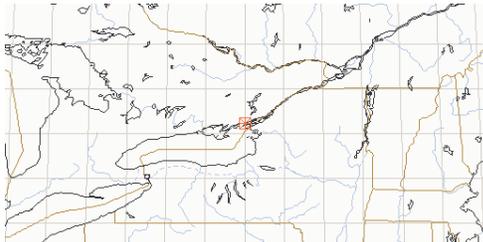

Pathology News

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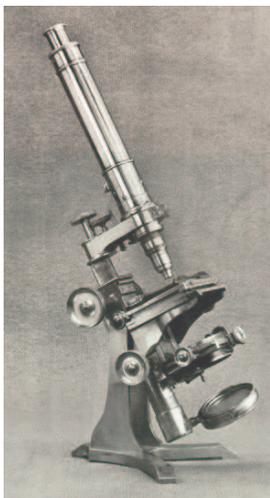


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We publish only that which is
submitted!
(There are no expense accounts
and no reporters)
If there is no news about your area
that means we haven't received
any!

From the Head

Annual Christmas Party, Friday,
December 13, 2002. Tickets
available soon from the
administration office Rich202.

November 30th represents a milestone for
our Department as David Piper retires from his
position as Administrative Director of the
Department of Pathology and Clinical Laboratory
Services of Kingston General Hospital and the
Department of Pathology at Queen's University.

David was educated in Nottingham,
England and his initial professional appointments
were as a Senior Medical Laboratory Scientific
Officer at Nottingham City Hospital and Lecturer
in Transfusion Medicine at Nottingham Trent
University. Dave emigrated to Canada in 1974
and after a year as Chief Technologist at
Sensenbrenner Hospital in Kapuskasing, Ontario,
he spent the next 11 years as Technical Director
of Laboratories at the Trenton Memorial
Hospital.

It was in 1986 that we had the great good
fortune to be able to recruit Dave to the
Administrative Director position in our
department. During the last 16 years, the
department has benefitted immensely from Dave's
management skill and creativity. With his
leadership, our excellent team of managers
including Mary Waugh in the Core Laboratory,
Linda Fidler in Microbiology, Dave More in
Pathology and Anne Hanley in Genetics, have
established what is recognized as one of the most
efficient academic health science centre
laboratories in Ontario. Working in concert with
Drs. Mike Raymond and Christine Collier, Dave
has also been instrumental in implementing
innovations in industrial processing within the

Core Lab which have markedly streamlined workflow and have been lauded by the manufacturer who provided the automated equipment.

Together with Dr. Paul Manley, Dave led the planning and implementation of the renovations in the Douglas wing, which have allowed us to consolidate our laboratory activities in a single location, as well as the renovations of the Richardson Laboratory, which have produced excellent research space for the department.

Dave's legacy is one of achievement. His creativity and innovation will be sorely missed but we will remember him, above all, as someone we could always depend on to get things done.

I would like to extend to Dave and his wife Jean all the best for a prosperous and rewarding retirement.

I.D. Young, MD

For Your Info

**2002 SWEP Program
NOW ACCEPTING SWEP
PROPOSALS!!**

SWEP 2003 information and the proposal is online:

http://careers.queensu.ca/SWEP/Main_Page.htm

Proposals are due **November 18, 2002.**

PROPOSAL TIP #1: Compose the Job Description, Skills Required by the Student, and the Learning Plan in your word processing package and when the time comes to submit your proposal, simply cut and paste these three into the form.

PROPOSAL TIP #2: When composing the Job Description, Skills Required by the Student, and the Learning Plan, do not use hard returns within sentences (perhaps in an attempt to make it fit within the box on the form), only where you want a distinct line break or at the end of paragraphs. This prevents gaps that the hard returns create from appearing in the middle of your sentences.

PROPOSAL TIP #3: When you submit your proposal you will receive a confirmation BUT you will also receive an email confirmation from me within two working days that confirms that I have received your proposal and contains your SWEP number. If you do not receive this email confirmation from me please contact me as it probably means your proposal did not go through.

