

THE SQUARE

KNOT

The Department of Surgery at St. Mary's Hospital continues to adapt to an ever-changing health care industry. In spite of downsizing and budgetary restrictions, we expect to increase our annual operating caseload. The hospital is expanding its Emergency Department in anticipation of increased patient volume. Our Department

The Bells Are Ringing at St. Mary's

The Division of General Surgery is under the directorship of Dr. J.R. Keyserlingk, and, offers volume as well as variety to the surgical residents rotating through the service. Both Drs. Keyserlingk and R. Moralejo provide a large surgical volume in the treatment of breast cancer. Doctor J. Rodriguez is ▶

(please see *St. Mary's*, pg. 4)

of Laboratories has just received full accreditation from the American College of Pathologists, one of four laboratories across Canada to have received this distinct honor.



St. Mary's Hospital

Inside

St. Mary's Hospital	1	Surgical Infection Society	16
Letters to the Editor	2	Emergency Medicine in Quebec	16
Upcoming Events	2	1996-97 Chief Residents General Surgery	17
Notice - Graduating Residents & Fellows	2	Fraser Gurd Banquet	18
Editorial	3	Visiting Professors	20
RVH & American College of Surgeons	5	Welcome New Residents	21
MGH Division of General Surgery Staff	6	Departures	22
McGill Division of Orthopaedic Surgery	7	Retirement - Dr. Julius Gordon	23
General Surgery Day	9	Were You There?	23
The Surgical Education Corner	10	Lachine General Hospital	24
Dr. Vince Kelly	11	C.A.U.S. Annual Meeting	25
James IV Traveler	12	C.H.U.M. Update	25
Kudos	14	MGH Resident Staff 1950-51	26
Achievements Residents & Fellows	14	Dave Barry	28
Announcements	15	ABBI Device	29
Fraser Gurd Dedication	16	The Gurds	30

DEPARTMENT OF SURGERY

NEWSLETTER

MCGILL UNIVERSITY

SPRING/SUMMER 1996





It was very nice to talk to you again, albeit, brief. I hope everything continues to go well for you and your family. I hope to see you soon in my next visit to Montreal.

Letters to The Editor

I am working with two other Colon and Rectal Surgeons of Greater Hartford in Manchester, Connecticut. I do enjoy reading The Square Knot.

*David A. Cherry, M. D.
Colon & Rectal Surgeons
of Greater Hartford Connecticut*

It is always a pleasure to read The Square Knot and have some news from Montreal, Canada. You will be interested to know that we are creating a Minimally Invasive Surgery Center at The Cleveland Clinic Foundation with four main specialties including Urology, Gynecology, Colorectal Surgery, and General Surgery. Three out of four main laparoscopic surgeons involved have previous training at McGill University. **Dr. Howard Winfield**, who recently moved from Iowa City to Cleveland will be in charge of advanced laparoscopic urology, **Dr. Tommaso Falcone** in charge of advanced gynecological surgery, and myself, in advanced laparoscopic general surgery. **Dr. Jeffrey Milsom** will be in charge of laparoscopic colorectal surgery, who is a non-McGill graduate. The mission of the Minimally Invasive Surgery Center will be to establish fellowships in each of these subspecialties, to provide advanced patient care in laparoscopic surgery, perform multiple research studies related to the area, as well as provide clinical and laboratory teaching on these new procedures. The center will also develop and assess new technologies. We would welcome visitors and can provide any information to residents, fellows, or staff who would be will-

ing to visit or participate in research at this new center.

Once again, I congratulate you for having kept The Square Knot on a regular schedule with such high quality.

*Michel Gagner, M. D.
The Cleveland Clinic*

Recently several medical and surgical specialty boards in the United States have announced that they are no longer recognizing Canadian training toward eligibility to take American board exams. A few of these boards include internal medicine, anesthesiology, and plastic surgery, with neurosurgery soon to follow. This will have a significant impact on the connection and cooperation that has been fostered between the United States and Canada and will seem to specifically impact McGill because of its tradition of training Americans who wish to come to McGill because of its reputation. In addition, these sorts of decisions have even been issued within Canada where one province will not accept doctors trained in another province. What is being done about these situations? As of this summer after more than 60 years of training and cooperation between US and Canada, there will not be an American to begin neurosurgery residency at McGill. What does this portend for relations between the two countries with regard to recognizing medical and surgical residency training? What will be the impact of this on meetings of specialty associations that have members from both countries? Are we entering a period of extreme protectionism (even within Canada)? Will training in Canada be looked on as "second class" within the US or vice versa? ♦

*Mark Preul
Fellow Division of Neurosurgery
and MR Spectroscopy Unit
Montreal Neurological Institute*

Upcoming Events

September 26-29, 1996

Meeting of the Royal College of Physicians and Surgeons of Canada - Halifax, Nova Scotia. Meeting of the Canadian Association of General Surgeons - Halifax, Nova Scotia.

October 6-11, 1996

Meeting of the American College of Surgeons Clinical Congress - San Francisco

February 13, 1997

General Surgery Day - McGill University - Dr. Luc Deschênes of Laval University will be the Guest of Honour. As for the first such event which was held last March 21st, both Staff and Alumni will again be invited to present their work. For further information please call the office of Dr. Jonathan L. Meakins at 843-1504. ♦

ATTENTION!

ALL GRADUATING RESIDENTS AND FELLOWS

From McGill Post-Graduate Training Programs in General Surgery, Orthopedic Surgery, Cardiothoracic and Vascular Surgery, Plastic Surgery, Pediatric General Surgery, Neurosurgery and Urology.

