This year at our Annual Wesley Bourne Memorial Lecture and Dinner, I had the honor of presenting to Dr. Alain Deschamps the 2003 Deirdre M.M. Gillies Award for Excellence in the Teaching of Anesthesia. Teaching the art and science of anesthesia is not an easy endeavor and there are many in our faculty who deserve this award. Each year the residents select a McGill anesthesiologist in recognition of his or her dedication and contributions to teaching anesthesia.

Dr. Deschamps was this year’s residents’ choice because of his knowledge, his enthusiasm in teaching, his patience and his availability to residents. Since he has become staff at the Royal Victoria Hospital, Doctor Deschamps has been an inspiring example, both for his clinical and for his research teaching skills. As coordinator of the monthly residents’ Journal Club, Doctor Deschamps has made this activity interesting, interactive and highly attended by the residents. Dr. Deschamps also takes an active interest in supervising some of our residents’ research projects.

It is with great pleasure that the residents present this year’s Deirdre Gillies Award to Dr. Alain Deschamps. Thank you, Alain!

- Dr. Antoine Rechon
McGill Anesthesiology Chief Resident
From the Chairman

Having finished putting the final touches to the Annual Academic Report, I noticed with great pride that last year’s number of presentations, publications and achievements has been greater than ever. Even more, the annual research funding, which includes mostly peer-reviewed and operating grants as well as salary awards, has reached a record of $4.1 million. Considering how difficult it is to compete for grants in the present reduced budgetary climate we have to be pleased with our success. Approximately twenty per cent of our staff receive peer-reviewed funding and are actively involved in basic science and clinical research, making us one of the most research-intensive departments in Canada.

I am also pleased to report that we have been successful in overcoming the severe shortage of anesthesiologists in the McGill system. Many of our residents have accepted to remain at McGill as staff taking on teaching and research responsibilities. Nevertheless it remains to be said that the effort to recruit must continue as we extend our anesthesia service to preoperative clinics, acute pain service, chronic and cancer pain clinics and off-site anesthesia locations. Daniel Chartrand and I are in the process of presenting our manpower needs to various stakeholders (Régie Régionale de la Santé de Montréal, the Association des Anesthésiologistes du Québec, the Fédération de Spécialistes du Québec, McGill University Health Centre) with the hope that recruitment becomes facilitated.

With the expansion of acute and chronic pain management activities, it is probably time to change the name of the department from “Department of Anesthesia” to “Department of Anesthesia and Pain Medicine” to reflect the important role played by our department in the university and hospital setting. Anesthesiologists possess the knowledge and skills necessary to function as pain specialists and their expertise is recognized by our medical and surgical colleagues. Over 15% of our staff have received comprehensive training in pain medicine, and in our Anesthesia Research Unit we have assembled a large group of highly established pain scientists. At a recent meeting of the newly founded McGill Centre for Research on Pain, which includes many of our clinical and basic scientists, a unanimous resolution was passed to request that the name of the McGill Department of Anesthesia incorporate Pain Medicine. A survey among our department’s members has been initiated and if there is a great consensus on this issue, I will put forward the motion to the Dean of Medicine requesting the change.

The biannual newsletter goes to over 500 alumni and friends spread around the world and we would like to hear from all of them. It takes a lot of work and patience to prepare the newsletter, and I am very grateful to all those who are regular contributors and those who like to write to us. Mrs Diana Dizazzo works relentlessly to produce high quality material making my work less onerous and more pleasurable. In addition, as we move more and more towards electronic mailing, we need to know from our readers whether they prefer to receive a printed copy or electronic copy of our newsletter. As this Newsline reaches you in the new year, I take the opportunity to wish all of you a peaceful 2004.

Franco Calli

ATTENTION
Clinical Fellows, Post-Docs, Residents and Students

The 2nd Kresimir Krnjevic Research Award in Anesthesia

Any graduate student, resident, postdoctoral fellow or clinical fellow training within the McGill Anesthesia Department may submit a completed manuscript that has been published or is in press, submitted, or ready to be submitted for publication.

DEADLINE for submission will be March 3rd, 2004.

Please send all submissions to Diana Di Zazzo, Department of Anesthesia, Royal Victoria Hospital, Room F9-12, diana.dizazzo@muhc.mcgill.ca; Tel: 934-1934, Ext. 36423.

Generously sponsored by ORGANON Canada Ltd/Ltée
New Chief Resident: Antoine Rochon

Our new Chief Resident for the academic year 2003-4 is Dr. Antoine Rochon. Dr. Rochon came to McGill after completing his medical school studies at the Université de Montréal and he is presently an R5 in the program. Throughout his residency, Dr. Rochon has had a broad range of interests. He has actively pursued an interest in research and has completed projects both at McGill and the Université de Montréal. In addition, he has been active in resident affairs, first as a junior representative on the Residency Program Committee, and now as Chief Resident. As Chief Resident, Dr. Rochon has been a dedicated and vocal advocate for residents. His organizational skills have been crucial to the success of various resident events this year, especially the summer Welcome Party and the R5 trip for simulator training in Ottawa. Dr. Rochon has consistently been a contributor to the McGill residency program, and we wish him all the best as he prepares for his certification exams and a fellowship in cardiac anesthesia.

Introducing Our First Year Residents

Masaru Yukawa

Born and raised in Vancouver, B.C., little did I know that my schooling in French Immersion would one day come in handy. I completed my B.Sc. in pharmacology and my M.D. degree at U.B.C. while playing Varsity soccer. I look forward to the next five years at McGill and surviving my first winter.

Jason Taam

Jason Taam joins us from the University of Manitoba and is the only non-swimmer of the group. Instead, he prefers to spend his time on ice, playing hockey. That may change in the near future; Dr. Bondy has recommended a public pool in St. Lazare that offers a combined aquafit/wine making class.

Zainab Jamali

After growing up in Montreal for most of my life and also where I have undergone the majority of my undergraduate studies, I transferred to Tufts University for completion of my B.Sc. Subsequently, I returned to Montreal and attended medical school at McGill where I will luckily remain to continue my postgraduate medical training in Anesthesia. I am happy that I can continue to work with my friends and colleagues and I feel honored to be a part of the McGill Anesthesia Department.