The Nathan Kaufman Visiting Lecturer Fund

As you know, the department has set up a Lectureship and Visiting Speaker Fund in honour of Dr. Nathan Kaufman. As stated in the Terms of Reference, "the purpose of the Fund is to support an annual visiting lectureship focussed on research of major interest to Pathology. If sufficient funds are available annually, other visiting speakers for research seminars or departmental conferences may also be funded". I would like to invite you to suggest the names of possible speakers. Please submit a selected bibliography and any comments about the contributions and the profile of the individual you feel would be worth inviting. Please submit to Dr. David Lillicrap by November 29, 2002.

Congratulations to

Dr. Susan Cole on being elected by the University Senate to serve on the Senate Agenda Committee for a term of September 1, 2002 to August 31, 2004.

Here comes the bride!! Laurel Whyman is getting married in November, in Cuba!!
Congrats and best wishes, from everyone in Pathology.

Publications

Shui Tam, Alana Flexman, Jennifer Hulme and **Robert Kisilevsky**. *Promoting Export of Macrophage Cholesterol: the Physiological Role of a Major Acute-Phase Protein, Serum Amyloid A 2.1*.
Journal of Lipid Research 43:1410-1420, 2002.

J.A. Cataudella, **I.D. Young** and E.A. Iliescu. *Case Report: Epstein-Barr Virus-Associated Acute Interstitial Nephritis: Infection or Immunologic Phenomenon?*
Nephron 92:437-439, 2002.

Phillip Isotalo, Susan Robertson and Norman Futter. *Urinary Bladder Urachal Remnants Underlying Papillary Urothelial Carcinoma*.
Arch. Pathol. Lab. Med. 126:1252-1253, 2002.

Richardson Research Seminars
Department of Pathology
Seminar Schedule 2002 - 2003
Tuesdays @ 4:00 p.m.
Richardson Amphitheater, Richardson Laboratory

Date	Speaker
November 19	Dr. Scott Davey Cancer Research

Grants'N'Such

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!

D r. Dexter's Corner

Blast from the Past: a letter

David:

Thanks for the mention in your column in the Queens U. pathology alumni newsletter a few months back re: the retirement of Al Fletcher (if memory serves). I had pretty much forgotten about the singing on the bone marrow tapes I used to dictate. However, I cannot deny it. I was amazed that anybody else had taken notice, so much so that the day after I read the column I sang "Oh Canada" at full volume into our transcription machine here. Unfortunately our transcriptionists don't quite share the same sense of humour and my patriotic efforts went entirely unnoticed.

C'est la vie.

J Lentz

Encouragement for the future?

The Newsletter is your Letter and I encourage one and all to "put pen to paper" as it were and to express opinions, contribute succinct summaries of their work and what's new. People do read the Newsletter and it can be an excellent forum for debate and the sharing of information. Do not be influenced by the apparent lack or absence of either "pen" or "paper" as both are obsolete in our current High-tech World. Historians and Museum experts are at hand for translational purposes for Snail-mail and even hand-written documents.

D Dexter

Headpain:

a popular Primary care approach to therapy and diagnosis.

* Though disputed by conventional Western medicine, the ancient Chinese art of kneecap-smashing may distract you from your headache.

* No matter how severely your head hurts, do not under any circumstances attempt to remove it.

* Many popular herbal headache remedies exist, including valerian and kava kava, but be advised that they don't work.

* Headaches can get so severe that, in some cases, doctors prescribe morphine or methadone. A better way to look at this is that headaches can get so good that doctors prescribe morphine or methadone.

* If you have a severe headache, you likely have five or six throbbing red lightning bolts behind your sinuses. This is particularly useful in identifying the exact location of the walls of each sinus to the nearest Angstrom.

* Sensitivity to noise may lead to destruction of all nearby clocks and watches.

* Use of ear-plugs to reduce external noise is ill-advised. The pounding of a regular heart-beat is amplified to the point of suicidal thought.

* If you suffer from recurring headache pain, you probably have a tumor or something.

* If you suspect that your headache is a migraine, ask yourself: Does the prospect of having a double-barreled shotgun inserted into any orifice and discharged fill you with thoughts of blessed, eternal relief? If so, it's probably a migraine.



Figure 3 Headache sufferer

* Headache sufferers, be advised that episodes can easily be triggered by stress, improper diet, or people constantly chiming in with their useless headache advice.

