldee Foundation.

Wang, are absolutely essential in the molecular study of disease because they allow scientists to pinpoint, with greater precision, the causes of abnormal behavior. The transgenic mice facility is clearly a great source of pride to Dr. Wang. "Despite our limited resources, we are conducting competitive, leading edge research."

The very process of research has changed dramatically in recent years. Fifty years ago, as Dr. Wang explained, the nature of a disease (e.g. TB, Polio), involved a single issue. "You found out what it was, what caused it and how to cure it." Today, as our population ages, we encounter diseases of complex etiology, illnesses which are caused by more than one factor. Alzheimer's disease,

for instance, is believed to be caused by a combination of genetic, environmental and nutritional factors.

### New spirit of cooperation

This reality has altered the manner in which scientists conduct their research, changes which Dr. Wang believes are for the better. "Clearly we need a multi-disciplinary approach." This new spirit of cooperation can often be very fruitful, as Dr. Wang discovered first-hand while attending a conference on Biology of Aging held recently in Israel. One of the sessions, "Osteoporosis: from molecular biology to bedside manner", was attended by research scientists and physicians who specialize in geriatrics.

Said Dr. Wang, "Usually it's very hard to get these two groups of people talking because the focus and terminology of each are so different. This meeting had us all together for five days." They examined the theme of normal aging from the cells to the bones to the person to the aging population. Of particular interest was the classic chicken and egg question: does osteoporosis cause a fall or does a fall lead to osteoporosis? Since bones begin to deteriorate at a fairly early age, prevention and early intervention are necessary. At this conference, it was strongly recommended that people in their 30's undergo routine bone density scans.

Rapid technological advances continue to have a great impact on the scope and pace of scientific research. "Mind-boggling advancements were made in the 1970's and 80's," said Dr. Wang. "The technology within our grasp is unbelievable. And the time lapse from the lab to general usage is getting shorter and shorter."

Simultaneously, significant advances in the field of communications have led to more integration and a greater dissemination of knowledge. To the research scientist, this means that "one can no longer hide in one's lab, and there is no excuse for ignorance. We are pressured to know more and therefore to do more," concluded Dr. Wang.

Doing more is definitely a priority at the Bloomfield Centre, but as Dr. Wang pointed out, this will require additional manpower and greater financial resources. "Biomedical science is on the leading edge of research in aging. At the LDI, we're the first ones on the block with this type of research. This is just the beginning." □



A holiday celebration was held in the Hilda and David Weissman Geriatric Centre. Foundation Director Al Regenstreif (L) and Rabbi Myer Schechter (R) join the Weissmans in the Sukkah.



L. Hospital President Mr. Leonard Ellen, R. Mrs. Annie Steinberg.

## Renovations must be done

To meet the overwhelming demand for medical services and to keep up with rapid changes in medicine, our hospital must undertake renovations in key areas. The personalized aspects of health care must be protected within modern facilities if we are to provide the care which our community deserves.

### Neonatal Intensive Care Unit

They are tiny infants who are born much too early. Years ago, their chances of survival were slim. Today, thanks to the top notch care received in the Jewish General Hospital Neonatal Intensive Care Unit, they grow into healthy, active children. In fact, the centre has consistently maintained the highest survival rate in the province of babies weighing over 1,000 grams, (2.2 lbs) with good quality of life.

But the unit is operating under extremely tight constraints, and \$2.5 million must be allocated for renovations.

To meet optimum conditions for babies' safety and comfort, the ICU will double in size. Planned additions to the unit include a satellite pharmacy, a conference room and a small on site neonatal library.

### Obstetrics Suite

Since 1982 when obstetrical centres in the city were closed down, the JGH obstetrical suite has had its hands full. Originally designed to handle 2,000 deliveries per year, the unit now delivers 4,000 babies annually. Strained to the limit, the facilities cannot accommodate such a large load.

Renovations are planned which will enlarge the obstetrical suites at a cost of \$1 million.

Babies born in the JGH obstetrical unit have the best medical care available, their safety ensured by technological equipment which does everything from monitoring their movements to weighing and warming their bodies. In addition to renovations, the unit urgently requires additional equipment

### Coronary Care Unit

Heart disease is often a matter of life and death. The suddenness and severity of cardiac arrest, the potential for stable situations to abruptly take a turn for the worse - these are the daily challenges facing the JGH coronary care unit. While the dedicated CCU team provides intense patient care, the physical space occupied by the unit is inadequate. Also because there is no window, patients are unable to distinguish between day and night, becoming even

more agitated. To rectify this situation and ensure that there is sufficient space between patient cubicles, renovations at an estimated \$1 million are necessary.

In addition to alleviating space shortages by enlarging the CCU, the expansion will provide continuity in patient care by linking the intensive care unit with the patient ward and having one central nursing station. All required coronary care facilities will be housed in the same area, and there will be office space for a full time cardiology director to be based on the premises.

### Labs

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

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

### Nuclear Medicine

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

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

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

The Nathan and Annie Steinberg Hematology Centre was donated in accordance with the wishes of the late Nathan Steinberg during the hospital's last capital funds campaign. A commemorative plaque was unveiled recently in the presence of Mrs. Annie Steinberg, and her sons Arnold and Murray Steinberg. They spoke of their gratitude towards the hematology division for the "extraordinary care" received by Mr. Nathan Steinberg over many years. "It is an inspiration", said Arnold Steinberg, "and we in our own small way are paying for the fine work done at the hospital". Hospital President Leonard Ellen and Chief of the Division of Hematology Dr. Arthur Rosenberg thanked the Nathan and Annie Steinberg family for their generous gift which will enhance the division's facilities for the training of medical students, residents and fellows. □



Members of the Dalse Welfare Club, long time supporters of the hospital, recently attended a dedication ceremony in honour of their generous contribution to the Department of Social Service. Hospital President Leonard Ellen noted that many organizations within the Jewish community have benefitted greatly from the club's benevolence. "It is most appropriate that the Dalse Welfare Club has decided to endow the Department of Social Service because members of the club exemplify the very meaning of service."

Dalse President Ben Schaeffer (R), who called upon Vice President Myer Schwartz (L) to help unveil the plaque said, "On behalf of my colleagues, it's an honour to be here. All our work is not in vain, as we are assuring the future of our children." □



Thanks to the generosity of the late Mr. Beny Lerman, the JGH now has 10 more wheelchairs. Mr. Lerman donated the wheelchairs in honor of his wife, Mrs. Fanny Solovitch Lerman (seated), who had been a patient in the hospital. Standing beside her are her son and daughter-in-law, Morton and Heather Soloway.



The members of the Geriatric Division including: rear, left to right: Dr. A. Mark Clarfield, Mr. Clark, Dr. Ruby Friedman, Dr. John Kirk. Front, left to right: Drs. Susan Gold, Sylvia Windholz, Françoise Jasserand and Mr. Leonard Ellen. Absent from photo: Dr. Howard Bergman, Assistant Director, Division of Geriatrics.

In dedicating the Faigie and Harris Clark Geriatric Clinic in the name of his parents, Charles Clark described their tradition of never turning away anyone asking for charity. "I am the last", he said "and am pleased to have the privilege of donating this geriatric clinic."

Hospital President Leonard Ellen noted that Mr. Clark had first demonstrated his generosity to the hospital with the creation of a fellowship in cancer research at the Lady Davis Institute. "And now in loving memory of his parents, he has generously endowed the Faigie and Harris Clark Geriatric Clinic. With so many elderly people in our community today, the gift is especially meaningful and again demonstrates Mr. Clark's sensitivity towards human need."

Dr. A. Mark Clarfield, Chief of the Division of Geriatrics, thanked Mr. Clark explaining that this gift will enhance the division's ability to teach medical residents and students and to conduct research on aging, while providing the space for geriatric outpatient services in the new Cummings Family Pavilion. □



Standing at the entrance to the new Helen and Sam Steinberg Family Oncology Centre, (left to right), Mitzi Dobrin, Helen Steinberg, Mel Dobrin, William Alexander, Marilyn Steinberg Cobrin, Simon Cobrin and Evelyn Alexander.

