

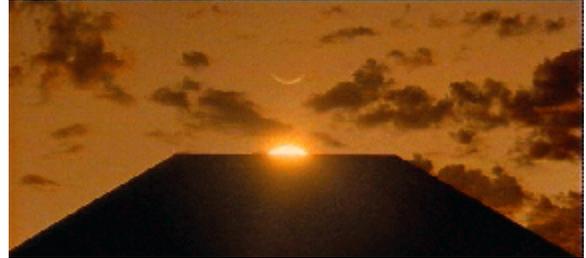
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# Pathology News

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Vol. 8#05

May 2001



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## Publishing Info

Pathology News  
Department of Pathology,  
Richardson Labs  
Queen's University, Kingston, Ontario K7L 3N6  
Canada

Available in adobe acrobat format at  
<http://www.path.queensu.ca/>

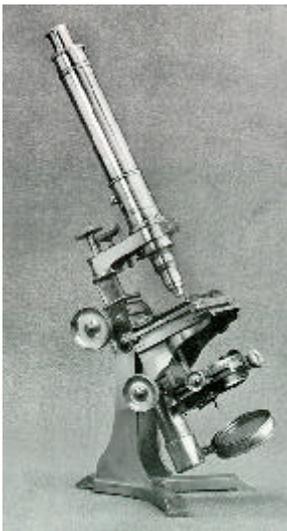
Published monthly, Circulation 150

For article submissions

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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!

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## From the Head

I am pleased to announce the appointment of Dr. David Dexter as Director of the KGH Autopsy Service and of our Regional Forensic Unit as of April 16, 2001. Dr. Dexter's appointment is strongly supported by Dr. Ben Bechard, Regional Coroner, Dr. Iain Young, the Head of our Anatomic Pathology Service and Dr. Sally Ford, the past Director who is on a leave of absence.

David Dexter has a widely respected depth of expertise in forensic pathology with extensive experience within Pathology and the courtroom in complex forensic cases. These skills are complemented by his facility in teaching for which he has won three Aesculapian Society Awards.

The KGH and the Queen's Department of Pathology are working in the second year of a contract with the Ministry of Solicitor General which has provided increased resources for forensic and autopsy services, including more sophisticated imaging instrumentation, and the improvement of our physical facility. Dr. Dexter will draw on his past experience as the Director of the Hotel Dieu Laboratory to guide the development of our regionalised autopsy service and enhance its educational and research activities.

P.N. Manley, MD

## For Your Info

# F

### Annual Staff 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, May 24<sup>th</sup> at 12:15** at the front doors of Richardson Labs. **PUT THIS DATE ON YOUR CALENDARS!!**

### KGH Milestones

15 years - Kelly Clark, Microbiology

10 years - Karen Gray, Histopathology, Dr. Dick Zoutman, Pathology

### Thank You

The following is a thank you from the recipient of the Pathology Award given to the student with the best project at the local Annual High School Science Fair. Dr. Scott Davey coordinates this for the Department. "Thank you for supporting my project at the Frontenac, Lennox and Addington Science Fair, 2001. I enjoyed participating in the fair and enjoyed talking with you. Thank you for giving me the Pathology Award. Yours truly, Michael Renaud"

### Albert Lee

It is with much regret that we note that Albert will be leaving Perth-Smiths Falls for the Banana Belt of Niagara. His contributions to the Kingston and Regional Hospitals have been profound. As Laboratory Manager at Hotel Dieu he played a vital leadership role in the lab renovations and computerization and was much respected by all. The more challenging task of amalgamating the two acute care hospital laboratories at one site, the complexity of core lab development and the major Human Resource challenges earned high marks from all. Following a stint as Manager of the Anatomic Pathology operation, Albert moved to become Lab Manager at Perth and Smiths Falls. Again, the challenges of amalgamation, rationalization, computerization and the major re-equipping of the

laboratory were addressed and resolved with expertise, skill and good humour.

Albert's skills, advice and wide knowledge will be sorely missed. Of particular note is the loss of the pipeline to Hershey's Chocolate Factory for the members of the lab in Kingston! His skills at bowling will be difficult to replicate.