D Dexter

With apologies to The Onion



ODDITIES FROM THE PAST – THE BENEFITS OF TOBACCO

The Mortem Post has, for the last few years, published an annual report of Drowning Deaths in Ontario. Kingston has its share through the Forensic Unit. Unfortunate accidental deaths, boating incidents, snow mobilers on thin ice, urinating inebriated Fishers (new-speak) and Hunters contribute to the total. For those saved from a watery end, the skills of modern resuscitation are taken for granted. In the 18th century, however, it was not so. The art of revival was primitive. Warmth, rubbing the skin, and slapping the face were the mainstay. Tobacco, introduced by Sir Walter Raleigh, was known for its warming and stimulating properties.

From this knowledge, someone – we know not who, in a flash of intuition, proposed the injection of tobacco smoke into the rectum as a powerful resuscitant. Kits were developed with tubes, bellows, and rectal pipes as well as nasal and tracheal airways. It seemed either the rectal or the orotracheal route would work, though one would hope care in selection of the right tubing occurred.

It was nascence of social responsibility and apparently led to the founding of some of the earliest Humane Societies. In 1797, The Society for the Recovery of Drowned Persons started in Amsterdam. In London, not to be outdone, The Institution for Affording Immediate Relief to Persons Apparently Dead from Drowning (the IAIRPADD) was founded in 1774 becoming the Royal Humane Society in 1787. Tobacco enema kits were placed along the banks of the Thames at various points, only going out of fashion in 1835. As a side note, mouth-to-mouth resuscitation techniques only became popular in 1959.

Perhaps, some benefits have derived from the tobacco plant, but near drowning in 1800, would have been quite unpleasant.



Ref: Lancet 359:1442, April 2002

THE ART OF SCIENCE OR CHOOSING THE RIGHT PAPER

I have resisted reporting on the benefits and negative effects of selected foods and drinks until more definitive studies were forthcoming. The rush to publication has not done the scientific literature any good. In fact, one might make the case that its reputation is in shatters. It is a combination of many things from the proliferation of publications, the persistence of the publication or perish concept, the increase in media fora, and the increase in budding scientists. Newspapers, radio, and television are hungry for headlines and controversy and the Warhol principle of entitlement to a fleeting moment of fame creates and contributes to a continuance of confusing controversy.

Take coffee! It seems to be a basic necessity for survival and productivity in the home as well as in business. Its absence in the Pathology Department would slow output dramatically. Problem cases would remain unresolved for days. Conversations would quieten and end. Somnolence and an occasional snore would supervene.

The question remains as to whether coffee is good for one. The literature confuses. Over the years, prestigious journals have stated the bean is bad and the incidence of assorted malignancies may rise. Wait but a month or two, and the thesis will be soundly refuted by yet another paper, for the most part looking at the same issues and a similar database. Both sides will be debated in the media with headlines to match. Coffee sales bounce accordingly. Perhaps, decaffeinated coffee a product the old Fast Salesmen would have loved to put over on the public as Coffee-free Coffee, might be less risky. And what about the Swiss-Water decaffeinated product?



Two products that improve the quality of life in several ways are wine and beer. In moderation, red wine does good things. People seem to live longer. It is true in France and Italy where the benefits are such they outweigh the deleterious effects of a high incidence of smoking. Indeed it is from this very observation that the term 'the French Paradox' was derived. Of course, the key is the definition of moderation for it is often in the eye of the beholder. A recent paper in Circulation has shown that the Polyphenols present in red wine significantly enhance eNOS (endothelial nitrous oxide expression) with subsequent NO release from endothelial cells. This, dear reader, is good, for impaired NO release is thought to contribute considerably to the development of atherosclerosis. The polyphenols include anthocyanins, proanthocyanins, monomeric flavanols, phenolic acids, as well as stilbene derivatives. Of these resveratrol (stilbene), delphinidin (anthocyanin), and quercetin (flavonol) are the active mediators. The conclusion is that red wine, though not necessarily French, is good for us.

King's College and St. Thomas' Hospital in London have proof that "a glass of beer a day is one of the best ways in which young women and men can ensure they have strong and healthy bones." My recollections of both these medical schools are that the "glasses" were huge, at least judging from the beer consumption of their rigger teams. Moderation was not a noticeable theme. Perhaps all the bumps, bruises, and general athletic trauma required supplementation of their intake.