The Helen and Sam Steinberg Family Oncology Centre was generously donated by Helen Steinberg and her daughters Mitzi Dobrin, Marilyn Cobrin and Evelyn Alexander. At a ceremony dedicating this centre, Marilyn Steinberg Cobrin described her family's commitment to the Jewish General Hospital and to cancer research. Recalling her late sister Rita's battle with cancer, she commented on how much more advanced and humane treatments have become. "Pleasant surroundings, qualified hospital personnel and volunteers help make the treatments more tolerable. We are honored to have been able to provide our community with this wonderful treatment and research facility."

Dr. Richard Margolese, Chief of the Department of Oncology, thanked the Steinberg family, noting the special significance of the gift: "When I joined the staff, Sam Steinberg was president. He helped get the oncology program off the ground."

Hospital President Leonard Ellen paid tribute to the Steinberg family, emphasizing how much the hospital depends on the generosity of such individuals. □

## Endowment Funding: ensuring the future

The price of maintaining excellence through progress is high, and our ability to recruit and retain top calibre physician scientists depends on the generosity of individuals within our community.

One of the most effective ways for the hospital to plan its academic programs is through Endowment Funding. Money given through an endowment is invested, and only the interest earned from the fund is used to provide vital support for projects not funded by the government.

Linking your name with the hospital in perpetuity through an endowment fund is a very personal way to participate in the hospital's ongoing development. Generous donors are encouraged to establish individually named Endowment Funds to honor important family events and/or perpetuate the memory of loved ones.

## Research: the key to early detection and better treatment

The hospital's strategic planning committee has designated research as a major priority for the JGH. To give leadership to the development of its academic programs, the hospital recently appointed Dr. Elliot Alpert as the new Chief of the Department of Medicine. Simultaneously, he has been appointed Vice Chairman of the Department of Medicine at McGill University. Dr. Alpert, who came to Montreal from Baylor College of Medicine in Houston, Texas, has an outstanding record of achievement in research.

Dr. Alpert plans to enhance our excellent clinical program and to expand the research programs in various divisions of the JGH Department of Medicine. This increased emphasis on scientific inquiry reinforces our academic links, and the JGH and McGill University are jointly committed to recruiting top calibre research scientists. These expert investigators will be chosen based on proven track records in their particular areas of interest, and will carry out their important work in the expanded Lady Davis Institute for Medical Research at the Jewish General.

Key areas within the Department of Medicine which will require endow-

ment funding include the divisions of gastroenterology (liver and intestinal diseases), endocrinology and metabolism (diabetes, thyroid and bone diseases, growth and metabolic disorders), pulmonary (lung diseases) and cardiology.

### Gastrointestinal Diseases:

In 1988, 5,000 Canadians died of hepatitis and liver cancer. The incidence of Crohn's, an inflammatory bowel disease, which strikes young people in the prime of life (18-30) is four times higher amongst Jews in the Western world than in the general population. The causes of these and other gastrointestinal diseases remain unknown.

### Diseases of the Endocrine System:

Diabetes afflicts close to 6% of Canadians, causing long term complications such as coronary artery disease, strokes, kidney failure, visual impairment and poor circulation to extremities.

### Pulmonary Diseases:

Lung cancer, a painful disease which usually cannot be cured by surgery, has a 92% mortality rate. Asthma, a potentially fatal illness, affects approximately

300,000 people in Quebec. Research will enable physician scientists to develop newer treatments, better diagnostic techniques and more in-depth understanding of the causes of these and other respiratory illnesses.

### Heart Disease:

Despite advances in diagnosis and treatment, heart disease is still the number one cause of death in Canada. The JGH Division of Cardiology is involved in promising clinical research, and initial results of some of these studies have been published in the The New England Journal of Medicine. The division must expand its laboratory research program.

Staff investigators at the LDI have achieved recognition in the scientific community, and major peer review research groups have acknowledged the important work currently underway at the JGH. For instance, Dr. Mark Wainberg, a pioneer in AIDS research in Canada, has been recognized world wide for his vital contributions to the understanding of this fatal disease. His laboratory was designated by Health and Welfare Canada as the site for viral isolation studies in HIV-1, and requests to work in his lab have come from scientists in many European countries and as far east as China. Another renowned researcher, Dr. Leonard Pinsky, Director of the hospital's cell genetic laboratory and of the Centre for Human Genetics at McGill University, has received referrals from university medical centres throughout North America.

The significant contributions our staff investigators have made to furthering scientific knowledge have also been rewarded by major granting agencies. Researchers at the LDI annually receive impressive funding from government research councils and private foundations.

However, this money does NOT cover salaries for researchers or their assistants. The only way the hospital

can recruit scientists to conduct vital research projects is through Endowment Funding. A number of physician scientists, senior research associates and training fellowships will have to be established and supported through significant individually sponsored endowment funds ranging in varying amounts from \$250,00 to \$1,500,000.

- Research scientist awards may be funded in perpetuity with a capital sum of \$1 million.
- Physician scientist awards may be funded in perpetuity with a capital sum of \$1 million.
- Fellowships for physicians and other researchers may be funded with capital sums of \$500,000.
- Training fellowships for researchers may be funded with capital sums of \$100,000.

In consultation with the hospital, you can arrange that the endowment income be given to the department of your choice, with the added satisfaction of knowing these special projects will always be supported.

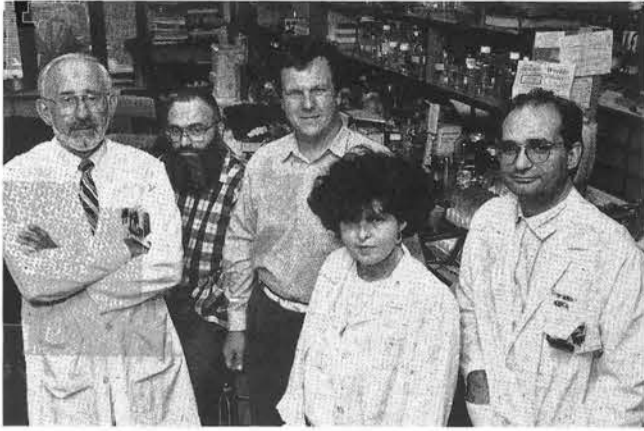
The name of the fund will be printed on all future scientific publications and reports, bringing honor to the family name and the hospital department. Moreover, in recognition and appreciation of your gift, a plaque will be erected in the appropriate location.

Foundation contributions are tax deductible as provided in the federal and provincial income tax acts.

It is only through intensive clinical investigation and laboratory research that scientists are able to discover the cause of any given disease. This in turn leads to improved diagnosis, early detection and improved treatments. Thus, enhanced research at the JGH will give our expert physicians the tools to better serve patients' needs.

To discuss your interest in development and research, please call Mr. Regenstreif at 340-8251 □

## Harvard physician visits LDI



Dr. Martin Young, an endocrinologist at the Children's Hospital in Boston (Harvard University), paid a week long visit to the LDI Cell Genetics Laboratory to learn the techniques used to study and analyze androgen insensitivity.

Left to right: Dr. Leonard Pinsky, staff investigator; Dr. Morris Kaufman, professional assistant; Dr. Martin Young; Rose Lumbroso, M.Sc., senior technician; Dr. Mark Trifiro, endocrinologist. □

## Generous Gift



Mr. Sol Abracen recently established a generous endowment fund, in memory of his mother, Nellie Abracen, for research into liver diseases and liver cancer.

Dr. Elliot Alpert, Chief of the Department of Medicine, (left) expressed gratitude on behalf of the hospital for Sol Abracen's humane and generous gift. □

## Charity Bridge Benefits J.G.H.



Once again, the annual YM-YWHA NHS Charity Bridge Game was a resounding success. This was the best year yet, with the proceeds in excess of \$2200. going to the JGH Oncology Research Centre.

Shown here selling tickets in the hospital lobby are left to right: Alice Harris, Sylvia Zimble, Ida Millman, Marjorie Rishikoff and Peggie Schwartz. □

## Equipment Update

In addition to construction costs, the Jewish General Hospital also is faced with the ongoing costs of replacing and updating hospital equipment. This equipment is essential to the treatment of patients and the operation of the hospital. Combined with renovation costs, we will need \$30,000,000 to complete our plans.

