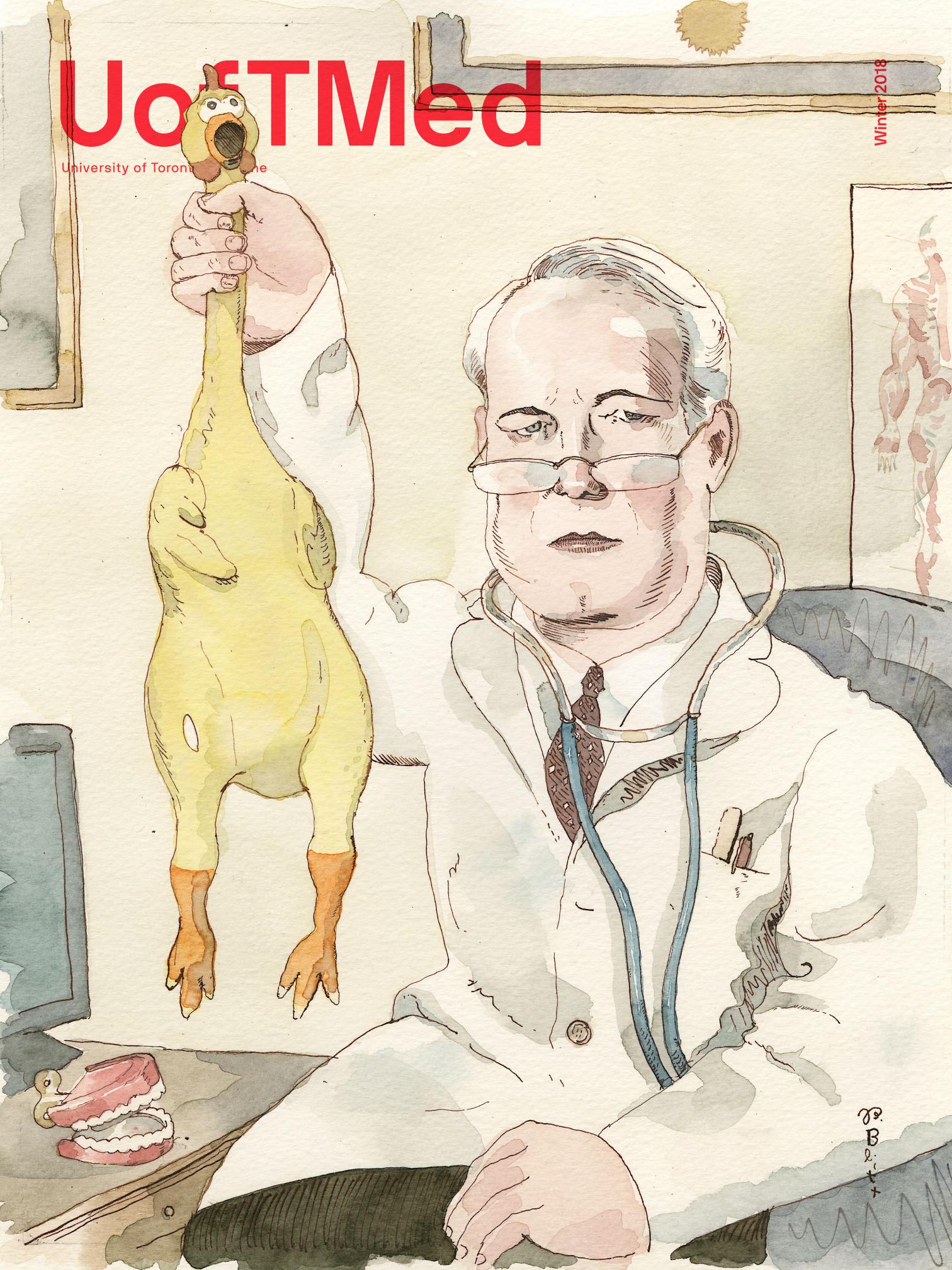


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University of Toronto

Winter 2018



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**Warning: The contents
of this magazine may be
offensively (un)funny.**

Humour — does it belong in a field as serious as medicine? Some feel it's too culturally rooted, too easily misinterpreted, that the consequences of getting it wrong are too high. It's a touchy subject and, in many ways, a challenging theme to explore in medicine.

And yet humour can help people get through terrible pain, anxiety and uncertainty. It can humanize physicians and scientists, and build a deeper rapport with colleagues, helping everyone through the bad days. In these pages, we explore how humour can be a powerful tool to both hurt and help.

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ABOUT THE COVER
To celebrate all things funny in medicine, we commissioned illustrator Barry Blitt to create the cover of our winter edition. Canadian-born Blitt has illustrated 110 covers for the iconic *New Yorker* magazine since 1994, along with op-eds and columns for *The New York Times* and many other publications. For *UofTMed*, Blitt was inspired by the physician's love of dry humour. His illustration contrasts the familiar image of the serious, dignified physician with silly gag items to create an absurdist portrait.

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Whoever said,
'laughter is the best medicine'
never had gonorrhoea.



By Carolyn Abraham
Cartoons from *The New Yorker*

David Goldbloom (PGME'88 Psychiatry), a professor in the Department of Psychiatry, describes this as one of his favourite lines (from the sitcom *My Name Is Earl*). "It's incredibly funny," he says, "but also true."

For as much as Goldbloom loves to laugh, and make others laugh (his talks and lectures could headline at The Second City), he believes the wildly popular hypothesis that laughter can heal "should be subject to the same rigorous scientific testing as any other potential intervention."

It's sobering how little scientific study has been devoted to the health effects of laughter through the years.

Search PubMed for "the physical effects of stress" and more than 42,000 studies come back. Searching for "the physical effects of laughter" turns up 60.

"There simply isn't enough good scientific evidence showing that humour is an effective medical intervention," says Professor Trevor Young, Dean of the Faculty of Medicine. "You can ask what's the harm? But there's an opportunity cost to everything in medicine. That's time and money that could be going to mindfulness meditation, psychological support or exercise — practices with more evidence to support their effectiveness on health."

While the literature may suggest it's premature to take humour seriously as a medical intervention, the body of evidence supporting the health benefits of laughter is growing — along with patient interest. In part, the trend reflects the profile of today's patients, eager to practice self-care and see for themselves if laughter can help heal what ails them. All of which poses a sticky question for doctors, rehab therapists and other providers — should they take it seriously?

"This appears to be a pile of rubbish ..."

Many physicians feel laughter deserves special status in medicine, since it isn't a drug, has no known negative side effects and is relatively inexpensive. Howard Bennett, an American paediatrician and writer of medical satire, says that while it's always worth answering whether an intervention offers clinically relevant benefits, "the threshold for thinking about laughter

in this way is lower. I don't want to be selling anything that doesn't work, but as a practitioner, I would gently suggest it's worth giving it a try."

Part of the problem is that in medicine, "much of the attention has traditionally focused on the health effects of negative emotions, sadness, fear, depression and anxiety," says Mel Borins (MD'73), an associate professor in the Department of Family and Community Medicine. (Borins writes about laughter as the "jest medicine" in his latest book, *A Doctor's Guide to Alternative Medicine*.) He feels the paucity of laughter research is due, in part, to a simple fact: "It's a drug that nobody can patent."

Those who do manage to find funding for laughter studies aren't always taken



seriously. In 2014, Sophie Scott, a scientist at University College London, described in *The Guardian* how she'd picked up her laughter study consent forms off the printer at work to discover a colleague had written on them, "This appears to be a pile of rubbish ..."

Designing studies to investigate the effects of laughter also poses unique challenges. After all, coming up with methods to make people laugh their heads

off involuntarily is every comic's dream. Pulling it off while subjects are also wired to ECGs or blood pressure monitors is tougher still.

