



McGill

MEDICINE

FOCUS

FALL 2015



SPECIAL FEATURE:
FOR THE LOVE OF MONTREAL

A MOUNTAIN
OF A MOVE

LIFE AFTER
CANCER?



CONSULTANT TO THE HABS

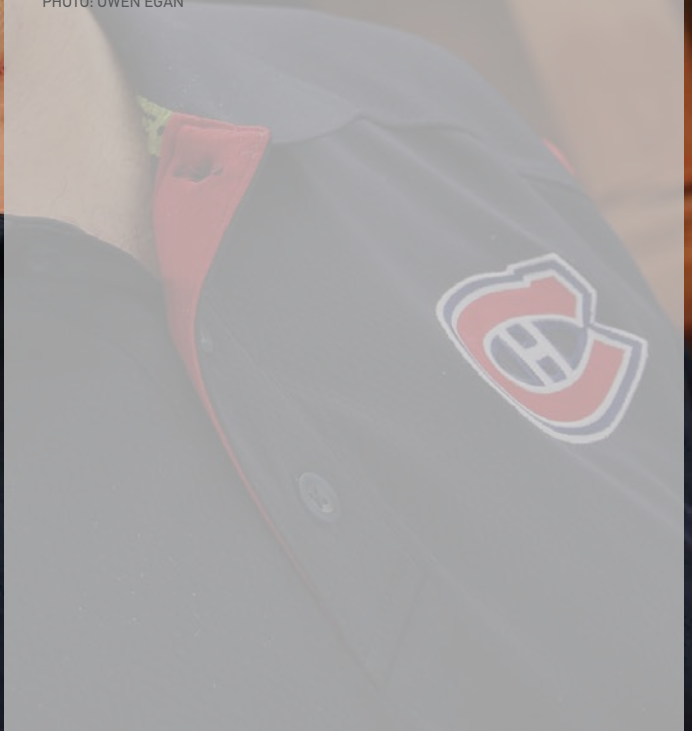
A MAN WHO NOW HAS HIS DREAM JOB STARTED DREAMING EARLY

“I remember walking past the McGill gates with my mom when I was in grade school,” says Montreal-born Donald Balmforth, BSc(PT)’04, physiotherapy consultant to the Montreal Canadiens. “She said, ‘This is McGill. It is very difficult to get into McGill.’ That has always stuck with me.”

Balmforth’s path to the Habs began during a three-season stint with the McGill Redmen football team. “From there, I met my mentor, and now clinic partner at Catalyst Santé, Scott Suter, BSc(PT)’95, the head therapist for the Montreal Alouettes. I spent four seasons with the Als before meeting Dave Campbell, who owned his own clinic and consulted for the Canadiens. Dave took me under his wing in his clinic, Concordia Physio Sport NDG. It was with Dave’s recommendation that Graham Rynbend, head athletic therapist with the Club, gave me my opportunity to work with the team. That was nine seasons ago. I have the best job in the world.” (Ian McGillis)

[To learn about other alumni who have put down roots in Montreal, see page 18.](#)

PHOTO: OWEN EGAN



MEDICINE FOCUS FALL 2015

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Do you know the name of this McGill feminist icon? You should. See page 29.

On the cover: A drone's-eye view of Vieux-Montréal. Photo courtesy of Adam Lackman.

In June, the McGill Faculty of Medicine provided a comprehensive update on its Undergraduate Medical Education Program accreditation status. To learn more, visit <http://www.mcgill.ca/medicine/ugme-accreditation>

FROM THE DEAN

FOR THE LOVE OF MONTREAL

I am a Montrealer, born and bred. I was born at the Jewish General Hospital (JGH), I grew up in Côte St-Luc (where I am living once again), and my first job was in the Côte St-Luc shopping centre. Unlike some of the alumni profiled in this issue, I did not set out to spend my career here. After receiving my MDCM in 1979, I moved to Toronto expecting never to return. But, after three years there, doing internal medicine at St. Michael's Hospital and the Toronto General Hospital, I decided to pursue respirology as a sub-specialty. Given the strengths of the program here, I came back, intending to move on to a research fellowship in the United States once I had completed my clinical training. Thirty-three years later, I am still here.

The cover story in this issue of Focus magazine is about the many alumni whose careers took root in Montreal. In my case, it was because of the research environment at the Meakins-Christie Laboratories. For others, it was the vibrant nursing or speech therapy community here, or the teaching opportunities at the School of Physical & Occupational Therapy. For many, it was simply because they love this city.

Regardless of the reason, our health care system is very fortunate to be able to count on McGill graduates and faculty, who bring exceptional strength to what is sometimes a challenging environment. They act as global health ambassadors, identify new cancer genes and find novel ways to encourage wellness, whether by creating an app that helps families of teens with disabilities locate extracurricular activities or by teaching life skills to autistic adults.

And their work is being conducted in an environment of major change. We celebrated in June the opening of the McGill University Health Centre's (MUHC) new Glen site. Our students and researchers across the Faculty's health disciplines are fortunate to be part of this transformation. In April, Quebec's health care system underwent a major reorganization, one that consolidated 182 health care establishments into 33. All our key hospital partners—the JGH, St. Mary's, the Douglas Institute and the MUHC—are stepping up to the challenge with characteristic dedication to their patients.



LASSMAN STUDIOS

We also announced, in June, that our undergraduate medical education (UGME) program was accredited, but with probation. While it is one of a number of programs offered by the Faculty, it is our flagship program, and so we were deeply disappointed. Over the last two months, I have sent updates to all MDCM alumni worldwide for whom we have email addresses, as well as to students, faculty, staff and parents. Because we don't have email addresses for all alumni, I will reiterate a few points here and encourage you to visit the section of our website dedicated to this topic: <http://www.mcgill.ca/medicine/ugme-accreditation>.

When we received the initial report from our UGME accreditors earlier this year, we immediately established a preliminary action plan, which is progressing well. An Implementation Committee is in place and several organizational changes have already been announced. We meet with the Secretariat of the Canadian accrediting body this September for formal feedback. It is important you know that the accreditors in the initial report also praised our newly launched MDCM curriculum for being innovative, patient-centred and learner-centred. Additionally, while the UGME program is on probation, it remains fully accredited with the same rights and privileges as before. Contrary to many of the media reports, it is not the Faculty that is on probation, but this one program.

We are addressing our UGME accreditation status head-on, and see it, like other challenges, as an opportunity to raise the bar for our students and, ultimately, for our patients.

Once again, I would like to express how much we appreciate all of you who have conveyed your ongoing support over the last several months. We are committed, more than ever, to delivering on our promise of excellence to you.

I look forward to thanking you in person at Homecoming 2015.

A handwritten signature in blue ink, reading "David Eidelman".

David Eidelman, MDCM'79
Vice-Principal (Health Affairs)
Dean, Faculty of Medicine
McGill University

CONFIDENT?

YOUR VOICE GIVES YOU AWAY IN MILLISECONDS

New research by Xiaoming Jiang and Marc Pell, MSc'93, PhD'97, from the School of Communication Sciences and Disorders, published in the journal *Cortex*, shows that people make judgments on the confidence of what you say in just 0.2 seconds. (Jason Clement)



FRAGILE X

STUDY OFFERS HOPE OF NEW AUTISM TREATMENT

Drug reverses behavioural symptoms in mice with a version of autism

People affected by a common inherited form of autism could be helped by a drug that is being tested as a treatment for cancer, according to researchers from the University of Edinburgh and McGill University.

Fragile X Syndrome is the most common genetic cause of autism spectrum disorders. It affects around one in 4,000 boys and one in 6,000 girls. Currently, there is no cure.

The scientists, who have identified a chemical pathway that goes awry in the brains of Fragile X patients, say a cancer drug candidate could reverse their behavioural symptoms. The researchers have found that a naturally occurring anti-fungal called cercosporamide can block the pathway and improve sociability in mice with the condition.

The team identified a key molecule—eIF4E—that drives excess protein production in the brains of Fragile X patients. This can cause behavioural symptoms that include learning difficulties. It can also lead to more serious intellectual disabilities, delays in speech and language development and problems with social interactions.

“We found that eIF4E regulates the production of an enzyme called MMP-9, which breaks down and re-orders the connections between brain cells called synapses,” says Nahum Sonenberg, a James McGill professor in the Department of Biochemistry and the Goodman Cancer Research Centre and co-author of the study. (McGill Newsroom)



TANGO DANCING

COULD BENEFIT PARKINSON'S DISEASE PATIENTS

Dancing the Argentine tango could have potential benefits for people at certain stages in the development of Parkinson's disease (PD), according to findings in a new study by researchers at the Montreal Neurological Institute and Hospital—The Neuro, McGill University and the Research Institute of the McGill University Health Centre (RI-MUHC).

The study looked at whether a social and physical activity linked to music, such as tango, could have possible therapeutic value for PD patients who characteristically suffer from motor dysfunctions—tremor, rigidity, gait dysfunction—as well as from non-motor symptoms, such as depression, fatigue and cognitive degeneration.

“We found the tango was helpful in significantly improving balance and functional mobility, and seemed to encourage patients to appreciate their general course of therapy. We also found modest benefits in terms of patients’ cognitive functions and in reducing fatigue,” says Dr. Silvia Rios Romenets, a clinical research fellow at the Movement Disorders Clinics at The Neuro and the Montreal General Hospital of the MUHC, and lead researcher in the study. (Anita Kar, The Neuro)

WHY YOUR BRAIN MAKES YOU REACH FOR JUNK FOOD

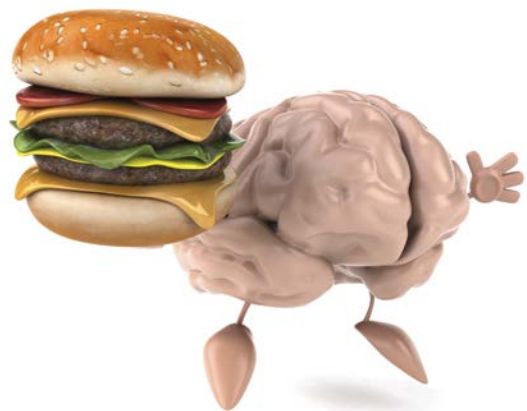
Study examines link between brain cortex and food buying habits

Will that be a pizza for you or will you go for a salad? Choosing what you eat is not simply a matter of taste, conclude scientists in a study at the Montreal Neurological Institute and Hospital—The Neuro and the McGill University Health Centre. As you glance over a menu or peruse the shelves in a supermarket, your brain is making decisions based more on a food’s caloric content.

The study, published in *Psychological Science*, is based on brain scans of healthy participants who were asked to examine pictures of various foods. Participants rated which foods they would like to consume and were asked to estimate the calorie content of each food. Surprisingly, they were poor at accurately judging the number of calories in the various foods, but their choices and their willingness to pay still centred on those foods with higher caloric content.

“We found that brain activity tracked the true caloric content of foods,” says Dr. Alain Dagher, neurologist at The Neuro and lead author of the study.

