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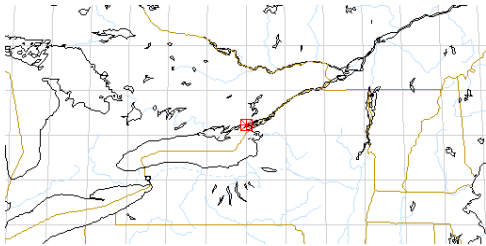
# Pathology News

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Vol. 9#05

May 2002

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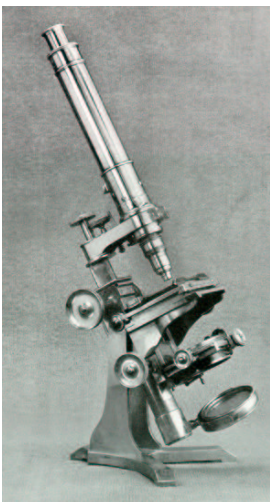


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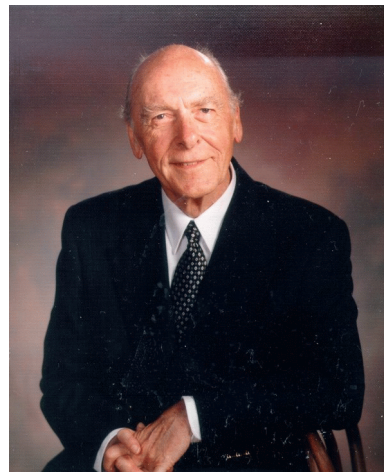
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We publish only that which is  
submitted!  
(There are no expense accounts  
and no reporters)  
If there is no news about your area  
that means we haven't received  
any!

## For Your Info

**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 30<sup>th</sup>, 2002 12:00 NOON** at  
the front doors of Richardson Labs. PLEASE  
MARK YOUR CALENDARS!!!



**HOWARD  
DOUGLAS  
STEELE,  
M.D.  
CONGRATUL  
ATIONS ON  
HIS 80<sup>TH</sup>  
BIRTHDAY**

For a number of  
reasons, it somehow does not seem real to ascribe  
to Dr. Steele the age of 80 years. In the eyes of  
someone, like this writer, Dr. Steele remains the  
very same young pathologist who took under his  
(knowledgeable) wings gently and unobtrusively  
a newcomer to pathology and to Canada. No  
fuss, no "one-upmanship" - just a dependable  
straight-forward presence if needed; and he never  
changed, both in appearance and in his  
personality.

Dr. Howard ("Howie") Douglas Steele  
was born on June 14<sup>th</sup>, 1922 in Arnprior, Ontario  
where he attended the primary and secondary  
schools. Upon graduation in 1939, he enrolled in  
the Faculty of Medicine at Queen's University  
receiving his M.D. and C.M. in 1944. He was a

rotating intern at the Kingston General Hospital (KGH), Kingston, Ontario (1944-1945) and spent a year thereafter (February 1945 to March 1946) at The Medical Officers Training Centre in Camp Borden, Ontario. He returned however, to continue his postgraduate education to Kingston where he was a resident in Surgery at KGH (1946-1947), a Fellow in Medicine at Queen's (1947-1948) and an intern in Pathology at KGH (1948-1949). In the course of that last year, he was married to Mary Dingwall and made his decision to specialize in Pathology, seeking experience outside Kingston. Thus, in 1949 he enrolled in a three-month-long course in Basic Sciences at the Royal College of Surgeons in London, England, spent six months as senior intern in Pathology at the Montreal General Hospital and after another year (1950-1951) as a Fellow in Pathology at Western Reserve (now Case Western) University in Cleveland, Ohio, he returned to Queen's University. He spent one year (1951-1952) as a Fellow in Clinical Pathology and another (1952-1953) as a Senior Fellow in Pathology, and obtained the Certification in Pathology from the Royal College of Physicians and Surgeons of Canada (RCPSC) in 1952.

