



his *Counterblaste to Tobacco* were recently featured in the *Annals* of the Royal College of Physicians and Surgeons in an article by Dr. Watson Buchanan, professor emeritus at McMaster University's Faculty of Health Sciences.

Buchanan wrote that King James "waxes eloquently on the 'great iniquitie, and against all humanitie' of secondary smoke: 'the husband shall not be ashamed, to reduce therby his delicate, wholesom and cleane complexioned wife, to that extremity, that either she must also corrupt her sweet breath therwith, or else resolve to live in perpetual stinking torment.'" The effect of peer pressure, which applies to modern teenagers, didn't escape his notice either: "'divers men very sound both in judgement and complexion' take up the habit 'because they were ashamed to seem singular.'"

Frequent-visitor status for 13% of Canadians

Even though 62% of Canadians rated their health as excellent or very good, about 77% of adults visited a physician in 1994 and 13% of the population visited a physician 10 or more times, according to data from the 1994 National Population Health Survey. *Canadian Social Trends*, a quarterly publication from Statistics Canada, reported recently that the number of Canadians who consulted a physician during 1994 varied by province, ranging from 82% of Prince Edward Islanders to 70% of Quebecers. A regional variation also held true for Canadians visiting physicians 10 or more times in a year; the highest rate was in Nova Scotia (18%) and the lowest in Quebec (9%).

People who said they had 1 or more chronic conditions (the most

common being allergies, back problems, arthritis and rheumatism) reported an average of 6 consultations with a physician in the previous year, compared with 3 for those who were not experiencing chronic health problems. The survey found that 77% of Canadians aged 15 and older reported using at least 1 prescription or over-the-counter drug, and 15% of adults had used some form of alternative medicine, the most common being chiropractic (11%).

Necessity the mother of invention

An American registered nurse has developed a topical solution that makes medical tape removal less unpleasant for both patients and health care professionals who do the dirty work. *Tape Away* "protects against trauma due to tape tearing and 'burning' skin, in turn guarding against serious infections and other complications," says a release from the Invention Submission Corporation of Pittsburgh. The product, which comes in a pump-spray bottle, is touted for use when intravenous devices or electrodes are being removed.

Hewett named president, CEO of MD Management

Rob Hewett, a director of MD Funds Management and MD Management Ltd., will be MD Management's next president and chief executive officer. He will take over as head of the CMA's wholly owned financial subsidiary on Feb. 1, 1997. He replaces Roland Breton, who is retiring.

In announcing the appointment, CMA secretary general Dr. Léo-Paul Landry said Hewett has extensive experience in the financial-services industry, having held senior positions in trust, insurance, investment-management and leasing organizations. Landry said he brings "a good understanding of the organization and its

More Canadian MDs head south for training

Between 1992 and 1995 there was a 34% increase in the number of graduates from Canadian medical schools taking postgraduate training in the US, according to a report in the Association of Canadian Medical Colleges *Forum*.

The increase was most evident among trainees from Ontario. In 1992 only 89 Ontario medical graduates registered in US training programs; by 1995 that had increased to 165 physicians, an 85% increase. Lesser but significant increases were also reported for medical graduates from BC (71%) and Alberta (63%).

Other highlights of the *Forum* report, which was prepared by

the Canadian Post-MD Education Registry, include:

- The most popular US training program was general internal medicine; in 1995 it attracted 114 Canadian graduates, a 68% increase from 1992.
- The number of Canadian trainees rose in several specialty fields, including family medicine, anesthesia, diagnostic radiology, psychiatry and general surgery.
- There were 580 Canadian graduates enrolled in US training programs in 1995, compared with 431 in 1992.
- The number of graduates seeking the J-1 visa from the US rose from 170 in 1992 to 262 in 1995.





growth potential” to the position. The company’s assets under management recently surpassed \$7 billion for the first time.

