
Pathology News

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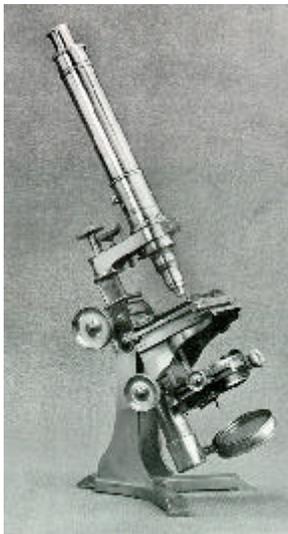
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We publish only that which is submitted! (There are no expense accounts and no reporters) If there is no news about your area that means we haven't received any!



DR. GEORGE FREDERICK KIPKIE CELEBRATES HIS 85TH BIRTHDAY IN 2000

The “coming” of the year 2000 was proceeded by a fanfare via countless means for any excusable (and inexcusable!) reason, and the celebration continues...



For generations of those who spent time as undergraduate, postgraduate or graduate students in the Department of Pathology at Queen's University in Kingston and her teaching hospitals, and for many other professional colleagues and friends of Dr. G.F. Kipkie (BUD) one event makes the A.D. 2000 special, for he will be celebrating his 85th Birthday this year.

Whereas Dr. Kipkie spent decades in the Department playing an important role in its development and growth, most of his colleagues and students knew little of his background and achievements as he has been always a very private man. Perhaps this, his 85th Birthday is the occasion on which, to celebrate his life, a window may be opened on it.

George Frederick Kipkie was born on September 12th, 1915 in Pembroke, Ontario and attended the public and high schools there. In 1933 he enrolled in the Faculty

of Medicine at Queen's University receiving his MDCM-degree in 1939. He spent subsequently seven years in Regina: as an intern (1939-1940) and a resident (1940-1943) in Pathology at Regina General Hospital, and as Assistant Pathologist (1943-1944) and Director of Laboratories (1944-1946) at Regina General and Grey Nuns Hospitals. He was certified as a Specialist in Pathology and Bacteriology by the Royal College of Physicians and Surgeons of Canada (RCPSC) in 1946. Bud also got married ("out West") to Miss L.M. (Mac)McDonald in 1943.

In 1946 Kipkie decided to pursue a career in investigative and academic Pathology. He enrolled in a graduate program at McGill University's Department of Pathology receiving his MSc.-degree in 1948. The title of his thesis was: "The Vascular Lesions of Renal Hypertension in the Rabbit." While in the program, he was supported by the Douglas Fellowship in Pathology (1946-1947) and a National Research Council Fellowship (1947-1948). Upon completion of his studies at McGill University he moved to Durham, North Carolina where he spent two years (1948-1950) at Duke University: as Hanes Teaching and Research Fellow (1948-1949), Fellow in Pathology in US-Public Health Tumor Teaching Program (July-December, 1949) and as Acting Director of that Program (January-June, 1950). In the same year (1950) he became a Diplomate of the American Board of Pathological Anatomy and returned to Canada to begin a long and fruitful association with the Department of Pathology of his Alma mater, and the teaching hospitals in Kingston.

At Queen's, Dr. Kipkie was appointed in 1950 as Associate Professor of Pathology and promoted to the rank of Professor in 1966, - a post he held until his official retirement (1980). He remained active in the Department for two additional years retiring ultimately as Professor Emeritus (1982). He was also Acting Chairman of the Department in 1967 (January - June). At the Kingston General Hospital (KGH) he was Director of Laboratories (1950-1980), Staff Pathologist (1980-1982), and in

1982 became an Honorary member of the Medical Staff. He held the appointment of a Consultant Pathologist at Hotel Dieu (1970-1982), Canadian Forces (1970-1980) and St. Mary's of the Lake (1970-1982) Hospitals in Kingston.

In addition to his duties as a Pathologist, Dr. Kipkie served the university and the hospital by other means. At Queen's he was a member of the Senate, Chairman of Admissions to the Medical School, Chairman of the Committee for "Seed-Funds for Research", and a member of other Committees. At KGH he was the Chairman of the Medical Advisory Committee (for two terms), Chairman of Staff and a member or Chairman of the Tissue Committee (for several terms).