Dr. Steele left Queen's in 1953 to establish and develop a functional department of Pathology at the newly built Hotel Dieu Hospital in St. Catharines, Ontario. He considered this to be a challenge for a just-qualified Pathologist, notwithstanding the fact this post was outside an academic "orbit". Once the department was operating smoothly for two years (1953-1955) Dr. Steele decided to return to academic life. He moved to Saskatoon, Saskatchewan where he was an Assistant Pathologist at the University Hospital and Assistant Professor of Pathology at the University from 1955 to 1957.

In 1957, Dr. Steele was invited to join the Faculty at Queen's and KGH by the then Chairman of the Department of Pathology Dr. Robert More.

He was Assistant Professor from 1957 to 1967, Associate Professor from 1967 to 1974

and was then promoted to full Professor. He became a Fellow in Pathology at the RCPSC that same year. In 1986, Dr. Steele served for four months as the Acting Chairman of the Department of Pathology at Queen's University. In this short period he was able to introduce several innovations to the Department either to "keep-up" with times or improve some of its activities. Amongst these two changes were of particular note: microscopes no longer were used in the students' laboratory sessions (the tissue changes were instead illustrated by photographic images) and the "routine" CPCs were replaced by a special format that required an invited speaker to participate. In 1987 Dr. Steele retired as an Emeritus Professor of Pathology.

Beyond his academic appointments and duties, Dr. Steele served as a member on staff in Kingston hospitals in a variety of posts: at the KGH he was Associate Director of Laboratories (1957-1980), Director of Laboratories (1980-1987) and Deputy Chief, Department of Pathology (1983-1987). He was the Pathologist at St. Mary's of the Lake Hospital, and a Pathologist on Auxillary Staff (1958-1968) and Consultant in Pathology (1968-1976) at the Canadian Forces Hospital. At KGH he introduced and established at a high level the Diagnostic Cytology Service and the specialty of Gynaecological Pathology. In addition he was in charge of Blood Banking until 1963, i.e., when Dr. William Corbett took it over upon his return to the Department.

Dr. Steele held also an appointment of a Regional Pathologist at Attorney General's Department of Ontario (1954-1966), was a member of the Canadian Tumour Reference Centre (1958-1970), and was Examiner in Anatomic Pathology at the RCPSC (1976-1979).

Dr. Steele was very actively involved in the residency program in Pathology but in addition, developed a much-sought-after program for residents in Obstetrics and Gynaecology. Thus, generations of future specialists in this field rotated through Dr. Steele's services and

many maintained for years a distinct loyalty to Dr. Steele and through him to the Department.

Dr. Steele was a member of a number of professional and scientific societies in Canada and abroad, and in recognition of his knowledge and administrative talents he was elected to prestigious posts of several of these. He served as the Secretary-Treasurer (1964-1970) and President (1971-1972) of the Ontario Association of Pathologists; Executive Member (1968-1971) and Chairman (1972-1973) of the Canadian Society of Cytology, and as a Representative of both societies to Canadian Medical Association (1973-1975). He was Chairman of the Cytotechnology Advisory Committee of the Toronto's Institute of Medical Technology (1975-1977). Moreover, Dr. Steele was a member of many key committees at KGH (Ambulatory Clinics; Clare Nelson; Quality Assurance; Medical Advisory), at St. Mary's of the Lake (Medical Advisory; Infection Control) and elsewhere (Pathology Resident Training, Queen's University; Test Committee on Anatomical Pathology, RCPSC; Medical Laboratory Technology Advisory Committee, St. Lawrence College, Kingston).

Throughout his career, Dr. Steele was an ardent student of continuous postgraduate education. He spent one to three months: in New York and Columbus, Ohio (1953) (on Ontario Cancer Foundation Scholarship); in Exfoliative Cytology at the Institute of Pathology at Western Reserve University, Cleveland, Ohio (1957); in Blood Banking, Toronto Western Hospital (1958); in Electron Microscopy, Queen's (1960); Gynecological Pathology, University of Michigan (1964); Quantitative Cytochemistry, University of Chicago (1965); Placental Pathology, Boston-Lying-in-Hospital (1966); and Medical Genetics - Jackson Laboratory, Bar Harbour, Maine (1972).