Understanding the reasons for people’s food choices could help to control the factors that lead to obesity, a condition affecting one in four Canadian adults and one in 10 children. (Anita Kar, The Neuro)



BREAST CANCER

NEW GENE REVEALED



A Quebec research team headed by McGill professor Dr. William Foulkes played a key role in an international study led by the University of Toronto and Pomeranian Medical University in Poland that identified a new breast cancer gene. The study, published in *Nature Genetics*, describes how mutations in a gene called RECQL are strongly linked to the onset of breast cancer in two populations of Polish and French-Canadian women. This discovery could have future implications in preventing the development of breast cancer in some families.

“This discovery adds another piece to the puzzle and will have important implications for those families who are found to carry mutations in this gene,” explains study co-author Foulkes, a cancer geneticist and researcher at the Research Institute of the McGill University Health Centre and at the Jewish General Hospital, who is also a James McGill Professor of Medicine, Human Genetics and Oncology. (MUHC Newsroom)

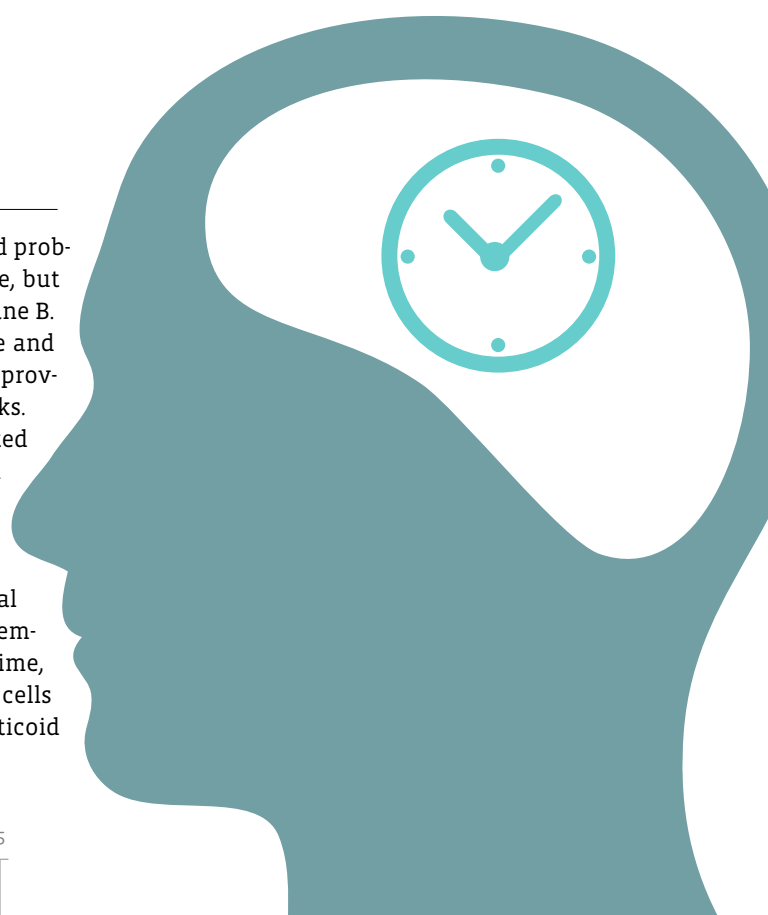
IS IT POSSIBLE TO RESET OUR

BIOLOGICAL CLOCKS?

Imagine being able to easily get over all of the discomfort and problems of jet lag or night-shift work. Science is not quite there, but recent work by Drs. Marc Cuesta, Nicolas Cermakian and Diane B. Boivin from the Douglas Mental Health University Institute and McGill University has opened new therapeutic avenues for improving the synchronization of the body's different biological clocks.

Physiological changes over the course of a day are regulated by a circadian system comprised of a central clock located deep within the centre of the brain and multiple clocks located in different parts of the body.

This study, which appeared in *The FASEB Journal* (published by the Federation of American Societies for Experimental Biology), included 16 healthy volunteers who were studied in temporal isolation chambers. These results show, for the first time, that the peripheral biological clocks located in white blood cells can be synchronized through the administration of glucocorticoid tablets. (McGill Newsroom)



JOOAY APP

PINPOINTS ACTIVITIES FOR KIDS
WITH DISABILITIES



The physical challenges faced by teens with disabilities are hard enough, but there's also a difficulty that is purely environmental. As they outgrow the rehabilitation centres that cater primarily to young children, a lack of information about adapted leisure activities puts adolescents at risk for social isolation. Now, thanks to the efforts of two faculty members of McGill's School of Physical and Occupational Therapy (SPOT), there's an app for that. Jooay provides information on adapted activities, ranging from art classes to sledge hockey, complete with user reviews. "It's kind of like a Trip Advisor or Yelp for kids and their families," says Assistant Professor Dr. Keiko Shikako-Thomas, who created the app with Annette Majnemer, BSc(OT)'80, MSc'85, PhD'90, Associate Dean and Director of the School.

Majnemer and Shikako-Thomas knew from research they'd been doing on adolescents with cerebral palsy that this was a significant problem. In 2013, the pair received a grant to develop CHILD LeisureNet, a website that links up health care professionals, community organizations and policy makers with families. The idea for Jooay came about at an Edith Strauss Knowledge Transfer symposium and in 2014 they took it to McGill's Hacking Health event. By the end of the hackathon, with the help of participating developers, they had a usable prototype.

While the LeisureNet website is better suited to creating forums and online communities, the app has a GPS feature. "So if you're looking for adapted yoga or a circus camp, when you open it up, it gives you results from closest to farthest," says Majnemer. This isn't just useful for kids and families. "It also tells someone what doesn't exist in a local community, but does exist in other provinces. So it can be used for policy and resource development."

The app is currently available for iPhones, and will soon be available for Android. The hope is to generate enthusiasm as well as information. In the near future, adds Shikako-Thomas, there may even be "Jooay Choice" awards. (Juliet Waters)

DEFENDER OF RURAL MEDICINE

The rural physician is a "different breed," says Keith MacLellan, BA'69, BSc'73, MDCM'77, from his clinic in Shawville, Quebec. Rural doctors deliver babies, treat children, set bones. Rural communities make up 25% of the Canadian population, and these communities are statistically more accident-prone, poorer, older and farther away from hospital centres. Though the vast majority of rural doctors are general practitioners, they are "always fluctuating between primary, secondary and sometimes tertiary care levels, sometimes hour by hour."

MacLellan would know. Minted a Member of the Order of Canada in 2014, he has been a driving force in the Society of Rural Physicians of Canada since he helped found it in 1992 to advocate for the health needs of rural populations and for the specific educational needs of rural doctors. One of the challenges for rural populations is finding doctors willing to apply such a broad skill set in a medical culture where specialization is revered. But for a certain type of physician, the kind who "does better with uncertainty," the rewards are enduring. "We're very much a part of the community. People know us very closely. You see them when you go shopping. It's very hard to hide." (Juliet Waters)



COURTESY OF KEITH MACLELLAN

READY, SET, LEARN



FRANK ROOP

In February 2015, 21,000 people from 176 countries registered for Body Matters, a massive open online course (MOOC) taught by sports and exercise medicine specialist Ian Shrier, MDCM'85, PhD'93.

The course covered biological, psychological and social issues related to physical activity, injuries and rehabilitation. Judging by the number of five-star reviews, it was a smash hit. One senior citizen enjoyed the stress-free academic environment. A coach was impressed with the "myth-busting." A personal injury lawyer gained a better understanding of how to read medical reports, and a family physician with a specialization in sports medicine learned something new from the course content created and delivered by international experts.

"I picked people that I knew were not only leaders in their fields but were also really good presenters," says Shrier, who drew from his own extensive conference experience. "What we didn't know was that presenting live in a conference in front of an audience takes a

different skill set than presenting to the small screen. And that's something I learned myself."

Experts, it turns out, were not the only performers. When he's not working at the Jewish General Hospital, Shrier is the consulting medical director for Cirque du Soleil. Using acrobats, dancers and musicians as live models was a way to challenge what is normally thought of as exercise. "We don't think of musicians as doing exercise when they are in fact doing a tremendous amount." Correct posture and the proper manipulation of an instrument for hours on end can prevent a wide range of stress disorders.

The MOOC was offered through McGillX, now part of the EdX consortium of 36 universities across four continents that offer interactive classes to a worldwide community of learners. Dates for the next session of Body Matters haven't yet been formalized, but look for it sometime in 2016. (Juliet Waters)

HAPPY ANNIVERSARY

This year, McGill's Faculty of Medicine celebrates:

- The 50th anniversary of the creation of the Department of Epidemiology, Biostatistics and Occupational Health and of the discovery of carcinoembryonic antigen (CEA) by Phil Gold, BSc'57, MDCM'61, MSc'61, PhD'65, and Samuel Freedman, BSc'49, MDCM'53, DIP INT MED'58, DSc'92.
- The 40th anniversaries of palliative care at McGill and of the creation of the Family Medicine Unit.
- The 30th anniversaries of the McConnell Brain Imaging Centre and of the Commemorative Ceremony of the Department of Anatomy and Cell Biology.
- Ten years of care for young people who have grown up with heart disease at the McGill Adult Unit for Congenital Heart Disease Excellence (MAUDE) at the McGill University Health Centre.

EBOLA FIGHTER

In April 2015, Joanne Liu, MDCM'91, M MGMT'14, President of Médecins Sans Frontières International, was named to *Time* magazine's Top 100 Most Influential People for her role on the front lines of the Ebola crisis.



CLAUDIO CALLIGARIS



WACHIYA CHISASIBI!

“There is a saying in the community that if it snows in June, it means a caribou is being born. We think a few were born this week,” write School of Communication Sciences and Disorders students Leah MacQuarrie and Alexandra Lauzon from Chisasibi, Northern Quebec, where they spent the summer interning in speech-language pathology with the Cree Board of Health and Social Services of James Bay. Read about their experiences at slpinchisasibi.wordpress.com

NEW ENDOWED CHAIRS



In the past year, three new Chairs were announced and one was filled.

- The Albert Boehringer I Chair in Pharmacoepidemiology, made possible through a \$3 million gift from Boehringer Ingelheim (Canada), Ltd.
- The Nicolas Steinmetz—Gilles Julien Chair in Social Pediatrics in the Community, to be held jointly with the Montreal Children's Hospital Foundation.
- The Wendy MacDonald Chair in Pediatric Medical Education, also to be held jointly with the Montreal Children's Hospital Foundation.
- In June 2015, Dr. Christoph Borchers (pictured), world-renowned proteomics researcher, was formally installed as the inaugural appointment to the Segal Family Chair in Molecular Oncology.

CONGRATULATIONS ARE IN ORDER

Since July 1, 2014, multiple Faculty of Medicine alumni have been named to the Order of Canada, including Susan French, BN'65, Wendy Levinson, Dip Epid & Bio'81, Keith MacLellan, BA'69, BSc'73, MDCM'77, Marla Shapiro, MDCM'79, Robyn Tamblyn, PhD'89, and H. Bruce Williams, MDCM'55, as well as honorary alumna, Marcia Ann Boyd, DSc'07.



NICOLAS MORIN

Before then Med-1 student Benjamin Mappin-Kasirer won the Rhodes Scholarship last fall, he was the recipient of a Marjorie Hampson Entrance Scholarship for outstanding new students, established in 2010, by Lawrence Hampson, BSc'47, MDCM'49, MSc'53, Dip. Surgery'55, in memory of his late wife.