Vincent Collard

I am originally from Lac-St-Jean and since completing CEGEP I have been studying the last 5 years in the Med-P program at McGill. One of my main hobbies at this time is classical singing, principally opera. I am looking forward to the next few years of my anesthesia residency with great excitement and I am ready to take on the challenging task to become a good anesthesiologist.

Stéphane Amberg

I was born in France and after moving around incessantly we eventually settled in Montreal in '86. I completed my undergrad at Concordia, major: Exercise Science, minor: Spanish. I spent the next year traveling and teaching English and French in Barcelona and ever since I have been bitten by the travel bug. In '99 I went to the University of Ottawa for medical school where I found true love in Anesthesia and of course my fiancée Anne. In my spare time I enjoy exercising.
**Welcoming our New McGill Anesthesia Fellows**

Dr. Cristine Bozzer graduated from medical school at McGill in 1998 and completed her Anesthesia residency at McGill in June 2003. She remains at the MUHC in a one-year Regional Anesthesia and Acute Pain Fellowship working both at the MGH and MCH.

Dr. José-Luis Martinez is the recipient of the Louis Sessenwein Pediatric Pain Fellowship Award. Dr. Martinez is a graduate of the University of Antioquia, Medellín (Columbia) where he also practiced anaesthesiology. His interest in Pediatric Anesthesia has led him to join our MCH team for a 2-year Cardiac Anesthesia and Pain Management Pediatric Fellowship.

Dr. Khaled A. Sedeek obtained his PhD at Cairo University & Harvard and completed his medical school training at Cairo University, Egypt, where he also completed his anesthesia residency. Dr. Sedeek has also done an anesthesia fellowship at Massachussetts General Medical School, Harvard. His interest in Pediatric Anesthesia has led him to join our MCH team for a Pediatric Anesthesia Clinical Fellowship.

Dr. Jacqueline Nicolet is Swiss born and graduated from the University of Bern. She completed her training in the Département d’Anesthésie et Réanimation at the Cantonal Hospital of Fribourg. She is fluent in French and German and her interests include sports and mountaineering. Dr. Nicolet joins our RVH team under the supervision of Dr. Sally Weeks for an Obstetric Anesthesia Fellowship with the support of the MUHC Foundation.

In its second year, the Annual Irene Assimes Award of Excellence in honour of the late Dr. Assimes’ dedication to education of the medical students rotating in Anesthesia at the Montreal Children’s Hospital, was awarded to Mr. Robert A. Finkelstein. This award is based on the student’s basic knowledge, clinical skills and attitude. The award was presented at the 43rd Annual Wesley Bourne Memorial Dinner on September 10th, 2003 by Drs Karen Brown and Tim Assimes. We had the pleasure of having Dr. Assimes’ family at the dinner, her husband Mr. Len Assimes and her two sons Tim & Tom Assimes, as well as Dr. & Mrs José Rosales.
**What’s new in Anesthesia Technology?**

I would like to welcome the new members of the Anesthesia Technology team at all four MUHC sites. We welcome Véronique Ferland, Valérie Weagle and Eric Fontaine who have begun full-time positions at the MGH and Gabriel Dahan and Huy Vu who join the RVH Anesthesia service from RVH Respiratory Therapy with much experience in the respiratory field. And lastly, Roberto Ruscito joins our availability list at the MNH. Welcome Roberto!

I am glad to report that all sites have almost finished the IV certification program and we expect to begin shortly the intubation certification program.

Many Respiratory Therapists attended the OPIQ conference at Manoir Richelieu in La Malbaie, where everyone enjoyed the interesting conference and the wonderful location. Every Respiratory Therapist will obtain a certificate for their presence and will accumulate continuing education credits. Following this meeting we implemented the first Post-OPIQ Conference for Respiratory Therapists who did not have the chance to go to La Malbaie that weekend. RT’s who attended the conference were asked to present a resume of one talk that they attended to benefit the ones unable to go.

**What’s new at the MGH?**

Mrs. Sylvie Poirier has been officially nominated Assistant Chief of Respiratory Therapy. Mrs. Poirier has been filling this position for the last year. She is doing a great job and she is very happy because she just moved with the Technical Coordinator Marc Delisle to a nice new large office on the 10th floor!

**What’s new at the RVH?**

Mrs. Mirella Di Simone was nominated as Assistant Chief of Respiratory Therapy after Mark Daly resigned. She gained valuable experience during the time she replaced Mark on an interim basis last year and she is working hard at making the department run smoothly.

We received 2 new Anesthesia ADU Machines during the year.

**What’s new at the MGH?**

At the beginning of October, we finally received our 2 new Ohmeda Aestiva Anesthesia Machines that we have been anxiously waiting for since last winter. Mrs. Stéphanie Carrière ended her replacement on December 15th when Mrs. Lucille Orchard returned.

This year we hosted the second MUHC Holiday Cocktail Party on December 11th 2003 at the Nouvel Hotel.

-Diane Soullière, Manager of Anesthesia Technology/Pulmonary Function MUHC (Adult sites)

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**McGill Anesthesia Update: Continuing Evolution**

The success of the 2003 Update was tempered by the fact that, due to illness, Dr. Wahba had to relinquish his role of course chairman, a role he had graciously taken over from me in 2002. I have agreed to resume chairing the course planning committee, which includes Don Hickey and Thomas Schricker as before, with the recent addition of Roupen Hatzakorzian. Kelly Glover, of the MGH CME Board, continues to be contracted as logistic coordinator and account-keeper. Diana DiZazzo will provide secretarial support.

The Update will be held next year at the Hotel Wyndham (Complexe Desjardins), May 29-31, 2004. This will be the 45th annual incarnation of Canada’s oldest, comprehensive review course in Anesthesia. We are returning to a site that served us well in 2002, but next year should demonstrate improvements in the quality of the lecture and exhibit halls. Other changes include a more developed social program for out-of-town guests, in keeping with our attempts to market the Update as a “destination” course to distinguish it from competing review courses. The program will include pre-booked tours, a welcome cocktail party on Saturday, and a continuation of the “Dine with us” program where a McGill representative “hosts” a table of visitors at one of Montreal’s best restaurants. Staff or resident bon vivants (you know who you are) interested in a free dinner and a chance to meet new friends should contact Kelly at 934-1934, local 44173.