In addition to his service and teaching, Dr. Steele was engaged in research throughout his career with emphasis on oncology and his speciality, i.e., gynaecological and obstetrical

pathology. He received personal support from the Ontario Cancer Foundation at two different levels: Research Fellowship (1951-1966) and Research Associateship (1966-1973). The list of Dr. Steele's publications indicates that he was involved also in research in some other areas (elastic tissues; cardiovascular diseases; injury and healing processes). He presented the results of his investigative work at scientific meetings in Canada and the USA.

Since his retirement from the Department, Dr. Steele continued his contacts with several of his former colleagues and with the Department. For the past several years, he has been working very actively on the project of establishing the Queen's Pathology Alumni Group (QPAG) and is the Co-Editor of its FIRST ANNUAL NEWSLETTER (August, 2001).

This account would not be complete without reference to Dr. Steele as a MAN. It is not an exaggeration to state that throughout his career, Dr. Steele was one of the most respected Faculty members in the Department of Pathology at Queen's, elsewhere where he held posts, and beyond. Always punctual, courteous and polite and above all helpful to his colleagues, residents and auxiliary staff in an unobtrusive manner, Dr. Steele personified to some of us (the newcomers) the image of a typical "QUIET CANADIAN". This was the "prototype" of a Canadian believed to represent the true nature of the people populating this land and whose image "induced" the newcomers to select Canada as their new homeland.

Dr. Steele's integrity in all spheres of life has been absolute. There are many examples that would illustrate this, his characteristic, but the following anecdote might serve best to document it. It was approximately a year after Dr. Steele rejoined the Department that he was offered to attend an international meeting at the Departmental expense. As the support for travel was reserved for members presenting papers, it was suggested to Dr. Steele that he present the results of a study on a mesothelioma recently diagnosed in the department as the very first

Canadian case. Dr. Steele declined the opportunity to attend that international meeting under this condition as he found it totally unacceptable to be presenting work not carried out by himself or as a collaborator.

In his retirement Dr. Steele has been able to pursue more intensely than in the years of the professional life his hobbies: walking, hiking, reading, photography and the "art of finances". He has been travelling leisurely with Mary, his wife of 54 years, to many foreign places. Both devote much of their time to maintaining ties with their closely-knit-family of one daughter (Joanne), their three sons (Bill, Jim and John) and their respective families which include seven grandchildren.

On the special occasion of June 14<sup>th</sup>, 2002, all those who had the privilege and the pleasure to be taught by Dr. Steele, work with him and/or befriended him join with the members of his family in conveying to him warm best wishes for continuous good health, an enjoyment of life and many happy returns!

### **HAPPY BIRTHDAY HOWIE!**

M. Daria Haust, MD, FRCPC

## **Queen's Pathology Reunion II - September 21, 22, 2002**

Please join us and your contemporary Queen's colleagues from all around the continent to celebrate our common experiences at Queen's and our professional and personal relationships. We have developed an entertaining and informative social and scientific program with a mix of participants from past and present members of our community.

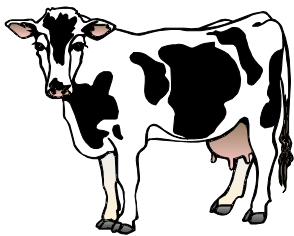
The reunion will be preceded by the 65<sup>th</sup> annual Ontario Association of Pathologists meeting from September 20-22. You should

consider attendance at both meetings and also plan to enjoy our increasingly charming and historic city. There are excellent travel connections through Toronto which will allow any of you within North America to arrive home by Sunday evening, September 22<sup>nd</sup>.

As a Department we have many reasons to celebrate. We have extensively renovated and integrated our Hospital laboratories such that we are the most efficient academic health science centre hospital in the country; we have combined industrial process, imaging and focussed subspecialty expertise to enhance quality and timeliness in anatomic pathology. Over the last decade we have had the highest research funding of any department in the Faculty and more Queen's Excellence in Research Awards within our department than in any other department of the entire University. Research findings have been translated into industrial contracts and one, Neurochem, culminated in the largest initial public offering thus far on the Toronto Stock Exchange in Canadian Biopharmaceutical history. Our Regional Laboratory Program continues to expand and offers professional directorship and consultation, reference laboratory services, and sites for residency education throughout Eastern and Central Ontario.