"I think people want to believe that something fun is good for you, and small doses every day are probably helpful, but proving long-term benefits is tricky business," says laughter researcher Mary Bennett.

In a 2003 study involving 33 women, for instance, Bennett, director of the Western Kentucky University School of Nursing, showed that laughing out loud boosted the immune systems of those who watched a comedy show, as measured by their levels of natural killer cell activity before and after the viewing. But how long the effect lasted, she couldn't say. "The difficulty in designing studies for measurable effect relies on pre- and post-tests that can be performed quickly," she says. "I think the spike would be relatively brief and then gone."

All of this helps to explain why most laughter studies have been small and the observed effects short-term.

Still, no one doubts that laughing feels good, and several studies find laughter therapy to be a mood booster, even among cancer patients. In June, British and Finnish researchers used PET scans to help explain why. Their work showed that laughter, like physical exercise, releases endorphins that act like a feel-good drug on the brain's opioid receptors, especially when laughing with friends. The more receptors the subjects had, the more they laughed. The researchers also found that a laughter-induced endorphin rush had the added benefit of elevating the subjects' pain thresholds.

The report, published in the *Journal of Neuroscience*, is just one of the latest to suggest that the health benefits of laughing may be wide and diverse: boosting the

WILLIAM STEIG / THE NEW YORKER COLLECTION / THE CARTOON BANK

immune system, blocking harmful stress hormones, protecting the heart, reducing pain, increasing blood circulation, lowering cholesterol in diabetics, improving working memory and even burning calories (no joke). In 2005, Nashville researchers made headlines worldwide after they found 10 to 15 minutes of laughter could burn up to 40 calories a day or four pounds a year.

A Belly Laugh Is Best

When it comes to potential health benefits, however, not all laughter is created equally. Most research suggests it's the full Monty belly laugh, over the smirk or chuckle, that provides the most benefit. As Borins explains, a hearty laugh is a whole-body experience. "When we laugh, it stimulates the parasympathetic nervous system. Cortisol, serotonin and dopamine are released. Your heart speeds faster, your breathing gets deeper. You start to aerate the dead space in your lungs. A good belly laugh will raise your blood pressure, then lower it down, lower than it was beforehand. When we laugh, the tension in our muscles increases while we laugh, and then afterward, it decreases. It's an anti-stress response."

Other research has also linked a good laugh to healthy blood vessels. A study from the University of Maryland found laughter prompts the inner lining of blood vessels, the endothelium, to expand in order to increase blood flow. In contrast, subjects who watched a movie that produced mental stress experienced reduced blood flow as their vessels constricted.

Lead author Michael Miller, a cardiologist, likened the benefit to exercise:



"Curiosity,"

"The magnitude of change we saw in the endothelium is similar to the benefit we might see with aerobic activity," he said. "We don't recommend that you laugh and not exercise, but we do recommend that you try to laugh on a regular basis. Thirty minutes of exercise three times a week, and 15 minutes of laughter on a daily basis is probably good for the vascular system."

Why the Laughter Spread

The notion of laughter as therapy has flourished as a branch of positive psychology ever since American journalist Norman Cousins likened it to a powerful drug that helped him overcome a rare disease in the 1970s. Cousins, the long-time editor of the popular *Saturday Review* magazine, had been diagnosed with ankylosing spondylitis, a painful and life-threatening form of arthritis. Doctors gave him a one-in-500 chance of recovering, but Cousins was determined to beat the odds.

Evidence around at the time suggested that stress and other negative emotions could worsen his condition. So Cousins set out to discover whether positive emotions,

JAMES STEVENSON / THE NEW YORKER COLLECTION / THE CARTOON BANK

humour especially, could improve it. Dosing himself heavily with vitamin C and a regimen of Marx Brothers movies, episodes of *Candid Camera* and funny books, Cousins later wrote, “I made the joyous discovery that 10 minutes of genuine belly laughter had an anesthetic effect and would give me at least two hours of pain-free sleep.” He also reported that his unorthodox treatment approach lowered his sky-high levels of inflammation.

In 1976, *The New England Journal of Medicine*, took the unusual step of publishing the personal findings of a layman, and Cousins followed up with a bestselling book, *Anatomy of an Illness: A Patient's Perspective*, which sparked new scientific interest in the therapeutic benefits of positive emotions, particularly laughter.

Joke of the Month

A few years after Cousins' book came out, Borins found himself compelled to attend a conference on the therapeutic effects of laughter. He came away convinced that positive emotions have a role to play if not in healing, then certainly in communication between doctors and patients.

“When I returned (from the conference) I realized my office was a pretty serious place. I would go through a day without much laughter,” he recalls.

Borins decided to make a point of noticing people's mouths and, when they smiled, he smiled back. This consciousness led to the creation of an unusual practice within his office — a joke contest — that still runs today. He invites patients to share a joke and the best one each month wins a small prize.

“The patients love it,” Borins says, noting that kids bring knock-knock jokes, and the



“It could be one of those things that crawls in your ear and lays eggs, and the eggs hatch and burrow into your — nope. It looks fine.”

adults bring all sorts. One of his favourites: A guy goes to the doctor and says I bark like a dog, I sometimes believe I'm a dog, I sometimes pee on fire hydrants. My family thinks I'm crazy. The doc asks how long has this been going on? The guy says ever since I was a puppy.

“So much of our lives we are conditioned not to laugh,” Borins says. “In school, we're told ‘to wipe that smile off your face,’ or ‘I'll give you something to cry about.’ We're trained to believe that laughing is often inappropriate... We take life perhaps too seriously, so any opportunity to laugh or giggle is welcome.”

Borins believes laughter is “not medicine per se,” but it is both relaxing and healing and deserves further study. In his own experience, just thinking about a funny video when he is at his dentist, he says, “I can laugh myself out of the need for pain medication.”

Could laughter be an overlooked key to developing new anti-depressants? U of T researchers Donald Stuss and Prathiba Shammi (MA'92, PhD'97) have done seminal work identifying the frontal lobe as

LEO CULLUM / THE NEW YORKER COLLECTION / THE CARTOON BANK

the place where humour is processed and laughter is generated in the brain. Stuss, founding director of Baycrest's Rotman Research Institute, and Shammi were exploring how brain injuries, such as a stroke, affect our appreciation of humour. But if scientists could understand more about how humour works, could they also tune up the brain's laughter network to fight depression? After all, you can't be depressed in the exact moment you're laughing. And we know that frontal lobe functioning is affected by depression.

It's a possibility that intrigues David Mikulis, Director of the Functional Neuroimaging Lab in the Department of Medical Imaging, who conducts functional MRI studies of the brain. “Could humour strengthen anti-depression networks or weaken ones that stimulate depression?” he asks. “With deep-brain stimulation using implanted electrodes, we're understanding the power of turning on and off these networks. If the electrode is in the right spot in the brain in a Parkinson's patient with incapacitating tremor, for example, you can completely restore the ability to write again.” Perhaps laughter could work in a similar fashion, by turning down overactivity in the depression network.

The Second-Best Medicine?

While debate continues around laughter's therapeutic value in the clinic, most doctors believe humour can often be a boon to communicating with patients.

“Medicine, by its nature, sets up a weird dynamic — in comes a stranger and you have to care and the stranger has to trust the patient. But if you can share laughter, that's therapeutic, likely for you both,” says

Jeremy Rezmovitz (PGME'11 Family Medicine), an assistant professor in the Department of Family and Community Medicine.

Rezmovitz (who claims “I'm hilarious, but most people don't know it”), trained and worked as a stand-up comedian on his long road to medical school, and says deciding how or if to use humour with patients is like any good performance: “It's about knowing your audience.”