In 1972, Dr. Kipkie became a fellow (Pathology) of the RCPSC.

Dr. Kipkie's particular domain of expertise was Surgical Pathology in general, but in later years of his career bone and soft tissue tumors as well as renal pathology were of special interest to him. Because of his knowledge and experience in several fields of Surgical Pathology his advice was sought by provincial and national professional agencies and bodies. Thus, he was an Examiner in Pathology for Surgery and Surgical Specialties of the RCPSC and a Consultant to the Canadian Tumor Reference Centre of Ottawa. At the Ontario Cancer Treatment and Research Foundation (OCTRF) he served as Chairman of Consultant Pathologists (1973-1980) and on the Advisory Medical Board (1977-1983). Already years earlier (1964-1973) he was engaged in the OCTRF-activities as a Liaison Officer between the latter and the Ontario Association of Pathologists (OAP).

Dr. Kipkie was a member of a number of professional societies in Canada and the USA and served as President of the OAP (1968-1969) and of the Canadian Association of Pathologists (CAP; 1969-1970). He was made an Honorary member of the CAP (1980), and a Life Member of the OAP (1982) and the Ontario Medical Association (1982). In 1975 he was the Official Delegate of the CAP to the IX Triennial Congress of

World Association of Societies of Pathology (Sydney, Australia).

In addition to the Awards (Fellowships) obtained in the course of his studies at McGill and Duke Universities (1946-1950; see above), Dr. Kipkie was the recipient of James McEarchen Fellowship to study in the Memorial Hospital, New York, with Dr. Fred Stewart in 1951, and again in 1952-1953 to work in Philadelphia with Dr. Custer. In 1957 an Ontario Cancer Fellowship was awarded to him to study Neuropathology at the Brain Tumor Registry in New Haven, Connecticut with Dr. Louise Eisenhard. In recognition of his many achievements Dr. Kipkie was awarded the Queen's Jubilee Medal from the Canadian Government in 1978.

Whereas the many obligations in service, teaching and administration demanded much of Dr. Kipkie's time, he continued to be involved in investigative pathology. His last publication coincided with the year of his official retirement (1980). Hypertensive vasculopathy, renal diseases, soft tissue tumors, and the experimentally induced effects of *Histoplasma Capsulatum* upon tissues and organs were his main domains of investigations.

As a speaker on a variety of subjects, Dr. Kipkie participated in scientific meetings in Canada and abroad, and attended professional gatherings at home and far away (Japan, Australia).

In the daily work Dr. Kipkie demanded from interns and residents as much perfection and dedication as he himself invested in it, and one prepared himself/herself with great care for the "check-out" sessions with him. While a perfectionist, he did not allow, however, for a deviation from objectivity. His statement: "I don't make Pathology, I only report what I see", made to his "disciples" and to the many colleagues in surgery and other services who came to his office to consult on the outcome of pathological examinations, became a dogma. Those of us who were privileged to be taught Surgical

Pathology by him, have been particularly fortunate as his approach to arriving at diagnoses "under pressure" (frozen sections) left a lasting imprint upon one's own practice of Pathology.

The (often!) "brisk" demeanor of Dr. Kipkie masks his true benevolent personality. It has not been known generally that quietly (and strictly confidentially) he would offer to review Pathology with those candidates who were anxious or concerned about sitting qualifying examinations of the RCPSC. He devoted as much time to this venture as was necessary to ensure reasonably a (probable) positive outcome of the exams.

Notwithstanding the demanding professional obligations Dr. Kipkie's motto was never: "all work-no play", as he enjoyed life fully even in the most active periods of his career. His hobbies that continue today, include music, photography, travel and golfing. Since his official retirement he has been spending much time on the golf course, participating also in tournaments and related activities. He enjoys his family life taking advantage of every opportunity to visit (with his cherished wife of 57 years) with his son, daughter (and their respective spouses) and the two grandchildren.

On the occasion of this special 2000-year the best warm wishes for a continuous good health and enjoyment of life for many years to come are being conveyed to Dr. Kipkie from all those who were fortunate to be taught by him, work with him and/or be befriended by him.

HAPPY 85TH BIRTHDAY!!