“It came as a total surprise,” says Mappin-Kasirer. “I was already set on coming here, but this was a great encouragement, and a great welcome. I'm really grateful.”

Mappin-Kasirer is off to Oxford in October. In the meantime, he is undertaking a research project with former Dean of the Faculty of Medicine, Abraham Fuks, BSc'68, MDCM'70. “He's been a fantastic teacher and someone to look up to,” says Mappin-Kasirer of Fuks.

DUE FOR A MAKEOVER

COURTESY OF THE DEPARTMENT OF ANATOMY AND CELL BIOLOGY



“SURVEYS SHOW THAT THE GENERAL POPULATION PREFERS THEIR PHYSICIAN TO HAVE EXPERIENCE WITH DISSECTION.”
—Dr. Geoffroy Noel, Director, Division of Anatomical Sciences

The above image is “an artist’s rendering of the new, state-of-the-art gross anatomy lab, which will provide facilities for 264 students. The redesigned lab will preserve the architectural heritage of the Strathcona Building while modernizing the space. Upgrades

will include high-performance ventilation, lighting, temperature and humidity controls. Students will have access to a range of technologies to support multiple modes of teaching and learning.” (Source: McGill Faculty of Science Alumni Newsletter)

LIFE SKILLS 101... FOR ILL-SERVED AUTISTIC ADULTS

The past 10–15 years have seen an increase in the number of children being diagnosed with autism spectrum disorder (ASD). This means that many of these kids are now finishing secondary school. The next phase of their lives brings with it a new challenge: although many mechanisms have been established in the school systems to help students with ASD cope, there are few services in place to help them once they leave the system.

“There has been a huge emphasis on early childhood diagnosis and starting intervention as soon as possible,” says Dr. Aparna Nadig, Associate Professor in the School of Communication Sciences and Disorders at McGill’s Faculty of Medicine. “But autism is a lifelong

condition and there are many people who have been living with it, who will continue to live with it and who are forgotten as they leave the school system.”

In response, Dr. Nadig developed a transition support program for adults with autism, in collaboration with Dr. Tara Flanagan, Assistant Professor in the Department of Educational and Counselling Psychology at McGill.

The program works on developing broad life skills that are useful during any life transition, with a focus on social communication, self-determination and working with others.

“In the beginning, it was slow to get recruitment because these people aren’t in school anymore,” says Nadig. Once the word got out, however,

many people were on the waiting list. The attendance rate neared 100% and the participants’ main complaint was that the service ended after 10 weeks and was not ongoing. (Jason Clement)



MCGILL REPORTER

THE MOVE TO THE GLEN

/ by MARIA TURNER /

The Royal Vic leaves its perch on Mount Royal

“THIS IS ACTUALLY HAPPENING,” THOUGHT POOJA AYSOLA, MDCM’13, PRESIDENT OF THE ASSOCIATION OF RESIDENTS OF MCGILL, AS SHE STOOD OUTSIDE THE ROYAL VICTORIA HOSPITAL BUILDING ON 687 PINE AVENUE WEST IN MONTREAL ON THE MORNING OF SUNDAY, APRIL 26. SHE FELT A PANG OF NOSTALGIA. AFTER 122 YEARS ON MOUNT ROYAL, THE VIC WAS MOVING TO THE NEW GLEN SITE. LIKE SO MANY PAST GENERATIONS OF MCGILL STUDENTS, RESIDENTS AND FELLOWS FROM ACROSS THE FACULTY’S SCHOOLS, AYSOLA HAD TRAINED AT THE VIC AND GROWN TO LOVE WHAT SHE CALLS “A COMPLICATED MAZE OF A BUILDING.”

“It’s the end of an era,” says Aysola. “I have friends who were born at the Vic and then did their medical training there. They always thought that one day they would end up working in that building.”

That Sunday, after allowing herself a moment of reflection, Aysola got down to business. Her job was to ensure that the move to the Glen site south of Vendôme metro station, at the border of Westmount, Notre-Dame-de-Grâce and the Sud-Ouest borough, went smoothly for residents—she had been involved in the planning for months leading up to this move and the ones that would follow.

“We had to make sure there was an appropriate call schedule,” she explains. “We needed more residents on hand at both the Vic and the Glen, as during the move the two sites were operating at the same time. We had to divide the teams and make sure that there were enough residents at each hospital.”

The careful preparation paid off. “The patients were transitioned seamlessly,” says Aysola, who, along with some 2,500 clinicians covering patient care at each site, was one of over 600 health care professionals and other volunteers involved in what has been described as the largest and most complex hospital move in North American history.



"It's the end of an era," says resident Pooja Aysola.

The move followed that of the Research Institute of the McGill University Health Centre, which made the transition in February and March, assembling many programs under one roof that had previously been spread out across 65 locations in four hospital sites.

And, on May 24, the Montreal Children's Hospital said goodbye to its Tupper Street location, where it had been since 1956. Just three weeks after that, on June 14, the Montreal Chest Institute left its home of some 80 years, on St-Urbain. The same day, a small number of beds were transferred from the Montreal General Hospital to the Glen.

"It was an incredible amount of work, so many people just gave one thousand per cent of themselves to make sure that the patients were taken care of and that the building was safe," says Ewa Sidorowicz, MDCM'81, Associate Director General, Medical Affairs and Director of Professional Services at the McGill University Health Centre (MUHC), of the Royal Vic move. "Everybody came together—it was teamwork on a scale that is rarely seen."

Sidorowicz was not immune to the emotional impact of the move. "The day at the Royal Vic when the last patient had left, and we realized that it was basically an empty building was incredibly emotional for me," she says. She is, however, excited about what the move will bring.

"It's a brand new start, it's bringing a new dynamic to health care," she says. "I'm hearing more and more from clinicians that the facilities are great. There's a new really vibrant community that's being set up. It's history being written."

Remember when

Nicolas Steinmetz, BSc'59, MDCM'63, Associate Professor of Pediatrics at McGill University and past Associate Executive Director (Planning and Strategic Initiatives) of the MUHC, remembers training at the Royal Vic

when there were "Florence Nightingale" wards, with thirty beds and a nursing station in the middle. "The curtains would be drawn around the bed when you took a history or the patient had to use the bedpan," he says.

The emergency room had six small rooms, sometimes serving two patients at a time, and the hospital had its own ambulance, a small station wagon with the rear seats removed and a red cross painted on the door.

Things have changed a lot since Steinmetz was a resident, and he sees the move to the Glen as the next step in the evolution of medical care.

"It's a difficult change—people get comfortable in their buildings—but that's part of life. It's not the building that makes the hospital, that makes the patients better," says Steinmetz. "It's the people. They have a terrific spirit and they are always striving to improve things. That kind of an attitude will continue in the new facility."

Bye-bye paper charts



NICOLAS MORIN

Armand Aalamian, MDCM'88, Associate Dean of Postgraduate Medical Education (pictured), sees the move to the Glen as a major step forward for McGill's medical residents. "Residents have to learn in today's medical context," he explains. The Glen will allow them to do just that. The new site has been designed to facilitate the life of students, trainees and fellows from all of the Faculty's schools—having several major training hospitals on the same campus will allow for more collaboration between the different teams and the different specialties. "It's going to be more cohesive—it will be a real medical education community."

There are also interactive hubs, like the cafeteria, that encourage socializing between residents. "Residency is difficult. It helps to be able to share a meal together," says Aalamian.

As well, residents will be working with the latest equipment and have access to different libraries and resources on-site. Another big advance is the move to electronic medical records, which will be replacing the paper chart system. "This is something the residents have been asking for."

Aalamian also believes that patient satisfaction is going to play a role in improving the interactions between patients, residents and students. Each of the 500 patient rooms at the Glen is private, with natural light, city views, air conditioning, and an en-suite bathroom, designed to create a positive healing environment. "It's also a much pleasanter work environment," he says. Even the air quality is first-rate. 🐦

DID YOU KNOW?

- The Royal Victoria Hospital opened in December 1893, thanks to a joint gift from two of Montreal's wealthiest citizens, Scottish-born cousins Sir Donald Smith (Lord Strathcona) and Sir George Stephen (Lord Mount Stephen).
- The first three pavilions of the Royal Vic were built in the Scottish baronial style, in a nod to the provenance of its first two major donors.



MCGILL UNIVERSITY ARCHIVES, PR041547

“SOME OF THE YOUNGER PERSONS (OF TODAY) MAY LOOK BACK IN LATER YEARS ON WHAT IS NOW THE LAST WORD IN DESIGN AND CONSTRUCTION, AND FEEL THAT IT HAS BECOME OLD AND OBSOLETE IN ITS INTERIOR ARRANGEMENTS, BUT THEY WILL NEVER BE ABLE TO SAY THAT ITS EXTERIOR AND ITS SITE ARE NOT BEAUTIFUL.”

—COMMENT IN A MONTREAL NEWSPAPER AT THE TIME OF CONSTRUCTION, QUOTED BY D. SCLATER LEWIS, BSC 1907, MSC 1908, MDCM 1912, IN HIS BOOK, *ROYAL VICTORIA HOSPITAL 1887–1947*.

After 16 pupils died with their Principal, Miss Sarah Maxwell, in a fire at the Hochelaga School in 1907, 40,000 children expressed their sympathy by giving more than \$4,200 in support of the Children's Memorial Hospital. Donations such as these helped fund the Hospital's move to its Cedar Avenue location. (*The Montreal Children's Hospital: Years of Growth* by Jessie Boyd Scriver, BA'15, MDCM'22, DSc'79).

COURTESY OF THE MUHC



- The Montreal Chest Institute was founded in 1903 as the Anti-Tubercular League of Montreal, in response to a tuberculosis epidemic.
- It later operated under another name, the Royal Edward Institute, which gained official recognition as a McGill-affiliated teaching hospital in the '30s, the same decade that it set up shop in Milton Parc, AKA, the McGill Ghetto.
- Pediatric medicine was a relatively new specialty in 1904, when the Montreal Children's Hospital first opened its doors in a small house at 500 Guy Street. The Children's Memorial Hospital, as it was initially known, was the first hospital in the city devoted solely to the care of children. Its mandate was to care primarily for crippled patients. A neighbouring couple, the Carsleys, invited the Hospital to set up tents in their garden so that patients could get some much-needed outside time in summer months, an arrangement that also enabled the Hospital to accommodate more patients.
- On April 6, 1909, the Children's Memorial Hospital moved to Cedar Avenue, a location later depicted by Gabrielle Roy in her novel *The Tin Flute*.
- The move of the Children's to its Tupper Street location was delayed several times before finally taking place on December 9, 1956. With the move, came a new name, which has endured since.
- Some of its services have moved, but the Montreal General Hospital is staying put, as are the Lachine Hospital and the Montreal Neurological Institute and Hospital—The Neuro, the latter of which is slated to move eventually.



McGILL UNIVERSITY ARCHIVES, PR027081

“SUCH A HOSPITAL... WOULD BE OF THE GREATEST HELP AND BENEFIT AND I HOPE IT WILL BE THE STARTING OF A MUCH LARGER INSTITUTION,” WROTE SIR WILLIAM OSLER, MDCM 1872, IN A LETTER ABOUT THE PROPOSED CHILDREN'S HOSPITAL, DATED FEBRUARY 24, 1903.