Our Queen's reunion program will be focussed on Sunday, September 22<sup>nd</sup> and will be held in Etherington Auditorium. We'll begin at 9:30 with two hours of vignettes of the major scientific findings of prominent Queen's researchers over the last 25 years. The major social event will be a long sumptuous lunch at the University Club. We will end by 3:30 pm with brief talks and demonstrations of our application of new technology and group management including the integration of imaging into anatomic pathology practice, computers, photography and specimen preparation into education and also anatomic pathology group reorganization to improve quality and to manage error. All participants will receive a CD incorporating archival information about the department and a virtual departmental tour.

Irrespective of the program I am sure our strongest memories will be of the pleasures of being together on a beautiful fall day and renewing our bonds of our shared experiences. Please plan to attend. More information will be sent by letter shortly and will be available on the departmental website: [www.path.queensu.ca](http://www.path.queensu.ca). Please feel free to call the Department at 613-533-2850 or to e-mail us at: [latimer@cliff.path.queensu.ca](mailto:latimer@cliff.path.queensu.ca).



### THE COST OF MEDICAL CARE: A Veterinarian view-point

A man brought a very limp dog into the veterinary clinic. As he placed the dog on the table, Doc Buck pulled out his stethoscope, and placed the diaphragm on the dog's chest. After a moment or two, the Doc shook his head sadly and said, "I'm sorry, but your dog has passed away."

"What?" screamed the man. "How can you tell? You haven't done any testing on him or anything. I want another opinion!"

With that, Doc turned and left the room. In a few moments, he returned with a Labrador Retriever. The Retriever went right to work, sniffing the poor dog on the table and checking him out thoroughly. After a considerable amount of sniffing, the Retriever sadly shook his head and said "Wuff."

The veterinarian then took the Labrador out and returned in a few moments with a cat, who hopped up on the table and walked around the poor dog several times and then sadly shook his head and said, "Meow." He then jumped off the table and ran out of the room.

The veterinarian said, "There's nothing more I can do" and handed the man a bill for \$600. The dog's owner went ballistic. "\$600! Just to tell me my dog is dead? This is outrageous!"

Doc shook his head sadly and explained. "If you had taken my word for it, it would have been \$50, but with the Lab work and the Cat scan..."

D Dexter

### MEDICOLEGAL HUMOUR

What is Waldeyers Ring or where's Waldo?



For puzzled readers of the last issue, it is the ring of tonsillar and lymphoid tissue in the oropharynx

#### Medicolegal Humour

Some of the following are old and stale, but may generate a giggle or two:

Question: Now Doctor, isn't it true that when a person dies in his sleep, he doesn't know anything about it until the next morning?

Question: Doctor, how many autopsies have you performed on dead people?  
Answer: All my autopsies are performed on dead people.

Question: Do you recall the time you examined the body?  
Answer: The autopsy started around 8:30 am.

Question: And Mr. Dennington was dead at the time?  
Answer: No. He was sitting on the table wondering why I was doing an autopsy.

Question: Doctor, before you performed the autopsy, did you check for a pulse?  
Answer: No.

Question: Did you check for blood pressure?  
 Answer: No.  
 Question: Did you check for breathing?  
 Answer: No  
 Question: So, it is possible that the patient was alive when you began the autopsy?  
 Answer: No.

Question: How can you be so sure, doctor?  
 Answer: Because his brain was sitting on my desk in a jar.  
 Question: But the patient could have been alive nevertheless?  
 Answer: Yes, it is possible that he could have been alive and practising Law somewhere.