The good thing about beer is the silicon. Wheat and barley absorb silicon from the soil. Bone strength has been directly related to dietary silicon, and beer is one of the richest sources in the modern

diet. The average intake of silicon is 30 mg a day, and a half pint of beer will give 6 mg or 20 percent. Beer is not only a relatively high source of silicon, but the amount we can absorb from it is more than from other foods.

Silicon deficient chicks develop bone deformities whereas its presence stimulates collagen formation vital to bone framework, strength, and flexibility. Silicon is present in other foods and can be found in some mineral waters, but modern tap water, treated with aluminium, removes silicon.

This is good news! A glass of beer or wine seems to be a sensible supplement to good health. The absence of the letter "e" constitutes a word of warning. Silicon is not silicone, and breast implants and other such modifications will not ensure a lifetime of healthy bones.

Cheers!

Ref: Daily Telegraph, October 22, 2002
Circulation: Sep24th 2002 pp1615-1617

Job Opportunities

Northern Ontario Medical School (NOMS)

A new medical school for the whole of Northern Ontario, the Northern Ontario Medical School (NOMS) is a joint venture partnership of Laurentian University, Sudbury and Lakehead University, Thunder Bay. With main campuses in Thunder Bay and Sudbury, NOMS will have multiple teaching and research sites distributed across Northern Ontario, including large and small communities.

A medical school like no other, NOMS will have a strong emphasis on the special features of Northern Ontario. These include: a diversity of cultures - aboriginal, francophone, remote communities, small town rural, large rural community and regional centres; varying illness, injury and health status patterns with their specific clinical challenges, a wide range of health service delivery models; and the personal and professional challenges, rewards and satisfactions of medical practice in northern and rural environments.

Associate Deans (4 Positions)

The Associate Deans will shape and build the School's Undergraduate Medical Education, Post Graduate Medical Education, Research, and Admissions and Student Affairs. Working

together and with others to create a vibrant, recognized and innovative medical school, the Associate Deans will be responsible to the Dean for all aspects of planning, development, implementation and evaluation in their areas of responsibility.

Successful candidates will bring experience with medical education in an academic environment and specialized knowledge in one of the four areas. An MD is required for the Post Graduate role, and an MD or PhD is required for the others. Candidates with experience in academic administration, in education in rural health setting and in aboriginal and/or francophone communities are in the best position to contribute early in their appointments. The ability to be part of an outstanding team will be essential.

Chief Administrative Officer

The Chief Administrative Officer will lead, direct and manage all non-academic functions of NOMS including strategic administrative planning, finance, human resources, technology, facilities, and communications. The CAO will develop and implement administrative and operational procedures in support of academic priorities of the School and its joint venture partners.

Candidates will have a University degree and progressive executive experience preferably

in a health or post secondary setting. Experience in university human resources and financial services, and exposure to the challenges faced in administering a Canadian medical school, are all highly desirable.

If you are interested in any of the above positions contact: Libby Dybikowski, Cathy O'Reilly or Bonnie Milne at (604) 913-7768 or forward your CV, a letter of introduction and names of three referees in confidence to: Provence Consulting, Suite 202 - 1555 Marine Drive, West Vancouver, BC V7V 1H9. Fax: 604-913-8356; e-mail: search@provenceconsulting.com. To apply online, go to www.provenceconsulting.com.

Postdoctoral or Research Assistant

One position available immediately for a postdoc fellow or research assistant with training in molecular biology. The project will entail gene micro-array analysis of peripheral tissues in patients with Alzheimer's disease and other neurodegenerative disorders. The candidate must be a Canadian citizen or landed immigrant with visa status permitting unrestricted travel to the US. CV and a list of 3 references should be sent to: Dr. Hyman Schipper, Professor of Neurology and Medicine (McGill University), Lady David Institute for Medical Research, SMD Jewish General Hospital 3755 Cote Ste. Catherine Road, Montreal, QC H3T 1E2. Email: hyman.schipper@mcgill.ca.