Please leave us your forwarding address. We would like you to join the Alumni (\$25.00 each) and we will send you "The Square Knot". Address: Ms. Maris Bikas, McGill Surgery Alumni & Friends, The Montreal General Hospital, 1650 Cedar Avenue, Room C9.169, Montreal, Quebec, Canada, H3G 1A4. Tel.: (514) 937-6011 ext. 2028, Fax: (514) 934-8289.



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URGEON'S FEES 1954 - 1994

When I first started my surgical practice in pre-Medicare year 1965, I did not know how much to charge my patients. The late Dr. James R. McCorrison was kind enough to lend me his Schedule of Fees. The latter was dated 1954 and was promulgated by the Association of Surgeons of the Province of Quebec. I have

kept this Tariff as a souvenir and recently I found it interesting to compare the prices then and now.

Editorial

By E.D. Monaghan, M.D.

For the fiscal year ending March 31, 1995, health and social services expenditures in Quebec amounted to \$12.8 billion representing 30% of total government expenditures of \$42.1 billion in 1994-95. The information published in the latest statistics of the Régie de l'assurance-maladie du Québec also indicates that health expenditures increased by 0.7% over the preceding year's figures. Amounts paid out to the 14,000 Quebec physicians in 1994-95 were over \$2.2 billion. A salary cap has now been implemented for all physicians in Quebec.

Physicians and Surgeons are often admonished as being responsible for increasing health costs. It is because of us that health care is so expensive - escalating out of control! Every day the press reports impressive studies about the high Surgeon's fees and the public perceives us as being "fat cats".

So let us look at the data. According to the health and personal care column of Statistics Canada, the Consumer Price Index for 1954 was 19.3. The CPI for 1994 was 136.1. This is the last year for which these figures

are available. So prices in 1994 were $136.1/19.3 = 7.05$ times higher than they were in 1954. What could be purchased for \$25 in 1954 would cost \$176.25 in 1994. For quick calculations just multiply by 7. In other words a \$40,000 house purchased in 1954 would sell for \$280,000 in 1994.

Inflation causes prices to rise and decreases the purchasing power of money with the passage of time. Deflation is the opposite of inflation. The last time prices declined in Canada was in 1953. During the next 30 years prices rose by 314 percent. A dollar worth 100 cents in purchasing power in 1953 shrank to a worth of only 24 cents by 1983. And the decline continues.

Here are some selected procedures for comparison between the 1954 Schedule of Fees and the one for 1994 (which is still in use). For what the fee currently should be, just multiply by 7.

The United Nations proclaims that Canada is the best country in the world to live in - for the second consecutive year. We agree. However, economically we are hurting. Household debt hit an all time high last year. We work harder and suffer more stress. According to an article entitled "Melancholy Babies" in the May issue of **Saturday Night Magazine**, *Canadians are the wealthiest, most comfortable people in history*. Why therefore are we so glum? It would be nice if THE ADMINISTRATOR were to realize the implications of the above comparison of Schedule of Fees. ♦

CANADIAN ECONOMIC OBSERVER,
Statistics Canada - Catalogue No.
11-210, 1994/95.

ENGINEERING ECONOMICS
1st Canadian Edition, McGraw Hill
1986, pages 374-375.

General Surgery		
	1954	1994
Consultation	15.00	38.75
Rectosigmoidoscopy	25.00	15.00
Thyroidectomy	300.00	380.00
Total mastectomy	150.00	230.00
Inguinal hernia repair	125.00	215.00
Cholecystectomy	250.00	340.00
Anterior resection	400.00	530.00
Closure of perforated ulcer	300.00	320.00
Abdomino-perineal resection of the rectum	450.00	620.00
Pancreato-duodenectomy	500.00	920.00
Appendectomy	150.00	200.00

Plastic Surgery		
	1954	1994
Flexor tendon suture hand	60.00	125.00
Excision tenosynovial or arthrosynovial cyst	90.00	75.00
Nerve suture	180.00	100.00
Fasciectomy for Dupuytren contracture	200.00	105.00

Urology		
	1954	1994
TUPR	350.00	328.00
Nephrectomy	350.00	528.00
Hydrocelectomy	75.00	120.00
Orchidectomy	75.00	165.00
Circumcision (adult)	75.00	60.00

Cardiovascular Thoracic Surgery		
	1954	1994
Partial pneumonectomy	450.00	530.00
Mitral valvuloplasty	500.00	520.00
Abdominal aortic aneurysm repair	800.00	530.00
Closure of ventricular septal defect	900.00	768.00
Femoro-popliteal bypass graft	500.00	530.00

Orthopedic Surgery		
	1954	1994
Colles fracture (closed reduction)	100.00	99.00
Fracture ankle bimalleolar (closed reduction)	150.00	99.00
Total hip arthroplasty	500.00	575.00
Meniscectomy	175.00	205.00
Below knee amputation	250.00	310.00

St. Mary's

(continued from pg. 1)

► extremely busy with a high volume practice in all types of hernia repair while continuing to maintain expertise in major liver surgery. Drs. M.S. Chughtai and C. Emond, apart from their general surgical practice, carry the load in thoracic and vascular surgery. Dr. Paul Belliveau maintains a high profile in colo-rectal surgery. The Division is rounded out by the contribution in General Surgery of Drs. M. Orfaly and M.B. Sossoyan. Dr. P. Madore, although no longer working as a primary surgeon, is a much coveted assistant. Dr. Stanley C. Skoryna, retired from active surgical practice, attends rounds on occasion, and, his participation is much appreciated.