CANCER SURVIVORSHIP: A NEW FIELD?

/ by KATHRYN JEZER-MORTON /

AS CANCER TREATMENT BECOMES INCREASINGLY EFFECTIVE, MORE PEOPLE ARE SURVIVING THE ILLNESS—AND COPING WITH THE CHANGES THAT COME IN ITS WAKE.

According to the Canadian Partnership Against Cancer, there are one million cancer survivors in Canada today. By 2020, that number is expected to double.

Cancer survivorship is an emerging field in health care research and practice, and McGill is among the institutions leading the way toward better care for survivors. What began several decades ago as a patient movement—primarily in the form of support groups—has evolved into a burgeoning clinical movement, says James McGill Professor Nancy Mayo, MSc(A), '78, PhD'86, who heads research on survivorship at McGill's School of Physical and Occupational Therapy (SPOT).

As Mayo explains, survivorship has been relatively slow to take its place as a major field of health care research, perhaps because many patients are unsure of how it relates to them.

"Often, if you ask people if they need cancer rehab, they say, 'Well, I feel terrible, but what should I expect? I have cancer!'"

"One of the reasons survivorship has fallen through the cracks in the past is that there was no one profession taking it on," says Mayo. Three years ago, when her research group became interested in designing studies around survivorship, there was no standard curriculum for cancer rehabilitation in Canada. "We held a pan-Canadian meeting to get some consensus on how to teach cancer rehab and put it on the agenda. People went home with the message that they needed to look into what was being offered."

Mayo is developing an exercise intervention to treat cancer fatigue. This work targets "what we think is one of the causes of cancer fatigue—this concept of reserve. Our hypothesis is that exercise should not be so intense that reserves are depleted; exercise should build reserve."

Under Mayo's supervision, her team has developed an intervention based on walking farther, rather than harder or faster, over time. Patients establish a baseline number of steps per week, and plan to increase by 10% each week, measuring fatigue throughout, and adjusting as necessary.

The challenges of survivorship can be mental as well as physical. Dr. Christine Maheu, Associate Professor at the Ingram School of Nursing, works, in partnership with Dr. Sophie Lebel, BSc'97, of the University of Ottawa, on fear management for cancer survivors.

"Eighty per cent of all cancer survivors experience some level of fear of recurrence that will affect their quality of life," notes Maheu. "When people are constantly having these thoughts and fears, it affects their ability to make future plans, to live in the moment." Survivors may face symptoms such as intrusive thoughts, difficulty sleeping and an increased risk of depression. "They tend to return to the ER more often—they need more frequent reassurance. There are implications for cost issues on the health care system."

Maheu and Lebel run a clinical trial of group therapy funded by the Canadian Cancer Society, where groups of female breast and gynecological cancer survivors meet over six weeks to work through a set of scripted sessions designed to help reduce anxiety. "We teach them different skills. How do you get control over emotions? How do you structure your thoughts, and learn new coping strategies? We teach calming self-talk," says Maheu.

With Dr. Margareth Zanchetta at Ryerson University, the team is studying the ways that various cultural groups handle cancer survivorship differently. “People have different attitudes,” says Maheu, who has studied groups of Portuguese-speaking women from Brazil, Portugal and Angola, as well as a survivors’ group made up exclusively of Colombian grandmothers.

“For some cultural groups, the word cancer is still viewed as an automatic death sentence and being one’s destiny.”

Maheu’s team is involved in other projects, including a knowledge translation study, in collaboration with the Canadian Partnership Against Cancer, centred on the creation of an interactive website for cancer survivors going back to work. The site, CancerAndWork.ca, is scheduled to launch later this year. For survivors, “there’s a common fear that [by returning to work] they’re putting themselves back into the stressful situation that might have caused their cancer,” says Maheu. “And that they won’t have the time to keep themselves healthy.”

If cancer survivors don’t necessarily know how to bring up ailments related to their cancer treatment, then it would be helpful to have doctors give patients a better sense of what to expect—and that’s where Dr. Genevieve Chaput, MA’11, comes in, in her role as Director of the McGill University Health Centre (MUHC) Cancer Survivorship Program. The program, run in collaboration with Cedars CanSupport and the Rossy Cancer Network, aims to educate family doctors about survivors’ issues. “Two years ago, we did a survey of family doctors across all of Montreal. We asked them, do you take care of cancer survivors? Do you feel confident? Ninety-four per cent of doctors in Montreal take care of cancer patients, but the majority of them felt they needed additional education.”

In response, Chaput added an educational component to the program. So far, training has been provided to more than 140 primary care providers.

Doctors take a pre- and post-test, with results indicating that the program gives them an immediate edge. “There’s a huge learning curve and it’s statistically significant,” says Chaput. Another component of the program is focused on the transition of care after cancer treatment wraps up. “The MUHC Cancer Survivorship Program offers education sessions for cancer survivors as well, saying these are the things that can happen, and here are the resources that exist.”

Even after successful treatment, life after cancer can be daunting, rife with new ailments and fears. But trailblazers like Chaput, Mayo and Maheu are showing how research and education can make a rough journey smoother, from diagnosis on. 🐦

LET’S TALK ABOUT SEX

McGill Med alumni are embracing survivorship, too. Enter Michael Krychman, BSc’89, MDCM’93, a gynecologist and expert in both sexual health and survivorship, practicing in Newport Beach, California. The author of several books, including *100 Questions and Answers for Women Living With Cancer: A Practical Guide for Survivorship* (2007) and *100 Questions and Answers About Breast Cancer Sensuality, Sexuality and Intimacy* (2010), Krychman first became involved in cancer survivorship while working at Memorial Sloan Kettering Cancer Center in New York City. When he was recruited for the Center’s cancer sexual health rehabilitation centre, he noticed that patients didn’t have survivorship care plans. “I have been doing comprehensive survivorship care planning to include sexuality since before it was really fashionable,” he says.

“The need for the breast cancer patient to revitalize their sexual health is important. It was about an unmet need. People are getting educated that cancer is more of a chronic illness.”—KJM.

SURVIVORSHIP DEFINED

Whereas in 2005, the Canadian Cancer Society defined “survivor” as “a patient who had lived five years after cancer diagnosis,” it has since extended its definition to include “every patient from cancer diagnosis to death,” explains Valérie Hamel, Senior Coordinator, Cancer J’écoute, Psychosocial Support Service, Canadian Cancer Society.

FOR THE LOVE OF MONTREAL



"WHENEVER THE HABS VISIT WASHINGTON, D.C., IT NOT ONLY MEANS THERE WILL BE GOOD HOCKEY, BUT IT TRIGGERS MANY GOOD MEMORIES OF OUR MCGILL DAYS FOR THE ALUMNI GROUP. WE MAY NO LONGER BE LIVING IN MONTREAL, BUT MCGILL IS ALWAYS WITH US."

—Nicholas J. Robert, BSc'70, MDCM'74.



MAKING MONTREAL HOME:

GRADS WHO STAYED

/ by IAN MCGILLIS /

IN A TIME OF INCREASING MOBILITY, WHERE PROFESSIONALS FOLLOW THE TRAIL OF OPPORTUNITY ALL OVER THE WORLD, MANY OF OUR GRADUATES CHOOSE TO STAY IN MONTREAL. IS IT WORK, FAMILY, LIFESTYLE THAT KEEPS THEM IN LA MÉTROPOLE?

We spoke with alumni about the attractions of the city and maintaining ties to their alma mater.

An American in Montreal

"One of the first things I did when I got here was go to the American Consulate and register for the draft," recalls **Stuart Glaser, BSc'70, MDCM'74**, who came to Montreal from Great Neck, New York in 1966, aged 18. It turned out going to Vietnam wasn't a worry; he had a student deferment. Regarding his decision to stay after graduating from the MDCM program, he says, "I'd been living here for eight years by then, so I was used to the medical system. Also, it's often the case that if you go to medical school in another country you marry someone from there. I married someone from here, and that gave me roots here."

"I was one of the first graduates in family medicine at St. Mary's. There were only four residents, to give you an idea of how young the program was. I started teaching right away, and I've always had an active teaching career at McGill. It's a big part of how I identify myself. And I've been privileged to do a lot of mentoring from the perspective of somebody

who's gotten their hands dirty in their work. I was an Osler Fellow for eight years. Now I'm basically just doing my family practice, although I am still teaching medical students in my office regularly."

Of the place where he has lived his adult life, Glaser says, "I never really contemplated moving anywhere else. I identify with the city, with the people. It's been a wonderful place to bring up two kids. I'm happy with socialized medicine, I like the ethics of it. I'm grateful to Montreal and Quebec for giving me the opportunity to learn and grow, and I've tried to give back."



COURTESY OF STUART GLASER



The right place at the right time

Growing up in New Brunswick, **Sara Saunders, PhD'14**, looked to Montreal as the nearest glamorous city; she and friends would regularly make road trips to see favourite bands. Small wonder, then, that she chose to do her master's degree at McGill. "I was very aware of the reputation of McGill, and I wanted to live in the city. Those were equally important factors in my decision." Fast-tracking into a PhD, she completed hers at a time when "there was a need for teaching and administration," she says. "I was offered a full-time faculty lecturer position, and shortly after that I was offered the position of Associate Director of the Occupational Therapy Program. I've certainly heard the stories of grads having a hard time finding work, but for me the timing was great—they needed me, and I was happy to help." One current initiative overseen by Saunders is a Workplace Ergonomic Evaluation Internship, in which a group of occupational therapy master's students conduct workplace interviews and

evaluations across the campus, with the aim of building recommendations for office health that are tailored for each department.

Saunders says, "I look forward to the idea of raising children in this environment. I embrace the idea of a bilingual upbringing. What a gift to give your kids." So, would she recommend Montreal and McGill as destinations for young people aspiring to join her field? "Without hesitation," she says. "I get asked that all the time, in fact, and I say 'Come! Please!'"



Montreal, a nursing nerve centre

Three years spent working in northern Quebec—she has also worked in Ontario and, more recently, consulted in the Democratic Republic of Congo—gave Montreal-born **Luisa Ciofani, BScN'81, MSc(A)'90**, an appetite for autonomy. "After my experience in the north, where the scope of practice is significant, I wanted that in Montreal, too. So I knew I needed a master's degree," says the Associate Director of Nursing for Women's Health at the McGill University Health Centre (MUHC).

"The nursing community in Montreal is very strong. There are close links and cross-appointments between the health care institutions and the university; a lot of clinicians are apt to participate in teaching, and a lot of the teachers come and do their research in the field. We feed off each other's interests and expertise. As a symbiotic relationship, I think the situation in Montreal is quite unique. Part of being a professional is finding ways to stimulate yourself and stay at the

edge of development in your field, and this is the perfect place to do that."

On the topic of the recent move to the new Glen site, Ciofani says, "It was quite an extraordinary feat. We worked extra long hours to get ourselves ready; we had to prepare for a lot of clinical scenarios, what could and would happen in various situations. We're settling into our new home, figuring things out, maybe sometimes turning right when we should be turning left, but definitely creating new ways of working with the different teams and specialties. Certainly the patients love it. I was just talking with a pregnant woman who was thrilled to know she would have a private room after the birth of her baby."