M. Daria Haust, MD, FRCPC

From the Head

Queen's Pathology Alumni Breakfast at the CAP/OAP Joint Meeting Ottawa June 28, 2000

We are hosting a breakfast get together for all Queen's Pathology at the Crowne Plaza Hotel; the precise location will be announced in the Final Program. Please join us. It is free and we pledge to leave your wallets intact at the end of the meeting. For your interest, here are some key responses to a questionnaire we have sent out over the last few years.

QUESTIONS	RESPONSES		
	YES	NO	NO COMMENT
Annual Newsletter	124 (86%)	20 (14%)	13
Periodic Reunion 2 years	20 (32%)	42 (68%)	94
Periodic Reunion 5 years	83 (76%)	26 (24%)	48
With a Scientific Component	95 (79%)	25 (21%)	37
in Kingston	98 (82%)	22 (18%)	37
at the CAP/Royal College Meeting	32 (46%)	37 (54%)	88
Establishment of an alumni lectureship to honour distinguished colleagues	88 (69%)	39 (31%)	30
Other Suggestions from Replies: - in annual newsletter include such things as "Where are they Now?" and "What's happening in Kingston?" - how about a directory by e-mail with everyone's name - I presume QPAG would solicit donations to use for lectureship, improvement of resident teaching			

For Your Information

Congratulations !!!!

to **Drs. David LeBrun and John Rossiter** on being promoted to Associate Professor.

to Drs. M. Nesheim, **D. Lillicrap**, M. Koschinsky, G. Cote, **D. Maurice** and D. Lee on receiving a Heart and Stroke Foundation Grant for a five year term, entitled: Collaborative Studies of Hemostasis, Fibrinolysis and Vascular Cell Growth and Function"



to **Karen Harrison** and John Matthews on receiving funding from the KGH Clinical Research Fund for their project entitled: Molecular Identification of Chromosome Abnormalities in Multiple Myeloma”.

Staff Annual Photo

The annual group photo, which is taken of all senior staff, residents and autopsy summer students currently associated with the Department of Pathology is scheduled for: **Thursday, June 29th at 12:15** at the front doors of Richardson Labs.



Staff Cards for Summer Student Employees

Beginning this spring, the Human Resources department will no longer be issuing temporary staff cards to students who work for the University from May until August. In the past, the Human Resources department issued approximately 300 temporary staff cards to summer student employees.

The photo ID cards issued last fall give students borrowing privileges at the library through to September, however, the photo ID card does not give a student summer access to the Physical Education Centre. Summer student employees will be required to purchase, at a preferred rate, a summer facilities pass if they wish to use the Physical Education Centre from May until August.

To arrange for your summer student employees to receive this preferred Physical Education Centre rate, please notify Marg McLroy of the names of your summer students ASAP.

Milestones

KGH service awards May 2000

Lori Servage 25 years

Anna Dyke 25 years

Eric Gagnon 15 years

Colleen Greenwood 15 years

Nancy Spencer 15 years



Dr. Dexter's Corner

THE GREYING OF PATHOLOGISTS - by Dr. D. Dexter

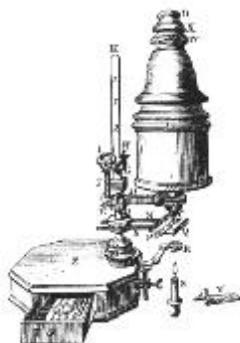


A number of recent articles and surveys have highlighted the impending shortage of pathologists. Dr. Murray Treloar has supplied convincing data to support. Simply, it reflects two issues. There are insufficient numbers of pathology trainees in the system. This reflects past decisions to reduce numbers but also represents a defect in logical planning. Whereas the numbers of population served per pathologist may allow some tinkering, the population (apart from Saskatchewan which has its own peculiar issues) by any assessment is expanding. Not even politicians can stop that. Further, the population continues (despite political or any

other effort) to age and as that process continues so does a parallel increase in the harvest and complexity of pathological diseases. A somewhat more logical argument for more, not less.