David F. Dexter, MD

## D r. Dexter's Corner

### JOBS I WOULD NOT WANT FROM TIMES PAST

#### Timber pickler:

Skin malignancy from handlers of creosote pickle railway ties

#### Brick presser:

Creosote induced hyperkeratosis in handlers of oil pressed bricks

#### Chimney Sweep's Cancer:

Use of climbing boys to dislodge soot from the walls of the chimney ages 4 years and older, aggravated by abhorrence of cleanliness. "The fate of these people seems singularly hard; in their early infancy, they are most frequently treated with great brutality, and almost starved with cold and hunger; they are thrust up narrow, and sometimes hot chimnies (sic), where they are bruised, burned and almost suffocated; and when they get to puberty, become peculiarly liable to a most noisome, painful and fatal disease." Sir Percivall Pott

As an aside, Sir Percy, a physician of note at St. Bartholomew's in London, would often arrive at work clad in a rather fine red coat with a sword at his side. Surgeons of the 1750's had egos even then. One assumes the sword to be decorative rather than functional. It would be difficult to sterilize and a little cumbersome for most surgical procedures with the exception of amputations. A quarter of a millennium later the equivalent to the sword would seem to be the Lexus or the Corvette one supposes. Hospital security would frown on doctors bringing sabres, epees and cutlasses to work, and the scabbards would trip up the nurses. (Ref: Lancet 2002:359:1060-1063



#### Hewers:

Radium induced respiratory malignancy. Early mining methods varied. Running at the rock-face with one's head was an early approach. Hacking and hewing was a widely applied method. While data exists for hewing there is little or no documentation available for hacking (Source: M. Python)

#### Pitch wheeler, heater man, rope runner, fuel leader and grinder:

All were jobs in the pitch industry which were associated with squamous carcinoma of the skin

#### Glaze dippers, wire drawers, sheep-dip makers, tinnerns, carrotters of felt hats and arsenic roasters:

All were jobs with heavy arsenic exposure with associated keratoses and malignancies. Of note, medical induced arsenical malignancy resulted from the use of Fowler's solution as a therapy for psoriasis, asthma, leukemia, anemia, migraine, epilepsy, acne, eczema, psychoneurosis or syphilis. Donovan's solution added mercury to the arsenic which would add to the range of pathology. "Asiatic pills" would require fortitude to take as they comprised 20 parts  $As_2O_3$  plus 80 parts black pepper.

Occupational disease pathology was in its infancy in the 1940's and much else served to distract at that time. Only 60 years ago many of the links we hold as strong and true were not so crystal clear. Much had yet to evolve.

In 1942 the relationship of smoking to lung cancer was slowly strengthening. The trends over the years had showed a striking continuous increase in the diagnosis.

**% of autopsied cases, multiple series**

1872-1898	0.04%
1899-1908	0.51%
1914-1918	2.00%
1922-1925	7.50%
1927-1931	9.83%
1935	11.47%

"No other form of neoplastic disease is more intriguing from the standpoint of incidence than primary carcinoma of the lung, for within a generation it appears to have become one of the common forms of malignancy disease instead of the rarity which it was believed to be at the beginning of the century"

The usual suspects for explanation were invoked, the first being better detection and diagnostic rates.

Endogenous factors of heredity and congenital predisposition were raised. Sex was associated with a very marked male predominance.

Exogenous factors focused on tuberculosis, syphilis, influenza and bronchitis. Chemical factors were considered but clear proof was difficult. Prolonged environmental and occupational exposure to inhaled dusts was the ruling theme. One researcher stated "bronchogenic carcinoma is a dust inhalation disease". Dusts were described as street dust, stone dust, metal dust, glass dust and coal dust, mining dust even tobacco dust. Increased traffic was considered responsible for dust generation accounting for increased malignant risks amongst chauffeurs, policemen, teamsters, street workers and vendors.

Lehman questioned the etiological significance of tobacco dust noting that those in the trade are, in general, heavy smokers, and that this habit is more likely to be of causative importance than exposure to tobacco dust.

Silicosis, asbestosis, siderosis, coal tar, radioactive ores added to the list of considered causes of lung cancer.

From 1942 to 2002, the tobacco link is indisputable and the statistics predictably show the delayed related effects of women smoking and associated dramatic increase of diagnosis morbidity, and mortality.