The Division of Orthopaedic Surgery is headed by Dr. Jack Sutton and is composed of Drs. Jim Sullivan, Paul Stephenson, and, relative newcomer, Ron Dimentberg. This group has a special interest in arthroscopic procedures, sports medicine and major joint replacement in the elderly.

Dr. Brian Morris heads the Division of Urology. Both he and Dr. Tukaram provide a full urological consultation service to the Institution with a strong geriatric component including major urological procedures.

The Director of the Division of Plastic Surgery is Dr. Jack Cohen. The other members of this Division are Drs. Bill Papanastasiou and Jorge Schwarz. All three have large practices with an emphasis on breast reduction and reconstructive surgery.

In the Division of Otolaryngology, Dr. Georges Sejean is the Director. The membership is composed of Dr. Huong Pham-Dang, Françoise Chagnon who is a consultant for the Voice Lab and John Keyserlingk.

Dr. A. Camarda is the Director of the Division of Oral Surgery which includes Drs. Huan Pham and Paul Mercier. This Division

is recognized for its expertise in maxillary atrophy and major jaw reconstruction.

Dr. Marvin Kwitko is the Chief of Ophthalmology which is composed of Drs. Kurt Schirmer, Cesar Heredia, Emile Svarc, and Marino Discepola. This Department has two historical firsts: the first eye department at McGill to practice routine lens implant operations in 1974, and the first of McGill affiliated hospitals to perform radial keratotomy in 1979.

The Department of Surgery at St. Mary's Hospital has positioned itself to meet the many challenges of health care well into the next millennium. ♦

C. Emond

Do You Know Your Anatomy?

QUESTIONS ~

- ① Where is the vomer?
- ② How many bones are there in the human skeleton?
- ③ What are you doing when you contract the zygomaticus major muscles?
- ④ Where are the nodes of Ranvier?
- ⑤ Where are the zonular ligaments?
- ⑥ Where are the capsules of Bowman situated?
- ⑦ Where is the acromioclavicular joint?
- ⑧ Which organ in the alimentary tract has 3 layers of muscle instead of 2?
- ⑨ Where is the antitragus notch?
- ⑩ Where is the aqueduct?

☞ answers on page 24



The St. Mary's Department of Surgery



Back row - left to right

*A. Camarda, J. Cohen, J.R. Sutton,
W. Papanastasiou, J. Keyserlingk*

Front row - left to right

*J. Sullivan, R. Dimentberg, G. Sejean,
K. Schirmer, M.S. Chughtai, C. Emond,
P. Mercier, M. Sossayan,*

Absent

*P. Belliveau, H. Pham, M. Kwitko,
P. Madore, B. Morris, R. Moralejo,
M. Orfaly, H. Pham-Dang, J. Rodriguez,*

*J. Schwarz, S. Skoryna, P. Stephenson,
K.T. Tukaram,*

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**HE ROYAL VICTORIA HOSPITAL AND
THE AMERICAN COLLEGE OF SURGEONS**

Colleges of surgeons throughout the world were founded to identify and to recognize formally those special skills and qualities of patient care embodied in the discipline of surgery.

The RVH & The ACS

By Lloyd D. Maclean, MD

The American College of Surgeons has emphasized the importance of pre-operative and post-operative care in addition to skilled operative treatment as essentials of surgical care.

Franklin H. Martin, a dynamic, Indian straight, red-haired gynecologist from Chicago, brought to reality three great organizations: 1) the journal - Surgery, Gynecology and Obstetrics in 1905, now the Journal of the American College of Surgeons; 2) the Clinical Congress of Surgeons of North America in 1910; and 3) the American College of Surgeons in 1913.

Martin proposed a society that would standardize the education and practice of surgeons and also provide recognition of their qualifications and moral and ethical standing in the community in which they practiced.

The concept was not immediately welcomed by the surgeons of many large cities.

After a particularly trying meeting in Boston, members of the press asked Doctor Martin where he would go that evening if he developed acute appendicitis, expecting him to choose one or another of the famous teaching hospitals in that city. He answered he would take the first train back to Chicago.

The reason Canadians were included in the College since its inception is that many Canadian surgeons at that time (1913) were Fellows of the Colleges of Great Britain and Ireland and had restricted their practices to surgery. Dr. W. W. Chipman, Head of Obstetrics and Gynecology at McGill University and a prominent member of the staff of the Royal Victoria Hospital was a good example. He had received the FRCS(Ed) and had spent five years postgraduate training in Berlin, Vienna, Paris, and Edinburgh. He was appointed to the organizing committee in 1913 and was the initial First Vice-President. He was 45 years of age at the time. Others in the organizing group were also young men in their 40's, including George Crile, Frederic Cotton and Charles Mayo.

Doctor Walter Chipman became President in 1926-27 and said later in 1938, after he had served the College for 25 years, "two ways were open to us, either to follow tradition ►

► and exact a scholastic examination, again an exclusive hierarchy, or on the other hand, to create from the beginning a surgical commonwealth, the members chosen for their character, their actual work and their experience". He said, "I shall always believe that it was very fortunate our young college chose the latter source".