In a tradition originally instituted by Dr. Wahba, the 2004 Update will for the third consecutive year offer a parallel session for Quebec inhalation therapists; this will be in English on Saturday and in French on Sunday (May 29 & 30).

With the financial success of last year’s course, we will be keeping the proceeds in an Update Fund to reinvest in the course. The spending priorities for next year will be attracting high-quality outside speakers and offering free registration for our R2 and R4 residents. Hopefully, we can continue to overcome challenges to ensure the successful existence of the Update. The key to this has always been the McGill staff willing to help present, moderate or organize the content. I wish to thank all those who have been involved and those who will be in the future.

-Ken Kardash, Course Chairman, McGill Anesthesia Update Planning Committee
This year the McGill Anesthesia Department hosted the AAQ’s 25e Journée d’éducation médicale continue en anesthésiologie. Drs Fiset and Carli were on the McGill organizing committee and presentations by our Faculty (Drs Asenjo, Backman, Chartrand, Fiset, Hatzakorzian, Lavoie, Plaisance, and Shir) were very well received. Dr. Henrik Kehlet (Hvidovre, Denmark) and Dr. David Campbell (Saskatoon) presented excellent lectures (“Recent advances in perioperative medicine: The anesthesiologist’s contribution” & “Walking epidurals: How to make them work” respectively). The AAQ organizing committee reported that our fellow anesthetists in attendance appreciated the high quality of the presentations.

It is especially pleasing to note that our conference attracted the second highest number of attendees in the past decade, 192 in all. McGill was very well represented at this event and we extend our thanks to the McGill Anesthesia Department whose active participation and hard work made this meeting a great success!
We are proud to announce that Drs. Franco Carli, Joëlle Desparmet, Pierre Fiset, Patrick Plaisance and Michael Tessler have been invited as guest speakers to the 13th World Congress of Anaesthesiologists to be held in Paris, France in April, 2004.

On Wednesday, April 21st the WCA will be hosting the Harold Griffith Symposium. Professors S. Morita (Japan), I.J. Rampil (USA) and J. Marty (France) will present lectures on “The Future of Anaesthesiology”. The Harold Griffith Symposium is held in honor of Dr. Griffith who was the president of the First World Congress of Anaesthesiologists in Holland, September 1955. As such, the three symposium lecturers will each receive a silver medal made bearing Dr. Griffith’s likeness.

Harold Griffith Symposium
“The Future of Anaesthesiology”
Progress in Anaesthesiology will come from:

- Pharmacology of Drugs
  Pr. S. Morita
- Advances in Technology
  Pr. I.J. Ramil
- Optimism of Management and Human Resources
  Pr. J. Marty

Dr. Harold Griffith, president of the first WCA in September 1955, Holland
All Anesthetists, Researchers, Residents and Fellows of the McGill Department of Anesthesia are cordially invited to our

19th Annual Harold Griffith Memorial Lecture and Dinner
Wednesday April 21st, 2004

featuring:

Dr. David L. Brown,
Professor and Chairman, Department of Anesthesia
University of Iowa

“Brachial Plexus Block: What do we Know?”

RSVP by April 14th to Sandra Cardoso (514)934-1934, Ext. 36546
sandra.cardoso@muhc.mcgill.ca

This event is generously sponsored by
TYCO Healthcare Canada
Citation Classics in Anesthesia Pain Journals

A recent issue of Acta Anaesthesiologica Scandinavica included a list of citation classics in anesthesia and pain journals, based on the number of citations reported by Science Citation Index. Three of the top ten listed articles in pain journals published between 1986 and 1997 were co-authored by current McGill Anesthesia faculty. Professors Gary Bennett, Terence Coderre and Yoram Shir were authors on separate papers that were ranked first (934 citations), second (780 citations) and tenth (339 citations), respectively. The papers by Bennett and Coderre also ranked first and second of all papers in anesthesia and pain journals published during this period. In addition, a fourth Anesthesia faculty member, Catherine Bushnell, made the top ten list for pain articles in general medical journals, ranking eighth with 395 citations. In addition to having the top spot, Gary Bennett also had two other papers in the top 50 cited articles in pain journals. Another McGill researcher and presenter of the 2002 Harold Griffith lecture, Professor Ronald Melzack from the Department of Psychology, was listed twice in the 10 most cited articles in pain journals. In addition, Dr Pierre Fiset was listed 47th in the top 50 anesthesia journals.

- Terence J. Coderre
Anesthesia Research Unit

(Acta Anaesthesiol Scand 2003; 47: 655-663)
About Hyman B. Brock....

Hyman Bernard Brock was a graduate of McGill University Mechanical Engineering in 1946 and became the founder and president of Brock Engineering Company Ltd as well as Brock Capital Corporation. In his professional life Mr. Brock was also a founding shareholder and advisor to the Board of Directors of Synermed International, a world leader in the medical diagnostic industry.

Hyman Brock served with Montreal’s late Mayor Jean Drapeau as a founding member of the Civic Party and was elected as Montreal City Councillor from 1960 to 1974. His political involvements also included being an advisor to the Quebec Government on the issues of construction and installation of septic tanks in lake areas.

Mr. Brock served as Chairman of Mensa Canada from 1979 to 1982 and also as Chairman of Mensa International from 1982 to 1987, as well as being a member of Intertel. From 1962 until 1974, he served as Vice-Chairman and member of the Montreal Athletic Commission.

Hyman Brock lost his life to leukemia in November 1997 at the Royal Victoria Hospital. He is remembered by his wife Barbara, his sons Dr. Gordon Brock, Mtre William Brock and Dr. Jeffrey Brock, and their children.

Hyman Brock led a very accomplished life in many levels of the community and it is the McGill Anesthesia Department’s honor to hold the Annual Hyman B. Brock Memorial Lecture in his name.

(biographical information provided by Mrs. Barbara Brock)
Dear Sandra,

Thank you so much for your work organizing the Wesley Bourne Visiting Professorship. I truly enjoyed the visit. You obviously did a great deal of planning and many of the thoughtful details were most appreciated. The engraved clock and signed books made it a most memorable event for me.

Events such as the dinner pull members of the Department together and encourage the continuation of the good will that supports all academic departments. Your contributions really do make a difference.