Most of these jobs and their attendant occupational risks, despite their intriguing names, do not exist anymore. Perhaps it is not for want of trying. Ottawa has just announced a new job category that of a **Parliament Hill Pigeon Shooer** (Whig-Standard April 29, 2002). I have not seen all the details of the job description but one could predict some of them.

- ◆ The incumbent would be considered as a Civil Servant, initially Grade 1, with promotional grades to V with full pension rights. (Ed. Note: Civility is not actually a required attribute, in fact, graded hostility is preferred).
- ◆ The incumbent will have demonstrable bilingual skills. Working knowledge of third language would be advantageous. Ideally the candidate will have acceptable oral capability in French, English and Pidgin English.
- ◆ Willing to undertake successfully a rigorous training program which includes the following Civil Service Courses:



1. Shouting (Level I)
2. Shouting (Level II - includes the use of "boo!")
3. Arm waving (Level I - single arm waving)  
(Level II - use of two arms)  
(Level III (advanced) - shouting plus waving)  
(Level IV - gesticulating)
4. Target recognition
  - Bird recognition: distinguishing features
  - wings: definition and use of (week 1)
  - beaks: (week 2)

Distinction from other targets

1. Buildings (one month)
2. Automobiles (one month)
3. People (continuous training with annual re-certification)

The average training course would take approximately 9 months and will be held every other year. This allows the Government to invoke the "Alice in Wonderland clause" of "jam every other day..... jam tomorrow, jam yesterday but never jam today". This ensures no one will actually be trained for the post!

But it would be a grand job. Chasing the pigeons in the park on the lazy hazy days of summer. The creation of the Ceremonial Uniform of the Parliamentary Pigeon Shooer would be a couturiers dream. Why the Shooer could participate in all of the Parliamentary Ceremonies from the Opening of Parliament, the Changing of the Guard, Canada Day, and even as a substitute for the PM when he is away.

And the occupational risks of the job are few. Histoplasmosis, a variety of allergies, and, oh yes a target for pigeon splat.

D Dexter



## Grants'N'Such

**G**The Grant supplement will no longer be included in paper form. It will only be available from the website listed below:

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

If you spot a grant of interest, please print out ONLY THAT PAGE and not the entire document! Sometimes this file runs into 25 pages!

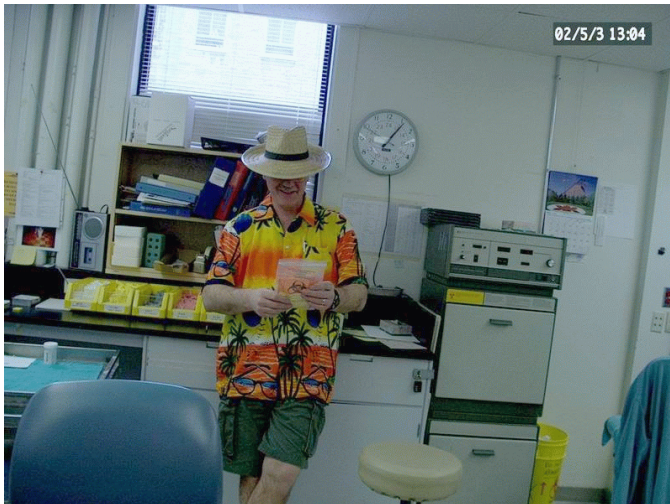
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### Milestones

KGH

Jenny Raymond, 15 years

Frances Smith, Chemistry, 20 years



### Lou Franchi

35 years in Histology is (almost) enough! Lou Franchi retired this month. Starting as Chief Technologist in Histology back in 1967, Lou gradually expanded his management sphere of influence to become the Manager of Neuropathology, Cytology and Autopsy Services as well as Histology. Along the way, he accepted appointments as the St. Lawrence College Training Program Facilitator and Clinical Laboratories Continuing Education Committee Co-ordinator. In 1997 he took off his management hat and began the demanding

task of providing gross descriptions of incoming surgical specimens. Lou was very well known throughout the Hospital and the Clinical Laboratories as a 'can do' sort of fellow and will be remembered fondly by technical, secretarial staff and pathologists alike for his vast stores of detailed arcane technical knowledge, which he was more than willing to share generously with all comers! Lou has agreed to provide Quinte Healthcare Belleville with the benefits of his knowledge and skills for the near future at least. Over the decades he developed a strong interest in sailing and we all wish him fair sailing and happy landings in his yacht, *Gretel*, which is now newly equipped with a spanking new GPS and digital camera, farewell gifts from the Department he served for three and a half decades. Take care, Lou.  
Submitted by Dave More