Other surgeons from the Royal Victoria who became President are George E. Armstrong, 1920-21; Newell W. Philpott, 1958-59; and Lloyd D MacLean, 1993-94. Presidents from the rest of Canada are W. Edward Gallie, Toronto, 1941-46; Walter C. MacKenzie, Edmonton, 1966-67; and Charles G. Drake, London, Ontario, 1984-85.

The organizational meeting of the College occurred in Washington in May 1913. There were 400 founding members. This has now grown to over 60,000. Montrealers were well represented among the founding group and included many well known names: Edward Archibald, Robert Birkett, Harry Burgess, John Munro Elder, Alexander Mackenzie Forbes, Alexander Garrow, Donald Alexander Hingston, Campbell B. Keenan, William George Turner and Alfred Turner Bazin.

Many of these names will be recognized from their contributions to surgery, their portraits within our institutions or by their notable offspring. ♦



The Montreal General Hospital Division of General Surgery



FRONT ROW (L to R)

Gary Salasidis, Andrew Hreno, Rea Brown, Gerald Fried, Judith Trudel.

BACK ROW (L to R)

David Fleiszer, Lawrence Rosenberg, Roger Tabah, John Hinchey, David Owen, Roberto Estrada.

***Congratulations to the MGH Staff on the occasion
of the 175th Anniversary of it's founding***

We appreciate the opportunity to give a short overview of and to highlight some of the developments in the Division of Orthopaedics at McGill since I took over from Dr. Carroll Laurin a little bit more than three and a half years

McGill Division of Orthopaedic Surgery

By M. Aebi, MD

ago. I knew that the mandate was clear, but tough to achieve: to transform a division which has served well under the conditions of the past in health care and university, but which could no longer address today's requirements of a university hospital environment and the shrinking resources both at the university and at the hospitals, into a competitive division, which can maintain a leadership role in national and maybe international orthopaedics.

When taking over, three major issues were to be considered:

- 1) In approximately the last fifteen years, academic orthopaedics has dramatically changed. The general orthopaedic surgeon does not exist anymore. There exists several powerful specialities like arthroplasty and joint reconstruction surgery, sports and knee orthopaedics, upper extremity surgery, hand surgery, musculo-skeletal tumour surgery, ankle and foot surgery, spine surgery and paediatric orthopaedic surgery. The latter is in the process of being eroded, since the other subspecialties have started to do more and more vertical instead of horizontal surgery. That means, for instance, that an expert in spine surgery treats spine problems from the newborn to the elderly, since this surgery is more and more technology driven, and therefore, better mastered by someone who deals everyday with it, than just occasionally.

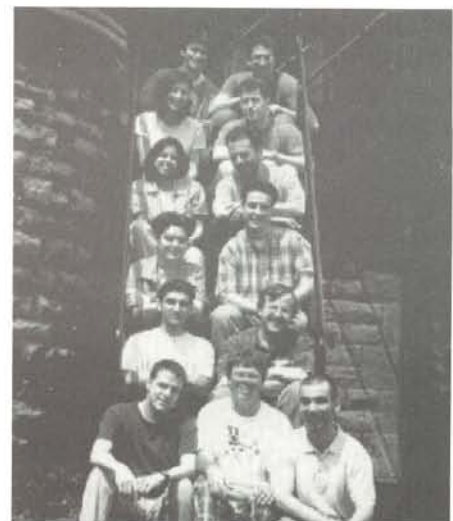
These facts push us clearly in the direction of creating centers of excellence in the subspecialties. In order to create the necessary momentum in a subspecialty, a certain number of surgeons, fellows, residents and patients are needed and supported by the appropriate research and resource background. This can no longer be handled by one hospital service, except it is designated just as such.

To achieve this goal under the given circumstances, the manpower, the resources and the intellectual capacity need to be pulled together and regrouped preferentially in one or two geographical sites.

- 2) The rapidly declining resources in an environment of an increasingly demanding patient population and the inability to recruit good young orthopaedic surgeons due to inappropriate remuneration and a lack of university support, makes it extremely difficult to create an innovative and motivating working place. Again, only a rationalization and merger of existing resources and duties may give a chance to maintain a university environment as most of us understand it.
- 3) In a rapidly evolving surgical field like orthopaedics, research can no longer be done by overworked surgeons who do "research" in the evening, on weekends and holidays. Research has become extremely competitive, and to be a part of it, we have to adapt by creating research groups which are basically lead by full-time researchers who are supported and stimulated by clinicians. Orthopaedic surgical research is no longer just biomechanics and implant development, but increasingly biochemistry, molecular biology and application of modern informatic sciences tools. This research has become significantly interlocked with industry and a "University of the Ivory Tower" has no chance, if any, for the third millenium. Only a very close collaboration of university people with industry and vice versa can develop the necessary innovation.

With these three major problems in mind - besides others - we have started to re-organize and build on an orthopaedic university department, which can meet their solutions:

- 1) To build specialized research laboratories in the



ORTHOPAEDIC RESEARCH LABORATORY - RVH

As seen from top: Lorne Beckman, Dr. Hani Baramki
Helen Athanassiadis, Rick Rubin
Anjum Hanafi, Dr. Mauro Alini
Nora Goudsouzian, Anthony Tsantrizos
Sandeep Panesar, Dr. Max Aebi
Terrence Heathfield, Dr. Thomas Steffen, Tony Andreou.