Best regards for continued success.

-Robert J. Byrick, MD
Chairman, Department of Anesthesia
University of Toronto
Dr. Robert Byrick, Visiting Professor

We had the pleasure of dining with Mr. Albert Briand (Organon Canada Ltd/Ltée) and Ms. Marie-Josée Blouin (Baxter Pharma) whom we thank for their generous sponsorship of the Wesley Bourne Memorial Lecture.

Dr. Carli (right) presented Dr. Byrick with the Wesley Bourne clock.

Mr. Thomas Bourne, Drs. Catherine Bushnell, Robert Byrick, Franco Carli, Hilary Bourne, Mrs. Thomas Bourne, Dr. & Mrs. Robert Bourne, Mrs. Hilary Bourne

Mr. & Mrs. Robert A. Finkelstein, Dr. Tim Assimes, Mr. Len Assimes and Dr. Ruben Carranza

Mrs. Rosales, Dr. José Rosales, Mr. Tom Assimes, Dr. Karen Brown

Drs. José-Luis Martinez, Ted Reyes, Khaled Sedeek, Ted Hunter, Indrani Lakheeram, Dr. & Mrs. Gilles Plourde
Memorial Lecture
September 10, 2003

Dr Mike English, Mrs Asenjo, Drs Florence Gazabatt, Karine Toledano, Anamaria Jacob, Omar AlRadwhan, Dr & Mrs Faisal Siddiqui, Drs Rod Finlayson, Francisco Asenjo & Cristine Bozzer

Ms. Sandra Cardoso, Ms. Joanne Zabihaylo, Ms. Maria Di Stefano, Ms. Donna MacFarlane, Ms. Diana Di Zazzo, Ms. Roula Cacolyris, Ms. Cathy Colligan, Dr. Franco Carli, Ms. Lenora Naimark, Ms. Pat Sikkender, Ms. Dolores Kumps, Ms. Ann Wright

Dr Vynka Lash, Dr & Mrs Eugene Delabays, Mr Emidio Farias

Mr Alan Olha and Dr Anne Moore, Drs Steven Backman, Jim Sloan, Antoine Rochon

Drs Adel Armanious, Lyne Pugsley, Ramez Khairy, Frances Barry and Mr Gerry Cooper, Drs Serge Gilbert, Samir Rafla & Mrs Rafla, Dr Nabil Hamawy

Drs Garrett Kovanik, Albert Moore, Koto Furue, Dr. Roshanak Charghi & Dr. Gobeil

Drs Karen Loo, Kathryn DeKoven, Raupen Hatzakorzian & Surita Sidhu
McGill University is encouraging Clinical Departments to introduce Clinical Investigator Tracks in their Residency Programs and the Department of Anesthesia is actively pursuing this option. The aims of the track are to increase the visibility of research as a career option for clinicians, to allow residents to obtain an adequate exposure to research during their residency training and to recruit high quality residents to our residency programs.

The Clinical Investigator Track, as proposed by McGill University, will add a minimum of two years to the existing elements of the clinical training of each Residency Program. Up to one year will be accommodated in the current clinical residency program though the use of elective research blocks. Therefore, in most cases, the Clinical Investigator Track will only prolong the training program by one extra year. The research training will be undertaken in the existing McGill program, leading to the granting of an MSc or PhD degree at the end of the training.

The Department of Anesthesia is in a unique position to undertake this Track because, in addition to excellent research facilities in hospital settings, it also has the laboratories of the Anesthesia Research Unit in the McIntyre Building, where several well-funded groups conduct high quality basic research on topics of immediate relevance to Anesthesia.

We have already started the process of registering the Anesthesia Residency Program for the Clinical Investigator Track and we expect the Track to be in place for the next Academic year (2004-2005). In the spring of 2004, all first year residents will be invited to visit the laboratories of the Anesthesia Department located in the various hospitals. These visits will help the Residents to decide if they wish to undertake the Clinical Investigator Track and will also give them detailed information about the kind of research that can be pursued.

(Cont’d on page 15...)
The MUHC Pain Centre is a world-renowned facility, known for its strong team, advanced treatment methods, and its daily dedication to helping patients, whether in the clinic, through research, or by teaching. We would not be where we are today without Mr. Alan Edwards’ contribution.

Pain treatment made its first appearance at the Montreal General Hospital in 1974 when Drs. Ronald Melzack, Joseph Stratford, Richard Monks, and Mary-Ellen Jeans created a multidisciplinary programme, with funding from the McConnell Foundation. When funding ended in 1981, so did pain treatment. In 1985 a limited pain service resumed with Drs. William Davis, Joseph Stratford, and Ronald Melzack meeting weekly to discuss cases. Over the next six years referrals grew in number and more health care professionals joined the group. By 1991, a group of clinicians from a variety of disciplines met with three or four patients on Tuesday afternoons to plan treatment. As well, several days a week were devoted to treating patients. Enthusiasm was high, but there was only one shared office, and no administrative or financial support. This was before Mr. Alan Edwards came 11 years ago, offering to raise funds and assist in planning and development.

The present MUHC Pain Centre, now attached to the Department of Anaesthesia, boasts a core staff of 15 pain clinicians who offer multidisciplinary treatment to out-patients five days a week as well as pain consultations for in-patients throughout the hospital. Research is quickly expanding, fostered by growing links between scientists and clinicians, many of whom work both in the clinic and the laboratory. Teaching and training programmes prosper as we broaden the spectrum of teaching activities to include nurses, psychologists, residents, fellows, medical students, family physicians, physiotherapists, and other interested specialists.

All these advances are in no small part due to the generous contributions of the Private Donors Fund created and sustained by Mr. Edwards. During the past 11 years the Private Donors Fund has financed the salaries of nurses, physiotherapists, psychologists and office staff, as well as expenses such as office equipment, supplies and telecommunications, and medical supplies. More recently, the Montreal General Hospital and the Department of Anaesthesia are covering some of these costs, but Mr. Edwards, through the Private Donors Fund, continues to fully subsidize salaries of certain staff without whom the MUHC Pain Centre could not function. After 11 years, the private donors are as eager as ever to invest resources in research and teaching projects for advancement of knowledge and treatment of pain, but want to pull back from funding staff salaries.