If you wish to make a contribution, please phone the Gifts and Bequests office 340-8251, to discuss how your name can be permanently connected with the hospital.

**Qty**   **Item**   **Cost**

1	<b>Magnetic Resonance Imaging</b> A highly accurate diagnostic tool providing a very detailed image through the use of radio waves to identify various diseases such as brain tumors, cancer and multiple sclerosis. There are only 2 such units in Montreal, with a waiting list of about 1 year.	\$ 2,500,000
1	<b>Special Procedures</b> Special equipment for radiology testing.	\$ 980,000
1	<b>C - arm angioplasty</b> used for angiocardiography.	\$ 725,000
2	<b>Fluoroscopy machines</b> Frequent use of old equipment necessitates frequent repair. Therefore, long waiting periods for patients.	\$ 483,820 each
	<b>Operating Room equipment</b>	\$ 414,500
	<b>Case Room equipment</b>	\$ 318,000
1	<b>Nuclear Medicine Camera</b> Does lung, brain and heart scans.	\$ 200,000
	<b>Ophthalmology Equipment</b> Used for eye examinations and treatment.	\$ 86,455
	<b>New minor O.R. Recovery Rooms</b>	
2	<b>Anesthesia equipment</b>	\$ 60,000 each
1	<b>EEG machine</b> For measuring brain waves.	\$ 60,000
2	<b>Mobile x-ray units</b> Used in the Operating Room and Emergency.	\$ 50,000 each
1	<b>Dynatrac computerized exercise muscle tester</b> For physiotherapy patients Tests muscle strength. Retrains muscles.	\$ 30,000

1	<b>Digital Pressure Injector</b> Used in catheterization lab.	\$ 30,000
1	<b>Ultra Sound Machine</b> To visualize infant in womb to assess complications, etc.	\$ 30,000
7	<b>Anaesthetic Machines</b>	\$ 26,000 each
7	<b>Hemodialysis machines</b> For patients with kidney failure	\$ 25,000 each
4	<b>Inhalation Therapy Bird 6400 ST volumetric ventilator</b> to assist patients in breathing on their own.	\$ 17,500
	<b>Pulmonary and Gastroenterology</b>	
4	<b>Fiber scopes automatic washers</b>	\$ 15,000 each
8	<b>Fiberoptic scopes</b>	\$ 12,500 each
1	<b>Radiant warmer</b> For patients in Intensive care.	\$ 14,000
6	<b>Fetal Monitors</b> Used to assess baby's function at birth.	\$ 16,000 each
3	<b>Radiant Transport Warmer</b> Needed to transport and stabilize babies from caseroom to nursery.	\$ 14,000 each
8	<b>Radiology Multi-viewers</b>	\$ 12,000 each
2	<b>Physiology Monitors</b> Measures patients vital signs in the operating room.	\$ 12,000
8	<b>Birthing Bed</b>	\$ 15,000 each
11	<b>Baby warmers</b> Help to regulate baby's temperature	\$ 14,000 each

20	<b>Incubators</b>	\$ 8,500 each
5	<b>Defibrillators</b> Emergency life saving equipment.	\$ 8,000 each
10	<b>Anaesthesia Unit Ventilators</b>	\$ 7,500 each
	<b>Physiotherapy</b>	
4	<b>Ultra -sound units - used to treat small areas of inflammation.</b>	\$ 5,000 each
	<b>Treatment table</b>	\$ 6,000
	<b>Exercise bicycle</b>	\$ 900
9	<b>Cardiac monitors</b> for infants in Neonatal Intensive Care Unit.	\$ 4,200 each
	<b>Emergency</b>	
6	<b>Capnograph</b> Used for intubated patients to make sure there is no accidental extubation.	\$ 7,500 each
2	<b>Critical blood pressure monitor and oxymeter</b> Used in the resuscitation room to monitor critically ill patients blood pressure and oxygenation.	\$ 6,000 each
3	<b>ENT chair for minor emergency procedures for patients with ear, nose and throat problems.</b>	\$ 4,000 each
10	<b>Pacemakers</b> For external use prior to pacemaker implants.	\$ 3,000 each
	<b>Microscopes</b>	\$ 3,000 to \$ 8,000 each
12	<b>Digital scales</b> To weigh babies.	\$ 2,000 each
9	<b>Intravenous pumps</b> To administer IV and drugs.	\$ 3,000 each
2	<b>Adopters</b> To listen to baby's heart beat while in the womb.	\$ 450 each

## Volunteering . . . as natural as breathing

Mr. Nathan Cytryn, an 87 year old resident of Montreal, was recently awarded a certificate of honor for 35 years of outstanding service to the Jewish General Hospital.

"I'm very proud to belong to a community that is so small in numbers and so big in heart," says Mr. Cytryn.

Born in Poland in 1903, Nathan Cytryn attended the Polish Reserve Officers School where he achieved the rank of 2nd lieutenant. When Germany conquered Poland in 1939, he was captured and spent the next six years in a POW camp. His wife and son perished in the Warsaw Ghetto.

Two years after the war at the age of 44, Mr. Cytryn joined his parents, two brothers and a sister who had immigrated to Canada 18 years earlier. In 1948, a year after his arrival in Montreal, he married Sarah Schechter, and later attended Business School, receiving a certificate in bookkeeping from Sir George Williams University.

The impetus to do volunteer work came shortly after his mother was widowed. "When I saw her loneliness, I started to appreciate what others do for



older people." Thus began his involvement with the Golden Age Association and other community organizations.

When the hospital was hit by a blue collar strike in the summer of 1966, Sam Steinberg, president of the JGH and a friend of the family, invited Mr. Cytryn to help out.

Rising to the challenge, Nathan Cytryn arrived at the hospital at 8 a.m. on a Sunday morning and was immediately assigned to 4 Main and 4 West, where he worked as an orderly. A few days later, he responded to an urgent SOS from the 8th floor, working 10 hour days. "I did everything, even floors and toilets," he recalls. "In emergencies I ran down to the Blood Bank because the elevator was too slow."

What was originally expected to be a short lived strike dragged on for nearly a month. When it was all over, Nathan Cytryn received a thank you letter from Mr. Steinberg, which said, in part, "We can all be proud of what was accomplished in the recent crisis, and none more proud than the men and women, including yourself, who extended a strong hand and an outstretched arm when it was most needed."

Nathan Cytryn says he offered his services "because there was a need." And he has continued to answer this need ever since, remaining on call to various departments. His facility with languages—he speaks seven—was put to good use when he helped organize the medical library's indexing system by transliterating foreign language titles. He

often acted as an interpreter and remembers one occasion in particular when he was called to help doctors communicate with a patient who spoke only Russian.

Mr. Cytryn's office skills have also come in handy, especially in the Stores Department where he has worked since 1980, reading computer reports to make sure charges are matched to the appropriate departments.

Nathan Cytryn believes that as a Jew, he is duty bound to help others. "I'm a profound believer. Our rabbis were also teachers, and they said 'man does not live on bread alone. And there was Hillel, who said, 'If I am only for myself, who am I? If not now, when?'"

But as Mr. Cytryn makes clear, volunteering is a two way street and the personal satisfaction he receives is its own reward. That is why he wants to encourage everyone, especially men, who he says are a minority in the volunteer world, to give of their time and talents. "I want to appeal to men to take more interest and get involved. The rewards are immeasurable. In a nutshell: Don't stay home. Go out, see the world, try to be useful. You won't regret it." □

## Chronic Spinal Pain Support Group

A new volunteer project sponsored by the Auxiliary has been launched. The goals of the "The Chronic Spinal Pain Support Group" are to provide members with an opportunity to relate to others whose daily chronic pain has seriously affected their lifestyles. Pain management techniques are an integral part of the program.