Hold the Bair hugs

The mere thought of having her body temperature raised by Augustine Medical’s Bair Hugger Patient Warming System sent shivers down the spine of a 32-year-old woman recovering from reconstructive surgery in British Columbia, a physician reports. The patient, who had been mauled by a grizzly bear 2 weeks earlier, underwent a 10-hour operation that included a nerve graft, decortication of the skull and skin grafting; as most of her body was exposed during the lengthy procedure, her body temperature fell to 34.5°C. When the Bair Hugger warming device was ordered for her recovery, the patient’s eyes flew open and she stared at the nurse — as if the thought of bear hugs did not thrill her. The story was recounted by Vancouver anesthetist David Wong in the December issue of the *Canadian Journal of Anaesthesia*.

Don’t use medical excuses to escape breathalyser, MDs warn

Motorists who are caught drinking and driving are getting little sympathy from the medical profession. The Ontario government recently followed Manitoba’s lead and implemented an administrative driver’s license suspension for impaired drivers or those who refuse to provide breath samples, and the OMA responded by warning motorists against trying to use medical problems as an excuse to dodge the breathalyser.

“There are almost no medical conditions that would prevent a driver from providing a sufficient sample of breath,” said Dr. Ted Boadway,

the OMA’s director of health policy. “If a driver is unable to breathe he or she has no business being behind the wheel of a car, whether drinking or not.” The OMA advised physicians who are asked to provide medical information related to a patient’s refusal to give a breath sample to consider several factors. What is their direct knowledge of the timing and circumstances of the incident? Could a medical condition truly be a factor? It warned that they should also remember they might be subpoenaed to give further evidence.

Essay contest entries invited

Essays are invited for the ninth annual Knights of Malta Prize in Medical Ethics. Interns, residents or fellows training in Canada are eligible to submit essays of no more than 5000 words on any ethical issue to Dr. R.I. Ogilvie, The Toronto Hospital (Western Division), McL 8-419, 399 Bathurst St., Toronto ON M5T 2S8. The deadline is Mar. 1, 1997. The 1996 competition and \$5000 award was won by Dr. Tina Chadda, a psychiatry resident at the University of Toronto.

Degree program in ayurveda

A 4-year university degree program in ayurveda, India’s indigenous system of medicine based on Hindu scriptures, is being established in England to spread the correct knowledge of an ancient system of healing dating back to 3000 BC. The program will be offered this fall in partnership with Wolfson College of Health Sciences and Thames Valley University of London, Faculty will include senior professors from India as well as ayurvedic and Western physicians. Fully qualified doctors will be eligible for a 3-year part-time program.

Research Update *Mise à jour de la recherche*

Stopping stroke

A recently discovered gene has been shown to protect neurons from programmed death after stroke and may open the way to a novel drug therapy for stroke, according to results presented by Dr. George Robertson at the Society for Neuroscience annual meeting in Washington in November.

Robertson, an associate professor of pharmacology at the University of Ottawa, conducted the research with postdoctoral fellow Dr. Daigen Xu and graduate student Stephen Crocker. It builds on the discovery of the *NAIP* (neuronal apoptosis inhibitor protein) gene by Drs. Robert Korneluk and Alex MacKenzie of the Children’s Hospital of Eastern Ontario in Ottawa (see *Cell*, January 1995). *NAIP*, located in the q13 region of chromosome 5, is associated with spinal muscular atrophy and has been shown to be potentially anti-apoptotic.

Robertson’s laboratory demonstrated that overexpressing *NAIP* in the CA1 region of the hippocampus of rats, with the use of a replication-deficient adenovirus, conferred resistance to ischemic injury. Administering an experimental drug that induces *NAIP* in the brain was also shown to attenuate neuronal loss after transient global ischemia.

These results suggest that drugs that can increase the level of *NAIP* offer new approaches to treating stroke. “It’s not something that’s going to be on the market tomorrow, but it’s coming,” Robertson says. — *C.J. Brown*