Mr. Edwards, with funds raised from private donors, has created three Ronald Melzack Fellowships, honoraria for psychology interns, and awards for young investigators; he has contributed funding for new research programmes, and made possible the purchase of equipment for invasive treatments to be used by pain specialists in the Department of Anaesthesia.

Thanks in large part to Mr. Edwards’ generosity and dedication, the MUHC Pain Centre can be proud to have achieved the world class status it now holds, and to look forward to continued work in advancing the understanding of pain and alleviating suffering.

- Dr. Ann Gamsa
Associate Director
MUHC Pain Centre

A Clinical Investigator Track in the Anesthesia Residency Program (cont’d)

goes on in our Department and the administrative details of the Track.

Residents interested in pursuing the Track will then take the elective periods reserved for research during years three, four and five of the residency which will then be followed by a full year of research work at the end of the residency. We are actively working at present to identify funding options for this extra year.

Any resident interested in more details of the Track is requested to contact the Residency Program Director (Dr. Ruth Covert, e-mail: anesthesia@mcgill.ca) or the Director of the Anesthesia Research Unit, Dr. Fernando Cervero (fernando.cervero@mcgill.ca).

- Dr. Fernando Cervero
Director, Anesthesia Research Unit
We welcome Dr. Craig Baldry who joins the staff at the Jewish General Hospital site as an Assistant Professor. Dr. Baldry completed his anesthesia residency in December 2001 and his R5bis in June 2002, followed by a one-year intensive care fellowship at Sunnybrook and Women’s College Health Centre in Toronto.

In May 2003, Dr. Gary Bennett presented the keynote address entitled “The Pathophysiology of Neuropathic Pain” at the Annual Meeting of the Canadian Pain Society, Toronto ON. We welcome Dr. Shelley Davies (Post-doc) and pain research fellow and Dr. Siu Chi Chiang (pictured), who are working under Dr. Bennett’s supervision in the Anesthesia Research Unit.

Kudos to Dr. Cathy Bushnell and the Centre for Research on Pain which was featured in McGill Facts 2003-2004. McGill Facts is published by the University Relations Office and highlights the dynamic achievements of the university.

In September, Dr. Franco Carli delivered the Royal College Lecture “Thoracic Epidural Analgesia and Outcomes” at the 2003 Regional Anesthesia and Pain Medicine Conference held at Niagara-on-the-Lake, Ontario.

We thank Ms. Stéphanie Carrière for all her hard work during her replacement at the MNH Anesthesia office. We wish her much luck with her next assignment!

Dr. Fernando Cervero, Director of the Anesthesia Research Unit, was awarded substantial funding from the Canadian Foundation for Innovation for his project entitled “New Research Infrastructure for the Study of the Neurobiology of Visceral Pain and Referred Hyperalgesia”. Dr. Cervero was also an invited speaker at a Symposium on Pain Plasticity, University of Toronto (May 2003). We welcome Allison Dickson who began her Master’s in September under Dr. Cervero’s supervision.

Congratulations to Dr. Terence J. Coderre of the Anesthesia Research Unit who was selected for the FRSQ professeurechercheur salary award. We welcome Mr. Jonathan Yu, who began last November as Dr. Coderre’s new research technician.

Dr. Étienne Goujard was present at the 24e Mise au Point en Anesthésie Réanimation (MAPAR) conference in Paris last May (2003) where he presented three excellent lectures on pediatric anesthesia. “4 blocs périphériques pour l’analgésie postopératoire”, “Gestion des effets secondaires des morphiniques chez l’enfant” & “Équipement pour l’ALR pédiatriques.”

Congratulations to Dr. Branka Gvozdic who recently emigrated to Canada from Yugoslavia and has been working as Drs Carli and Schricker’s research assistant. Branka recently obtained a clinical fellowship to begin in March at Ottawa General Hospital under the supervision of Dr. Homer Yang. We wish her much luck!

We welcome Dr. Roupen Hatzakorzian who joined the Department as an Assistant Professor in July working at the MUHC - RVH site. Dr. Hatzakorzian completed his anesthesia residency at McGill followed by a one-year cardiac fellowship at Duke University. Dr. Hatzakorzian will also be helping out with the Francophone Respiratory Therapists’ refresher course (May 30th) as a co-organizer for the McGill Anesthesia Update.

We welcome Dr. Joseph Kranjcevic who joined the Department as an Assistant Professor working at the MUHC - MGH site. Dr. Kranjcevic completed his residency at McGill in 2002 and became a member of the MUHC staff after studying for a year for his MBA which will be completed in July 2004.

Dr. Kresimir Krunjevic of the Anesthesia Research Unit is back from a busy month in China, where he lectured (in English) to undergrads and grad students at the University of Science and Technology (in Hefei), and gave seminars at other universities in Shanghai, Beijing and a hospital in Baotou (Inner Mongolia). Highlights there included visits to the Genghis Khan Mausoleum and a Tibetan style monastery, as well as sumptuous banquets where they served interesting items such as camel’s foot.

Congratulations to Dr. Thomas Schricker who is the recipient of a Canadian Institutes of Health Research (CIHR) award for his study entitled, “Epidural analgesia and hypocaloric nutrition: a novel strategy to induce anabolism after surgery”

Congratulations to Drs Yoram Shir and Mark Ware of the MUHC Pain Centre who are the recipients of the MUHC Research Institute Equipment Competition Grant.

Congratulations to Dr. Surita Sidhu who has been appointed the new Royal College Examiner, replacing Dr. Anne Moore who served in this role with dedication for many years.

Dr. Patrick Plaisance attended the 24e Mises au Point en Anesthésie-Réanimation (MAPAR), May 2003, Paris, as an invited speaker and presented the lecture entitled ”Le SAMU fait-il perdre du temps au polytraumatisé?”
MUHC Research Institute Awards

Drs Ruiz, Plaisance, Shir, Flatters, Ware, Carli & Asenjo at this year’s Research Institute Awards Ceremony

Research Institute 175th Anniversary Fellowship Award
Dr. Francisco Asenjo & Dr. Pedro Ruiz

The Auxiliary Research Fellowship Award
Dr. Patrick Plaisance

The Louise Edwards Foundation Award for Pain Research
Dr. Mark Ware

The Simon & Morris Fast Award for Oncology
Dr. Yoram Shir

The Ronald Melzack Pain Research Fellowship Award
Dr. Sarah Flatters

Did you know...