On a serious note - Thank you for all your fine work in the laboratories. The region will miss you. Good luck in your new position in Niagara and best wishes to Theresa and the two girls.  
Submitted by Dr. Dexter

### Forensic Pathology Workshop

The Department of Laboratory Medicine, Saskatoon District Health invites staff and residents to a special Forensic Pathology Workshop which will be held August 10-12, 2001. They have designed their program with the support of Saskatoon District Health, the Saskatchewan Association of Pathologists, Saskatoon Police Services and the Saskatchewan RCMP Major Crimes Division. If you are interested in attending and would like a copy of the Workshop brochure and registration form please see Barb Latimer in Dr. Manley's office.

### Teaching specimens used in regional anti-smoking campaign

As part of our responsibility to promote health in the community, the Pathology Department has made available plastinated specimens of smoking-related diseases to the Health Unit, an affiliated teaching unit with Queen's University. As part of an anti-smoking program these specimens will be used to educate school children to the dangers and diseases associated with smoking. Initiatives such as these represent excellent examples of the potential role of teaching and education of our healthcare community and the population we serve.



### Work Study Program - Spring/Summer 2001

Are those odd little jobs just piling up in your office? Would you be just a little less overworked if you could hire someone to do all the stuff you just can't find the time to do yourself? Want to hire a student for \$2.00/hour? Well, Work Study has the solution!

The Work Study Program at Queen's University is designed to assist students, who can demonstrate financial need, find a part-time job on campus. Students must be registered in at least a 60% course load during the spring/summer sessions to be eligible to apply for the program.

Students who have been approved to work in the Work Study Program Spring/Summer 2001 will begin looking for work as early as May 1, but we need jobs for them to do! If you have any type of job(s) for students during this time please get the word out to us!

If you would like more information or would like to post a job, just visit our Website at <http://www.careers.queensu.ca/Work%20Study%20Program/Index.htm> (if that doesn't work, try [careers.queensu.ca](http://www.careers.queensu.ca) and look under Faculty/Staff for the Work Study link).

## Grants'N'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 14 pages for May. These are available on our web site:

<http://www.path.queensu.ca/pathnews/grants.pdf>

## Publications

Extramedullary Hematopoiesis in a Pyogenic Granuloma, **Caroline Rowlands, Dilys Rapson** and Thomas Morell. *The American Journal of Dermatopathology* 22(5): 434-438, 2000.

The Leukemogenic Transcription Factor E2a-Pbx1 Induces Expression of the Putative N-myc and p53 Target Gene NDRG1 in Ba/Fe Cells, Michael Rutherford, Richard Bayly, Brian Matthews, T. Okuda W. Dinjens, H. Kondoh and **David LeBrun**. *Leukemia* 15: 362-270, 2001.

## Richardson Research Seminars

Department of Pathology  
Seminar Schedule

2000 - 2001 Winter Term

Tuesdays @ 4:00 p.m.

Richardson Amphitheater, Richardson Laboratory

DATE	SPEAKER
May 8	Martin Kang, MSc Student
May 14	Dr. Jonathon Coren , Southwestern Oklahoma State University
May 15	Dr. Joe Torchia, London Regional

## Graduate News

The following Pathology graduate students have been successful in recent scholarship/fellowship competitions for the 2001-2002 academic year:

Ontario Graduate Scholarships: Deborah Greer, Glenn MacLean, Peter Truesdell

Ontario Graduate Scholarships in Science & Technology: Brian Brown, Fiona Grant

McLaughlin and Bracken Fellowships: Lee O'Brien, Kevin Weigl

The Fourth Annual Meeting for Basic and Clinical Research Trainees will be held on May 30, 2001 in the Atrium of the Biosciences Complex. Ten Pathology graduate students submitted abstracts for poster and/or oral presentations.