A man of many hats

The career and public life of **Victor Goldbloom, BSc'44, MDCM'45, DIP PEDIATRICS'50, DLitt'92**, could fairly be described as epic, encompassing medical practice, academia and politics, in which realm he was Quebec's first Jewish cabinet minister and served as Official Languages Commissioner. Those curious about the full remarkable story are urged to read *Building Bridges*, his newly published memoir from McGill-Queen's.

"I started at McGill in a time of quotas for Jewish students and women students," recalls Goldbloom. "It was a different world then. But gradually we became a much more open society after 1945." After a year and a half of postgraduate training in New York in 1947–48, Goldbloom became a practising pediatrician. In 1966, he was elected to the Quebec legislature, and felt it necessary to diminish his practice. "When you take on a newborn infant, the parents rightly expect you to be there for them," he says. "Gradually I became a physician to

adolescents. Those patients grew into adults. By 1980, I gave up the active practice. I've missed it, but my decision to go into public life was not based on unhappiness or burnout. It was just a different opportunity."

Throughout, Goldbloom has stayed loyal to the city where his roots are deep. "As for McGill, its reputation continues as it has for a very long time among Canadian universities, and it has without question the best reputation internationally."



Balancing act

Maintaining an endocrinology practice while becoming a presence in the community's political scene is an unusual combination, but **Roy Eappen, MDCM'85**, pulls it off. Born in India, he immigrated to Quebec when he was two years old. Currently an assistant professor at McGill's Faculty of Medicine, he also works as a clinical teacher at St. Mary's Hospital Center. Many will know of him through his long involvement with the federal Conservative Party, and through the group he and five others founded in 2010: the Réseau Liberté-Québec/Quebec Freedom Network (RLQ).

Presently on hiatus, the RLQ is intended to provide a centre-right voice in the provincial and national political debate. "It's not a new political party," Eappen stresses. "It's about ideas, and about getting underrepresented ideas heard." Eappen has also been an active proponent of free trade between India and Canada, as well as a voice on gay conserva-

tive issues, in which role he has been co-organizer of the Fabulous Blue Tent, a gay-friendly event at party conventions. Professionally and personally, he says, "Things have gone well. I'm pretty happy. I'm 54, so any thoughts of retirement are still at least ten or fifteen years off, I'd say."



The business of physiotherapy

We hear a lot about the Montreal-to-Toronto drift, but **Joyce Cornforth, DIP(P TH)'64**, has lived out the opposite. A Toronto native, she was brought up in Montreal from age 10. "I stayed after graduation because I married Bob {DIP(P TH)'64}, who was well established in his career here as a physiotherapist. After I did my graduate internship at the Royal Vic I went into private practice and worked for 31 years, specializing in the treatment of orthopaedic conditions and sports injuries. Now I do the management of our practice, Cornforth Physiotherapy, working about ten hours a week.

"I have taken extra McGill courses over the years, attended some Mini-Med lectures, have been a volunteer at the MUHC and am currently singing in the McGill Choral Society. Our daughter, Cheryl, who has a bachelor's degree in physiotherapy, is an MBA graduate of McGill. She also attended McGill's School of Physical and Occupational Therapy to become re-

licensed in the Ordre de Physiothérapie du Québec, after working in the United States. She currently works in our practice. We often visit with our sons, Jay, Darren and Mark, who live in the United States.

"I believe we have one of the best medical communities in Canada, and we live in a safe and beautiful city. I love the vibrancy of Montreal, the bilingualism, the cultural diversity, the wonderful museums, the walking pathways on Mount Royal, Old Montreal, our parks and festivals, and our excellent cuisine in so many great restaurants."



Nothing ventured, nothing gained

For a rare case of a grad moving on from medicine while retaining a keen interest in the field, look no further than venture capitalist/philanthropist **Cédric Bisson, MDCM'91**. After doing his residency, he pursued a law degree from Université de Montréal and eventually embarked on a different path, one that would satisfy his love of travel and his internationalist outlook. "I've been involved in pharmaceuticals, investment funds, medical devices, all kinds of things," says the partner in health care and life sciences for Teralys Capital, where his work takes him regularly to Vancouver, New York, Toronto, California and across Europe. Citing innovation, entrepreneurship and start-up companies as three of his biggest passions, Bisson says, "I went to McGill as a francophone because I felt I would be pushed there to be competitive and have a global mindset. Even now, the brand recognition of McGill internationally is extremely high. I've always wanted to have a base in Montreal to do international

work, so I feel like I have the best of both worlds. I've spent time away and lived in various cities, but now I spend roughly 65% of my time in Montreal. I came back for a bunch of reasons, but basically because I felt connected to the culture. To have that balance between my roots and the world is very energizing."



Not your usual career path

When **Dikla Amar, MSc(A)'10**, completed her studies in speech-language pathology, her professional options had to take a simple fact into account: she is the mother of five children, aged 12 to 17 at the time she graduated. “It would be very hard for me to relocate, so I really wanted to stay in Montreal,” she says. She had already met the considerable challenge of passing a French test mandatory for anyone belonging to a professional order in Quebec, an achievement all the more impressive because French was effectively her fourth language, after Hebrew (she was born in Israel, and moved to Quebec at age 11), Yiddish (the language of her pre-secondary schooling in Montreal) and English. About her initial job search, she says, “I always wanted to work with kids, but I realized that when you work in schools you don’t get to work with a family, you can’t have the same collaboration you can have if you work in a rehab centre—listening to what the parents’ goals are, giving them emotional support if they need it.”

That desire is met where she works now, at the Jewish Rehabilitation Hospital of the Centre intégré de santé et de services sociaux de Laval, where she is involved in the motor, language and stuttering programs. “I like that, because it gives me a variety of patients.”

While at McGill, Amar found that motherhood made for little in the way of extracurricular campus life. “It was basically school and home for me,” she recalls. Still, given the high standard of her program, she doesn’t hesitate in recommending McGill and Montreal to young people looking to embark on a path like hers. “It’s a nice city to live in, and I think we need speech therapists, and English speech therapists, especially in the outskirts.” 🐾



AN EYE-OPENING TRIP TO PERU

/ by SALIM KORBAN, MDCM'15 /



Sitting in the boarding area at the Montreal airport, impatiently waiting for my flight to Peru, thoughts raced through my mind. Having just submitted my Canadian Resident Matching Service (CaRMS) applications a week prior, I knew that my residency plans were becoming very serious—I was probably going to become an ophthalmologist if everything went well. But

was I prepared to experience ophthalmology in Peru? What are the challenges that medical teams face there, and how would I learn from them?

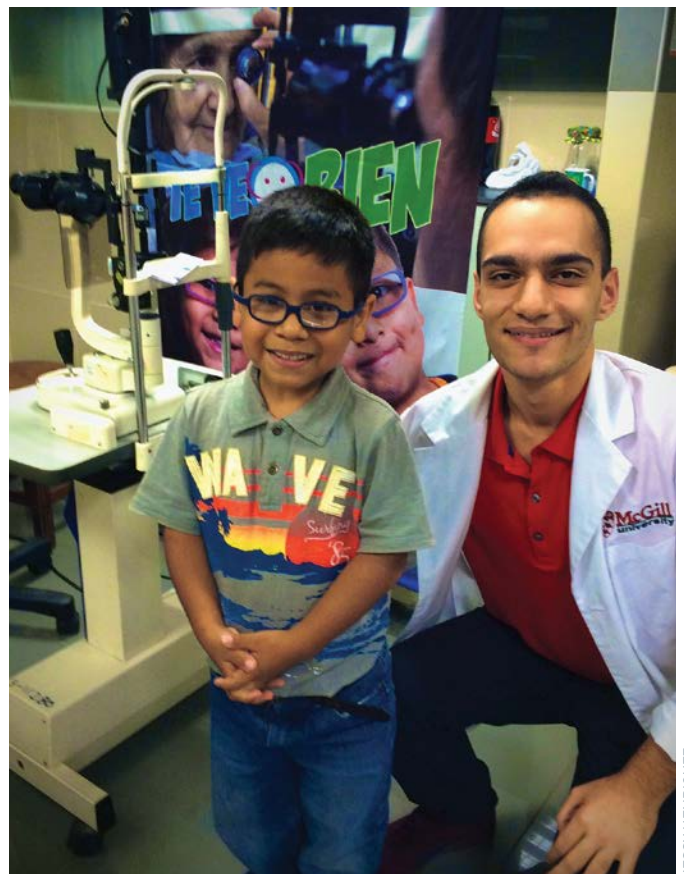
On my first day, I volunteered to do a consultation in the emergency department, and I remember being frightened at the sight of a horrible CT scan of the head—full of fractures, and the prognosis was also very bad. In clinic, the cases ranged from advanced cataracts and diabetic retinopathy (of a severity I had never seen in Montreal) to tropical disease cases such as ocular toxoplasmosis, candida, CMV retinitis and amoebiasis. I was learning a lot and quickly, receiving excellent teaching from all my residents and specifically the senior resident, Janet. Day after day, I noticed my Spanish improving and patients understanding me more.

The diversity of the medical cases was astonishing, as were the stories of every single patient visiting us. I cannot forget a specific patient, a 75-year-old male with severe vision loss who had made a 15-hour bus ride from the jungle. This is when I saw the face of human suffering—despair, unemployment and social exclusion. I realized that all my patients, from the beginning, had the same face to a certain extent, but I had failed to see it.

My experience in Peru enabled me to see how people in the developing world live and what daily challenges they face. This was all the more true since I lived with a local family during my stay.

Vision loss can impact the quality of life of patients to a great extent, and my decision to become an ophthalmologist was reinforced, knowing that I can contribute to alleviate this suffering.

Thrown back into the McGill hospitals upon my return to Canada, I realized I was a different medical student. One that had matured a lot, developed an appreciation for all the advanced medical equipment we have, and become more sensitive to patient suffering. For this, I am forever grateful. *The author's trip was made possible by the Ashworth Student Travel Award, established by M. Anthony Ashworth, BSc'57, MDCM'61, and family.*



JESSY HENRIQUEZ

LIBRARIAN ON A GLOBAL HEALTH MISSION

PROFILE OF MARTIN MORRIS

/ by ANNETTE MAHON /



A health inequity is discovered in one of the world's poorest countries and the call for support goes out to McGill's Global Health Programs (GHP). Now who should heed the call? Maybe a doctor; perhaps a nurse; or what about an engineer? Or better yet, a librarian. Wait, a librarian?

"We're not clinicians, but we do know about medical and health information," says Martin Morris, Liaison Librarian at McGill's Life Sciences Library. He has a keen interest in providing library services to traditionally underserved communities. So, when the opportunity arose to travel to Hope Africa University in Bujumbura, Burundi, and share his expertise with the students and staff of a health sciences library suffering desperately from underfunding, Morris signed on immediately.

"It wasn't my first time in Africa, but I was still naïve and underestimated the hardships Burundians face every day, including a lack of basic access to information," says Morris, who joined the McGill Library in 2012 and whose travel expenses were funded by GHP.

Burundi is a country that has, for centuries, suffered from poor access to education, extreme poverty and brutal warfare. Violent clashes between Hutus and Tutsis have resulted

in two genocides over the last fifty years, leading to the deaths of hundreds of thousands of civilians. Recent massive political unrest ahead of presidential elections already steeped in corruption is what Morris faced upon his arrival in Bujumbura on April 26, 2015.