Just as not all doctors are funny, not all patients are receptive to jokes. And sarcasm, Rezmovitz says, “has no place in medicine. It's just confusing for 99.9 per cent of patients.”

For health providers to become more attuned to their patients, Rezmovitz recommends improv — the art of acting out an unplanned skit, often a comedy scene, on the fly. “It helps doctors to deal with uncertainty and communication. It allows



“It's a very hip disease, so it's good we caught it early, before everyone's talking about it.”

you to practise reflection until its reflexive.

“In an improv sketch, we play with the power dynamic — so how do you give more power to the patient? You try to be less pretentious, more humble. I'm 6'3, so I sit on a foot stool because I want the patient to look down at me,” says Rezmovitz, who has run improv sessions

JASON ADAM KATZENSTEIN / THE NEW YORKER COLLECTION / THE CARTOON BANK

for his peers. In January, he'll teach it to Family and Community Medicine residents for the first time.

Participants don't have to be funny, clever or witty, he stresses, just supportive of each other and ready to try it — from there, "laughter naturally flows." And as everyone knows, laughter tends to be contagious. Studies suggest people are 30 times more likely to laugh with others than by themselves.

Rezmovitz calls laughter "the second-best medicine." The first best, he says, "is medicine."

"I firmly believe there's a right drug for the right patient at the right time. Laughter may not be it, but sometimes, it might be." ■

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Do These Genes Make Me Look Funny?



Why do some people laugh more easily than others? Some fascinating possible explanations are starting to emerge from genetic research.

Recent studies have identified a specific gene that seems to be involved in humour, happiness and the quick capacity to laugh. Interestingly, it's the same gene earlier studies implicated in negative emotions, including depression and anxiety: 5-HTTLPR helps deliver serotonin, which is important for mood regulation. It has a short and long version, with the gene's long type transporting more serotonin than the short version. In 2011, researchers found people who inherit two copies

of the long version, one from each parent, were significantly more likely to report higher levels of life satisfaction than those who carry two copies of the short version. Even having one long copy was associated with higher life-satisfaction levels.

Yet, intriguingly, a 2015 study found that while the gene's short variant is linked to negative emotions, its carriers were quicker to laugh, smile and show positive emotions in response to cartoons, comics and funny films than people with long versions of the gene.

The authors hypothesized that the short gene amplifies life's highs and lows: "People with short (versions) may flourish in a positive environment and suffer in a negative one, while people with long (variants) are less sensitive to environmental conditions."

Research suggests humour, like intelligence, is a complex mix of nurture and nature, and the tendency to be miserable or happy owes about a third to genetic inheritance.

Stephen Scherer (MSc'91, PhD'95), professor of molecular genetics and Director of U of T's McLaughlin Centre and the Centre for Applied Genomics at SickKids, suspects the genetic side of the happiness story is complex too — reflecting a kind of mutation known as a Copy Number Variation, in which some people may have extra or missing copies of the genes involved.

"The mechanism is that a CNV could change the dosage of a gene or genes involved to favour either a brain structure involved in happiness — whatever that is — or the neurochemical balance favouring happiness," Scherer says.

"My guess is that those very rare people who are just beaming all the time, talk your ear off, deflect any crap life throws at them and are always smiling, either have a CNV or equivalent mutation," says Scherer, who noted that his godmother might be a candidate. At age 80, she has a perpetually sunny disposition, never a complaint or bad word about anyone and still enjoys good health. ■



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Laugh Until it Hurts!

'Laughter yoga' promotes health and well-being

There's nothing funny about laughter yoga.

The stress-release practise isn't about tickling your funny bone. It's about laughing for no reason at all. In a typical class, you'll make lion faces, pretend to start a lawnmower and cackle like an evil scientist. To reap the health benefits of laughter, it doesn't seem to matter whether you're genuinely laughing or cringing inside.

"It's not appealing to the intellect. It bypasses the brain and gets right to the body," says Steven Hughes (BA'81, MED'91), an education specialist at the Centre for Addiction and Mental Health (CAMH). "You fake it till you make it." (Or not!)

Hughes has led sporadic laughter yoga classes for the past decade at CAMH, both for patients and staff members looking to combat workplace stress and burnout. He found the practice ridiculous at first. But one day, he noticed a participant with schizophrenia who normally displayed the typical flat affect of his disease. By the end of the class, he had a hint of a smile. Hughes was amazed.

He taught laughter yoga to Charlene Marshall (MSW'00), a CAMH social worker, who quickly realized it could be a valuable wellness tool for the nursing home employees she counsels. Now, Marshall runs frequent laughter yoga classes for personal support workers, rehab therapists, nurses and administrators — front-line workers who sometimes battle compassion fatigue and vicarious trauma from their constant exposure to suffering among long-term care patients.

"Many of these environments are very challenging and stressful," says Marshall. "This is an infusion of joy. My role is to uplift staff. And when you have happy staff, you have happier clients."

Laughter yoga was founded by an Indian physician in 1995 with the goal of better health and contributing to world peace. It hasn't been well-researched yet (a small Iranian study suggested it was about as effective as exercise in treating depressed seniors), but Hughes points out the large body of evidence showing that stimulating positive emotions is good for health.

Marshall was drawn to the practice because "I love to laugh — and I have a very loud laugh!" She once ran a laughter yoga group for seniors with treatment-resistant depression. One man walked from the east end of Toronto to downtown to attend her weekly class. A woman remarked it was the first time she'd laughed in 10 years.

"In my work, I see the sadness in people," says Marshall. "If you can reclaim that innate joy, everything looks better." — Heidi Singer ■



WORKING

WITH-

OUT

A

SCRIPT

‘I’ve seen improv comedy do incredible things for medical students and patients.’

By Robert Hawke

I’ve been an improviser for a long time, worked for The Second City in Canada and abroad, and to me there is something almost magical about improv.

When I was recovering from cancer, I noticed that when I went to improv shows, good things happened. I would laugh with friends, and then feel noticeably better for days. I had been in and around improv for years of course, but I wondered if this was having a positive effect on my ability to cope with life after cancer. Improv became a tool for me to deal with my condition.

I started making jokes and shows out of my situation and I was invited by some very generous people to teach workshops at Princess Margaret Cancer Centre for patients, and at the Faculty of Medicine for second-year students.

What could improv possibly do for physicians in training? Picture this: You’re in the centre of a windowless room and all eyes are on you. Sweat glistens on your forehead. You’re part of an intense improvisation game called Zulu, where the participants have to make up names for imaginary products on the spot. There’s no right answer and you can’t study for it. You have to get an idea and blurt it out. In other words, you have to be vulnerable.

I know you hate not having an answer the way my dog hates squirrels. I continue to point at you and wait for a response while 40 colleagues look on. I can see your intense desire to win but I wonder if you have difficulty connecting with people. Unfortunately, this lack of vulnerability reads as arrogance. And, as patients, we know it the instant we feel it.

I had an oncologist who shared this characteristic. He was technically competent but so arrogant and distant that he literally dismissed me from his office because he had a dinner reservation at Centro that evening. He wasn’t a bad physician, he had just forgotten how to be a human being. In that moment I felt a desperate sense of isolation. Later, I realized that the worst part about being sick for me was not feeling pain or discomfort, but experiencing isolation and fear.

That’s how I got the idea to bring improv into medicine: It came from my intense desire to increase the sense of connection between people in health care.

I’ve seen improv comedy in medicine do incredible things. I’ve seen it open up a room of physicians,

patients and their care givers so that they can actually talk to each other in a meaningful way. I’ve seen cancer patients in real trouble somehow laugh at their situation and then share resources they didn’t know they had. I’ve watched as med students realize that they can relax a bit with patients; that they can (dare I say it?) be a human being with the people they serve.