# D r. Dexter's Corner

## *An issue of Priorities: Blood Banking goes to the dogs*

The beginning of April is a tricky time. One is never quite sure if what one reads or hears is really true. As background, the Red Cross of Canada has been replaced by the Canadian Blood Services to provide safe and reliable blood products with quality control in place from vein to vein. For a moment I thought they were expanding their clientele. A byline from Edmonton (National Post, April 2<sup>nd</sup>) carried the title "Blood bank for dogs opens". Started at the Northern Alberta Institute of Technology, "it works very similarly to a blood bank for humans". The program entitled "Paws for Life" will start with the first donation from a local veterinarian's greyhound. The blood is intended for use for major trauma surgery and serious anaemias. Staff expect to attract 80 donors a week.

I double-checked the date, it was definitely the 2<sup>nd</sup> of April so perhaps it is true. The mind does however, boggle at the issues of donation and cross-matching.

Let us begin with the patient questionnaire

Most mutts would be thrown out as donors for their debauched life style. Multiple partners, unprotected sex and an inability to account for their movements induced by neighbourhood bitches in heat would be significant elements in this case.

Assuming acceptance as a donor, would an ID banding system be used for donor and recipient? Half the dogs I know do not respond to their name anyway, and what does "wuff" really mean. Any self respecting dog would chew off the band in a trice. The problem of proportional units is yet a further big (or a small) issue. One assumes a unit from a Toy Poodle will be smaller than that from an Irish Wolfhound by a factor of at least ten.

Humans have hundreds of blood group antigens and so must the canine. The challenge does not stop there of course. Would a blood bag from a Scottish Terrier be compatible with a Dachshund? Perhaps it is similar to the New York Blood System where one can pre-donate as a family. Perhaps you should keep tags on your precious dogs litter males for life. Most dogs I see are a bit of this and a bit of that. Would there be discrimination on the basis of breeding? ..... Purebred to purebred and whatever is left to the Heinz 57 varieties?

This whole issue is rife with ethical dilemmas and could well serve as a University course with sufficient ammunition for first year students through to post-graduate theses.

My advice is to keep an eye on Fido. If he is looking a little ragged and tired perhaps he has been donating down at the pound. Amazing the temptation of a few dog biscuits.

On a higher plane should not there be some review of where we spend our resources? The re-attribution of dollars from such ventures and indeed a reinvestment of a couple of baseball players' salaries (which often exceed to GNP of several small countries) to healthcare, education or sewer systems would address some fairly desperate issues with clear benefit. Just because technology allows innovative procedures to be done does not, by any logic infer that they should be done.



### **Donor Recruitment Program**



## *The Code Breakers*

Following the emergence from the Cold War many of the closely guarded secrets of the various adversaries became less vital and sacrosanct. Slowly as the layers of dust and obfuscation were gradually stripped away the true range of activities of department became apparent. "In casus belli" an entire section of the laboratory was dedicated to code breaking (also known as the Bletchley group). An odd and eclectic group of personnel brought a peculiar and extra-ordinary range of translational skills. Experts in early Sanskrit, the multiple dialects of Hindi, Egyptian hieroglyphics and Mayan and Incan pictographs were highly valued members of the group. Small focus groups fueled by bad coffee would huddle red-eyed from fatigue for hours pouring over tattered documents attempting to dissect and discern the subtle chicken-scratched code. Ultraviolet lights, X-rays and magnification were commonly added translational tools. On occasion outside specialists were consulted but with lessening frequency as on-site expertise grew. It became a matter of pride, and, over time, the code breakers acquired such skill that over 85% of coded messages received were broken and transcribed within 24 hours of receipt.



So little known and so secret their work that their contribution to the success of the department was never fully recognized til now. Gradually a few of the older members of the team began to break their silence. They spoke of the eyestrain, the long hours and the constant pressure for timely translation and above all, the need for absolute accuracy.



There was no elegant mathematical model that was applicable. The three and four rota cyphers of the German High Command were mere toys - trifling problems in comparison to the challenge for the code breakers.



What was this insurmountable challenge you may ask? Why it was the surgeon's hand writing! The translators - the code breakers - those were the secretaries who toiled tirelessly. A letter here - surely an L - no no an S, or perhaps a P?

It is worthwhile to reflect on how much we rely on the written word. We do not have an electronic chart yet. Some of the pages of the medical chart are indecipherable even sometimes to the original writer. So while credit may be due to the effort of actually writing a clinical note, it is a sad reflection that the content will remain a secret from us all forever.