The second factor is that contrary to popular opinion, pathologists too are not resistant to the ravages of time. They, after a lifetime of commitment, wish to turn off their microscopes, file their slides and reports and seek the well earned rest, refreshment and replenishment of retirement. Some will retire at 65, in no small part encouraged by the effects of Hospital By-Laws. There is no proof that at age 65 years plus one day that disaster will strike rendering the incumbent ravaged by incompetence and drooling like a blithering idiot. But these are the rules. One is beginning to notice an increase in exceptions. An affidavit required from the Department Head asserting the unique and special skills of the individual and the necessity for the continuance of his or her privileges is submitted to the MAC and the Hospital Board on an annual basis usually for several years until a replacement can be found.

Pathologists have been lost and occasionally regrouped by hospital restructuring and by laboratory restructuring. Stress, some laying down retirement rather than restructuring. One practice had had to close or a move to his CV, if another dare to hire such an



frustrations, and a host of their swords and seeking attempting to weather the Pathologists are not the only general surgeon with a move three times, each event non-acute beds. One small community-based unfortunate specialist.



other issues lead to respite through stormy seas of specialists affected by community based following hospital wonders, on review of hospital would in fact

A recent departmental survey (non-peer reviewed) revealed a startling incidence of grey (greying of pathologists).

Queen's KGH/HDH Department of Pathology Hair Survey May 2000

Colour

Natural	Indeterminate	Incipient Grey	Partly Grey	Fully Grey
---------	---------------	----------------	-------------	------------

*5	** 3	4	3 (1 beard only)	4
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*includes Summer Medical Students and Residents

**indicates use of a variety of colouring products

In a single conference, biased by the presence of Summer Medical Students and our Pathology Residents, fully 11 of 19 persons showed evidence of greying. If by age the indeterminate group is considered to have covered the evidence by subtle and secretive techniques then 14 of 19 pathologists are on the downward greyscale slope.

By serendipity a second parallel observation applicable only to males was observed. Some 50% of the pathologists showed evidence of hair loss. In two it was actually dangerous to others both in the presence of bright conference lighting and also when driving on the highway. This hitherto poorly recognized hazard will be shown in a CBC documentary entitled "The Shining" produced by Rabinovitch with additional budget support by "Shoestring".

Hair Presence effect most apparent on males

Full Head	Partial	Absent
*8	6	20

*includes Summer Medical Students and Residents

Cavoidance of reflective bright lights advised

So it is then, that the premise of the greying of pathologists across the country is reflected (pun intended) in our own department. Neither Clairol nor hair restorers will halt this progression. It may cover it up, but in fact that is precisely what we do not want to do. We need to publicize - to proclaim it, and to do something about it when we can most easily and with least disruptive impact on future patient care. Crisis management of the impending future pathologist deficiency should be recognized as an inappropriate tool by anyone. Indeed, Administrative-types should have their competency questioned and their licenses revoked! Plans for increasing Pathologists in training should be put in place now to allow the baton of professional excellence to be passed with pride to the new generation. Please do not let it be dropped.

ODE TO A LYMPHOCYTE - Dr. D. Dexter

Leafing through a dusty monograph by Jackson and Parker entitled "Hodgkin's Disease and Allied Disorders" (1947), I realized the book was older than I. For something that measures between 8 and 11 micra, the lymphocyte has a lot to answer for. The age of simplicity (innocense) has mutated to the age of complexity. It would seem in the

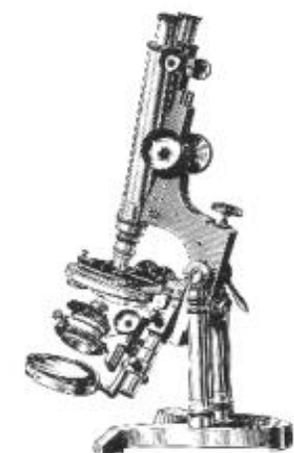
area of haematopathology, that malignancy, either haematopoietic or lymphoid, is a truly unique and personal proliferation. Blood group, self antigens and our melange of antibodies serve only to render distinctiveness and to resist grouping, standardization and thereby predictable prognostication.

On January 10th, 1832, a paper named "Some Morbid Appearances of the Absorbent Glands and Spleen" was presented to the Medical and Surgical Society in London, read into the record by Robert Lee, the secretary, as Hodgkin was not a member. At the time, it wasn't considered a very important paper and only eight members were present to hear it.

This paper was written by 34 year old Thomas Hodgkin. (1798-1866) *Med Chir Trans* 1832:17:68-97.