Rhode Island Hospital and the Miriam Hospitals

Recruiting a Neuropathologist with general surgical pathology and basic research skills at Rhode Island Hospital and the Miriam Hospitals, Lifespan Academic Medical Center, Department of Pathology. The successful candidate must qualify for a full-time medical faculty position at the rank of Assistant or Associate Professor in the Department of Pathology at the Brown University School of Medicine. Minimum requirements include: board certification in Neuropathology by the American Board of

Pathology (or Canadian equivalent). Participation in autopsy and surgical neuropathology, and general surgical pathology including frozen section interpretation is required. The candidate should be familiar with histochemical, immunocytological and ultrastructural techniques and interpretations for neurological diagnosis. Individuals will be expected to engage in medical student, resident and fellow teaching and to develop and conduct a research program in a field related to neuropathology.

Interested individuals should send a letter of interest and a curriculum vitae to Edward Stopa, MD, Director of Neuropathology, Lifespan Academic Medical Center, Department of Pathology, c/o Rhode Island Hospital, 593 Eddy Street, Providence, Rhode Island, 02903 USA.

Department of Laboratory Medicine and Pathobiology University of Toronto

The Department of Laboratory Medicine and Pathobiology, Faculty of Medicine, University of Toronto (<http://www.utoronto.ca/LabMedPathobiology>) is seeking applicants for one full-time faculty position either non-tenure or tenure-stream at the rank of Assistant Professor available July 1, 2003. We are particularly interested in individuals working in the areas of molecular and biochemical mechanisms of microbial disease, including virology and parasitology. Candidates must have an MD or a PhD degree or equivalent, have completed significant postdoctoral training, and have an established track record of high quality research. Exceptional candidates with established funded research programs and a rank of Associate or Full Professor may be considered as well. Teaching experience at the undergraduate and graduate level is an important asset.

The successful candidate is expected to participate actively in graduate and undergraduate teaching programs, maintain a well-funded independent research program and

interact with other investigators at the University campus and the major affiliated teaching hospitals.

Applicants should submit curriculum vitae, description of their research accomplishments and the focus of their planned research program and the names of three referees by 15th January, 2003 or until the position is filled, to the Chair, Academic Search Committee, Department of Laboratory Medicine and Pathobiology, Faculty of Medicine, University of Toronto, Room 110, 100 College Street, Toronto, Ontario, M5G 1L5.

Department of Laboratory Medicine and Pathobiology, University of Toronto Academic Microbiology Position

The Department of Laboratory Medicine and Pathobiology, Faculty of Medicine, University of Toronto

(<http://www.utoronto.ca/LabMedPathobiology>) is seeking applicants for one full-time faculty position either non-tenure or tenure-stream at the rank of Assistant Professor available July 1, 2003. We are particularly interested in individuals working in the areas of molecular and biochemical mechanisms of disease. Candidates must have an MD or a PhD degree or equivalent, have completed significant postdoctoral training, and have an established track record of high quality research. Exceptional candidates with established funded research programs and a rank of Associate or Full Professor may be considered as well. Teaching experience at the undergraduate and graduate level is an important asset.

The successful candidate is expected to participate actively in graduate and undergraduate teaching programs, maintain a well-funded independent research program and interact with other investigators at the University campus and the major affiliated teaching hospitals.

Applicants should submit curriculum vitae, description of their research accomplishments and the focus of their planned research program and the names of three referees by 15th January, 2003 or until the position is filled, to the Chair, Academic Search Committee, Department of Laboratory Medicine and Pathobiology, Faculty of Medicine, University of Toronto, Room 110, 100 College Street, Toronto, Ontario, M5G 1L5.

Brown University

The Department of Pathology and Laboratory Medicine invites applications for a three-year renewable, tenure-track, campus-based position as Assistant Professor or a tenured position as Associate Professor. The candidate is expected to develop and maintain a productive, independent externally funded research program in basic mechanisms of human disease.

Preference will be given to candidates with research training in environmental pathology or cancer biology who can serve as predoctoral and postdoctoral research mentors for a Training Program in Environmental Pathology funded by the National Institute of Environmental Health Sciences. Board certification in anatomic and/or clinical pathology and ability to teach systemic pathology is desirable. Teaching responsibilities include teaching, training, and advising undergraduate, graduate, and medical students. Candidates should have an MD, PhD or MD/PhD degree and 2-3 years of postdoctoral or residency research training. Modern research laboratories, core facilities and start-up funds are available. Applications received by January 1, 2003 will receive full consideration.