► background of the clinical groups. Presently, we have three research laboratories which are completely under orthopaedics and we have continuing collaboration with the Laboratory for Bone and Joint Diseases at the Shriners Hospital. A completely new orthopaedic research laboratory at the Royal Victoria Hospital which deals mainly with spinal sciences has been built up since May 1993 from zero



JO MILLER ORTHOPAEDIC RESEARCH LABORATORY - MGH

Standing from left: Jaymie McGowan, Jan Krygier, Frank Chan, Usama Kanaan, Dr. Michael Tanzer.

Seated from left: Dr. J. Dennis Bobyn, Gregor Podgorsak, Karen Smith, Adam Hacking.

and grew up under the leadership of Dr. Thomas Steffen to a well staffed lab with a variety of interesting projects funded by all kinds of peer reviewed granting agencies. Furthermore, another new research laboratory dealing with immunological and biochemical problems of arthroplasty surgery at the Lady Davis Institute of the Jewish General Hospital has been created under the leadership of Dr. Olga Huk and Dr. David Zukor. In addition, a busy animal experimental surgery branch was built up under the leadership of Dr. Dante Marchesi. The experimental animal surgery works in very close collaboration with the research laboratory at the Royal Victoria Hospital. And finally, the Jo Miller Research Laboratory at The Montreal General Hospital, which has a long tradition at McGill, has maintained and strengthened its mandate in the more mechanical aspect of the arthroplasty research. This laboratory is under Dennis Bobyn, Ph. D., and has succeeded and continues to succeed to be funded by regular peer reviewed granting agencies and by privately endowed money. We are presently working hard to get these three laboratories networked with each other to use the manpower and the resources in the best possible way.

- 2) To create centers of excellence which is a major reason why McGill Orthopaedics is so keen for a merger of the Royal Victoria Hospital and Montreal General Hospital Orthopaedics rather sooner than later. Right at the be-

ginning, we achieved a complete integration of the paediatric orthopaedic group at the Shriners and The Montreal Children's Hospital with the same staff, the same resident, and two site chiefs - Dr. Fassier and Dr. Duhaime - of whom one is responsible for the whole paediatric orthopaedic programme.

We are now working very hard to create a main or core Orthopaedic Department at The Montreal General with the Royal Victoria and Montreal General Hospital orthopaedic staff in one place, and with cross-appointments of colleagues from the orthopaedic services of the rest of the McGill network. At the same time, we are strengthening the arthroplasty and the spine service at the Jewish General Hospital making true the concept of two further centers of excellence within the McGill Orthopaedic Network. The Montreal General Hospital will be the center for the musculo-skeletal trauma, knee and sports medicine, musculoskeletal tumour and upper extremity, and maintain a portion of the arthroplasty and spine in order to service the significant patient needs in these areas.



ORTHOPAEDIC RESEARCH LABORATORY - JGH

From left: Allan Lisbona, Dr. Olga Huk-Papanastasiou, Isabelle Cateas, Dr. Wei Wang, Dr. David Zukor.

Once the whole integration process has been achieved in the clinical field, it has then to occur also in the research field. The record track of our research in the last two to three years makes us confident that this part of orthopaedics will continue to play a major role in our academic department.

All in all, despite the uncertainty of the future in terms of where the health care system in this province is going, we have a golden opportunity within orthopaedics to come out as a strengthened programme and as a leader in the field, specifically when we will be able to re-organize, restructure and regroup the clinical portion and put it in line with the research activities. ♦

The Division of General Surgery had its first annual General Surgical Day on March 21. It was a harbinger of spring. The day, sponsored by Davis+Geck, began with a grand rounds by **Dr. Jerry Shuck**, the Olyver H. Payne Professor and Chairman of

General Surgery Day March 21, 1996

By Jonathan L. Meakins, MD

Surgery at Case Western Reserve. His presentation, entitled "*Bandwagons, Pendulums and Other Phenomena*", highlighted some of the fadism and fashion surrounding the development of new procedures and techniques. The prime example was how the evaluation of the injured abdomen has gone through enormous cycles starting with the physical exam, probing of stab wounds, mandatory laparotomies, physical exam directed laparotomies, CT scanning, ultrasound and a variety of other technical approaches to diagnosis. His point was that the best approach remains physical exam with frequent re-examination by the same observer, concepts that were developed and clearly demonstrated 25 years ago. Dr. Shuck then entered into a discussion of laparoscopy and how for certain procedures the pendulum has swung from total acceptance to outright rejection and back to some middle ground.

Dr. Shuck's presentation nicely set the tone for the remainder of the morning. Ten videos from the Davis+Geck library of the American College of Surgeons were shown and discussed. The controversies, dogma and opinions associated with hernia repair and melanoma management, to say nothing of which suture to use, demonstrated that there are enormous gaps in our understanding of certain problems where our treatments are firmly supported by strongly held dogmas and opinions in the absence of data.

The video presentations and the very animated discussion in which surgeons from all of the McGill hospitals participated were followed by lunch and a knot tying contest for the residents. This was a preliminary round in the first National Knot Contest sponsored by Davis+Geck for the residents registered in the General Surgery Program of sixteen Canadian universities. The winners in each of the universities will participate in the regional rounds to determine the finalists of the contest. The champions of the three regions, the East incorporating Québec and the Maritimes, Central incorporating the Ontario medical schools, and the West with all the medical schools west of the Lakehead, will win an all-expense paid trip to the 1996 Royal College meeting in Halifax where the final round will be held. The national winner will receive a bursary of \$1,000. The winners of the preliminary round held at McGill were Felicia Huang, Gabriela Ghitulescu and Stephanie Helmer who received \$100, \$50 and \$25 respectively.