It was Wilks in 1865 who suggested the name Hodgkin's Disease but if one searched in the Quarterly Cumulative Index, the disease was listed as lymphogranuloma for many years until 1941 when the name was reinstated.

In 1947, Hodgkin's Disease was divided simply into three types - paraganuloma, granuloma and sarcoma. The pathologic picture, the clinical aspects and prognosis were considered to differ materially with each. What a perfect system! Diagnostic distinctiveness and clinical and therapeutic relevance. Alas it was not to be so.



A remarkable photograph of impressive detail is shown as the frontispiece. It is case #1523. The KGH numbering equivalent would be P1828-1523. It is Thomas Hodgkin's case #2 from Guy's Hospital London. At this point, it is time to praise the value both for educational, research and for patient care of a practical user friendly Archival or Case Retrieval system. Any academic centre worth its salt should support with commitment such a system. The advent of modern techniques - particularly immunoperoxidase allow these ancient blocks to be revisited and reclassified. But I digress. Why case #2 of Hodgkin's six original cases? Because case #1 was almost certainly tuberculous lymphadenitis.

The contents of the 1947 monograph list the non-Hodgkin's lymphomas. The list is small:

- C Reticulum cell sarcoma
- C Lymphocytoma and lymphoblastoma
- C Lymphosarcoma
- C Giant-follicle lymphoma
- C Plasmocytoma
- C Endothelioma



No current text on lymphoid neoplasia is complete without a chapter on Lymphoma Classification. Some are the name of their champions, eg. Lukes or Rappaport. Others reflect meeting places of consensus, eg. Kiel. Others still reflect various organizations or bodies of experts charged with the duality of classification and clarification. One is tempted to think that the WHO classification should carry the addition of at least a question mark if not a substitution of WHAT? The latter at least reflects practical diagnostic difficulty. Some sell false hope such as the REAL classification (perhaps the "United Nations Revised European-American Classification of Lymphoid Neoplasms" the UNREAL classification is more apt).

A trap into which too many authors fall is that of relationships. Lines are drawn in complex webs from one category to another, some joining, most splitting til the pages are black with ink. The readers have no chance. They are doomed. What neural networks might have been functional prior will be irrevocably traumatized. *Do not read this section* is the advice I would give.



This commentary was stimulated by a recent paper in *Modern Pathology* 2000; 13(2): 193-207. "The World Health Organization Classification of Hematological Malignancies Report of the Clinical Advisory Committee Meeting, Airlie House, Virginia, November 1997". It is recommended reading. As might be anticipated, it is more complex. It serves to incorporate current knowledge and addresses key points by posing a number of focused questions. How time has influenced things. From 7 forms of lymphoma in 1947, we face a daunting 27 forms of non-Hodgkins some 50 years later. Perhaps it would be unwise to anticipate similar changes in the next 50 years. Perhaps pathologists would micro-specialize developing expertise in the vagaries of the villous lymphocytes or the mysteries of MALT. I think I might delve into the dastardly deeds of the dendritic cells. Clearly the study of the birds and the B's is getting too complex - even the birds are becoming obscure.

"Disease is very old, and nothing about it has changed. It is we who change, as we learn to recognize what was formerly imperceptible".

Jean Martin Charcot (1825-1893), *De l'expectation en médecin*

Sing A Song!

It was suggested to me to submit some of my song parodies to the pathology newsletter. If you feel they are suitable, feel free to run them.

(Jim Gauthier)

[Ed: Boy will I ever!]

To the Tune of "Locomotion" by Little Eva

Everybody's doing a brand new test now,
C'mon baby, do coagulation.
We'll check your heparin therapy with our PTT
now,
C'mon baby, do coagulation.
What people call rat poison is a savior you see,
We can make you bleed much longer for you DVT's
So C'mon, c'mon, do coagulation with me

You got to take your pills now
Have your test,
Once a month
Yes you do,
You got to check your levels now!

(Repeat first verse).