Modeled on the successful Hope and Cope program, the group is run by a volunteer chairperson, Rhoda Schouela and a professional social worker, Myra Issley. Mrs. Schouela, who, herself lives with chronic spinal pain, feels that there is a crucial need to reach out to those people whose daily life functioning has been severely limited and who feel isolated due to spinal pain. Under the medical advice and supervision of Chief of Orthopedics, Dr. Alexander Hadjipavlou, she spent five weeks at a spinal pain clinic in Dallas, Texas, which specializes in non-surgical and non-invasive treatment of low back pain. This type of therapy is currently not available in Quebec. Mrs. Schouela feels that this was a turning point in her own life, as she learned to adapt her lifestyle to live within the limitations of chronic pain.

Upon her return from Dallas, she suggested to Dr. Hadjipavlou the formation of a similar multi-faceted pain management program. The need to connect with others who fully understand the limitations and emotional difficulties of living with chronic pain also would be satisfied.

The working committee includes Mrs. Schouela, Dr. Phil Lander (radiologist), Francine Brock (physiotherapist), Myra Issley (social worker), Joyce Deitcher and Lily Ivanier. Patients are screened and referred to the chairperson by JGH Drs. Hadjipavlou, Pierre Dupuis, and Peter Jarzem. Participants referred to this group continue to be treated by their own physicians. Specific criteria have been established for the first "pilot" group in order to ensure a commonality amongst the members. At present, the

group, which meets twice monthly, is filled to capacity and there is a substantial waiting list.

The number of groups will be increased as more funding becomes available. Mrs. Schouela describes chronic spinal pain as probably one of the most under funded and under exposed conditions in Canada. "Our pain is not visible or consistent" she explains, "but its limitations and frustrations can be devastating. It impacts every part of our lives - our family life, our social life and our work life."

Dr. Hadjipavlou believes that such a support group is mandatory in the treatment of low back pain. It is being considered as an additional modality to treating spinal pain because the psychological impact on pain as well as pain management techniques are being addressed. The original spinal pain disables the individual to a certain degree. However, through social interaction, psychological distress and illness behavior, this initial physical disability is greatly magnified. It is the objective of this support group to concentrate on this secondary source of pain, so that the physician can concentrate on the physical aspect of the pain.

The statistics supporting the enormity of this condition are astounding. According to Dr. Hadjipavlou, low back pain is the most major disabling factor under the age of forty. During adulthood, 50-80% of the population will experience low back pain and 5-6 million Americans are permanently disabled. Aside from the devastating disabling factor, spinal pain is the most expensive musculo-skeletal ailment. It is estimated that approximately 50 billion



Seated left to right: Myra Issley, Francine Brock, Rhoda Schouela, Joyce Deitcher. Standing left to right: Dr. Pierre Dupuis, Dr. Peter Jarzem, Dr. Alexander Hadjipavlou, Dr. Phil Lander. Absent from photo, Lily Ivanier.

dollars are spent annually in North America on medical payments and loss of productivity due to low back pain. There is a vital need in our society for patients with this condition to have a support network aside from the conventional clinical options currently being offered.

Patients requiring further information may call 340-7535.

A Tribute Fund has been established at The Auxiliary. Donations would be appreciated and can be arranged by calling 340-8216. □

### Facial Nerve Program

A multi-disciplinary team, consisting of members of the Departments of Otolaryngology, Neurology, Neuroradiology, Plastic Surgery, Ophthalmology and Neurosurgery has been assessing and treating patients with facial paralysis for the past year. Since this program began, 79 patients with the following problems have been seen: unresolved Bells palsy, trauma, acoustic neuroma surgery, brain stem infarct, post other surgery and undetermined cause palsy. Physicians may refer appropriate patients to the Facial Nerve Clinic by calling 340-8222 local 4614 or 340-8246. □

## Grants

**Alzheimer Disease and Related Disorders Association Inc. (USA)**

**Chertkow, H.:** \$28,675. Use of semantic priming in the early diagnosis of dementia of the Alzheimer's type.

### Cancer Research Society

**Brenner, B.:** \$35,000. Cellular mechanisms of natural immunity and their role in antitumor responses to breast cancer.

**Hiscott, J.:** \$37,000. Induction of cellular gene expression by tax gene product of human T cell leukemia virus (HTLV-1).

**Panasci, L.:** \$42,500. Detailed investigations on the mechanism of resistance to the nitrogen mustards in CLL patients and breast cancer cells.

**Pollak, M.:** \$40,000. Somatomedins and neoplasia.

### Conseil Quebecois de la Recherche Sociale

**Libman, E.:** \$39,362. Insomnia in older adults: non pharmaceutical treatment.

### Conseil de la Santé et des Services Sociaux de la Région de Montreal Metropolitan

**Tannenbaum, T., Bergman, H., Clarfield, A.M.:** \$18,375. Discharge planning of patients from an acute geriatric ward

### Conseil de la Santé et des Services Sociaux de la Région de Trois-Rivières

**Lasry, J.-C.:** \$27,487. Projets d'interventions, d'études et d'analyses en santé communautaire.

### Fonds de la Recherche en Santé du Québec

**Gagnon, A.J., Edgar, L.:** \$55,496. An evaluation of an early postpartum discharge program with respect to mother's length of time in Quebec.

### Health and Welfare Canada

**Brenner, B.:** \$61,950. Characterization of cytotoxic natural immune responses mediated by natural killer (NK) and lymphokine activated killer (LAK) cells in AIDS.

**Hiscott, J.:** \$115,149. Molecular antiviral strategies in the development of AIDS therapies.

**Kleiman, L.:** \$39,492. Structure and metabolism of the HIV-1 primer tRNA.

**Lamping, D., Grover, S., Edgar, L., Gilmore, N., Tsoukas, C., Falutz, J.:** \$76,200. The impact of a social support intervention with symptomatic HIV infection: Psychosocial, clinical and economic outcomes.

**Paris, J., Frank, Hallie:** \$25,163. Abuse and neglect in the development of borderline personality disorder.

**Parniak, M.:** \$101,505. Structure function relationships in the expression of HIV-1 reverse transcriptase activity.

**Segal, B.:** \$11,000. Impact of electromagnetic interference on health care delivery.

**Wainberg, M.:** \$594,476. Anti-viral immunity following infection by HIV-1. \$15,000. Research into HIV infection and AIDS in Canada. \$20,000. A Canadian Conference on AIDS. \$75,000. Development, testing and implementation of an in vitro methodology to screen HIV isolates for the development of antiretroviral drug resistance.

### Heart and Stroke Foundation of Quebec

**Chalifour, L.:** \$15,000. Breakdown of cell proliferation control in heart.

**Cupples, W.:** \$17,375. TGF resetting and autoregulation.

**Kalant, N.:** \$15,000. Collagen binding of LDL.

**Langleben, D.:** \$12,360. Pathogenesis of pulmonary hypertension.

### Medical Research Council of Canada

**Brem, S.:** \$66,345. In situ inhibition on endothelial cell: proliferation and brain tumor development by extracellular modulators of angiogenesis, demonstrated by a monoclonal antibody to bromodeoxyuridine.

**Chertkow, H.:** \$37,300. Semantic memory loss after brain damage: cognitive studies and diagnostic applications. \$39,405. Semantic memory: cognitive studies, localization and diagnostic applications. \$15,000. Research grant attached to Chercheur Boursier.

**Chertkow, H., Bub, D.N., Evans, A.C., Meyer, E.G.:** \$62,000. The functional neuroanatomy of cognitive processes studied by positron emission tomography.

**Cupples, W.:** \$65,519. Role of myogenic response in renal autoregulation.

**Germinario, R.:** \$59,932. Cell culture studies into the nature of the factor(s) controlling insulin stimulation of sugar transport.

**Hiscott, J.:** \$14,586. Regulation of human interferon gene expression. \$85,382. Transcriptional regulation of human interferon gene expression.

**Kalant, N., Brem, S.:** \$55,091. Angiogenesis in atherosclerosis: characterization and cellular mechanisms of action of smooth muscle cell derived endothelial cell growth factor.

