



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*