"The timing of my visit was exquisitely bad," he says, as he describes the feelings of Burundi citizens whose haunting memories of past civil wars paralyzed them with fear. On the day of Morris's arrival, much of the city completely shut down, including the university. Despite such dire straits, he persevered with his mission and was able to impart his knowledge to a handful of students and, most importantly, to the head librarian.

Thankfully, low-income countries like Burundi are able to access the latest biomedical and health literature online through a World Health Organization-run website called HINARI. Morris trained the head librarian on connecting to and effectively using HINARI, as well as conducting online clinical searches. Unfortunately, Morris's three-week mission was cut short, as political demonstrations and violence in the streets of Bujumbura escalated.

Despite experiencing such peril, Morris isn't fazed in the least. "Global Health Programs wants a sustainable contribution, as do I," says Morris, who will continue to work remotely with Hope Africa University. Since returning to McGill, he has advanced a novel program to test out the use of low-cost credit card-sized computers for downloading medical resources. Morris recently configured the first of these, which will be tested shortly in Burundi. His long-term plan is to configure 10 to 15 of these computers for the university's library, and to offer remote, web-based teaching on effectively using online resources, especially medical databases.

Coming to Canada from England in 2011, Morris sees McGill as a platform to connect with what he calls "ferociously intelligent people." "Some of the world's brightest minds are here," he says. "The collaborations that we, as librarians, are invited into, the respect that we're held in, and the willingness that faculty members have to involve us, are enormous privileges."

ONCE-IN-A-LIFETIME ART EXHIBIT HONOURS MEMORY OF ROSALIND GOODMAN

McGill displays art to raise money for the Rosalind and Morris Goodman Cancer Research Centre Mrs. Goodman's last wish for the university she so loved

/ by ANNE CHUDOBIAK /



Mountain Landscape, 1922, Franz Johnston. Gift of A. Sidney Dawes (1965).

“People used to give art,” said Michael Meighen, BA’60, LLD’12, Chancellor of McGill University, contemplating an Edwin Holgate, one of ten Canadian paintings on display from McGill’s collection on June 9, 2015, in the atrium of the Bellini Building, Life Sciences Complex.

“Sidney Dawes gave almost 60 pictures to McGill,” added Gwendolyn Owens, Director of McGill’s Visual Arts Collection and curator of the exhibit held in honour of the memory of

devoted McGill alumna, volunteer and philanthropist, Rosalind Goodman, BA’63, LLD’11.

“Dawes was the head of the Canadian Olympic committee,” said Meighen.

“And he did a lot of the development at Tremblant,” added Owens.

“That one is from my office,” said Suzanne Fortier, BSc’72, PhD’76, McGill’s Principal and Vice-Chancellor, indicating a Lawren Harris given by Dawes. “It’s my favourite.”

The painting, *Chestnut Tree, House, Barrie Ontario*, had been a favourite of Mrs. Goodman’s as well, said daughter Shawna Goodman-Sone, BA’93.

“My mother loved beauty,” said Deborah Goodman Davis. “And when she saw something beautiful, she wanted to share it.” Hence the *raison d’être* of the evening.

As Dean David Eidelman, MDCM’79, explained, the event had been Mrs. Goodman’s brainchild—one of her last wishes for the university she had done so much to support. “Helping researchers was a labour of love for Roz,” said Eidelman of Mrs. Goodman, who will forever be remembered at McGill first and foremost as the tireless champion of the Rosalind and Morris Goodman Cancer Research Centre (GCRC).

“She came to me with this fundraising idea for the GCRC when she was in the throes of the cancer that would

eventually take her life,” recalled Marc Weinstein, BA’85, BCL’91, LLB’91, Vice-Principal, University Advancement, McGill. “Here we are today, fulfilling her dream.”

Where Mrs. Goodman was involved, “we are all extended family,” said Principal Fortier, to the hundreds of friends, family and other VIPs in attendance. “She gave us hope. She had incredible enthusiasm. It is a pleasure for me to tell you that we will be renaming the Atrium in the GCRC in her honour. It’s a place people go for re-energizing.”

On hearing the news, Mrs. Goodman’s widow, Morris Goodman, LLD’11, who with his wife made a transformative multi-million dollar gift to the Centre in 2008, said, “It’s a real surprise to me.”

One of the most moving moments of an already very emotional evening came courtesy of Nathaniel Robichaud, inaugural recipient of the Rosalind Goodman Commemorative Scholarship. He took the podium to explain, in a frank and heartfelt way, just how much the scholarship meant to him—to an audience whose donations in memory of Mrs. Goodman had helped support it.

It is unusual to have a scholarship that supports PhD students later in their studies, when there are fewer sources of funding, noted the student, who works in Dr. Nahum Sonenberg’s famed lab.

“Most scholarships for grad studies are designed for a three- to four-year program. I have been here for five years. It will probably be six or seven by the time I’m done. If I didn’t have the scholarship, I would have to finish and leave.

“Thanks to the legacy of Mrs. Goodman, I can focus on the research that I am so passionate about.”

The evening culminated in tours of the GCRC, led by some of its leading researchers, notably Drs. Michel Tremblay and Julie St. Pierre. When asked why so many scientists were still present in the lab after 6 p.m., one scientist responded: “It’s not uncommon to see us here at night and on the weekend. It’s a privilege to be able to do this kind of work,”—a privilege helped along by Mrs. Goodman and those she rallied around the GCRC and who continue to give in her memory.

HISTORY ON THE DOORSTEP



OSLER LIBRARY

"This library is the soul of our medical school," said Chris Lyons, Head of the Osler Library, at a celebration of builders and benefactors held on Saturday, April 18, 2015.

Many of our alumni would agree.

Two Medicine classes, 1961 and 1982, were recognized at the event, which opened with remarks from former Dean Dr. Richard Cruess, and culminated in the unveiling of five 17th-century anatomical paintings acquired in honour of William Feindel, MDCM'45, DSc'84, thanks to a very generous lead gift by Dr. J. Mario Molina, a member of the Osler Library's Board of Curators.

Representing the Class of 1961, which recently sponsored the reproduction of a rare book from the personal collection of Sir William Osler, MDCM 1872, was honorary member, Judy Mendelsohn, BA'60. "Being on the Committee is very pleasant. I enjoy it. It was a terrific class," said Mendelsohn, who has served on the class's Reunion Committee since her husband, Melvin Mendelsohn, BSc'57, MDCM'61, passed away in 2002.

How did the class decide to support the reproduction of *The Herbal of al-Ghafiqi*, an illustrated 13th-century treatise on materia medica by a Muslim Iberian physician? The project was "of great appeal to the guys in the class," Mendelsohn explained, adding that two of her fellow Committee members, Mort Levy, BSc'57, MDCM'61, and Phil Gold, BSc'57, MDCM'61, MSc'61, PhD'65, have a strong interest in medical history.

Patrice Archambault, MDCM'82, Associate Professor at the Faculty of Medicine, attended on behalf of the Class of 1982, whose members have endowed a fund in support of the Osler Library.

"I'm really grateful to the Class of 1982," said Lyons. "What this gift does is it allows us to take advantage of opportunities that arise, because it is an unrestricted endowment."

Although Archambault modestly attributed the choice of gift to his classmates, he admitted that it was a nice occasion

for him to give back, as he has always supported McGill, in particular the libraries, and has a fascination with paper books. He and his wife, Françoise Filion, Faculty Lecturer at the Ingram School of Nursing, are also McGill Medicine parents two times over. One son is a recent graduate of the MDCM program and another is currently enrolled. "With our children in medical school, we've been able to benefit from a reduction in tuition. We thought giving back was the right thing to do."

The event was also an opportunity to honour the memory of the following McGill Medicine luminaries, with moving tributes from family members, colleagues and mentees: Dr. William Willoughby Francis (1878–1959), first Osler Librarian; Dr. Joseph Stratford, BSc'45, MDCM'47, MSc'51, GRAD DIP'54 (1923–2007), cofounder of the first pain clinic in Canada; Dr. Edward Horton Bensley (1906–1995), Honorary Osler Librarian; and Dr. William Feindel (1918–2014), Honorary Osler Librarian.

Before bringing the event to a close, Lyons solicited the help of Feindel's widow, Faith Feindel, to unveil the five paintings by 17th-century French physician and anatomist, Dr. Amé Bourdon. "In over 300 years, you are the first people to see this publicly," Lyons said, to the obvious appreciation of the crowd, which disbanded with many expressing the feeling of having seen something very special indeed.—AC.

STUDENTS SHOW DONORS LOVE



NICOLAS MORIN

"I cannot express my gratitude," said Pamela Trejo Param (pictured above with husband Pablo Zoroquiain), voicing a sentiment much in evidence at the Faculty of Medicine's 5th Annual Scholarship Reception, celebrating student achievement and donor support, held at Holmes Hall on Thursday, April 2, 2015.

The Chilean endocrinologist is able to study bone metabolism in bone metastases in patients with breast cancer at McGill thanks to a Richard and Edith Strauss Fellowship. "It was a great opportunity. Otherwise, I wouldn't be doing

research here. Without this support, it would be impossible for people like me. It's priceless."

"It's really the whole family who benefits," added Zoroquiain, with whom Trejo Param has a toddler and a newborn baby ("Twenty-six days old!").

"It is so wonderful to see the students who were selected," said Ralph Cooke, MDCM'57, who attended the event on behalf of his class, which, in 1992, in honour of their 35th reunion, endowed the Merle Peden Bursary. Miss Peden, who was Secretary of the Faculty of Medicine from 1953 to 1967, is remembered by many alumni from that era as having been the unofficial Medwell Office, looking out for the students' health and well-being. "She started the same day we did," said Cooke.

Guests included the Faculty's most recent donor, Elaine Wang, MDCM'77, who had only that day made another gift, this time, in very generous support of a Humanitarian Prize to be awarded at Convocation, as well as a Travel Award in Global Health. "I felt it was important to give back to a very good medical school. My McGill degree has stood me in good stead, especially when speaking with colleagues in the States," said Wang, who divides her time between Ontario and Connecticut.

Michael Johnstone, BSc'77, MDCM'82, came, with his wife, Ellen, all the way from Boston for this chance to mingle with student recipients. Johnstone sponsors a research bursary for female students in honour of his late mother, Rose Mamelak Johnstone, BSc'50, PhD'53, the first and only female Chair of the Biochemistry Department, from 1980–1990 (see page 29). "She was a scientist in the time of very few female scientists," said Johnstone of his mother, who grew up, "dirt poor," near St-Laurent Blvd. in the same Jewish immigrant quarter immortalized by Mordecai Richler. "Not only was she a biochemist, she was also involved in equal rights at McGill, making sure that there was equal pay for equal work."

Many of the donors mentioned family as having inspired their philanthropy. David O'Hashi, BSc'57, MDCM'61, supports three bursaries at the University, including one in the Faculty of Medicine named for his parents, Kanekichi and Shizue O'Hashi. "They're the instigators. They're the ones who put me through college. I owe it to my parents that I got this far. Having given me that chance, I thought I had better do something to help out someone who was really in need. That's why I did a bursary and not a scholarship. I wanted it based on need."