The McGill Anesthesia website has been upgraded to a different server. The site can be accessed by using the URL address: www.mcgill.ca/anesthesia.

This change will allow for many new trend-setting features for the public and specifically for departmental use. We will keep you informed of new updates as they are made available.

If you have any comments or suggestions for developing the site please contact: diana.dizazzo@muhc.mcgill.ca.

Letters we received...

Ms. Di Zazzo,
Thanks a bunch for publishing the appeal letter in the last newsletter; I read it in the website before I received the hard copy by mail.

I may please you to know that I got a “very first” response to contribute to the Sandison Fund from an old friend of Prof. Sandison.

I will keep you updated in future.

All is well, with best.
Gaury S. Adhikary
Ann Arbor, MI

Correction

This photo that appeared in the Winter 2002 Newsline, with the caption “Pain Nurse specialist Holly Vali and Ms. Marie-Josée Blouin of Baxter Pharma” was incorrectly labelled. Seen here with Mme Blouin (right) is Dr. Ana Velly of the Epidemiology Department at JGH. We apologize for the error.
How bad is your pain? That’s not always an easy question to answer, so doctors sometimes give a chart like this to patients to help them explain their pain’s severity.

Pain is usually a normal part of life. It’s a warning of injury or illness and for most people, it goes away with healing. But doctors suspect that neuropathic pain is caused by a malfunction of the nervous system.

Scientists don’t have the full picture. But advances in molecular and genetic studies in the last decade represent a new frontier in the understanding of pain. A discovery, published in Journal (a science publication) by McGill and Laval University researchers might be a key to the pain mystery.

Psychiatry professor Yves de Koninck, who headed the study, identified a new mechanism to explain neuropathic pain. It seems the nerve cells responsible for inhibiting pain are working in reverse, he said. Instead of suppressing pain, they do the opposite, enhancing it.

“There’s a change in the molecule that relays the signal,” de Koninck explained. The change is in the “pump” that’s responsible for "the influx of chloride ions in the nerve cells.” “It pumps the chloride ions back in,” he said. “So instead of repressing these cells, the system is doing the opposite. The system goes berserk, if you like,” which translates into massive pain felt in the brain, he said.

Until now, chronic pain has proved enigmatic and untreatable, much to the frustration of patients and physicians alike.

Pain activates both sensory and limbic (emotional) parts of the brain, said Catherine Bushnell, a McGill University professor. Bushnell is looking into mechanisms that can cause neuropathic pain and is investigating various treatments, including distraction. "When the subject is distracted from the pain, there is less pain-related activation in the cerebral cortex than when he is focusing his attention on the pain," said Bushnell, who is using brain imaging to trace pain circuits.

The kind of drugs scientists want to see developed, said de Koninck, are “those aimed at restoring the body's own ability to repress pain signals.”

A couple of key findings suggest that pain is like its own disease rather than a symptom of injury or illness and that it can produce permanent nerve damage. Which is why early treatment by physicians who understand pain is essential, said Yoram Shir of the MUHC Pain Centre, the largest in Montreal with a team approach to treating pain.

“It’s socially not acceptable to talk about your pain. In our society you want to tough it out and win over it,” de Koninck said. In fact, research data show the opposite is true. The longer you wait, the worse it can get. So don’t be a hero, he said.

Patients come to the clinic wondering if they’re crazy because their pain has no physiological basis, and it’s lasted months, even years, Shir said. “We need more resources, more money, more people,” Shir said, noting that the Centre treats 4,000 patients a year, but the waiting list is one to two years. Other pain clinics have similar backlogs.

Discoveries like de Koninck’s backfiring cell might be a new target for drug research, but no one expects therapy results before the next five years.

**SUFFERING OF BABIES**

Believing that babies don’t feel pain, doctors once performed major surgery on babies without pain-killing drugs. “We did horrendous operations without analgesia, I was horrified,” MCH anesthesiologist Joëlle Desparmet recalled. Doctors now know babies not yet born – as early as 24 weeks of gestation – can feel pain in the womb.

Consider the psychological repercussions, Desparmet said of children that isolate themselves in their rooms, refusing interaction with friends and siblings. Some can get very discouraged and suicidal, she said. The good news is that children respond to pain treatment, even when they don’t express their pain well. “We try to reclaim their lives from the pain rather than surrender their lives to the pain,” she said.

"It's easier to find men who will volunteer to die, than to find those who are willing to endure pain with patience" - Julius Ceasar

"Pain is real when you get other people to believe in it. If no one believes in it but you, your pain is madness or hysteria" - Naomi Wolf
The MGH Anesthesia Department has been relocated to the 10th floor (D10-144) and all of the MGH attending staff and support staff finally have suitable working space in a fresh new atmosphere. After years of being cramped, the spacious and modernized environment allows for the proper functioning of the Department. The renovated offices also boast a new and improved library/conference room, as well as a lunch room, residents/fellows room, and even a research lab. The reception area has improved greatly in design and versatility. This long-awaited new space is a well-deserved change for the better.

-Dr. Francisco Asenjo

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Good News for Health Care

(Originally published by the McGill Department of Surgery in the Summer 2003 Newsletter “The Square Knot”)

Do we dare to be optimistic about health care in our province? Recently, after the election of Premier Jean Charest’s Liberals, the announced policy is to put Health first. Over the past ten years, the system was downsized, hospitals were closed, operating rooms shut down, medical school enrolments curtailed, and many doctors and nurses were taken out of the system because they took retirement “packages”. A huge bureaucracy developed between medical practitioners and government officials, and meaningful dialogue was impossible. Québec spends less per capita on health than any other province or territory. In 2002, our government’s spending per person amounted to $3,182.00 nearly $800.00 below the Canadian average of $3,572.00. Québec has been in last place in the past five years even though total expenditures have increased by over 50%.

Recently, Health Minister Philippe Couillard, a neurosurgeon from Sherbrooke, committed 250 million dollars to combat congestion in Québec’s emergency wards and to tackle delays which have left 35,000 people waiting for cataract, hip replacement and other elective surgery. Mr. David Levine, as Head of the Montreal Centre Regional Health Board, which has a budget of 4.3 billion dollars for Montreal alone, affirmed that this has been augmented by 22.7 million dollars to reduce waiting lists in Montreal and the periphery. He and his Board have received permission from the Health Minister to make decisions with doctors and hospitals, thereby eliminating bureaucratic delays.