### Publications

Dr. M.A. Moscarello, B. Mak, T.A. Nguyen, D.D. Wood, F. Mastronardi and **S.K. Ludwin**  
*Paclitaxel (Taxol) Attenuates Clinical Disease in a Spontaneously Demyelinating Transgenic Mouse and Induces Remyelination*  
Multiple Sclerosis 8:130-138, 2002.

### Recent Publications

Remember that a complete (or as complete as Kevin can make it) list of publications from 1995-2000 is available online at

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

## Richardson Research Seminars

**Department of Pathology  
Seminar Schedule 2001 - 2002  
Tuesdays @ 4:00 p.m.**

**Richardson Amphitheater, Richardson Laboratory**

	Cancelled for Summer
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## Graduate Studies

The group photo taken last fall is and has been available on the secure Department of Pathology website, in the photo album page. If you cannot access the site let Barb Saunders know and she can email you a copy of the image. The best one (shown here) is 1055x1000 fullcolour and is about 250kb in size.

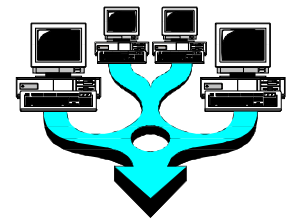


### Seeking Postdoctoral Position

Dear Professor:  
I would like to apply for a position as a postdoctoral research fellowship in your group. Attached please find my resume for you to review. Currently, I am working for my Ph.D. degree in Department of Chemistry, University of Science and Technology of China. I will be granted doctoral degree in November, 2002. New challenges are what I am looking for to improve my career in Biochemistry field in which I have more than four years of research experience. I believe that I can make a significant contribution to your group because of my solid research experience as well as my excellent interpersonal communication skills including my Chemistry knowledge background. I hope that in the near future I would have an opportunity to talk to you more about the position you have posted and my qualifications as well.  
Sincerely Yours,

Chun-Hua Shi  
Department of Chemistry  
University of Science and Technology of China  
Hefei, Anhui, 230026 P. R. China  
Tel: +86-551-3603214  
Email: [chunhuashi@hotmail.com](mailto:chunhuashi@hotmail.com)

## Network News



### General Tips for Image Editing

1. Keep a copy of the original image (preferably on a cdrom)
2. Convert the image from .BMP or .TIF into a high quality .JPG (the size will go down by a factor of 10 to 20)
3. Resize your image down to an appropriate size (email - 640x480, web page or presentation- 800x600, poster - full size).
4. If you are creating a presentation, create a new work folder and copy all of your images into that folder. This way, you will know where to find them when you need to touch up the presentation

### General Tips for Creating Presentations

1. On the FIRST SLIDE, always always always put on a TITLE, AUTHOR and DATE at a minimum.
2. Before you import any image, edit the image down to an appropriate size. For instance, a PHOTOMIC image can be 4000x3000 pixels and your computer screen and any digital projector you use may be only 800x600. By resizing the images BEFORE you import them you will cut down on the final presentation file size. The smaller it is, the faster it is to present (load from media).

**Email Traffic: (number of pieces in and out)**

April 1995: 1238  
 April 1996: 4002  
 April 1997: 5503  
 April 1998: ?  
 April 1999: 5800  
 April 2000: 21331  
 April 2001: 25711  
 April 2002: 46264

The above lists the number of pieces of email in and out. The year 2002 shows a huge increase over past years, mainly caused by email SPAM and virus activity.

**Email Spam**

Should I hit "remove"?

A lot of the spam that we get and that people write to us about comes with instructions on how to "remove yourself from our list". Yet, more often than not, the remove instructions don't work. Why is this?