The rot starts early. Children in school do not learn the art of writing decipherable words. Medical students on a set of recent exams ranged from the worst case of micrographia I have ever seen, to random squiggles with faint hints of word formation. Some cannot write fluent continuous-flow sentences, others have never progressed beyond block capitals.

In the future I predict the skill of writing words will be lost. Pens and pencils will become objet d'arts and museum pieces. For all will be replaced by the computer keyboard and then, in time, by digitized translated speech.

In the meantime, medals to the code breakers for they forge strength into the fragile link between the surgeon, the patient and the pathological diagnosis.

## *Pounds, Pence and Cents*

The recent SEAMO agreement led to a review of old files to determine the amounts that might be attributable to inflation, cost of living, and increased complexity of care adjustments. Comparison was made between the <sup>(2)</sup>Colony of Virginia and the province of Ontario. General fees are shown in the tables below.

### Fees and Accounts for the Practicers of Physic<sup>(3)</sup>

1. Surgeons and Apothecaries, who have served an apprenticeship to those trades.

	£	s	d
For every visit and prescription in town or within 5 miles		5	0
■ above 5 miles but under 10 add per mile		1	
■ of 10 miles		10	0
■ above 10 miles add per mile			6
To surgeons, treatment of simple fracture and cure thereof	2	-	-
treatment of compound fracture and cure thereof	4	-	-



2. Those persons who have studied physic in any University and taken any degree

	£	s	d
For every visit and prescription in town or within 5 miles		10	
■ above 5 miles but under 10 add per mile		1	
■ of 10 miles	1		
■ above 10 miles add per mile		1	

This agreement shall be in force for and during two years.

*Colony of Virginia 1736*

### Current OHIP rates:



	OHIP <sup>(2)</sup>	Virginia	
		(2001)	(1736)
Housecall Assessment		\$39.55	\$62.25
Cost of fractured forearm (outside of hospital)		\$33.60	\$498.00
Fractured radius or ulna closed reduction	\$112.15	\$996.00	

All values in Canadian Dollars using purchasing power adjustment from Economic History Services.

For each mile traveled the rate applied was \$12 for apprenticed physics and \$24 for those with a university degree (Queen's 36¢ km or 58¢ per mile, Nov. 1, 2000).

One significant advantage of the SEAMO agreement is that one might anticipate actually receiving payment. In the 1750's in Virginia that<sup>(1)</sup> was not always the case for a variety of reasons. Payment, if received, was more likely to be in produce or by barter. Virginia was forced to adopt bills of credit brought on by the demands of the French and Indian Wars. By 1755 the colony was virtually drained of coinage which led to significant depreciation. Money, as such, was simply not available.

One might conclude that in relative terms we have slipped behind the pay rates and relative values of a quarter of a millennium ago. Perhaps. Nonetheless, it is interesting to reflect on these issues. Certainly traveling by horse seems, in current times, to be significantly more expensive than by car. At least the University will not have to provide grazing.

## **References**

1. The Colonial Currency, Prices, and Exchange Rates  
Brock LV  
Essays in History v34, 1992  
Published Corcoran, Dept. of History, University of Virginia
2. Schedule of Benefits, Ministry of Health and Long-term Care, July 1, 2000
3. Annual Session of Transactions of the Medical Society of New York State, Feb. 5, 1850

## **J**obs Available

### **University of California, Davis**

The Department of Pathology in the School of Medicine at the University of California, Davis, Medical Center, Sacramento announces a search for two full-time pathologist positions with training in anatomic pathology. Responsibilities will include service in surgical pathology, autopsy service, cytopathology and teaching of residents and fellows. Candidates must possess an M.D. degree and be board certified or board eligible in Anatomic Pathology. California license to practice medicine in California is required. Salary commensurate with background and experience. Positions will be open until filled but not later than July 1, 2001. Please forward curriculum vitae and the names of three references to: Rajen Ramsamooj, MD, Director, Surgical Pathology, Department of Pathology, University of California, Davis Medical Center  
4400 V Street, Sacramento, CA 95817