**Langleben, D.:** \$10,704. Fibrinolytic activity and human pulmonary artery endothelial cells: basal activity and effects of therapy used for pulmonary embolism. \$24,086. Effects of general anesthetics on the fibrinolytic activity of the pulmonary arterial endothelium: significance for post operative pulmonary embolism.

**Laughrea, M.:** \$26,437. Ribosomal studies.

**Pinsky, L.:** \$200,082. MRC Group Grant in medical genetics.

**Ponka, P., Schulman, H.:** \$66,540. Chelation, mobilization and metabolism of storage iron.

**Schulman, H., Ponka, P.:** \$58,836. Transferrin and intracellular iron metabolism.

**Schipper, H.:** \$48,096. Role of gomori astrocytes in estradiol neurotoxicity.

**Segal, B., Katsarkas, A.:** \$5,676. Clinical assessment of functional vestibular capability.

**Sherwin, B.:** \$37,200. Effects of sex steroids on affect and memory in menopausal women.

**Stewart, D., Langleben, D., Carnacek, P.:** \$60,949. Vascular production of endothelin psychological and pathophysiological importance.

**Wainberg, M.:** \$14,555. Studies on HIV-1 infected monocytes-macrophages, B cells and T cells. \$53,583. Studies of drug resistant variants of HIV-1.

**Wang, E.:** \$71,201. Programmed control of cell proliferation during aging.

### National Cancer Institute of Canada

**Margolese, R.:** \$250,000. Terry Fox team development.

**Shyamala, G.:** \$78,881. The mechanism of estrogen action in mammary glands.

### National Institutes of Health (USA)

**Margolese, E.:** \$81,262. Primary breast cancer therapy group. \$11,370. NSABP - colon or rectal protocols.

**Margolese, R., Hutchison, L.:** \$19,384. Cancer and leukemia group and collaborative studies.

**Panasci, L.:** \$65,665. Mechanism of increased cytotoxicity of sarcoma in gliomas.

**Wang, E.:** \$118,470. Growth control in aging fibroblasts. \$109,431. Fibroblasts aging and programmed cell death.

### Parkinson's Disease Foundation (USA)

**Schipper, H.:** \$31,208. Effects of catechols and free radicals on cultured gomori positive astrocytes.

### The Parkinson's Foundation of Canada

**Schipper, H.:** \$10,000. Effects of catechols and free radicals on cultured gomori positive astrocytes.

### Planning and Priorities Committee Sir Mortimer B. Davis - Jewish General Hospital

**Lang, A.:** \$27,570. Parental grief reactions and marital intimacy following infant death.

**Propst, A., Paris, J., Rosberger, Z.:** \$21,273. Therapist experience and diagnostic assessment as predictors of outcome in short term therapy.

**Tam, T.-C.:** \$55,400. Genetic analysis of streptococcal adhesions mediating coaggregation with actinomyces.

**Trifiro, M.:** \$55,000. Molecular genetic analysis of androgen resistance syndrome.

### Pharmaceutical Industries

**Brem, S.:** Dupont Canada. \$32,866. Fibroblast growth factor (FGF) immunostaining.

**Dascal, A., Mendelson, J.:** Hoffman-LaRoche Ltd. \$43,000. R015-8075 in the treatment of pharyngotonsillitis caused by group "a" beta-hemolytic streptococci in adults.

**Dragatakis, L.:** Squibb Canada Inc. \$3,000. Isoptin study.

**Hadipavlov, A., Dupuis, P.:** Immuno Pharmaceutical. \$15,000. Evaluation of human derived fibrin sealant Tisseel on bone graft.

**Gelfand, M.M.:** Berlex Canada Inc. \$1500. Menopause research.

**Honos, G.:** Servier Canada. \$10,000. Evaluation of the effects of indapamide on left ventricular mass and left ventricular function in hypertensive patients with left ventricular hypertrophy.

**Kreisman, H.:** Glaxo Canada Inc. \$30,000. Study on asthma in elderly asthmatics.

**Lerman, S.:** Merck Pharmaceuticals. \$20,000. Simvastatin vs. lovastatin in the treatment of patients with primary hypercholesterolemia.

**Mendelson, J.:** Hoffman-LaRoche. \$11,500. Home care intravenous antibiotic study.

**Miller, N.:** Berlex Canada Inc. \$13,350. Iloprost study.

**Panasci, L.:** Cyanamid Canada. \$15,000. Efficacy and safety trial of toremifene vs. tamoxifen in postmenopausal patients with metastatic breast cancer.

**Small, P.:** Ciba-Geigy Canada Ltd. \$3,000. Multi-centre double-blind between patient comparison of multiple doses of 12 g formoterol metered dose aerosol in patients with bronchial asthma.

**Wainberg, M.:** Bristol-Myers Squibb Co. \$45,000. Double blind comparison of 2', 3' dideoxyinosine (ddI) (BMY-40900) and continued zidovudine (ZDV) in therapy of patients with HIV related immune suppression who have received at least 6 months of ZDV therapy.

## Awards

**Alzheimer Society of Canada**  
**Hebert, L.:** Fellowship.

**Association of Universities and Colleges of Canada**  
**Chan, R.:** Studentship

**Bronfman Fellowship**  
**Sinoff, G.:** Fellowship

**Cancer Research Society**  
**Cohen, L.:** Fellowship

**Li, X.:** Fellowship

**Mercure, L.:** Fellowship

**Rooke, R.:** Fellowship

**Gertrude and Charles Clark Fellowship**  
**Noe, A.:** Fellowship

**Fond de la Recherche en Santé du Québec**  
**Chalifour, L.:** Chercheur Boursier (Senior "1")

**Hiscott, J.:** Chercheur Boursier (Senior "1")

**Parniak, M.:** Chercheur Boursier (Junior "2")

**Reid C. L.:** Fellowship

**Fond Pour la Formation de Chercheurs et l'Aide à la Recherche**  
**Dumont, S.:** Studentship

**Lacoste, J.:** Studentship

**Health and Welfare Canada**  
**Gelezianas, R.:** Studentship

**Heart and Stroke Foundation of Canada**  
**Cupples, W.:** Scholarship

**Langleben, D.:** Scholarship

**Lady Davis Institute**  
**Beitel, L.:** Fellowship

**Sandig, M.:** Fellowship

**Medical Research Council of Canada**  
**Bordet, S.:** Studentship

**Chertkow, H.:** Chercheur Boursier

**Lee, S.:** Studentship

**Phillips, S.H.:** Studentship

**Pollock, R.:** Studentship

**Wang, E.:** Scientist Award

**Bertha Mizne Memorial Fund for Research**  
**Gately, S.:** Fellowship

**National Sciences and Engineering Research Council of Canada**  
**Chiasson, P.J.:** Studentship

**Freedman, S.O.:** Research Award of the Canadian Society of Clinical Immunology and Allergy, 1990.

**Torchinsky, A.:** Fellowship in the Canadian Society of Hospital Pharmacists.

**Wainberg, M.A.:** Scientist Award, Health and Welfare Canada. Elliot Osserman Award for distinguished service in support of cancer research. Israel Cancer Research Fund.

## Publications

**Amsel, R., Fichten, C.S.:** Ratio versus frequency scores: focus of attention and the balance between positive and negative thoughts. *Cognitive Therapy and Research*, 14(3), 257-277, 1990.

Interaction between college students and their professors: A comparison of students' and professors' views. *College Student Journal*, 24(2), 196-208. Interaction between disabled and nondisabled college students and their professors: a comparison. *Journal of Postsecondary Education and Disability*, 8(1), 125-140, 1990.

**Bartter, T., Irwin, R., Abraham, J., Dascal, A., et al.:** Zirconium-induced pulmonary fibrosis. *Am Rev. Resp. Dis.* 139: A554, 1989.

**Belanger, J.G., Blair, I.G., Elder, A.M., Fox, A.J., Goldenberg, M., Mason, J.T., Nugent, R.A.:** Adult myelography with iohexol. *Journal of the Canadian Association of Radiologists*, Vol 41, p. 191-194, August 1990.

**Bergman, H., Clarfield, A.M.:** The provision of medical home care services for the housebound frail elderly. *Clinical and Investigative Medicine* 13: B44, 1990.