Basically, you've just experienced what many call "rule #1": **Spammers lie.**

Remove lists don't work. Even the United States government has noticed this: "We are also working on (spam) cases that involve claims that you can opt out, when in fact what clicking on the link to unsubscribe will do is simply verify that you have a valid e-mail address, so that you can then get lots of spam instead of a little," said Howard Beales, director of the FTC's Bureau of Consumer Protection.

Don't waste your time trying to jump through the spammers' hoops. Plenty of people have documented the fact that not only do remove lists not work, they do exactly what Mr. Beales says: they verify to the spammer that your e-mail address is good, and so then they put it on the premium CD and sell it to the next spammer for even more money.

In one case, an anti-spammer went to a remove-list web site and noticed that he'd been removed from the list, supposedly, even though

he hadn't given them his address. So, he went into debugging mode, using telnet to access the raw HTML of the server directly, and discovered that it just gave you the same answer no matter what. In other words, the whole thing was a complete and utter fraud. Some spammers put more effort into their fakery, but in the end it comes down to the same thing: it does you no good to follow the removal instructions.

**Richardson Labs Rewiring Project**

Preliminary work moves ahead and areas needing new wall jacks have been identified. We still don't know in which building order we will be (first, middle, last) but should know soon.

**LISImage**

Date	#cases	#photos	Total Gb
2002 May 07	2224	9454	21%
2002 Apr 09	2138	8946	19%
2002 Mar 07	2064	8607	17%
2002 Feb 04	1984	8197	9.1
2002 Jan 02	1886	7706	7.4
2001 Dec 03	1853	7511	7.0
2001 Nov 08	1743	6765	6.0
2001 Oct 04	1632	6342	5.1
2001 Sept 12	1529	5988	4.5

You can read more about the LISImage system at

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

**Milestone: Plastinated Teaching Museum Breaks the 1000 Mark!**

The Plastinated Teaching Museum now contains 1004 specimens! Since the program began in 1989 an average of 100 specimens per year have been plastinated, culminating in the only museum of its kind in Canada. The credit for this achievement must go to Mr. Blake Gubbins, who developed the program here at Queen's and eventually became one of Canada's leading experts in the field of Plastination.

As many of you have probably discovered, 1004 specimens is an awful lot to look through when trying to find the particular one for your needs. Looking back at old log records for the museum I have noticed that only a small fraction of specimens have ever been signed out. Also, more recent additions to the museum have yet to be discovered by staff, and so remain unused. I would estimate that only about half of the museum has ever been used!

With the digitization of the collection, it is now easier than ever to find the specimens you want. From the LIS Image home page you can simply type in the tissue type and any specific keywords that you are looking for, add the word "museum", and the search engine will find the ones that match. It's that simple.

If you enjoy sorting through the collection like a kid in a candy store, you can still do this on the LIS Image Server by browsing through the entire list of images on the Museum Photolist page. Maybe you just want to browse through only the hearts, or only the livers- simply enter the search terms "heart + museum" and you are off to the races! And the best part of it all is that you can do it from the comfort of your office chair!

If this is sounding more and more like a sales pitch...well it is. Over the past couple of years a great deal of effort has gone into digitizing and cataloguing the collection for the

purpose of making it easier to use. We (myself, Kevin Kell, and Lloyd Kennedy) need you to try it out and let us know how we can continue to improve it.

If you want to find out more about how to use the catalogue, please contact me (feener@cliff.path.queensu.ca, 32906) and I will be happy to drop by your office and give you a demo of the system. If you have already used the system and have some ideas about improving it, don't hesitate to let us know.

Troy Feener  
Museum Archivist

Our Linux based servers have been rock solid stable and a measure of this are "uptimes", or how long the server has been running since the last reboot.

As of May 8th  
 WebServer up 86 days  
 CDServer1 up 30 days  
 LISImage up 89 days

Our microsoft windows servers have not been so good:

Richlab1: up 28 days (not too shabby)  
 Richlab2: up 3 days



A reminder to please keep food away from your keyboard!