The afternoon program consisted of presentations by the Faculty. These were well received and established the areas of particular interest in the division: laparoscopy, colorectal disease, surgical oncology, transplantation, epidemiology, and pancreatic disease.

Five of six general surgery operating rooms were closed to enable faculty, residents and students to participate in the day's events which were held in the Block Amphitheatre at the Jewish General Hospital.

The day culminated with a dinner for faculty and general surgery residents (R3s, R4s and R5s) at the University Club.

VIDEO PRESENTATIONS - FROM DAVIS+GECK FILM LIBRARY

- ① Tension-free hernia repair.
- ② Melanoma and surgery: When? How much?
- ③ Laparoscopic common duct exploration.
- ④ Modified Puestow procedure: Lateral pancreaticojejunostomy for chronic pancreatitis.
- ⑤ Surgical technique of thyroidectomy.
- ⑥ Evaluation of laparoscopy in the diagnosis of intra-abdominal injury.
- ⑦ Common surgical diseases of the anorectum.
- ⑧ Right hepatic lobectomy.
- ⑨ Double stapling technique for low anterior resection.
- ⑩ Transhiatal esophagectomy for adenocarcinoma of the gastroesophageal junction.

PRESENTATIONS BY STAFF

- Dr. Gerald Fried** - A model for evaluation and training of laparoscopic surgery.
- Dr. Harvey Sigman** - Laparoscopic cholecystectomy: A single surgeon's experience.
- Dr. Sarkis Meterissian** - Cell death can be induced in human colorectal carcinoma by anti-Fas antibody: Modulation by bcl-2.
- Dr. Pnina Brodt** - Role of IGF-I in liver metastases.
- Dr. Ronald Lewis** - Does clinical evaluation amplify Duplex study of DVT?
- Dr. Philip Gordon** - Management of fistula-in-ano associated with Crohn's disease.
- Dr. Paul Belliveau & Dr. Judith Trudel** - Longitudinal follow-up of pouch patients and quality of life.
- Dr. Jean Tchervenkov** - Current status of adult liver transplantation at McGill.
- Dr. Jean-Martin Laberge** - The first 100 pediatric liver transplantations.
- Dr. Frank Guttman** - Small bowel transplantation
- Dr. Lawrence Rosenberg** - Management of acute pancreatitis in 1996 and beyond.
- Dr. John Sampalis** - The Trauma Registry.
- Dr. Jonathan L. Meakins** - Surgical infection through the ages.

The Surgical Education Corner

—By R. Zelt, MDCM, MSED, FRCSC

W

elcome back to the Education Corner. I'll update you on the Introduction to Clinical Medicine course in Surgery (ICM-C) which will finish in June, explain what Core Surgery's program evaluation hopes to accomplish, tell you about Dr. Steve Abrahamson who recently visited McGill and finish off by profiling another dedicated educator from McGill - Dr. Harvey Sigman.

UNDERGRADUATE SURGERY

Our Introduction to Clinical Medicine course in Surgery (formerly LINK Surgery) has been a great success. This course runs for 10 weeks and includes Surgery, Surgical Skills, Anesthesia, Emergency Medicine and Radiology. We run half the medical class (n=66) at a time for a total of 5 months of Surgery learning. The feedback to date has been very positive and I will provide a summary of our data in the next Knot. The Skills course has been especially rewarding with near uniform praise for our efforts. We are hoping to create a series of Skills courses at McGill progressing from a basic level in ICM into Clerkship and finally into more advanced skills in the Core Surgery program. Just a reminder that the ICM students will start their clerkships this September 1996 which will overlap the previous or old curriculum for five months. From September to February there will be near double the number of Surgery clerks on our wards.

CORE SURGERY

Our lecture series for the Core Surgery program was well accepted with good feedback from the residents. We've just begun our program review and will be asking many residents and staff for their suggestions on how to improve junior resident teaching. We are hoping to develop clear objectives for knowledge (in preparation for the Principles of Surgery Exam) and for clinical rotations. A valid and reliable evaluation process will be organized and we're hoping to improve our teaching skills at all levels. We will give additional attention to ambulatory care and surgical skills training.

VISITING MEDICAL EDUCATOR

In May, Dr. Steve Abrahamson visited McGill as the Pfizer Visiting Professor in Plastic Surgery. Steve has recently retired after almost thirty years as Professor of Medical Education and Founding Chairman of the Department of Medical Education



*Stephen Abrahamson, Ph.D., Sc.D.,
Professor Emeritus of Medical Education,
University of Southern California
School of Medicine*

at the University of Southern California School of Medicine. In that position he presided over the development of one of the best known units of research in medical education in the United States. He has been a nationally recognized figure in medical education for many years, serving on the National Board of Medical Examiners, Chairman of the Research Advisory Committee, member of the Goals and Priorities Committee (GAP), and Chairman of the Liaison Advisory Committee. He has also served as Chairman of the Group on Educational Affairs of the Association of American Medical Colleges (AAMC) and President of the Society of Directors of Research in Medical Education.

During his many years of study of medical education, Dr. Abrahamson has served as an invited educational consultant to more than half of the medical schools in North America and in such countries as Australia, New Zealand, the Philippines, Korea, Sri Lanka, South Vietnam, and China, as well as to World Health Organization offices in Geneva, Copenhagen, Manila, New Delhi, and Brazzaville.