An MDCM—and ardent supporter of SPOT

Special guest, Alice Chan-Yip, MDCM'62, took the podium to explain what had motivated her to set up an endowment fund in 2005. Aselin Weng, BSc (Rehabilitation Science)'14, recipient of the Dr. Alice Chan-Yip Multiculturalism Award, also addressed the audience. Founder and Executive Director of Seeing Voices, the only Deaf theatre company in Quebec, Weng introduced herself first using American Sign Language, before going on to explain, in spoken English, how much Dr. Chan-Yip's generosity and encouragement had meant to her: "It could not have come at a better time."

The Award allows Weng to concentrate on schoolwork and Seeing Voices, rather than having to work at a part-time job as a swimming instructor. "Our sign language teacher has started giving classes to health care professionals," she said of the company, which was also preparing for a production of *The Little Mermaid* to be presented in both American Sign Language and spoken English.

Weng mentioned that, as an immigrant of Taiwanese descent, it was particularly meaningful for her to receive this support from someone who had done so much for Montreal's Chinese community.

"It feels great to be recognized for your clinical and academic achievements," said Alexander Trotsky, BSc (Rehabilitation Science)'14, inaugural recipient of the Lois Radcliffe Memorial Prize. "I am very grateful that there are donors out there who are giving back. The financial part is great, but the recognition might be even more meaningful."

"I feel very supported and encouraged," said Afiqah Yusuf, MSc'12, doctoral student in psychiatry and recipient of a Maysie MacSporran Graduate Studentship, summing up the main message of the evening.—AC.

Fellowship a welcome boost, says SPOT PhD candidate

Riany de Sousa Sena, a PhD candidate in the School of Physical & Occupational Therapy (SPOT) and recipient, in 2011, of a Richard and Edith Strauss Fellowship, is grateful for the extra push that winning the Patricia Ann MacDonald Wells Van Daele Memorial Award has given her as she nears the end of her studies. De Sousa Sena examines "eccentric" methods to improve physical activity in people with chronic respiratory disease. One such method, reverse rather than forward pedaling on a stationary bike, has already netted some encouraging results, enabling study participants to exercise at four times their normal intensity. "The patients get so excited. They say, this bike is magic. I can go at this intensity for 30 minutes and I can't walk for five minutes."

NEWEST GRADUATING MEDICINE CLASS RAISES \$5,000 IN HALF AN HOUR



NICOLAS MORIN

The Medicine Class of 2015 gathered at lunchtime in the Charles F. Martin Amphitheatre on February 19, 2015—the same day as their rank order lists were due for residency matching—for a chance to discuss—and give to—their Class Action campaign in support of Wellness & Resilience.

“Four years ago, we were interviewing, with the dream of becoming a doctor and, in a few months, we actually will be doctors,” said Class President Daniel Jones, BSc’07, MDCM’15. “It’s incredible.”

Classmate Jason Steinmetz, BSc’11, MDCM’15, spoke on behalf of the Medical Student Wellness Committee, pointing out that Wellness had not even been formally integrated into the curriculum until their second year, but that it was “already becoming a huge part of McGill Medicine,” with workshops on a wide range of topics, from suicide prevention to mindful medical practice. He explained that the Wellness & Resilience Fund was \$7,000 short of being endowed, and that if their class could make up that difference, their gift would become, in a sense, “unlimited,” generating money each year in perpetuity.

To help the students meet their goal of endowing the Fund, Dean David Eidelman, MDCM’79, agreed to match their gifts with a personal donation of up to \$2,000.

It was pointed out their legacy had already been started. Students in the MDCM program now benefit from extra flex days that were brought about, in part, on the basis of input from the Class of 2015.

About the choice of Wellness as a Class Action, David Henault, MDCM’15, said, “It’s a great idea. It’s going to affect a lot of people.”

At last tally, including the gift from the Dean, the class raised \$8,440, surpassing their original goal by almost \$3,500. —AC.

STUDENT COMMITTEE SEEKS BENEFACTOR

When Toronto native Kelly Lau came to McGill for medical school, she knew that she wanted to volunteer, but where?

She found a valuable resource in the form of the Strategic Planning and Community Involvement (SPCI) committee. Founded in 2011 by the Medical Students’ Society, the SPCI supports student-led initiatives that contribute to both the local and global community. Lau credits it with steering her towards peer mentors and opportunities she wouldn’t have known about otherwise.

Although the SPCI has received significant financial support from the Medicine classes of 1983, 2013 and 2014, financial viability remains a concern.

Lau, now outgoing co-chair of the SPCI, fears for the future of such initiatives as the Medical Student for a Day, where high school students from marginalized communities shadow MDCM students, and Vitamin Sport, an afterschool program to combat childhood obesity.

Also in doubt: the conferences the SPCI funds on global surgery, refugee health and indigenous health issues.

Amy Huang, BSc’13, Lau’s co-chair and fellow candidate of the Medicine Class of 2017, was drawn to the SPCI from a passion for the challenges of leadership. “The ideal scenario would be to generate enough funds so that we can invest and collect interest yearly, becoming self-sustainable,” says Huang.

With the first round of funding coming to an end, Lau dearly hopes the generosity of alumni will give future chairs the means to keep the committee going, not just for the projects, but for the students. “Meeting people in a vulnerable community, you get to see how relevant medicine really is.”

/ By JULIET WATERS /



SUSAN GE

Kelly Lau (left), pictured with co-chair, Amy Huang, credits the SPCI with steering her towards peer mentors.

A FORCE OF NATURE

The first (and only) female Chair of the Biochemistry Department
Early champion of equal pay for equal work in academia

/ by IAN MCGILLIS /

The life and career of **Rose Mamelak Johnstone, BSc'50, PhD'53**, represent a remarkable journey and a lasting legacy. Her son, Michael Johnstone, BSc'77, MDCM'82, who established the Rose Mamelak Johnstone Research Bursary after her 2009 passing, was more than happy to talk about his mother on the phone from his home in Brighton, Massachusetts, where he is a practising cardiologist.

Born in 1928 in Lodz, Poland, Rose arrived in Montreal with her family at age 8, just before the outbreak of World War II; many of her relatives who remained behind would die in the Holocaust. Growing up around St-Laurent Blvd., Rose progressed from speaking no English to being a top-of-the-class graduate at Baron Byng High School. From there she went on to McGill, where she discovered a passion for the relatively new field of biochemistry. "Her area was dealing with cell membranes and the transport system within them—things that, as a cardiologist, roll off my tongue now, that are a given, but were quite new then."

Rose married Douglas Johnstone in 1953, and the two went to England from 1954 to '56 so that Rose could pursue post-doctoral research. "My father, unusually for that time, said 'Sure, I'll go to England with you,' said Johnstone. "This is an interesting thing in the nature of the relationship. I always felt that my parents were 20 to 25 years ahead of their time. He put his career on the back burner to allow hers to grow and flourish."

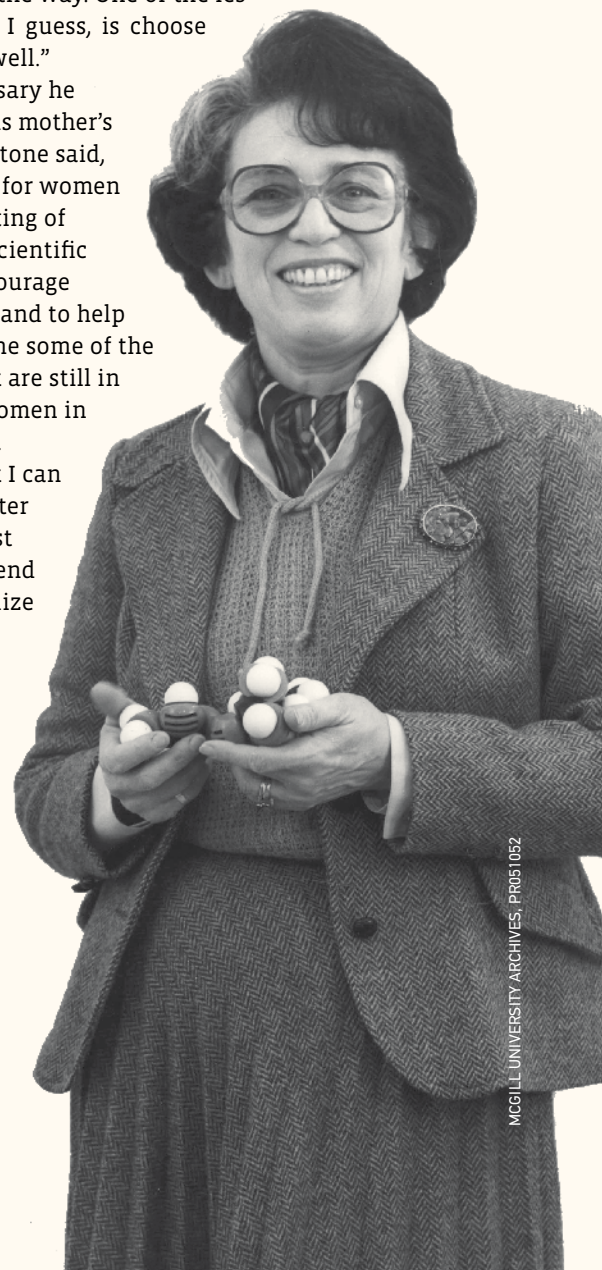
In 1956 the Johnstones returned to McGill. In 1961 Rose joined the Department of Biochemistry, where in 1980 she was named Chair, becoming just the second woman to be so honoured by a science department of a Canadian university. She stayed in the position until 1990, during which time her significant hires included Phillipe Gros, PhD'83, John Silvius and Gordon Shore, PhD'74.

As stellar as her academic career was, Rose made an equally important contribution as a tireless campaigner for equal pay for equal work in academia. "At the universities, it was long assumed that because a woman could depend on her husband's salary, hers didn't have to be equal," said Johnstone. "What we take for granted now, she had to really push for."

Looking back, what Johnstone finds most amazing about his mother is the balance she maintained. "She was able to be not only a scientist, an administrator and a teacher, but also a terrific parent to my brother Eric and to me," he said,

citing the example of her taking on the department chair, a choice many women even today might forego for lifestyle reasons. "She took it because it was a challenge, but first she presented the idea to her family and asked us what we thought, and of course we were all for it. As kids we accepted it as the norm that she was always working, always distracted, because we knew through it all that she deeply loved us. And our father was behind her every step of the way. One of the lessons learned, I guess, is choose your spouse well."

Of the bursary he sponsors in his mother's honour, Johnstone said, "It's designed for women who are thinking of going into a scientific career, to encourage their interest and to help them overcome some of the obstacles that are still in the path of women in science today. Anything that I can do to help foster that is the best way I can extend and memorialize Rose's spirit."



QUIZ:

TEST YOUR ALUMNI SMARTS

Guess which of your fellow alumni will be recognized as recipients of a 2015 Medicine Alumni Global Award during Homecoming Weekend.

/ by ANNETTE MAHON /

1 Medicine Alumni Global Young Alumni Award: This alumnus's first-rate research into criteria for the ethical feasibility of uterine transplantation was cited by a Swedish team who achieved the first human live birth following such a procedure. Can you name this exceptional clinician-scientist who has remarkably garnered a myriad of firsts so early in his career?