### **University of Alabama at Birmingham**

The Department of Pathology, University of Alabama at Birmingham announces a search for a diagnostic cytopathologist to lead the clinical, research and teaching activities of the Section of Cytopathology, Division of Anatomic Pathology. The successful candidate will join a large faculty in a state-of-the-art department with a rich and diverse program in diagnostic service, basic, clinical and translational research, and teaching. The clinical base is large and diverse (40,000 surgical pathology, 115,000 cytopathology and fine needle aspiration accessions in

2000) and our residency and fellowship training programs are thriving. The University of Alabama at Birmingham has more than 35 Centers of Excellence, including a Comprehensive Cancer Center, an AIDS Center and a Cystic Fibrosis Center with large numbers of colleagues with whom to collaborate. Demonstration of scholastic productivity is expected. Minimum requirements include an M.D. degree, license to practice in Alabama, board certification in Anatomic Pathology, subspecialty board certification or eligibility in Cytopathology and greater than five years experience practising academic anatomic pathology. Demonstration of scholastic productivity is expected. Interested candidates should submit a letter of interest and a detailed curriculum vitae, including a list of publications to: Gene P. Siegal, M.D., Ph.D., Professor and Director, Division of Anatomic Pathology, University of Alabama at Birmingham, 506 Kracke Building, Birmingham, AL 35233-1924.

### **Queen Elizabeth II Health Sciences Centre in Halifax**

The Department of Pathology and Laboratory Medicine of the Queen Elizabeth II Health Sciences Centre in Halifax, NS requires an Anatomical Pathologist with a subspecialty interest in Pulmonary Pathology. The QEII HSC is a tertiary care hospital affiliated with Dalhousie University. It has active Respiratory and Thoracic Surgery groups that require the services of a dedicated, academic Pulmonary Pathologist. The position is primarily a service position but an active academic commitment is expected. The service role consists of handling specialized lung specimens, participation in the general service of AP (including cytopathology and

autopsy pathology and provision of a pulmonary consultation service for the Maritime provinces. The position entails undergraduate and postgraduate teaching. Canadian certification in AP is a requirement. The successful candidate will hold a Faculty position in the Dalhousie University Department of Pathology. Persons interested in this position are invited to apply to: Dr. Michael Moss, Professor and Head, Department of Pathology, Room 11B2, Sir Charles Tupper Medical Building, 5859 University Avenue, Halifax, NS B3H 4H7

### **RAC 3 Update**

*SUBMITTED BY Dr. SenGupta*

RAC3 is the Royal College of Physicians & Surgeons of Canada's Regional Advisory Committee for Ontario. It is composed of medical and surgical specialists from across the province. Dr. SenGupta is currently the only laboratory physician member. The committee last met on April 6, 2001 in Ottawa and the following items of interest were discussed:

4. The Royal College was asked by the College of Physicians & Surgeons of Ontario to provide input into CPSO's strategic planning project. The key recommendation offered by all RAC3 members was for the CPSO to focus upon the specialist manpower crisis in Ontario, not only in rural areas but increasingly also in urban areas. If the CPSO is to protect the public interest, then it must work more closely with the Royal College and other organized medicine organizations to present solutions to address significant shortages in several specialties, including laboratory medicine.

The Royal College recently announced some loosening of its own requirements for certification of international medical graduates, in an attempt to bridge the gap of specialist human resources in Canada. (Refer to the Winter 2001 Newsbrief from the Office of the RCPS Chief Executive Officer).

5. Education vs. Service for Residents: There has been increasing concern expressed by many academic

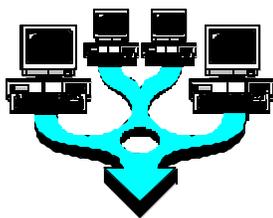
clinical teachers in Ontario about the "vague" guidelines from the Royal College which are to ensure that service demands do not overwhelm the trainee, thus impeding his or her ability to obtain maximal educational benefit from the work experience. There is a feeling that the pendulum has swung too far in the direction of education compared to clinical service. The surgical program directors, in particular, appear to be concerned about the reduction in "hands-on" experience, though the same could apply for diagnostic specialties such as laboratory medicine. The issue will be brought forward to Royal College council for further discussion.