**Bissonnette, R., Wang, E.:** The differentiation process in intestinal epithelial cells is associated with the appearance of statin, a nonproliferation specific nuclear protein. *Journal of Cell Science* 95 (Part 2): 247, 1990.

**Bond, M.:** Are borderline defenses specific to borderline personality disorders? *Journal of Personality Disorders*. 4(3), 1990.

# BULLET

**Boulerice, F., Bour, S., Gelezianas, R., Lvovich, A., Wainberg, M.A.:** High frequency of isolation of defective HIV-1 and heterogeneity of viral gene expression in clones of infected U-937 cells. *Journal of Virology* 64: 1745, 1990.

**Boulerice, F., Wainberg, M.A.:** Inhibition by AZT of HIV-1 replication in acutely infected U-937 cells. *Journal of Leukocyte Biology* 47: 498, 1990.

**Chad, D.A., Aronin, N., Lundstrom, R., McKeon, P., Ross, D., Molitch, M., Schipper, H.M., Stall, G., Dyess, E., Tarsy, D.:** Does capsaicin relieve the pain of diabetic neuropathy? *Pain* 42: 387, 1990.

**Chertkow, H., Bub, D.:** Semantic memory loss in dementia of the Alzheimer's type: What do various measures measure? *Brain* 113: 397, 1990.

**Ching, G., Wang, E.:** Characterization of two populations of statin and the relationship of their syntheses to the state of cell proliferation. *Journal of Cell Biology* 110: 225, 1990.

**Clarfield, A.M.:** My quest for eternal youth. *Can Med Assoc J*; 142: 1118-1119, 1990. Dr. Ignatz Nascher and the birth of geriatrics. *Can Med Assoc J*. 143: 944-948, 1990. La démençe: diagnostic et évaluation. In: Hébert R. *Interdisciplinarité en gérontologie*. St. Hyacinthe, Quebec: Edisen, 158-163, 1990.

**Clarfield, A.M., Larson E.B.:** Should a major imaging procedure (CT or MRI) be required in the workup of dementia? An opposing view. *J. of Family Practice*. 31: 401-410, 1990.

**Crelinsten, G. L.:** Ethics in cardiovascular medicine. Task Force I: Background and General Principles. *Journal of the American College of Cardiology*, Vol. 16, No. 1, July 1990.

**Dascal, A., Chan-Thim, J., Morahan, M., Portnoy, J., Mendelson, J.:** Diagnosis of herpes simplex virus infection by a direct antigen detection kit in a clinical setting. *J. Clin. Microbiol.* 27:700-704, 1989. Replacement of special enzyme immunoassay transport medium by a standard viral transport medium in the herpcheck herpes simplex virus antigen detection test. *Diagn. Micro & Infec. Dis.*, 12:473-475, 1989.

**Dascal, A., Libman, M., Mendelson, J., Cukor, G.:** Laboratory tests for the diagnosis of viral disease in pregnancy. *Clinical Obstetrics and Gynecology*, 33(2): 218-231, 1990.

**Dascal, A., Gioseffini, S., Stevenson, J., Mendelson, J.:** PYR positive aerococcus spp. *Clin. Micro Newsletter*, 12 No. 5: 38-39, 1990.

**Dussault, R. G., Lander, P.:** Imaging of the facet joints. *Radiologic Clinics of North America*. Vol 28, #5, p. 1033-53, Sept. 1990.

**Eibel, P.:** A prescription for sainthood? *The Medical Post*. Editorial, Sept. 1990. Sir Victor Horsley - a medical giant and non conformist. *The Medical Post*, Nov. 1990.

**Federoff, S., Ahmed, I., Wang, E.:** The relationship of expression of statin, the nuclear protein of non proliferating cells, to the differentiation and cell cycle of astroglia in cultures and in situ. *Journal of Neurosciences Research* 26: 1, 1990.

**Fichten, C.S., Tagalakis, V., Amsel, R.:** Effects of cognitive modelling, affect and previous contact on attitudes, thoughts and feelings toward college students with physical disabilities. *Journal of the Multihandicapped Person*, 2(2), 119-137, 1989.

**Freedman, B.:** Some social issues arising from HIV disease from the perspective of Jewish law and values. *J. Clinical Ethics*, vol. 1, no 1, 45-49, Spring, 1990.

**Frenkiel, S., Remsen, K.:** Foregut duplication arising from the pharynx. *Journal of Otolaryngology*. 19:4, 279-281, 1990.

**Gauthier, S., Bouchard, R., Lamontagne, A., Bailey, P., Bergman, H., Ratner, J., Tesfaye, Y., Saint-Martin, M., Bacher, Y., Carrier, L., Charbonneau, R., Clarfield, A.M. et al.:** Tetrahydroaminoacridine-Lecithin combination treatment in intermediate stage Alzheimer's Disease: results of a Canadian double-blind crossover multicentre trial. *N. England J. Medicine*. 322: 1272-6, 1990.

**Gans, M.:** User friendly database programs for physicians. *Canadian Medical Association Journal*. 142: 1120-1122, 1990.

**Germinario, R.J.:** Insulin and serum stimulated hexose transport do not change in type 11 (non insulin dependent) diabetic cultured fibroblasts during in vitro aging. *Canadian Journal on Aging* 9: 159, 1990.

**Germinario, R.J., Andrejchshyn, S., Kristof, A., Chang, Z.:** Regulation of hexose transport in parental and respiration deficient Chinese hamster lung fibroblasts. *Journal of Cellular Physiology* 143: 88, 1990.

**Gomez-Rodrigo, J., Mendelson, J., Black, M., Dascal, A.:** Streptococcus pneumoniae acute suppurative parotitis in a patient with Sjogren's Syndrome. *Journal of Otolaryngology*, 19(3): 195-196, 1990.

**Gordon, P.H.:** Perianal and anal canal neoplasms - current status. *Dis. Colon Rectum* 33:799-808, 1990.

**Guttman, H., Feldman, R., Braverman, S.:** An integrated approach to family therapy training for psychiatric residents. *Canadian Journal of Psychiatry*. Vol. 35, p. 58-63, Feb. 1990.

**Huang, A., Bergman, H.:** Complications of the "MAYO" enema: a lesson in iatrogenic illness. *Journal of American Geriatrics Society* 38 (4): 470-472, 1990.

**Kaufman, M., Pinsky, L., Gottlieb, B., Schweitzer, M., Brezezinski, A., von Westarp, C., Ginsberg, J.:** Androgen receptor defects in patients with minimal and partial androgen resistance classified according to a model of androgen receptor complex energy states. *Hormone Research* 33: 87, 1990.

**Kaufman, M., Pinsky, L., Gottlieb, B., Trifiro, M.:** The state transitions of normal and mutant androgen receptor complexes in human genital skin fibroblasts. *Journal of Steroid Biochemistry* 36: 651, 1990.

**Kirmayer, L.J.:** Resistance, reactance and reluctance to change: a cognitive attributional approach to strategic interventions. *Journal of Cognitive Psychotherapy*, 4(2), 83-105, 1990.

**Kwitko, M.L.:** Management of the traumatic cataracts. *Current Opinion in Ophthalmology*, 1:25-27, 1990.

**Kyzer, S., Begin, L.R., Gordon, P.H., Mitmaker, B.:** The management of patients with large bowel polyps which contain invasive adenocarcinoma. *World Congress of Gastroenterology*. Abstract FP 598, 1990.

**Lacoste, J., D'Addario, M., Roulston, A., Wainberg, M.A., Hiscott, J.:** Cell specific differences in activation of NF- $\beta$  regulatory elements of human immunodeficiency virus and the interferon beta promoters by tumor necrosis factor. *Journal of Virology* 64: 4726, 1990.

**Langleben, D.:** Atherosclerosis and the lung. *Canadian Journal of Cardiology* 6: V1, 1990.

**Langleben, D., Moroz, L.A., Schlesinger, R.D., McCans, J.L., Dragatakis, L., Latour, P.V., Goselin, C., Rosenberg, A.:** Cellular phase fibrinolysis and coronary reperfusion during acute myocardial infarction: a study in patients receiving intravenous streptokinase methylprednisone therapy. *Thrombosis Research* 50: 247, 1990.