Many times the laughter itself is enough to help us. Heck, who can argue with something that has been proven to increase serotonin and dopamine levels? Often though, it’s the good stuff that comes afterwards that has the real payoff. After people laugh, the natural release of oxytocin that occurs helps people bond together in an almost tribal way. They are more prone to trust each other and be generous to each other. What does this mean in medicine? It means that by using improv comedy to sneak by the sometimes brittle facade of our intellects, we find a way to our silliness, our vulnerability and our humanity. It creates a safer space for us to collaborate in a meaningful way.

To simply say that “laughter is the best medicine” is a platitude that floats by too quickly. These simple things called laughter and improv comedy can be the doorway to feeling better. There is profound good here that we can use to great effect and we have just scratched the surface.

That was a real person in my improv class, by the way — a terrified second-year medical student. I stayed silent and the group didn’t even breathe. There was no way out for him but to say something, anything. The question swirled in his brain: “What is the name of a car that should be invented?” He looked at me. I saw the light of an idea flash in his terrified eyes. “The Fartinater!” he cried.

The class roared with laughter. I applauded and declared him the winner. His face lit up like a 10-year old who has just had the best birthday ever. He was connected, with himself and those around him. Any sense of arrogance was demolished in the joy of experiencing a huge laugh from his peers. I saw a crack in the protective facade he presented to the world and I hoped that would translate to his work with patients in the future. ■

Robert Hawke is a speaker and author who specializes in wellness and education in health care. Follow him @RobertHawke.



“First the good news. His temperature has gone down.”

Cartoon Courtesy of *Stitches: The Journal of Medical Humour*

Dark Humour

It's everywhere in medicine.
Can we live without it?

By Heidi Singer

Humour

→ My father was what people in less enlightened times called a *hypochondriac*. This could grate on people — especially his family doctor, who was also his good friend.

Heidi Singer is the editor of *UofTMed*.

In the 1980s, at the height of the deadly crisis over tainted Tylenol, my father called him at home over some exaggerated health concern. After listening to his complaint, and just before slamming down the phone, the physician said in his most deadpan voice: “Take two extra-strength Tylenol and call me in the morning.”

Dark humour, to be sure. And yet my father found such a thorough and contemptuous dismissal of his fears strangely comforting. And for years, it caused unrestrained laughter in our family.

That story was very much on my mind when I asked U of T physicians and ethics experts whether dark, or gallows, humour — often defined as a way of laughing at tragedy — ever has a place in medicine. Those I spoke with did not condone my dad’s Tylenol incident. But most felt that this particular brand of humour is common among physicians for good reason.

“Gallows humour tends to be rapid, immediate and in response to a really desperate or hopeless situation like a sudden death or senseless loss,” says Allan Peterkin, a professor of psychiatry and Humanities Lead for Undergraduate Medical Education and Post-MD Studies. “In some ways, it speaks to the powerlessness that we can feel in certain clinical situations. I think it allows a distance from the event: There’s something about taking away a situation’s power and laughing about death that feels protective.”

Risky humour can also help give colleagues a sense that they’re in it together, notes physician and medical ethicist Ross Upshur (MSc’97, PGME’97 Family Medicine), a professor of family and community medicine. “It takes a real bond of trust to share humour that’s dangerous and dark, and might not be appreciated by people who don’t have your experiences,” he says. “When you’re navigating a lot of difficult and uncertain contexts, you would have more distress if you didn’t have access to

humour. It would be much more difficult to bear some of the things we see.”

But some worry that gallows humour can become a way to deflect, rather than deal with, the emotional effects of trauma in medicine — and that is not healthy. In a study of 40 medical memoirs, Suzanne Poirier, a professor of literature and medicine at the University of Illinois, noticed that anger and gallows humour were more tolerated among medical students and residents than the expression of serious self-doubt and grief.

The ‘Jokes’ That Fall Flat

When does gallows humour move into exploitative territory? For both Upshur and Peterkin, laughing at patients, rather than the tragic situations they find themselves in, clearly crosses the line. So does “joking down” to colleagues in positions of lesser power, who may not feel they can respond appropriately. And dark humour doesn’t always land well with everyone when a group is of mixed experience and backgrounds.

There’s also concern that people on the front lines of trauma — not just physicians but paramedics, police and firefighters, all of whom have their own brand of gallows humour — might simply be making excuses for each other’s bad behaviour. “I wonder whether humour as a way to cope with severe trauma is overblown,” says Arno Kumagai, Vice-Chair of Education in the Department of Medicine and F.M. Hill Chair of Humanism Education at Women’s College Hospital. “I think there clearly is an aspect of that which is true. But I think it’s something we often use as an alibi for being insensitive.”

Kumagai can’t forget overhearing a dying young woman asking a fellow physician how long she had to live. “If I were you, I wouldn’t buy green bananas,” the doctor quipped. The humour in this case may have been cathartic, but it was for the physician’s own sake — he had exploited his patient to make light of her tragedy, Kumagai points out.

Still, if done ethically, gallows humour can be humanizing for everyone, he notes. “In medicine we see incredible human suffering. But we also see human beings at their funniest. And in situations of tremendous absurdity that make us realize how rich human experience can be.”

Those ethics dictate taking a close look at who’s listening — and it’s not just patients, but learners and, at times, other allied health professionals that could be inappropriate audiences.

There’s something about taking away a situation’s power and laughing about death that feels protective.

Peterkin recalls being a third-year medical student on one of his very first calls when he learned that his patient was going to die that night. His senior resident’s reaction to the news was “Oh, yes, she’s a PBAB (pine box at bedside).”

“It really stung me,” he recalls. “I ended up writing a poem about her that protected me and got me back on track. That’s an example of gallows humour being harmful — we weren’t at the same level of experience. Gallows humour is not for the uninitiated.”

A quarter century later, Peterkin believes gallows humour can be valuable in allowing physicians to move on quickly from tragedy, as they must. “Freud talked about humour being a defence mechanism, so that our egos don’t become overwhelmed. That’s why it persists, why I don’t judge it now that I’m a more senior clinician.”

Perhaps surprisingly, one of the strongest defences of gallows humour I found came from a non-physician: Northwestern University bio-ethicist Katie Watson. In a 2011 paper, Watson cited the horrifying case of three emergency-room residents who ordered a pizza, wondered why it was late, then attempted unsuccessfully to save the life of a teenage boy — who turned out to be the pizza deliverer on his way to bring them dinner.

Afterwards, they looked at the pizza. “How much do you think we ought to tip him?” asked one resident. The others laughed. Then they ate the pizza.

For Watson, even this callous response to a terrible tragedy can be an acceptable tool for moving on, as long as nobody else overhears it.

“When a terrible joke is the only bridge between horror and necessity, gallows humour can be a show of respect for the work that lies ahead,” she writes. “So tell your jokes. Tell them somewhere I cannot hear. Then treat me well when we’re together.” ☐

SIX WHO MAKE US LAUGH



These faculty members and students like to laugh at themselves — and with patients.

FROM TESTICLES TO TIMBUKTU: THE LIFE AND TIMES OF GEORDIE FALLIS



Woody said, 'I don't believe in an afterlife, but I'm bringing a change of underwear.'

He beat a snake to death to save an African village, stitched an Austrian tourist back together after a grizzly bear attack and passed the worst gas of his life while injecting a patient with freezing agent (he blamed it on a bad batch). But the high point in Dr. Geordie Fallis' medical career was being elected president of his Grade 5 Red Cross class.

"It was all downhill from there," quips the Toronto family doctor, renowned for his compassionate care and lighthearted attitude toward life.

Fallis, who has practised medicine for 40 years, loves to laugh. He pokes gentle fun at doctors, patients, medical students and even — especially — at himself, in his 2013 memoir, *From Testicles to Timbuktu: Notes From a Family Doctor*.