Jobs Available

TRANSFUSION MEDICINE FELLOWSHIP, UCLA

The UCLA Transfusion Medicine service is accepting applications for fellowship training beginning July 1, 2001. This is a one-year ACGME-accredited fellowship that is now supported by the Henry Brandler Endowment Fund. The fellow will develop expertise in Transfusion Medicine practice, transfusion service and donor center operations and laboratory management. In addition, fellows participate in Transfusion Medicine-based research and develop expertise in evaluating and implementing new techniques and practices. Clinical interaction, management decisions and teaching occur throughout the training period. UCLA Medical Center is consistently ranked as the best medical facility in the Western United States and provides an excellent training environment. Candidates should send a letter of interest and their CV to: Douglas Blackall, MD, Director of Transfusion Medicine, Department of

Pathology and Laboratory Medicine, UCLA Medical Center, 10833 LeConte Avenue, Los Angeles, CA 90095.

University Of Toronto

Department of Laboratory Medicine and Pathobiology
Sunnybrook & Women's College Health Sciences
Centre

The Department of Pathology is recruiting a full-time Anatomic Pathologist at the Sunnybrook Site of Sunnybrook and Women's College Health Sciences Centre. The appointee will concentrate on the hematopathology service of the department which has a high volume of inpatient and referred lymphoma cases. Subspecialty training in hematopathology, including its molecular biology components will be an asset. The candidate will participate in collaborative studies with members of the hematology site group of the Toronto Sunnybrook Regional Cancer Centre. Commitment to develop an independent peer reviewed research program is an important determinant. The selected candidate will be involved in teaching activities and be eligible for appointment to the rank of Assistant or Associate Professor in the Department of Laboratory Medicine and Pathobiology, Faculty of Medicine, University of Toronto. Applicants must have FRCPC(C) qualifications in Anatomic Pathology and be eligible for licensure in the Province of Ontario. Please submit your curriculum vitae and the names and addresses of three references no later than June 15, 2000 to: Chief, Anatomic Pathology, Sunnybrook and Women's College Health Science Centre, 2075 Bayview Avenue, Room E4-32, Toronto, ON M5N 3M5; Fax: 416-480-4002.

University of Toronto

Faculty of Medicine, Department of Laboratory
Medicine and Pathobiology

This opening, available immediately in our Department of Pathology, provides an excellent opportunity for a Pathologist with experience and expertise in the diagnostic aspects of lymphoproliferative disease. The lymphoma site group includes a diagnostic team of

Physicians and Scientists that deal with a high volume of interesting cases, both in-house and referrals to the Princess Margaret Hospital, utilizing leading-edge technology and treatment. Your responsibilities will include participating in diagnostic service, teaching and collaborative research, particularly in relation to this site group. Applicants must have FRCPC qualifications in either Anatomic Pathology or General Pathology and be eligible for licensure in the Province of Ontario. You will be eligible for an academic appointment in the Department of Laboratory Medicine and Pathobiology, Faculty of Medicine, University of Toronto.

University Health Network is one of Canada's largest acute care teaching organizations with 1,000 beds and 24 core programs, as well as 5 priority programs in cardiovascular diseases, neuroscience, transplantation, oncology, and primary and ambulatory care. It maintains a major commitment to excellence in healthcare delivery, research and teaching. University Health Network is the primary teaching hospital for the University of Toronto.

You may apply by submitting your CV by June 30th to:
Dr. Dean Chamberlain, University Health Network,
200 Elizabeth Street, Eaton Wing, 4-322, Toronto,
ON M5G 2C4

E-mail: dean.chamberlain@uhn.on.ca

University of British Columbia

The Department of Pathology and Laboratory Medicine, Vancouver General Hospital and Health Sciences Centre is seeking a Senior Bone and Soft Tissue Pathologist. The qualified candidate will have demonstrated achievement in academic bone and soft tissue pathology. The hospital is a large teaching and referral centre where major orthopedic surgery is performed. The successful candidate will play a major role in diagnostic services, teaching and research in this sub-specialty area. This will require active collaboration with a team of surgeons, radiologists and oncologists dedicated to the care of patients with soft

tissue and bone tumours. Consultative opinions would also be provided to the surgical pathology service at VHHSC. The successful candidate will receive a clinical faculty appointment at the University of British Columbia in the Department of Pathology and Laboratory Medicine. He/she will be expected to participate in Departmental teaching programs (including undergraduates, graduate students and residents), administrative tasks, including committee work and research.