Send to: Dr .Agnes Kane

Professor and Chair

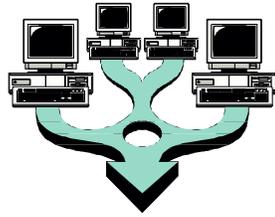
Department of Pathology and Lab Medicine

Brown University

Providence, RI 02912 USA

N

etwork News



Network Upgrade

On Wednesday November 6th, the server room network connection was upgraded from a single 10 mbps line to a single 100 mpbs line plus the original 10mbps line. Improvements in all methods of access to the servers Richlab1 and Richlab2 were immediate. We hope to get double or triple this when the new building wiring goes online sometime later this year.

Resource Upgrades

One of the old library **flatbed scanners**, an HPScanjet 3C, has been installed on Resroom #6 workstation, located in the Douglas2 residents room. It uses an older Deskscan II software package but is integrated into other programs (so you can scan from accd, word perfect, word, etc). This is in addition to the two flatbed scanners in the library already.

Data Projector #3

Epson 71C aka model EMP71 Data Projector:
Purchased in 2002
October 30



At present this is located in room 102 and is booked via MS Outlook, the departmental scheduling system as Data Projector/Present #3.

*Note that there will be **NO COMPUTER** on this cart at this time, but is meant more for all of those laptops users that keep disconnecting cables on Presentations #1 cart and not putting them back where they disconnected them from!*

Specs: 1000 Lumens, 300:1 contrast, 1024x768 LCD panels(3), f 55-72mm f1.5 diagonal image size=2 to 25' focus distance 4-36', 1 watt mono sound

No spare bulbs are carried. A replacement will have to be ordered when the original blows (4-5 year life span estimate at 5 hrs/week).

Inputs: 1 computer standard VGA female (with RCA female stereo audio), 1 composite video (with l/r audio), 1 S-video (with RCA female stereo audio), computer slave output.
Bulb type: UHE 160w 1500hr
serial# D7V0290277K

There is a microscope with a digital S-video camera attached with the projector on a cart.

Software Upgrades

43 workstations have been upgraded to windows NT 2000 and another 32 to go. In addition our linux servers underwent of their operating systems as well.

LISImage

Date	#cases	#photos	Total % of drive
2002 Nov 07	2404	11431	30%
2002 Oct 16	2382	11203	28%
2002 Sep 16	2358	10664	26%
2002 Mar 07	2064	8607	17%
2002 Feb 04		1984	8197 16%
2002 Jan 02	1886	7706	15%
2001 Sept 12	1529	5988	14%

You can read more about the LISImage system at :

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

Japanese Microsoft Windows Error Messages

In Japan, they have replaced the impersonal and unhelpful Microsoft error messages with Haiku poetry messages. Haiku Poetry has strict construction rules--each poem has only 17 syllables: 5 syllables in the first line, 7 in the second, and 5 in the third. They are used to communicate a timeless message, often achieving a wistful, yearning and powerful insight through extreme brevity.

Here are 16 error messages from the Japanese Microsoft programs.

The Web site you seek
Cannot be located, but
Countless more exist.

Chaos reigns within.
Reflect, repent, and reboot.
Order shall return.

Program aborting:
Close all that you have worked on.
You ask far too much.

Windows NT crashed.
I am the Blue Screen of Death.
No one hears your screams.

Your file was so big.
It might be very useful.
But now it is gone.

Stay the patient course.
Of little worth is your ire.
The network is down.

A crash reduces
Your expensive computer
To a simple stone.

Three things are certain:
Death, taxes and lost data.
Guess which has occurred.

You step in the stream,

But the water has moved on.
This page is not here.

Out of memory.
We wish to hold the whole sky,
But we never will.

Having been erased,
The document you're seeking
Must now be retyped.

Serious error.
All shortcuts have disappeared.
Screen. Mind. Both are blank.

Yesterday it worked.
Today it is not working.
Windows is like that.