"If you can laugh at yourself, it defuses the situation for the patients," he says. "I teach students kindness, understanding and empathy, but humour is the one that levels the playing field. Too often when patients come in, they're anxious about what we're going to find. Humour eases things — it's a bit of a salve."

One night at Michael Garron Hospital, where he was Chief of Family Practice for many years, Fallis visited an anxious palliative patient. "She said, 'I'm frightened of dying.' I said, 'It's a normal response. You should be because we've never experienced it before.'"

After chatting with the woman, Fallis got the sense she might appreciate some wisdom from one of his favourite comedians. "Woody Allen said, 'I'm not afraid of dying, I just don't want to be there when it happens,'" he told her with a smile. She laughed. So Fallis continued: "Woody said, 'I don't believe in an afterlife, but I'm bringing a change of underwear.'" He'd upped her anti-anxiety medication, but in that moment laughter worked faster.

Fallis hasn't yet run into a situation where a patient reacted badly to his humour, but if something didn't land right, "I would apologize," he says simply.

For Fallis, humour is a not-so-secret weapon in the battle against burn-out: "Medicine is a terrible master, and laughter is cathartic. When you have a bellyful, it's similar to a runner's high." — Heidi Singer



Sometimes I dupe people into thinking I'm cool. Mostly by not using the word dupe.



MEDICINE IN THE MOMENT

"I'm not cool," says Tom Yeates, getting jeers from the audience at the Time to Laugh Comedy Club in Kingston. "But sometimes I dupe people into thinking I'm cool. Mostly by not using the word dupe." The audience erupts.

Yeates may be wrong about being uncool — he crushes stand-up and improv (see him on YouTube), sings and plays guitar, and looks like a lithe Joaquin Phoenix. But he's certainly right to say performance comes naturally.

Performing has served him well at U of T, from a stint in the university student band Orbital Groove to a lead role in the Faculty of Medicine's musical *Daffydil* to seeing patients.

"I think the key connection between comedy and medicine is spontaneity," says Yeates, now in his final year of medical school at U of T. "Being a good clinician means quickly synthesizing new information for diagnosis or treatment, and that's a lot like playing off a stand-up crowd or doing improv."

Comedy is also about making human connections, which Yeates says are core to good doctor-patient relations — especially with children. "Making kids laugh definitely helps get them on your side," he says. "They're very spontaneous, and if you listen, they often say funny things — just responding to them can create a rapport."

Yeates has performed magic at birthday parties and fun fairs, and he was the event magician at SickKids for two summers. He still does tricks for his younger patients — disappearing otoscope covers is a favourite.

Some of his other "uncool" hobbies include solving the Rubik's Cube and reading Archie Comics. But Yeates is not worried. "If you can make something uncool funny, it's great medicine," he says. — Jim Oldfield





DID YOU GET STITCHES?

Stitches: The Journal of Medical Humour stopped printing a decade ago, but founder and publisher John Cocker hasn't lost his sense of fun. Now 83, Cocker spends most weekdays flying radio-controlled model planes with a "boys club" in a field near his home in Stouffville, Ontario.

"We knock each other out of the sky, have lunch and solve the world's problems," says Cocker, a newly retired family physician and coroner who used to build and fly real planes. "Next week we're doing the Middle East — might take a little longer on that one."

Stitches at its peak was a 200-page glossy loaded with ads, cartoons and contributions from doctors and patients around the world. A respected media survey in 1999 showed it was the most read Canadian medical journal.

Some people found the magazine's screwball humour offensive. The journal received several complaints over the years, but Cocker says he or editor Simon Haley mollified most irate readers with a standard response: "We strive to be equally offensive to all groups."

Cocker attributes much of the magazine's success to Haley's skills and judgement, and his own compulsion to write. "Funny things happen to all of us, I was just the one who wrote them down," he says. "There's humour in everything. It's one thing that separates us from the animals."

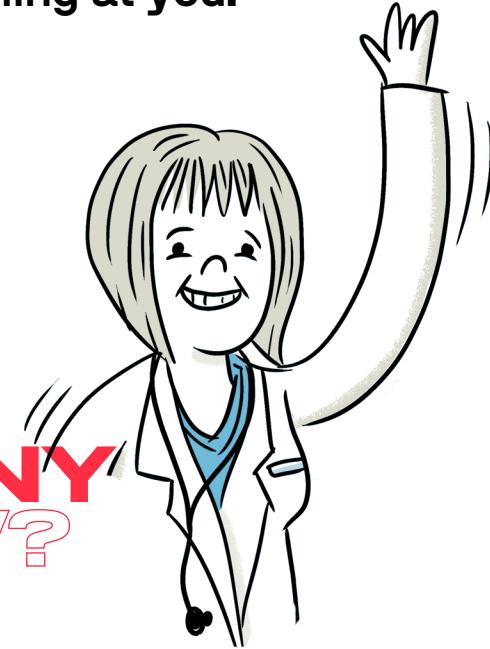
Cocker's favourite cartoon shows a line of old men in wheel chairs, all drooling, with their catheters in a mess. The caption is, "Just think, if we hadn't given up drinking and smoking, we would have missed out on all this."

"It's enough to make you reach for a cigarette," he says. — *Jim Oldfield*



It's hard to develop a God complex when you've got a room full of people laughing at you.

FUNNY HOW?



Dr. Caroline Chessex (PGME'02 Medicine) isn't funny. At least, she doesn't think she's funny.

Her colleagues disagree.

"When I first heard that people thought I was funny, I wasn't entirely sure how to take that," says Chessex, a cardiovascular internist at UHN's Toronto Western Hospital and an assistant professor in the Department of Medicine.

For Chessex, humour isn't about a few clever lines and good timing. It's an essential tool that she uses to create a bond with her patients, teach trainees and maintain a collegial environment in her workplace.

"There are a lot of situations where tension can be running high. Humour is a great way to break that tension and reset the situation," Chessex explains.

Those moments have their place and time. Maintaining a professional disposition remains critical for Chessex. The key, she says, is to be able to "read a room."

"You have to be watching people's body language to see how the jokes are landing. If they're not, you have to ease up on the humour," she says. Then adds, "A lot of my 'jokes' are at my own expense, so the only person who is likely to get their feelings hurt is me."

It's also a helpful teaching aid. Chessex, who has won numerous awards for her clinical teaching, says humour is part of the "secret sauce" she uses in the classroom.

"Let's face it ... part of teaching is performing. Keeping students engaged is part of the job. Dropping in a joke every now and then helps ensure they're paying attention," she says. "It also helps set a more relaxed learning environment, which is especially important for students who may be a bit nervous."

Ultimately, Chessex says, humour keeps her grounded and "human."

"It's hard to develop a God complex when you've got a room full of people laughing at you. And that's not a bad thing!"

What tickles her funny bone?

Bob goes to the doctor for his yearly checkup. "Everything is fine," said the doctor. "You're doing OK for your age."

"For my age?" questioned Sam. "I'm only 75. Do you think I'll make it to 80?"

"Well," said the doctor, "do you drink or smoke?" "No," Sam replied.

"Do you eat fatty meat or sweets?" "No," said Sam, "I am very careful about what I eat."

"How about your activities? Do you engage in thrilling behaviours like speeding or skiing?"

"No," said Sam taken aback. "I would never engage in dangerous activities."

"Well," said the doctor, "then why in the world would you want to live to be 80?" — *Liam Mitchell*

HUMOUR THAT BITES!

The Droopy Lid has long been a refuge of humour and entertainment for medical students, with headlines like “CMA backpacks to be replaced by gang-affiliated bandanas” and “Club spotlight: Medical students who give a damn.”