Salary and hospital rank will be commensurate with qualifications and experience. The anticipated start date of this position is July 1, 2000. Candidates should be eligible for licensure by the College of Physicians and Surgeons of BC. All qualified persons are encouraged to apply. Letters of application and the names of three referees should be submitted with a current curriculum vitae to: Dr. Jim Cullen, Medical Director and Head, Department of Pathology & Laboratory Medicine, Vancouver Hospital and Health Sciences Centre, 855 West 12th Avenue, Vancouver, BC V5Z 1M9.

G rants and Such

Grants have grown to such a huge page of the newsletter that we have split them off into a **separate supplement** to the newsletter. All researchers & faculty will receive the supplement as well as any one else who wants it. Otherwise the rest of the subscribers get everything but.

There are 13 pages for June.

These are available on our web site:

<http://www.path.queensu.ca/queens/grants.htm>

R ichardson Research Seminars

WINTER TERM 2000

Tuesdays at 4:00 pm, Richardson Amphitheatre
Cancelled for the summer. Back in September.

G raduate News

The Third Annual Meeting for Basic and Clinical Research Trainees in the Faculty of Health Sciences was held on May 31, 2000. Numerous graduate students submitted abstracts for this all-day meeting. Jordan Hansford, Bob St. Onge and Kevin Weigl all gave excellent oral presentations.

The following Pathology graduate students were successful in funding competitions for the 2000-2001 academic year.

McLaughlin Fellowship: Glenn MacLean

NSERC: Adina Vultur

Ontario Graduate Scholarship: Melissa Carter, Deborah Greer, Lee O'Brien, Yotis Senis, Bob St. Onge, Jennifer Struthers, Peter Truesdell

Ontario Graduate Scholarship in Science and Technology: Brian Brown

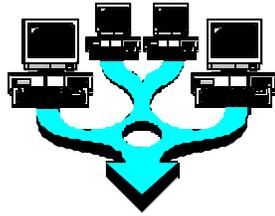
Queen's Graduate Fellowship: Martin Kang, Dawei Zhang

Pathology Graduate Students: If you are interested in being a grad student representative for the 2000-2001 academic year, please contact Barb Saunders by phone (74884) or e-mail [<saunders@cliff.path.queensu.ca>](mailto:saunders@cliff.path.queensu.ca).

Two representatives are required, one from Richardson / Syl & Molly Apps Labs and one from the Botterell Hall Labs.

N

etwork News



We just finished changing out and/or building 30 workstations in the last 3 weeks, and for the most part they are working quite well.



The web server and a couple of others were also slightly performance enhanced.

The last month saw a new generation of virus attacks, causing organizations running **MS Exchange** as an email server to **shut them down for days at a time**, at least twice over the course of May. We here in Pathology had 4 incidents of incoming viruses, all of which were stopped cold by combinations of our **Mercury Mail Server (Cliff)** and our anti-virus software, Dr. Solomon. It was a pleasure to go home at night worry-free!

Our own exchange server continues to cause problems, last month alone the exchange software locked up solid, causing all of your **MS Outlook** programs to freeze up and complain.

Our attempts are linking our **MS Exchange Server (Richlab2)** with the KGH Exchange server continue to fail but we haven't given up yet. More attempts will occur through June. Once this happens we should enjoy real-time KGH address book access as well as some public folder documents.

MS Outlook calendaring continues to provide challenges. We still don't know how to mark days in the month view in different colours to indicate different events, still can't notify users if privileged others make new appointments other than by checking the calendar many times/day, and other irritating little lack of features.



"You don't look anything like the long haired, skinny kid I married 25 years ago. I need a DNA sample to make sure it's still you."

The **Library Database Project** has made great strides in the last month. It was converted entirely over to an MS access database format and once testing is done in June, will be rolled out across the department.

All of the **Library Workstations** had some type of upgrade as part of the May hardware upgrades, mostly just larger/faster hard drives.

Another project near completion has been the digital imaging of all of the **plastinated specimens** in the Autopsy Department Conference Room/Museum. These will be put onto our internal web server by the end of the summer and hopefully linked together with the text data to make it searchable.

Hmmmm. All of the 1000+ images still need to be renamed and then graphically touched up... maybe not by the end of the summer!