Couillard maintains that 157 million dollars of the 250 million mentioned above will come from cuts in departmental administration. He proposes to spend 10 million dollars for surgical equipment that was not renewed as hospitals bought costly equipment like MRI machines. Another 25 million dollars will be spent to move 3,500 patients a year out of hospital beds and into centres for seniors and the incapacitated, freeing up space for patients now forced to stay in emergency rooms.

One of the major reasons why emergency rooms are congested is that patients cannot be admitted because many of the short-term care beds are filled by people who are waiting for placement in senior’s homes, long-term care, rehabilitation, or convalescence. Another 60 million dollars will go to expand the hours hospitals can do surgery, reducing their waiting list by 12,500 patients this year alone.

There are also plans to expand family medicine clinics and a new hard look will be taken at the 19 regional health boards, some of which may be dismantled. Québec has 11 civil servants per 1,000 population compared with 8 in Ontario. Taking all public services into account, Québec has 370,000 people on the public payroll.

After the Hadean nightmare of health care in the past years, dare we hope for a brighter future? It looks promising although it might not be the epiphany we all hope for. For example, a new health network has just been established entitled Reseaux Universitaires Integres de Santé, which will link McGill, Sherbrooke, Laval and the Université de Montreal hospitals and their respective medical schools “to assure a better coherence and convergence between diverse mandates”. This grew in response to a recommendation by the Clair Commission which reported two years ago that “academic medicine was not working together”. This despite the C.R.E.P.U.Q. organization.

Anyway, this perhaps might be just a flight of fancy, but this present government seems to have a firm purpose of amendment to the health care system.

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Editorial by E. D. Monaghan


Ruiz P, and Charrand D. The effect of isoflurane 0.6% on respiratory mechanics in anesthetized-paralyzed humans is not increased at concentrations of 0.9% and 1.2%. *Canadian Journal of Anesthesiology* 2002; 50(1): 67-70.


It is so nice to receive letters from people who spent time training or working at McGill. Some of them were here during times of great change in the evolution of modern anesthesia practice. Dr. Perez wrote to us in September and since then has graciously provided us with a remembrance of his time here under the tutelage of Harold Griffith.

September 26, 2003

Dr. Franco Carli:

The summer edition of NEWSLINE brought to me the sad news about Dr. Davenport. I am a practicing anesthesiologist in Guatemala City, Central America. I had the privilege of being a resident at the Children's, as part of my postgraduate training at McGill (1957-1960) with Dr. Davenport and Dr. Rosales as my main mentors. Besides the excellent teaching opportunity that I lived through, I shared with him the interest in producing teaching films (filming and editing) on several topics. The silent one on the first three chairmen, had a high meaning for me, as had the privilege of filming Dr. W. Bourne, Dr. Richard Gilbert and Dr. Harold Griffith, also my mentor at the Queen Elizabeth Hospital.

Dr. Davenport's interest in the efficiency and design of pediatric equipment, non rebreathing valves and partial rebreathing systems brought us into a joint effort to develop the "patch valve" as part of the Montreal Infant Set, later promoted by the MIE company. I have personally kept this interest in anesthesia equipment design and assembly in my country up to this date.

At the Guatemalan Society of Anesthesiology, we had the privilege of hosting Dr. Davenport in 1965 at one of our meetings, and personally had the pleasure of visiting him in London. Many promotions of younger anesthesiologists formed in Guatemala had the Davenport and Rosales basic, simple and sound principles of pediatric anesthesia imprinted in them.

My condolences to the many friends who shared his very special world.

Dr. Enrique Perez Riera
Hospital Centro Médico, Guatemala

July 1st 1957...

The three year Postgraduate Course in anesthesia at McGill for the new residents began that year under very special circumstances, if I am allowed to make this judgment 46 years later. The anesthesia department of the Royal Victoria Hospital, where I was assigned for my introductory first year of the Program, was run by Dr. Allan Noble. Within the disciplined pace of busy operating room schedules and mandatory teaching program that Dr. Noble strictly maintained, we were privileged to have a tutorage of an experienced anesthesiologist for each one of us, beginners in the whole sense of the word, for the whole year. Now I recognize that I might have been a slow learner. Within this disciplined environment, some timely events were taking place at the Vic., whose impact was promptly recognized by the anesthesia community in the following years; a new, non-explosive anesthetic, halothane, had recently arrived; I lived the experience of having that day's tutor calmly emptying the propane agent from the glass container of the ether Boyle vaporizer in the sink, and replacing it with good old ether. Cardiac surgery was the theme of the year, the new residents would not dare come close to the sacred premises where Drs Arthur Sheridan and Earl Wynands worked their way as pioneers of the new subspecialty in anesthesia. Dr. Phillip Bromage had recently joined the Department, and his tremendous personality and "innovative" approach in anesthesia of the neuroaxis was slowly being accepted; a particularly difficult task in a very traditional anesthesia environment, where one could still perceive and could not ignore, the safety and efficiency of subarachnoid blocks, as illustrated by Dr. Gladys Ellison, in her impressive, recently published departmental experience on the subject.

In contrast with many experiences of fellow residents in other hospitals, we at the Royal Victoria Hospital lived the one to one tutorage, permanent vigilance on the mandatory reading, and when on call, always had someone covering up for meals or attendance to lectures and meetings of the Canadian Anesthesia Society at the Ciba Building.

I had my first glimpse at how difficult the surgeon/anesthesiology relation might become when participating with Dr. Vineberg in the execution of early mammory artery bypasses. Had a most extraordinary teaching experience when I concurred with Dr. Gordon Robson, McGill Anesthesia Research Chair; I was introduced into the benefits of the Bulloughs open system on a spontaneously breathing patient, by Dr. Phillip Bromage. Very English technique, he assured me.