But the student-run web site is also a way for students to comment on serious issues like curriculum changes and med school admissions interviews. “Satire can bring important topics to the fore and make them accessible,” says former editor Jason McConnery (MD’17), a first-year paediatrics resident at McMaster University. “If framed the right way, it can soften the blow of real criticism.”

In 2014, students were grumbling about a first-year course called Determinants of Community Health, which the university had restructured but without a popular research component. And it had a dry name.

One contributor dug up a study showing a 14 per cent relative risk reduction in failure for courses with catchy names. (The university eventually replaced the course.)

A satirical publication aimed at this demographic takes guts: med students are incredibly busy and overwhelmed by reading material, but they may also feel uncomfortable criticizing the people who evaluate and can hire them. Some even question whether humour has a place in medicine.

But the payback for getting involved is significant. “I can’t say we drove institutional change, but at the very least we vented a few frustrations and started useful discussions among the student body,” says McConnery, who oversaw the Lid’s transition from print to online only in 2015. “And we had fun doing it.” — *Jim Oldfield*



DEVOUTLY FUNNY



Growing up, Salma Hindy was often told pretty girls weren’t supposed to be funny. But at a sex-segregated Islamic school, there was never anything to do at recess, since the boys were using the gym. “So we locked ourselves in the classroom and I would sit in the centre of my girlfriends and we would impersonate the teachers and tell funny stories,” recalls the budding stand-up comedian. “That’s how we would pass the time in a very patriarchal environment.”

Hindy, the daughter of a Mississauga Imam originally from Egypt, further honed her comedy skills in university, when she found herself studying with people of different races and religions for the first time. “I found out the quickest way to make friends and get somebody to trust you right away is to make them laugh,” she recalls.

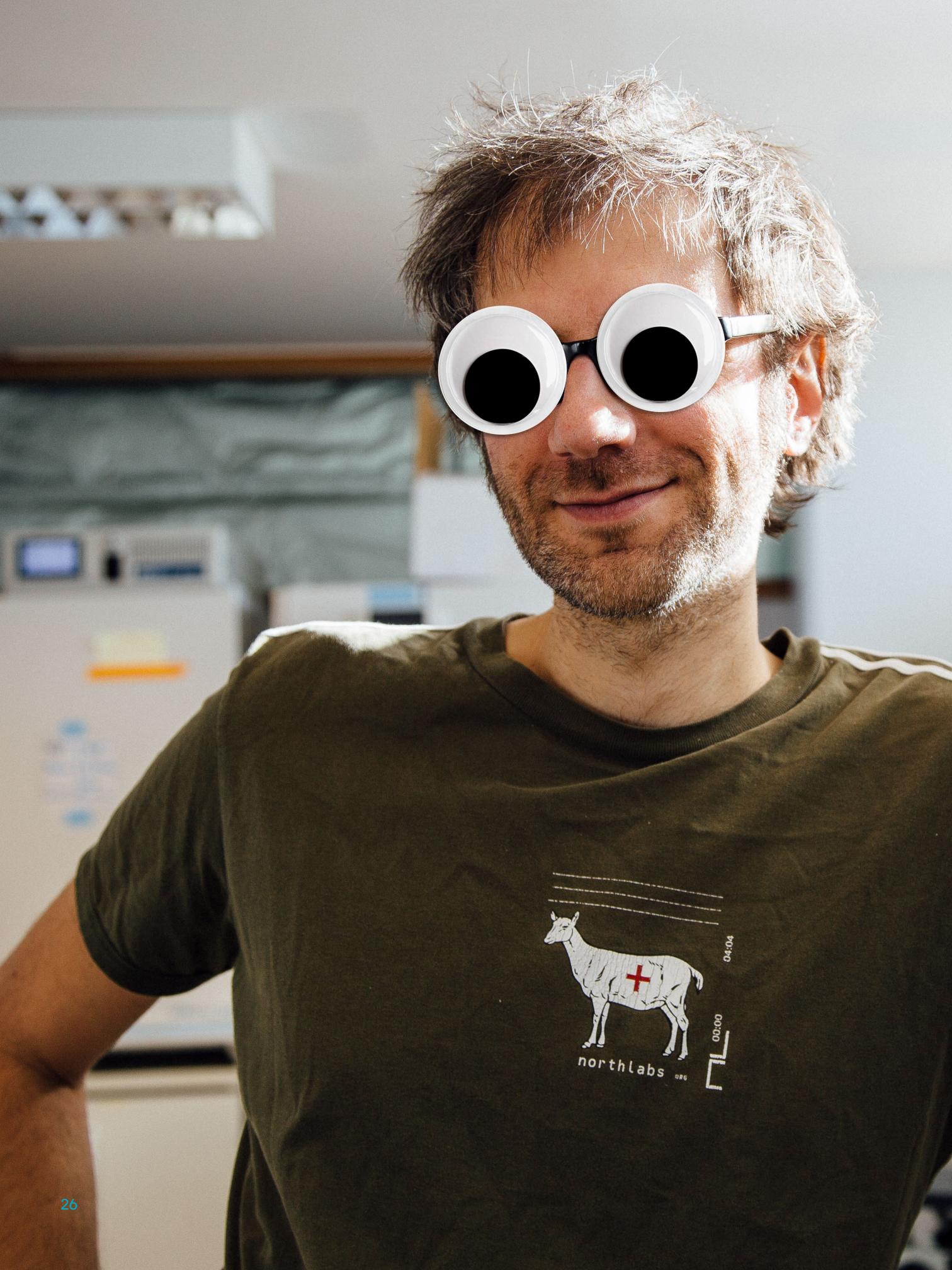
A year ago, a friend brought her to see *Daily Show* host Trevor Noah, and she was instantly hooked on stand-up. She began discovering comedians like Louis C.K., Ali Wong and Russell Peters, and performed in her first open mic just a couple of months later.

“It was so surreal,” recalls Hindy, a master’s student in the Institute of Biomaterials and Biomedical Engineering. “I would talk over their laughs and go onto my next bit. Another comedian pulled me aside and said, ‘You have to let them laugh.’ But I hadn’t practised it with laughs because I didn’t expect any!”

Hindy quickly realized there was a demand for a voice like hers: a devout Muslim woman who could make fun of herself, her culture and other people’s willingness to believe stereotypes about her — sometimes all at the same time. “I’m 25 and single, which to my parents means I’m old enough to be a mother of three, but too young to stay up past 9:30,” she quips — to occasionally nervous laughter from downtown Toronto audiences.

For Muslims in the arts, Hindy says, “we’ve always been like ‘we need representation, but let the men deal with it.’ But last year, when there was a rise in hate crimes against Muslims, it was the women who took the brunt of it because they’re identifiable. That’s why I think it’s really important for the women to get into this.”

With a year’s worth of stand-up shows under her belt, Hindy is already on the radar of the CBC, Netflix and Comedy Central. She’s working on a pitch for a show of her own, or a web series. And she’s finishing her master’s in the clinical engineering program, hoping to work in medical device development or hospital management planning. Perhaps surprisingly, Hindy finds the highly technical nature of her work inspires her sense of humour — “a lot of times, you want an outlet to rant!” she jokes. — *Heidi Singer* ■



PUNS, PRANKS & PROTEINS

GOOD TIMES IN MOLECULAR BIOLOGY!

Story by Alexander Weiss

Contrary to popular belief, the everyday life of a post-doctoral researcher is only marginally less hilarious than that of an accountant or data entry specialist.

Caught in the limbo of publishing, building a family and pursuing or burying your dreams of an academic career, the only humour that seems fitting is often pitch-black sarcasm. It's a daily struggle with Mother Nature, who too frequently refuses to give insight into her cellular processes; editors who rarely acknowledge the greatness of your research; vendors who will purposely run out of that antibody you so desperately need; and yesterday's self who did not properly label your samples, leaving you second-guessing what is in which tube.