**Larochelle, P., Clarfield, A.M.:** Hypertension in older persons. In: Haynes RB, Leenen FHH (eds). *Down with high blood pressure*. Canadian Hypertension Society. Grosvenor House Press: Toronto, 1990.

**Lasry, J.-C., Margolese, R.:** Quality of life following two types of breast cancer surgery. Final report to Health and Welfare Canada 1990.

**Laughrea, M., Higgins, E.:**  $\Delta$  Lys120, a mutation which destabilizes the ribosome binding domain of ribosomal protein L7/L12. *Biochemistry and Cell Biology* 68: 832, 1990.

**Leblanc, J., Cohen, L., Rodrigues, M., Hiscott, J.:** Synergism between distinct enhancer domains in viral induction of the interferon promoter. *Molecular and Cellular Biology* 10: 3987, 1990.

**Le Guennec, J.C., Sitruk, F., Breau, L.T.C., Black, R.:** Somatic growth in infants receiving prolonged caffeine therapy. *Acta Paediatr. Scandinavica* 79, 552-56, 1990.

**Le Guennec J.C., Lauziere, M., Black, R., Sirois, P.:** Effects of indomethacin on prostaglandin E2 and thromboxane B2 contents of tracheal lavage fluids in premature infants. *Inflammation*, Sept. 1990.

**Loeffler, M., Wise, J., Gans, M.:** Contrast sensitivity letter charts as a test of visual function in amblyopia. *Journal of Pediatric Ophthalmology and Strabismus*. 27: 28-31, 1989.

**Mashal, M., Feldman, R., Sigal, J.J.:** The unraveling of a treatment paradigm: a followup study of the Milan approach to family therapy. *Family Process* 28: 457-470, 1989.

**Miller, M., Mendelson, J.:** Rapid diagnosis of bacteremia in adults using acridine orange stained buffy coat smears. *Can. J. Infect. Diseases*, 1(1): 7-10, 1990.

**Mitmaker, B., Szilagyi, A., Lamoureux, E.:** Cholangiocarcinoma: a decades experience at a community based university hospital. *Canadian Journal of Gastroenterology* 4: 65, 1990.

**Montaner, J.S.G., Le, T., Fanning, M., Gelmon, K., Tsoukas, C., Falutz, J., O'Shaughnessy, M., Wainberg, M.A., Ruedy, J.:** The effect of zidovudine on platelet count in HIV infected individuals. *Journal of AIDS* 3: 565, 1990.

**Numazaki, K., Goldman, H., Seemayer, T.A., Wong, I., Wainberg, M.A.:** Infection by human cytomegalovirus and rubella virus of cultured human fetal islets of Langerhans. *In Vivo* 4: 49, 1990.

**Paris, J.:** Completed suicide in borderline personality. *Psychiatric Annals*, v. 20, pp. 19-21, 1990.

**Papageorgiou, A., Wainberg, M., Tsoukas, C., Morrisset, R.:** Understanding HIV in obstetric/gynecology practice. *Can J Obst/Gynec* 53-59, 1990. **Therapy Research: HIV (symposium) Can. J. Obst/Gynec, 76-80, 1990.**

**Pereira, F., Belsham, D., Duerksen, K., Rosenmann, E., Kaufman, M., Pinsky, L., Wrogemann, K.:** The 56 kDa androgen binding protein in human genital skin fibroblasts: its relation to the human androgen receptor. *Molecular and Cellular Endocrinology* 68: 195, 1990.

**Plummer, F.A., Wainberg, M.A., Plourde, P., Jessamine, P., D'Costa, L.J., Wamola, I.A., Ronald, A.R.:** Detection of HIV-1 in genital ulcer exudate of HIV-1 infected men by culture and gene amplification. *Journal of Infectious Disease* 161: 810, 1990.

**Pollack, R., Gordon, P.H., Ferenczy, A., Tulandi, T.:** Perineal endometriosis. *The Journal of Reproductive Medicine*. 35:109-12, 1990.

**Pollak, M., Richard, M.:** IGF-1 is a potent mitogen for human osteogenic sarcoma. *Journal of the National Cancer Institute* 82: 301, 1990.

**Robbins, J.M., Kirmayer, L.J., Kapusta, M.A.:** Illness worry and disability in fibromyalgia syndrome. *International Journal of Psychiatry in Medicine*, 20(1), 49-63, 1990.

**Roos, R., Tremblay, M., Wainberg, M.A.:** AZT (zidovudine) may act post integrally to inhibit generation of HIV-1 progeny virus in chronically infected cells. *Virology* 176: 205, 1990.

**Rosenbloom, M., Lisbona, A.:** A prospective study of 8413 asymptomatic women undergoing mammography. *Journal of the Canadian Association of Radiologists*. Vol. 41: #4, p 207-209, August 1990.

**Rosenbloom, M., Hyams, B.B., Shenouda, G.:** Evaluation of spigelian hernia by CT. *Journal of computer assisted tomography*. Vol 14, #5, p. 777-778, 1990.

**Sai, T., Seino, S., Chang, C., Trifiro, M., Pinsky, L., Mhatre, A., Kaufman, M., Lambert, B., Trapman, J., Brinkmann, A.O., Rosenfield, R.L., Liao, S.:** An exonic point mutation of the androgen receptor gene in a family with complete androgen insensitivity. *American Journal of Human Genetics* 46: 1095, 1990.

**Schipper, H.M., Piotte, M., Brawer, J.:** Effects of progestins on the estradiol related accumulation of astrocytic granules in the hypothalamic arcuate nucleus. *Brain Research* 527: 176, 1990.

**Schipper, H.M., Scarborough, D., Lechan, R.M., Reichlin, S.:** Gomori positive astrocytes in primary culture: Effects of in vitro age and cysteamine exposure. *Developmental Brain Research* 54: 71, 1990.

**Schipper, H.M., Skalski, V., Panasci, L.C., Wang, E.:** Statin expression in the untreated and SarCNU-exposed human glioma cell line, SK-MG-1. *Cancer Chemotherapy and Pharmacology* 26: 383, 1990.

**Schipper, H.M., Wang, E.:** Expression of statin, a non proliferation dependent nuclear protein in the postnatal rat brain: evidence for substantial retention of neuroglial proliferative capacity with aging. *Brain Research* 528: 250, 1990.

**Shyamala, G., Schneider, W., Schott, D.:** Developmental regulation of murine mammary progesterone receptor gene expression. *Endocrinology* 126, 2882, 1990.

**Small, P.:** Relationships among ragweed skin tests and both allergen specific and non specific nasal provocation. *Annals of Allergy*, Vol. 65, No. 3, p. 185-88, Sept. 1990.

**Tremblay, M., Meloche, S., Sekely, R-P., Wainberg, M.A.:** Complement receptor 2 mediates enhancement of HIV-1 infection in EBV carrying B cells. *Journal of Experimental Medicine* 171: 1791, 1990.

**Tremblay, M., Numazaki, K., Goldman, H., Wainberg, M.A.:** Infection of thymic lymphocytes by HIV-1. *Journal of AIDS* 3: 356, 1990.

**Tremblay, M., Wainberg, M.A.:** Neutralization of multiple HIV-1 isolates from a single patient by autologous sequential sera. *Journal of Infectious Disease* 162: 735, 1990.

**Tulandi, T.:** Le couple infertile: de nouvelles avenues. *Le Médecin du Québec* 25: 77, 1990.

**Tulandi, T., Collins, J.A., Burrows, E., Jarrell, J.F., McInnes, R.A., Wrixon, W., Simpson, C.:** Treatment dependent and treatment independent pregnancy among women with perianthelial adhesions. *Am. J. Obstet Gynecol* 162:354-357, 1990. *Fertility Digest*, pp 31-32, Sept 1990.

**Tulandi, T., Monton, L.:** Conservative surgical management of interstitial pregnancy. *Fertil Steril* 53: 581, 1990.

**Vieco, P., Stern, J., Herschorn, S.:** Patent process vaginalis. *Clinical Nuclear Medicine*, Vol. 15, No. 4, p. 263, April 1990.