6. Maintenance of Certification Program: Some interesting preliminary data is provided on the rates of participation in the "bonus year" 2000 (Tables 1 - 9). Note the relatively high rate of participation of Anatomical Pathologists in Table 6. It should be noted that many Fellows were unaware of the January 31, 2001 deadline for submitting 2000 data, and though the deadline was subsequently extended, this additional data has not been included in this data.
7. RAC3 Awards and Grants: In 2000, the Royal College allotted over \$98,000 to Ontario Fellows for grants and traineeships, but only \$76,000 was actually spent. There are opportunities for us to obtain funding for visiting speakers through this program as well as for those Fellows who wish to travel to another centre to obtain additional training (for a short period, e.g. a few weeks).

Submitted by:  
Sandip SenGupta, M.D.

# N

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News



## Pegasus Mailv3.12c Email Tips

**P** Are you subscribed to a lot of email lists? If so create a filtering rule to move those messages automatically from your New Mail box to the appropriate list folder. This helps to keep your New Mail box clean and easier to deal with the masses of inbound email.

## Email Traffic:

April 2000: 21331

April 2001: 25711

The above lists the number of pieces of email in and out, and in general, they are getting bigger as more and more people send more and larger attachments.

## Netscape

The latest version of Netscape that we are installing in the department is **v4.77 - 128** bit security.

**Please note that Netscape v6 is not secure and if you get the chance, do NOT install it!** Most commercial retailers (eg Royal Bank) do not allow you to access their services if you are using this version.

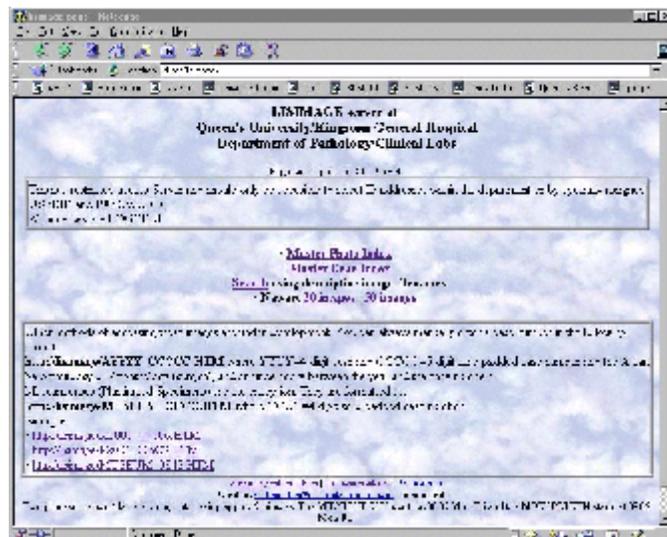
## LISImage

The digital image web site is up and running at

<http://lisimage/>

Access is restricted to specific workstations and at the moment that includes Faculty members, Dept. residents and managers only.

Date	#cases	#photos	Total Mb
2001 May 03	1224	4520	2300
2001 April 06	540	2603	1059



And this includes autopsy photos, surgical photos and plastinated museum specimens. We are currently adding over 1000 more images from the plastination museum and these should be online and indexed by the end of April. New material is being added on a TIME-PERMITTING basis as it is generated by Lloyd Kennedy.

Access can be made by case number, keyword search or case search, browsing by case number and browsing by photograph number.

As of 2001 April 2<sup>nd</sup>, the site regenerates/synchronizes itself 5 times/day: 00:05, 09:05, 11:05, 13:05 and 15:05.

### Telnet program Upgrades

Over the last few days and upcoming weeks or so, the QVT Telnet program that we use to talk to the LIS among other servers, is being upgraded.

We are able to keep your custom keymapping as well as the lis login scripts that we have been using.

The reason for this upgrade is to keep pace with the newer software as the older software tends to be not supported anymore, as well as to give us the new ability to link into the LISIMAGE server (mentioned above).

We are upgrading from v3.9 to v5.05