2 Medicine Alumni Global Community Service Award: Promoting health and well-being to the masses is nothing new for this star alumna, who's created quite an on-air following across Canada among those tuned in for sound advice. Can you name this exceptional community-oriented physician, whose prestige recently earned her one of the highest honours for merit in the country, the Order of Canada?

3 Medicine Alumni Global Lifetime Achievement Award: Raising the bar in surgical education is exactly what this alumnus has set out to do over his close to 40-year medical career. Can you name the educator and innovator behind the development of the performance-based examination which has become the gold standard for medical licensure in Canada?

4 Ingram School of Nursing Alumni Award of Merit: This McGill Nursing alumna played a key role in the development of a national accreditation program for undergraduate nursing in Canada. Her life's work in building a solid foundation for nursing programs both nationally and internationally culminated in her appointment as an Officer of the Order of Canada in 2014. Who is this brilliant nursing sage?

5 School of Communication Sciences & Disorders Alumni Award of Merit: This clinical leader and gifted lecturer was integral to the creation, in 1992, of a clinical stroke team at the Montreal General Hospital of the McGill University Health Centre and, more recently, of an award-winning tracheostomy team, which has earned the distinction of "Leading Practice" by Accreditation Canada. Who is this McGill grad with a knack for teaching that has inspired the next generation of leaders in the field of Communication Sciences and Disorders?

6 School of Physical & Occupational Therapy Alumni Award of Merit: With six McGill degrees to her name, this McGill alumna's work in pharmacoepidemiology and rehabilitation-based interventions for stroke patients has earned her international recognition as a leading authority in these fields. Can you name this McGill Professor Emerita, credited with establishing McGill's doctoral program in Rehabilitation Sciences, the first of its kind in Canada?

1 Jacques Balajla, MDCM'12
2 Maria Shapiro, MDCM'79
3 Richard Reznick, MDCM'77
4 Susan French, BN'65
5 Judith Robillard Shultz, BA'76, MSc(A)'78
6 Sharon Wood-Dauphinee, DIP(PT)'62
B PHYS THER'69, BSc(PT)'72, DipEd'73, MSc(A)'75,
PhD'82 F



A

NICOLAS MORIN



B

COURTESY OF CTV NEWS



C

COURTESY OF RICHARD REZNICK



F

OWEN EGAN



E

COURTESY OF JUDITH ROBILLARD SCHULTZ



D

MCGILL UNIVERSITY

TOP 5 ALUMNI MEMORIES

5. Buildings

"When I was 13, we went to Expo'67. Walking around, I saw the McIntyre Medical Building and I said, 'I want to go there one day.'"—Brian Bachynski, MDCM'79.

4. Winter

"My brother put on his cross-country skis and skied over the mountain to his lectures."—Susan Fernando, wife of Joseph Fernando, MDCM'89, sister of Harry Hausler, MDCM'89, and friend to many in the Medicine Class of 1989.

3. Money (or lack thereof)

Allan MacKenzie, BSc'60, MDCM'64, worked as the superintendent of a building on Milton. "Things would only break down the night before an exam. I was very busy. I was invited to join a fraternity, but there was no money or time for that."

2. Love

"We got married the day after I graduated," says John Harries, MDCM'64, MSc'72, pictured with his wife Eleanor Harries, BScN'61, in the Faculty Club on their wedding day.



COURTESY OF ELEANOR HARRIES, BScN'61

1. Angels and mentors

"It was known to Dr. C.P. Martin, a professor of Anatomy, that one of the students was having difficulty financially. He appeared at the student's residence and asked for that particular student by name and said, 'I've heard that you need financial assistance to continue your studies.' He gave the student an envelope containing a cheque for \$1,000. This was in the '50s!"—Anonymous.



NICOLAS MORIN

"We had professors who were dedicated, demanding, but caring, who instilled in us the virtues of professional behaviour."—Dorothy Thomas-Edding, DIP(P TH)'62, DIP(OTH)'63, BSc'(P&OT)'64, DipEd'73, MSc(A)'75 (pictured), recipient of a 2014 Alumni Award of Merit.

Don't miss Homecoming 2015, Thursday, October 22 to Sunday, October 25.

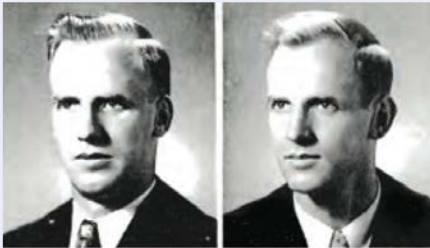
For more information:

- Graduates of all Schools and departments: mcgill.ca/homecoming/home
- MDCM graduates: <http://www.mcgill.ca/medicine/alumni/homecoming>

Back, by popular request, "All Those Nights in Montreal" All-School & Class Reunion Cocktail at Le Windsor, Saturday, October 24, 2015, from 5 p.m. to 7 p.m.

New this year: an all-School Sunday brunch, seated by class.

HUMANS OF HOMECOMING



KING, JAMES BARRY
Born April 8, 1929, in Moncton, N.B. Attended University of New Brunswick. Entered McGill, 1950. Activities: English Rugby, 1951-52. Degrees Held: B.Sc. (U. N.B.).

KING, JOHN KENNETH
Born April 8, 1929, in Moncton, N.B. Attended Fredericton High School, Univ. of New Brunswick. Entered McGill, 1950. Activities: Track, 1950-54. Captain, 1954; English Rugby, 1952-53. Degrees Held: B.Sc. (U. N.B.).

Barry King, MDCM'54, played English rugby. So did his identical twin, John King, MDCM'54, who passed away in September 2013. They were the first set of twins to attend McGill Med.



When asked to share a good memory, Detroit-based pediatric ophthalmologist Brian Bachynski, MDCM'79, doesn't hesitate: "Meeting my wife. We had at least four couples in our class that got married. My wife's name was Angus and only Aronson was between us on the cadaver tables. Everything was done alphabetically." Pictured: Bachynski with Elizabeth Angus, MDCM'79.



"I always sat in the back row. The guy I remember was one of the first guys in a wheelchair in medical school, Paul Malon, MDCM'89 (d. Jan. 28, 2015). He would bring his dog to class. It used to be good in the morning to see Paul and his dog in the back of the class."—Geoffrey Forbes, MDCM'89.



Representing the Medicine Class of 2009!



"I started Med-P at 19 and became a doctor one day before my 24th birthday. It's a little bit crazy. It's all a bit of a blur." —Donald Londorf, MDCM'84.

Only an MDCM would say...

"I'VE SPENT COUNTLESS HOURS WITH GALLEY PROOFREADERS, EXPLAINING THE 'CM' ON 'MD.'"

— Erwin Gelfand, BSc'62, MDCM'66, recipient of the 2014 Medicine Alumni Global Lifetime Achievement Award.

HUMANS OF HOMECOMING

Pharand-Rancourt was one of only three trained Red Cross volunteers on-site in her hometown of Lac-Mégantic on July 6, 2013 when a train carrying crude oil exploded, destroying the downtown area and killing 47 people. In spite of being an evacuee herself, she immediately devoted herself to the emergency response effort, staying to volunteer the entire summer.

COURTESY OF SPOT



"You can imagine that living in Lac-Mégantic and that being on the Red Cross Emergency Response team was very intense. I used all my skills I learned at McGill: empathy skills and communications skills."—Gabrielle Pharand-Rancourt, BSc(OT)'04, MSc(A)'07, recipient of the 2014 School of Communication Sciences & Disorders Alumni Award of Merit.



NICOLAS MORIN

"My education at McGill is truly one of my life's greatest blessings."—Robert Paulette, BSc'52, MDCM'54, with McGill Principal and Vice-Chancellor Suzanne Fortier.



NICOLAS MORIN

"This brings back wonderful memories."—Eleanor Harries, BScn'61, with husband John Harries, MDCM'64, MSc'72.



NICOLAS MORIN

Andrew Szabo, MDCM'59, reminisces about Class President Jack Cohen, BSc'55, MDCM'59 (d. Aug. 22, 2014): "He was a great artist who had several recordings and toured the country as a whistling musician. He whistled classical pieces that were for the violin."

HUMANS OF HOMECOMING



NICOLAS MORIN

"All my life, I thought that I would do family practice. But when I was a resident, I realized it wasn't for me. I went to the Emergency Room at Santa Monica Hospital In Los Angeles County. Nobody knew what an emergency doctor was in those days. It was like a baptism by fire."—Claire Weidemier, MDCM'64.



NICOLAS MORIN

Carlos Medina, MDCM'64, pictured with his wife Ester, is forever grateful to his father for having sent him to McGill Medicine from his native Honduras.

Feeley makes a practice of hosting the Nursing Class of 1979 when it is their turn to come home.



NICOLAS MORIN

"I've been a staff nurse, a nurse manager, an administrator, a faculty member and a researcher. That's what I like about nursing, that you can wear many different hats."—Nancy Feeley, BScN'79, MSc(A)'86, PhD'01.



NICOLAS MORIN

"We prevent, find and treat TB and HIV in poor rural and urban areas of South Africa."—Harry Hausler, MDCM'89, TB/HIV Care Association, reuniting with classmate Stephanie Regenold.



A MCGILL MOMENT

PAN LIU, PhD 2015 (SCHOOL OF COMMUNICATION SCIENCES & DISORDERS), RECEIVES A SURPRISE MARRIAGE PROPOSAL AT CONVOCATION.

Bequests and other Planned Gifts for McGill University

THE GIFT OF A LIFETIME

*From one planned
gift, a beginning;
from many planned
gifts, a future.*

*How does a planned
gift work? Is there
any financial benefit
to the donor who
makes one?*

Bequests and other planned gifts have always been critical to the success of the University and its students. They were instrumental in the establishment of McGill, and they continue to strengthen McGill's endowment, libraries, research, and scholarships and other student financial aid programs. As well, such gifts give McGill a great deal of flexibility in planning to meet the demands of an ever-changing world.

The generosity of donors is even more important to McGill in an era in which support for education has not always been consistent. Fortunately, graduates and other friends of the University are considering this gifting option more than ever.

A planned gift is a charitable donation arranged during a donor's lifetime but not available to McGill until sometime in the future. The most common type of planned gift is a bequest, but it is just one of many types.

A planned gift to McGill can help to achieve tax and financial goals, as well as philanthropic goals, and it can help the donor make a much larger gift than otherwise possible.



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Photo: Claudio Calligaris



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SOCIAL MEDIA ROUNDUP



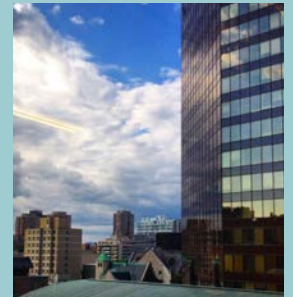
mcgill_spot Pet Therapy to de-stress! Hosmer House. #occupationaltherapy #pediOT #happy #physiotherapy #dogs #otfun



itspeds... come through to the JGH!



robinkravitz Here's to the next 7-8 years ahead! #McGillMed #MDPhD #soproud #celebrating #futuredoctor @mdankner



cynthiaohmy View from our lab in SCSD's new home. #officelife #downtown #montreal #mcgill #mcgillscsd