We were fortunate to have Steve visit McGill and spend two days helping residents and staff address numerous learning issues. He will publish a new book in June entitled *Essays on Medical Education* and early reports claim it to be a "must read".



Harvey Sigman, M.D., FRCSC

SURGICAL EDUCATOR PROFILE

It is a pleasure for me to profile such a dedicated educator as Dr. Harvey Sigman. I met him during my training at the Jewish General Hospital as a medical student, honed my surgical skills with him as a resident in General Surgery and now work closely with him in Surgical Education both locally and internationally.

He has spent many years and put a great deal of effort "ensuring learning has taken place", as I like to say. Since 1979 he has been an active teacher in Undergraduate Surgery and is one of our best surgery tutors. At the postgraduate level, Dr. Sigman is an active participant in resident teaching in General Surgery and was Director of the Clinical Teaching Unit at the Jewish General Hospital from 1969 to 1989. He also teaches laparoscopic skills in McGill's Continuing Medical Education Program and in 1992 was awarded the Department of Surgery Resident's Award for excellence in teaching.

Apart from teaching, Dr. Sigman has been actively involved in local and international committees. He is currently the Assistant Dean, Medical Education and Student Affairs at McGill and participates in the Curriculum Committee and Postgraduate Education Committees. At the international level, he is Chair of the Curriculum Committee for the Association for Surgical Education and is a member of the Association of American Medical Colleges and Canadian Association of Medical Education.

Currently, Dr. Sigman is Chief, Division of Surgery at the Jewish General Hospital and is a Professor of Surgery at McGill University. On behalf of the McGill Surgical community, thanks for the many years of tireless work in Surgical Education and for your kind and thoughtful manner in dealing with the medical students and surgical residents. ♦



On May 9, McGill Orthopaedics took pride in welcoming back a former resident, **Dr. Kelly Vince**, as guest lecturer. Dr Vince gave two talks on that day. They were entitled *Design Principles in Knee Arthroplasty* and *Revision Knee Arthroplasty*. Both talks were greeted enthusiastically and ensuing case discussions were animated.

Dr. Kelly Vince

Dr. Vince graduated from McGill Medicine in 1979 and did his residency with us from 1981-85. He subsequently was a Fellow in arthroplasty with **Dr. John Insall** at Hospital for Special Surgery in New York prior to joining the staff of the Kerlan Jobs Orthopaedic Clinic of Los Angeles.

Dr. Vince has distinguished himself academically in the decade since his residency. He is the Editor-in-Chief of the *American Journal of Knee Surgery*, Editor of the Knee section of *Current Opinion in Orthopaedics*, and on the Editorial Advisory Board of the *Journal of Arthroplasty*. He gives annual instructional course lectures at the American Academy of Orthopaedic Surgeons and has published over fifty articles in major journals. He recently edited a two volume text book on knee surgery published in 1994.

Kelly is married to Dr. Catherine Bannerman whom he tries to follow down various black diamond ski slopes and he also coaches youth soccer, both his girls are keen players.

We look forward to seeing Dr. Vince back more frequently at McGill. ♦

Dr. Eric Lenczner

It was my privilege to represent the McGill Department of Surgery and Canada as The James IV Traveler for Canada for 1995. This is a six week traveling fellowship designed to foster communication at a personal level between surgeons

James IV Travels

By Gerald M. Fried, MD

through interchange of ideas and expertise. I elected to divide my travels into two segments: the first to Hong Kong and Australia in the summer of 1995; and the second to western United States in February-March, 1996. My personal goals were to visit surgeons with expertise in gastro-intestinal surgery, especially laparoscopy, to learn about the different health care systems and the effects on an academic surgery department, as well as to be exposed to different approaches to training surgeons in the various medical centres.

My first stop was in Hong Kong where I was warmly hosted by Dr. John Wong. This unit is particularly renowned for their surgery of the esophagus and for liver surgery. I had the privilege of presenting at The Hong Kong Surgical Forum some of our data from the McGill Laparoscopic Cholecystectomy Registry, and some of our current research in a model for evaluation and training in laparoscopic surgery. A tour of the Liver Clinic and the male and female liver in-patient units exposed me to an entirely different patient population from what we see here. I also had the opportunity to watch Dr. John Wong perform an esophagogastrectomy, which was a treat. My wife and I were treated very warmly and did the usual tourist things, such as sampling the merchandising of Stanley Market, the floating restaurants of Aberdeen, and ferrying across bustling Hong Kong Harbor.

We arrived next in Brisbane, Australia somewhat jet-lagged, but impressed by the beauty of this sub-tropical paradise. It is a mecca of advanced laparoscopic surgery spear-headed by Drs. George Fielding and Les Nathanson; and Hepatic Surgery/Transplantation under the direction of Dr. Russell Strong (the James IV member for Brisbane). My visits to the Royal Brisbane and Princess Alexandra Hospitals included attending morbidity and mortality conference, service rounds, and visiting the operating rooms to watch several advanced laparoscopic surgery procedures on the esophagus, colon, biliary tract, and hernias. I met with Drs. Mark Smithers, Les Nathanson, and David Gotley who, as the upper GI Service, had by that time performed about 270 laparoscopic Nissen funduplications. They had evaluated their patients extensively both before and after surgery. This group is a model of a co-oper-

ative group functioning at several hospitals, accruing their data in a consistent and exemplary way. It happened that my visit coincided with the annual resident research day, called the Neville Davis Surgery Day. I was invited to be the lead-off speaker, and to discuss the research work of the residents and fellows. Since my host was Neville Davis (a senior James IV member), it was a particularly meaningful occasion for me. Fortunately, I had some time for sight-seeing and my wife and I were taken by Drs. Neville and Lois Davis to walk on some of the magnificent Australian beaches. We visited a golf course whose greatest hazard was the kangaroos running across the fairways. We were also taken to visit a koala preserve and a sheep farm while in the Brisbane area.