**Vieco, P., Rochon, L., Lisbona, A.:** Multifocal CMV associated hepatic lesions simulating metastases in AIDS. *Radiology*. Vol. 176, p. 123-124, August 1990.

**Wainberg, M.A.:** Approaches toward the therapy and prevention of HIV-1 associated disease: Anti viral strategies in AIDS and related illnesses. In: *Recent Developments in Pharmaceutical Research and their implications on the Future of the Pharmaceutical Industry*. (SynPhar Laboratories Inc/ Taiho Pharmaceutical Co. Ltd., ed) p. 41, 1990.

**Wainberg, M.A., Rooke, R., Tremblay, M., Numazaki, K.:** Modern strategies for the therapy and prevention of HIV-1 associated disease. *Journal of Japanese Society for Infectious Disease* 2: 39, 1990.

**Wainberg, M.A., Tsoukas, C., Morisset, R., Papageorgiou, A.N.:** Symposium on "Understanding HIV in ob/gyn practice." *Canadian Journal of Obstetrics and Gynecology*, 53, June 1990.

**Wolmark, N., Rockette, H., Gordon, P.H., et al.:** Adjuvant therapy of Dukes' A, B and C adenocarcinoma of the colon with portal vein fluorouracil hepatic infusion: preliminary results of National Surgical Adjuvant Breast and Bowel Project Protocol C-02. *Journal of Clinical Oncology*. 8:1466-75, 1990.

**Xanthoudakis, S., Hiscott, J.:** UV cross linking of distinct proteins to the PRDII domain of the interferon promoter. *Biochemical and Biophysical Research Communications* 167: 1086, 1990.

**Yaffe, M.J., Steinert, Y.:** The impact of expansion: one family medicine department's experience with mandatory two year residency programs. *Canadian Family Physician*, 35, 2053-2060, 1990.

## Appointments

**Bergman, H.:** Appointed to the executive committee for the organization of the 4e Congrès international francophone de gérontologie, Montreal, 1990.

**Black, M.:** Appointed chief examiner in Otolaryngology, Royal College of Surgeons, (Canada). Appointed Chairman of the Education Committee, Canadian Society of Otolaryngology - Head and Neck Surgery.

**Bond, M.:** Director of Education and Residency Training, Department of Psychiatry, JGH.

**Brown, R.:** Supervising and Training analyst, Canadian Institute of Psychoanalysis.

**Clarfield, A.M.:** Appointed Professor, Departments of Family Medicine/Medicine and McGill Centre for Studies in Aging, 1990.

**Frank, D.:** Appointed Chairman, Committee for Faculty Development, Faculty of Medicine, McGill University, 1990.

**Freedman, B.:** Appointed consultant, Ethics Committee, Society for Infectious Disease of Canada, 1990. Appointed Member, Ad Hoc Committee to review the code of ethics, Canadian Nurses Association, 1990.

**Frenkiel, S.:** Appointed Chairman of the Public Relations Committee, Canadian Society of Otolaryngology - Head and Neck Surgery. Appointed Chairman of the Research Committee, Department of Otolaryngology, McGill University.

**Gans, M.:** Appointed Chairman of the Undergraduate Teaching Committee, Department of Ophthalmology, McGill University, 1990.

**Geagea, K.:** Director of in-patient services, Department of Psychiatry, JGH.

**Gelfand, M.:** Appointed Member of the Executive Committee. Northeast Canadian American Health Council Eighth Biennial Conference 1990.

**Gordon, P.H.:** Appointed member of the committee on Assessment of Medical Acts, JGH, 1990. Appointed Chairman of the International Relations Committee and appointed Member of By-laws Committee of the American Society of Colon and Rectal Surgeons, 1990. Elected to Membership of the Central Surgical Association at their Annual Meeting in Chicago, May 1990. Appointed Member of the Accreditation and Education Committee of the Canadian Society of Colon and Rectal Surgeons, 1990. Appointed to the Medical Advisory Board of the Canadian Foundation for Ileitis and Colitis, 1990. Reappointed as an Examiner for the American Board of Colon and Rectal Surgery, 1991-1992.

**Greenberg, N.:** Named Visiting Professor, Department of Psychology, Université de Nice (France) Jan 1990-June 1990.

**Hiscott, J.:** Associate Member, McGill AIDS Centre.

**Kirmayer, L.J.:** Elected Vice-President of the R.M. Bucke Society for the Study of Religious Experience. Appointed member of the new Academic Advisory Committee, JGH.

**Kleinman, J.:** Appointed Regency Consultant by the American College of Health Care Executives for the Province of Quebec, 1990.

**Kwitko, M.:** Appointed Chairman, Advisory Committee to the Department of Health and Welfare on the use of the excimer laser on ophthalmic surgery.

**Lasry, J.-C.:** Appointed member of a task force on "L'accessibilité des services de santé mentale aux communautés culturelles" from the Conseil de la santé et des services sociaux de la région du Montréal Métropolitain, 1990. Appointed member of an evaluation team from the Fonds de la Recherche en santé du Québec, to assess the budget and the research team productivity of the Centre de Recherche de l'Hôpital Louis-Hippolyte Lafontaine, 1990.

**Levitt, C.:** Elected Vice Chairperson, Board of Directors, Canadian Institute of Child Health (CICH).

**Lisbona, A.:** Re-appointed President, Board of Examiners in Diagnostic Radiology, Corporation Professionnelle des Médecins du Québec 1990. Re-appointed Examiner, Royal College of Physicians and Surgeons of Canada 1990.

**Malus, M.:** Appointed Consultant in Adolescent Health, Inuulitsivik Community Health Centre, Hudson Bay Hospital.

**Palayew, M.:** Member, President's Advisory Committee on the selection of a head for the Department of Radiology, University of British Columbia, 1990. Representative to the Canadian Medical Association for the Canadian Association of Radiologists, 1990.

**Paris, J.:** Appointed to the editorial board for the *Canadian Journal of Psychiatry*.

**Pollack, M.:** Associate member, McGill AIDS Centre. Member of Grants Review Panel 'J' National Cancer Institute of Canada.

**Propst, A.:** Co-ordinator, undergraduate education, Department of Psychiatry, JGH.

**Robbins, J.:** Appointed member of the new Academic Advisory Committee, JGH.

**Satin, R.:** Member, Radiology Research Committee, McGill University, representing JGH, 1990.

**Schipper, H.:** Appointed Assistant Professor (geographic full time - hospital joint) in the Centre for Studies on Aging, Faculty of Medicine, McGill University 1990-1993.

**Shyamala, G.:** Member, Scientific Review Panel, Israel Cancer Fund, New York. Member, Scientific Program Committee, The Endocrine Society, USA. Member, Editorial Board, Biology of Reproduction. Member, Scientific Program Committee, Society for the Study of Reproduction. Ad hoc member, Biochemistry and Endocrinology Study Section, The American Cancer Society.

**Tulandi, T.:** Appointed Professor of Obstetrics and Gynecology, McGill University, 1991. Appointed Secretary Treasurer, The Canadian Fertility and Andrology Society 1990-1993.

**Wainberg, M.A.:** Honorary foreign membership, Argentinian Medical Association. Appointed National AIDS Research Scientist by Health and Welfare Canada. First Canadian scientist to hold this title.

**Wang, E.:** Member of the study section (aging review committee) of National Institute on Aging, NIH, 1990-1993. Chairperson for the Biological Sciences of the Canada Association on Gerontology, 1990-91.

## Presentations - next issue

### In Memoriam

**Dr. George Craft**  
Department of Family Medicine, 1948-90

**Mr. Frederick Goldstein**  
Administration 1936-78

**Dr. Sharon Horner**  
Division of Psychology

**Dr. Adolf Leibovici**  
Department of Family Medicine, 1970-90

**Dr. Harold Rosen**  
Emeritus Chief  
Division of Neurosurgery, 1960-90

**Dr. Harold N. Segall**  
Founding Physician-in-chief  
Division of Cardiology, 1934-90