Most anesthesiologists must have a very significant impact on their academic behavior depending on the influence of his early mentors. In my particular case, I consider myself very fortunate to have been assigned by Dr. Harold Griffith, the Chairman at the time, to the Royal Vic for my first year. This expression should not sound pejorative to the Hospitals and their anesthesia Departments where I continued my rotation.
St. Mary’s was indeed the intellectual motor of the Department, and sharing the daily routine with him was a one in a lifetime opportunity; two other Guatemalan anesthesiologists later shared this unforgettable experience of being taught by a superb anesthesiologist, whose knowledge of internal medicine always struck me as to the goal that all doctors involved in anesthesia should aim to.

The rotation at the Children’s Hospital opened a new perspective; patients were small, but the expectations went high; going through a mind twisting effort to accept different physiology and anatomical concepts, we lived the experience of participating in congenital cardiovascular corrections, with Dr. Tony Dobell.

Confidence and sound basic principles in pediatric anesthesia transmitted to us by Dr. Davenport and José Rosales in the operating room, impressed so much that most of us thought, at least temporarily, to embrace the fascinating subspecialty. I shared with Dr. Davenport his interest in the design of anesthesia equipment, a topic which still occupies some of my time in Guatemala; worked together on the development of the “patch valve” in an infant set; my addiction to photography was soon discovered by Dr. Davenport, and helped him.

The one year period shared between St. Mary’s and the Montreal General Hospital allowed us to apply our recently acquired experiences. The rotation at the General brought us in contact with people who had its own rotation or program within the facilities, a different philosophy. Dr. David Power at St. Mary’s was indeed the intellectual motor of the Department, and sharing the daily routine with him was a one in a lifetime opportunity; two other Guatemalan anesthesiologists later shared this unforgettable experience of being taught by a superb anesthesiologist, whose knowledge of internal medicine always struck me as to the goal that all doctors involved in anesthesia should aim to.

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I consider myself one of the last privileged residents to share the head of the operating room table with Dr. Harold Griffith at the Queen Elizabeth; his master handling (control) of cyclopropane impressed me tremendously; his metaphor of the “lifeline” (ET tube) linking the patient to the anesthesiologist still holds true today; very much impressed by the “safe” (?) use of electrocautery and cyclopropane, which scared all of us to death. Cyclopropane was the anesthetic of choice at the Queen Elizabeth, and as Dr. W. Cullen stated to newcomers, exceptions to this rule were very, very rare. Dr. Deirdre Gillies maternally understood my financial worries about using such an expensive anesthetic as halothane in high flows, shared with me her early thoughts and experiences in its use in a closed system. In many ways, it was an approach to anesthesia which differed substantially from the “the hospital at the mountain”, as the Royal Victoria was referred to. My turn came to present my elementary paper at the Canadian Anesthesiology meeting, timely called “Risks of Explosion in the Operating Room”.

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Dr. Enrique Perez Riera
Hospital Centro Médico
Guatemala City, Guatemala

In Memoriam
Margaret (Meg) Jean Bromage
1931 - 2003

Meg, the wife of Dr. Philip Bromage, was well-known to many members of the McGill Department of Anesthesia. Born in England, she emigrated to Canada and during the 1960s worked for a time as a secretary in the Royal Victoria Hospital Anaesthesia Department. During this period, she sustained a bad leg injury which led to an amputation. For the rest of her life she suffered from chronic limb pain which she bore with great courage and the minimum of fuss.

Possessed of a razor-sharp intelligence, she was Dr. Bromage’s personal amanuensis, producing much of his impressive output of academic texts and documents. They worked as a team. Indeed, in his 1978 textbook Epidural Analgesia, Dr. Bromage acknowledged Meg “for her inspiration and guidance, for it was she who typed, criticized and nursed the manuscript, while keeping me fed, happy and encouraged throughout this work”. This sums up their devoted partnership in life.

Her extraordinary warmth and kindness will long be remembered by her friends. Members of the Department were frequently entertained by this stylish and generous hostess at the Bromage home on Pine Avenue and their country property in Vermont. Time spent with Meg was always fun – she loved to laugh and share a joke.

After leaving McGill, the Bromages traveled widely to Raleigh, Denver, Saudi Arabia and Wilmington before retiring to their beloved Montgomery, Vermont. Here they lived for many years in a charming home in the woods near Jay Peak. In the summer of this year they decided to move to Burlington and it was here that Meg, in declining health, died suddenly.

We at McGill offer our condolences to Dr. Bromage. He has lost a pearl of great price.

Dr. Sally Weeks
We hope you enjoyed the latest edition of **NEWSLINE**!

We would love to hear from you! Did you know that Newsline has a world-wide readership numbering over 500? This is your newsletter. Let our readers know what you are up to. We welcome information and news on the following:

- Kudos (your achievements and activities)
- News from around your division, site, department
- Articles on various topics of interest
- Upcoming events
- Letters to the Editor

The deadline for submissions to appear in **NEWSLINE** Summer 2004 is April 30th, 2004.

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Send correspondence, submissions and inquiries to:
McGill University, Department of Anesthesia, c/o Diana Di Zazzo, Royal Victoria Hospital, F9-12, 687 Pine Avenue West, Montreal (Quebec) H3A 1A1, Tel: (514)934-1934, 36423, Fax: (514)843-1488, E-Mail: diana.dizazzo@muhc.mcgill.ca

Contributors: Dr. Stéphane Amberg, Mr. Albert Briand, Mrs. Barbara Brock, Drs Franco Carli, Fernando Cervero, Terence J. Coderre, Vincent Collard, Ruth Covert, Ms. Diana Di Zazzo, Mr. Charlie Fidelman, Drs Ann Gamsa, Zainab Jamali, Kenneth Kardash, E. D. Monaghan, Enrique Perez Riera, Antoine Rochon, Mme. Diane Soulière, Drs Jason Taam, Sally Weeks, Masaru Yukawa

Produced by: The McGill Department of Anesthesia
Editor: Dr. Franco Carli
Design and Layout: Ms. Diana Di Zazzo
Proofread by: Ms. Lenora Naimark
Copy-edited by: Ms. Diana Di Zazzo
Wesley Bourne Photos by: Harold H. Perlman, St-Hubert (Qc) (450)443-3831
Other Photos Courtesy of: Dr. Michael English, McGill Faculty of Medicine, Dr. Franco Carli, McGill Anesthesia Department, Ms. Stéphanie Carrière, Dr. Siau Chiang

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