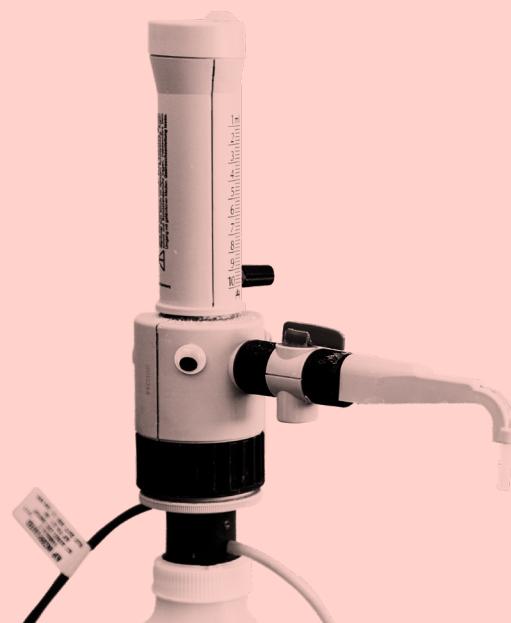
Still, there are sporadic opportunities to rise above the grim reality and bring in some lightness. And I am not talking about sliding tubes

with bits of dry ice into your colleagues' lab coats so they loudly pop open, because this is dangerous, condemnable and gets boring after the third year of your PhD.

Within the field of molecular biology, the most fruitful area for a high-flying pun is arguably reserved to drosophilists. This is because tradition allows them to freely name the fruit fly genes they discover. This license has led to Ken and Barbie, which leads to flies without genitalia when mutated; Tinman, crucial for heart formation; and nuclear fallout, which upon mutation disrupts syncytial divisions during embryogenesis and results in the accumulation of cell nuclei.

However, only very few researchers are fortunate to name a gene, so molecular biologists must look elsewhere for humorous opportunity: scientific publications. Once you have convinced the journal that reviewer #2, cursed be his name, is a complete ignoramus and does not in the slightest comprehend the reach and importance of your findings, and your manuscript gets accepted for publication, a rare chance offers itself: a pun on your protein or mechanism of interest. A glorious play of words, unheard of in your scientific community. A title, so witty, it will be remembered for days if not weeks among the few dozen people who read your paper. Like "Fake Inhibitors: AMPK Activation Trumps Inhibitions." Alas, these occasions are sparse. But then — there is always dry ice. ▣

Alexander Weiss is a post-doctoral fellow in the lab of Professor Jason Moffat at the Donnelly Centre for Cellular and Biomolecular Research.



JULIA SOUIDAT



Post-doctoral fellow Alexander Weiss can do a lot with googly eyes. For more lab fun, see his story on the previous page.

Photos by Julia Soudat



“THE FACULTY OF MEDICINE WAS THE ONLY ITEM ON OUR WEDDING REGISTRY.”

When Dr. Angela Jerath (PGME 2010 Anesthesia) and Jason Wong planned their wedding, in lieu of presents they asked friends and family to contribute to a scholarship in honour of two inspiring forces in Angela’s life: her mother and late grandmother. The Zohra Khanum (Imam) and Santosh Kumari Jerath Award, which will help promising medical students, is a wonderful example of tribute giving at the University of Toronto. On Angela and Jason’s wedding day, friends and family shared in the couple’s joy, as well as the knowledge that they were supporting future health-care professionals. If there’s a big day in your immediate future, please consider inviting your guests to make a tribute gift to the Faculty of Medicine.

Learn more about Tribute Gifts:
afshaan.kohari@utoronto.ca
 647-526-3958 or donate.utoronto.ca/medicine



Clowns have a magnetic presence when they're on the unit.



Story by Erin Howe
Watercolour by Amy Wetton

Left to right: Nurse Flutter (Suzette Araujo), Dr. Flap (Helen Donnelly), Dino (puppet), Sunbeam (Elaine Lithwick) and Señorita Rosita (Shoshana Helfenbaum).

Dr. Flap steps out of the elevator and onto the third floor of Holland Bloorview Kids Rehabilitation Hospital, strumming a blue ukulele, joined by Nurse Flutter who sings along.

"It's them!" giggles a girl as she moves into the hall.

"Ooooh! The CLOWNS!" proclaims a boy, bending forward in his wheelchair to see Dr. Flap's aviator hat and goggles and Nurse Flutter's brightly striped knee socks and white, ruffled cap.

Grinning children clap as the pair leads an impromptu jam session.

The duo is part of the hospital's Therapeutic Clown Program, which helps bring a sense of play and empowerment to its three inpatient units.

"We find ways to get these young people back to being the most 'them' that they are," says Helen Donnelly (BA'92), Dr. Flap's real-life alter ego. "My clown partners and I look for each child's whole self — the things that are so beautiful, joyous and natural. We focus on celebrating all the things the kids can do instead of the things they can't."

"The therapeutic clowns have a magnetic presence when they're on the unit," says Shauna Kingsnorth, who runs a program called Evidence to Care and is an associate professor in the Department of Occupational Science and Occupational Therapy. "What seems like pure, joyful play is actually a sophisticated process with lofty goals around empowerment and control that you don't see at first glance."

Kingsnorth has explored the benefits of therapeutic clowning by measuring breathing and heart rates, skin temperature and

perspiration coupled with observational data and kids' descriptions of their moods. For comparison, researchers gathered the same types of information when kids watched television.

Interactions with the clowns had more positive effects on the kids' moods than watching TV. It also had a ripple effect on nursing staff.

"A few seconds break can give people a lift when they need it," says Donnelly. "We help celebrate special events and milestones or we might spontaneously sing them a little song. It's all to say: We see you and we're in this together. Lean on your fools."

Gentle jesters aren't just for kids. The comedic antics of the paediatric pranksters have also been adapted for dementia care.

At the Baycrest Apotex Long-Term Care Home, Shoshana Helfenbaum makes regular visits as Caring Clown Señorita Rosita, along with Elaine Lithwick, better known to residents as Sunbeam.

As the pair arrives in the unit, the floor is quiet. A couple of women sit silently along the hallway outside their rooms.

Helfenbaum swishes her polka-dotted skirt, greeting the ladies with a few waves of a flamenco fan. They perk up and begin to smile and joke.

"Do you have a husband?" one of the residents playfully asks.

"I've got too many husbands already!" exclaims Señorita Rosita, pulling a few puppets from her handbag.

Helfenbaum says her role as a Caring Clown is heavily based on engaging with people, drawing them into being present in the moment.

"Sometimes it can be something as simple as noticing what makes someone smile and repeating it by playing and making it bigger," says Helfenbaum. "People who are medicalized are grateful to connect in a relational way that doesn't exclusively focus on medical care."

Pia Kontos (PhD'03), Senior Scientist at the University Health Network's Toronto Rehabilitation Institute, agrees. She led research that found that clowns working in nursing homes help people live well with dementia.

"They build on residents' deliberate playfulness and offer moments of fantasy and laughter," says Kontos, who is also an associate professor at the Dalla Lana School of Public Health and adjunct scientist at Baycrest's Rotman Research Institute. "These aren't things we typically associate with people living with dementia. The art of clowning helps us to see and support the humanity of people living with dementia."

Kontos' study also showed clowning reduces neuropsychiatric symptoms like agitation, but she argues it's a mistake to reduce the arts to a mere therapeutic tool.

"Elder clown visits might result in therapeutic effects, but the arts offer so much more than that. Elder clowns enrich lives. They go to wherever the person with dementia is and create the space for spontaneity and creative self-expression."

And as Helfenbaum and Donnelly know, a sense of fun can often be found — even when you might least expect it.

"People are people wherever you find them and ready to receive lightness and joy wherever they are," says Donnelly. ▣

Dozens of alumni and health leaders responded to our Summer 2017 issue, devoted to physician mental health.

Here's a selection:



“This is a bold and majestically informative issue. Bravo on your ideas, authors and courage.”

— Dr. Joseph B. MacInnis, MD'62

“Kudos to all the contributors to the most recent issue — a ‘gutsy’ address of vitally important issues plaguing many physicians and colleagues. None of us is immune to the significant stressors during our careers. The efforts in this issue were illuminating and reassuring, showing we really do care about one another. Thank you for putting that message out there, and I look forward to future issues.”

— Dr. Mark Sluzar, MD'83, PGME'90
(Anesthesia and Critical Care)

“It's a superb piece of work and my praise goes to all involved. Thank you so much for helping us all move forward on this important topic.”

— Darrell G. Kirch, MD, President and CEO,
Association of American Medical Colleges

“The latest issue was too dark. Many of us were or are happy and well-settled medical practitioners, so I'm not sure this is representative of us.”

— Alumnus

“This issue of *UofTMed* is outstanding and brings to light the sum and substance of this insidious and invidious problem. When AAHC completed its regional GME roundtable series and capstone event in 2016, the issue that perhaps struck me the most was the mental health of residents. In each of the 7 regions, there was at least one person who knew of or had heard about a resident suicide.

It is commendable and gratifying that institutions such as yours are taking important steps to ameliorate the problem. But I fear that amelioration is not enough. I have a bit of trouble with the idea, common in other publications and conversations on the topic, regarding the apparent need to enhance or teach ‘resiliency’ in residency training. To my way of thinking, this implies that there is something “wrong” with residents that needs to be fixed. I would argue strongly that it is the system, more than the residents, that needs ‘fixing.’”

— Steven A. Wartman, MD, PhD, MACP, President and CEO, Association of Academic Health Centers

“I was awestruck as I read this issue. Kudos to you for tackling the issue of physician mental health and well-being head-on. The information presented in this issue of *UofTMed* shows just how important it is for our health system to support our health-care providers as they deal with emotional, vocational and mental health issues ... The work that the schools and hospitals have undertaken so far is a great first step, and I encourage you and your partners to continue to build the curriculum and capacity needed to ensure our current and future doctors are supported in their work. By eliminating the stigma around mental illness in the medical community, we will be able to strengthen our health system.”

— Denise Cole, Assistant Deputy Minister, Health Workforce Planning and Regulatory Affairs Division, Ministry of Health and Long-Term Care



Share Your Wisdom

What would you have wanted to know on your first day of medical school? The Faculty of Medicine invites alumni to share your Words of Wisdom, and give a warm welcome to our newest medical students.

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Dean’s Alumni Awards 2017

Celebrating our impact at home and abroad



Prostate Cancer: When Less Is More

Lifetime Achievement Award

A few years after Professor **Laurence Klotz** (MD’77, PGME’83) began practising as a urological oncologist at Sunnybrook Health Sciences Centre in the mid-1980s, the advent of prostate-specific antigen (PSA) testing led to a dramatic increase in the number of men being diagnosed and treated for prostate cancer. Concerned about overtreatment, Klotz and two colleagues decided to move against the status quo for low-risk cases — forgoing treatment for what they dubbed “active surveillance.” Despite a lot of criticism from his colleagues in the medical community — “many prostate cancer clinicians were appalled and predicted patients would die unnecessarily,” he recalls — Klotz was able to show the benefits of conservative management. After countless debates and publications backing up their findings, this approach is now the standard of care.

Dean Trevor Young presented the Faculty of Medicine Alumni Awards on November 22, 2017.



Breast Cancer: Improving Odds

Rising Star Award

Professor **Kelly Metcalfe** (PhD’02 Institute of Medical Sciences) is helping women with BRCA-positive breast cancer make the most informed decisions about surgery. A nursing professor and Women’s College Hospital researcher, Metcalfe has developed the largest known database of breast cancers with the genetic mutation, and has shown that for women with a BRCA1 or BRCA2 mutation with breast cancer, a double mastectomy and removal of ovaries and fallopian tubes reduces the risk of mortality over 20 years by about half. She is currently evaluating the provision of rapid 10-day genetic testing to ensure that women with breast cancer know if they have a BRCA mutation at the time of breast cancer diagnosis, so they can make informed treatment decisions.

To learn more about the awards or how to nominate alumni, contact MedAlumni’s Karen Lee at kare.lee@utoronto.ca or 416-978-3588.



Transforming Mental Health

Volunteerism Award

Soon after completing his psychiatry residency at U of T and fellowships in mood and anxiety disorders and medical education, Professor **Mohammad Alsuwaidan** (PGME’06, ’12) returned to his native Kuwait and founded the country’s first specialty mental health program. He also helped develop Kuwait’s first-ever national mental health awareness campaign called “Taqabal” (“Accept” in Arabic), featuring public events, a monthly mental health movie night, as well as a mental health awareness curriculum taught at all high schools in the country. “Clinical work is essential, but nothing has been as transformative as the volunteer work our team has done in improving mental health awareness. We could literally watch stigma being reduced before our eyes,” says Alsuwaidan, who is Head of the Mental Health Unit at Kuwait’s Mubarak Al-Kabeer Hospital, and an assistant professor of psychiatry at both Kuwait University and U of T.

A movement of barbershop singers has long helped tackle speech disorders across Ontario.

HARMONY STANDS UP TO STUTTERING



By Carolyn Morris
Illustration by Paul Dotey

It's no joke that singing can be powerful. A stutter can disappear within the predictable rhythm of song, and many people with speech impediments turn to music for this liberating experience. Long-time barbershop singer and philanthropist George Shields (Business Certificate '46) knows many fellow "barbershoppers" who've struggled with communications disorders. But, he believes, being able to sing is not enough.

"What good is singing if you can't find a job because of your speech impediment?" he asks.

In 1977, Shields founded an organization of barbershop-singing philanthropists called Harmonize for Speech that has raised over \$5 million for speech-related projects at hospitals, clinics, treatment centres and summer camps — and in support of U of T speech-language pathology programs and students.

It was singing, and not stuttering, that got him started. Shields became involved in barbershop quartets and even toured in the 1950s and 1960s, after discovering the genre through his church choir. At the time, the "Barbershop Society" and its many chapters in North America actively raised funds for an institute in Wichita, Kansas, which treated children with speech disorders. Shields and his fellow singers soon started paying for Ontario kids to travel there for treatment.

As he recognized the need — and the lack of local services — Shields turned his charitable focus to developing treatment options in Ontario. So far, Harmonize for Speech has helped build the Speech and Stuttering Institute, the Aphasia Institute and U of T's Harmonize for Speech Clinic Room.

Every year, Shields hands out textbooks as donations to incoming speech-language pathology students and performs a barbershop set at their graduation reception. Recently, graduates have begun to respond with playful music videos.

At 91, Shields has retired from his day job — a career in market research — but not from singing or philanthropy. He still meets up with his barbershop singing group every Tuesday and continues to fundraise for speech-related services. ■

George Shields graduated in 1946 with a U of T business certificate for World War II veterans, and led a successful career in market research. He has received the Order of Canada and other honours for his philanthropy and community service.



Since 1897, students at the Faculty of Medicine have staged the annual *Daffydil* play. In its first half century, the humour was often edgy and hard-hitting, with legendary skits like "The Ancient Order of Presbyterians." The Faculty Council shut it down during World War II, calling the production "a disgrace." It returned in 1945 as a musical revue — still funny, just less offensive to some. In this 1948 production, students Ann Scott and Helen Anderson paint set pieces.

WILLIAM MACKENZIE / UNIVERSITY OF TORONTO ARCHIVES

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