Our next stop was in Melbourne, where our host was Dr. Scotty Macleish, who has been very active as a James IV member, and a former President of the Royal Australasian College of Surgeons. I was invited to visit St. Vincent's Hospital, the Austin Hospital (hosted by Dr. Ken Hardy), and the Royal Melbourne Hospital. Again, my visits included service rounds, morbidity and mortality conference, and a visit to the ORs. I spent an extra day with Ken Hardy at the Austin and the outstanding liver surgery group. Scotty Macleish invited me to lecture to the Victorian Fellows of the Royal Australasian College of Surgeons. It was a thrill to tour this historic building, sign the guest book under some very famous names of previous visitors, and to lecture in the beautiful old amphitheatre. After the lecture, a dinner was held in our honour and it was attended by many of the distinguished surgeons from the state of Victoria (see photo). Scotty made sure that we had an opportunity to see the best of Melbourne despite the winter weather. We were invited to a point-to-point steeplechase, the wine country, the mountains, Aussie Rules football at the Melbourne Cricket Ground, and the Melbourne Opera. Knowing that we are avid tennis fans, Scotty arranged for Karen and me to visit the National Tennis Centre at Flinders Park, the current home of The Australian Open; and also Kooyong, the previous site of the Open when it was played on grass. Walking onto center court surrounded by the immense grandstands was more intimidating than speaking at the College.

From Melbourne, we backtracked to Sydney. There I visited the Royal North Shore, the Concord, and The Royal Prince Alfred Hospitals. I made rounds, presented at grand rounds, and attended the operating rooms in each hospital. I was able to see laparoscopic splenectomy, common duct exploration, and hernias during my visit. At the Concord, Dr. Les Bokey, Professor of Surgery at the University of Sydney showed me around the outstanding colorectal service, and Dr. John Hollinshead presented interesting cases to me from the upper GI unit. We found time to tour the spectacular Sydney Harbor ►

► dominated by the famous Sydney Opera House, see the historic Rocks area, and watch the surfers master the enormous waves of Bondi Beach.

On the way home, we stopped for a few days vacation diving off the Great Barrier Reef.

The next segment of my travels took me to the West Coast of the United States. My goal in this part of my travels was to specifically visit centres of expertise in surgery of the foregut, and centres with research laboratories in laparoscopic surgery. I started at the University of California at San Francisco, where I was hosted by Dr. Lawrence Way (a previous James IV traveler). He invited me to the OR, to morbidity and mortality, and service rounds, and to present my work to members of his department at both the University Hospital and the VA Hospital. The highlights of the visit included watching him do a laparoscopic pancreatic pseudocyst-gastrostomy using endoluminal techniques, and repairing a large para-esophageal hernia. They have an excellent and well funded laparoscopic research centre and still run a popular course in laparoscopic surgery.

From San Francisco, I flew to Los Angeles and was invited to speak at Surgical Grand Rounds at UCLA-Harbor Hospital by Dr. Bruce Stabile. The rest of the week was spent at USC Medical Center, where I was warmly received by Dr. Tom DeMeester. This department has many strengths, but they are probably best known for their work in diseases of the esophagus. They have an outstanding esophageal physiology lab where they evaluate patients with swallowing disorders. Their research fellows are investigating many aspects of benign and malignant esophageal disease. I had the opportunity to attend the Swallowing Clinic and Conference and to watch a laparoscopic Nissen fundoplication. The strength of the department is multidimensional and I was able to spend some time with the heads of the sections of colorectal surgery (Dr. Robert Beart), hepatobiliary-pancreatic surgery (Dr. Rick Selby), laparoscopic surgery (Dr. Namir Katkhouda), and foregut surgery (Dr. Jeff Pe-

ters). They also have a very excellent surgical education program, headed by Dr. Gary Dunnington. I spoke to him and his graduate student about the structure of their surgical residency program and their research in training and evaluation in laparoscopic surgery. I was invited to speak to their group about the McGill experience and lessons learned in laparoscopic cholecystectomy. I also volunteered to be tested by their technical skills evaluation fellow.

My last stop was in Seattle where I visited the University of Washington Department of Surgery. My host was Dr. Carlos Pellegrini, Professor and Chairman (and former James IV traveler). This unit is also well known for Dr. Pellegrini's work in esophageal surgery, and for their advanced laparoscopic surgery, under the direction of Dr. Mika Sinanan. Probably most exciting was the work they are doing developing simulators to teach surgery. They are approaching this from several points of view, including computer based simulators, and synthetic material models of organs to practice surgery using materials with the look and feel of real tissues. Furthermore, the Department of Surgery is working closely with the Human Interface Technology (HIT) Laboratory which is located on the University of Washington campus. This group is at the forefront of multiuser virtual reality training systems. It was an incredible experience to put on the VR headset and interact with one of their models. The goal of the HIT group is to make data readily available to the user in the most convenient form without distracting the user from what they are doing in order to have access to information.

I returned from my James IV travels energized and full of ideas. I have had the opportunity to establish close personal ties with a number of leaders of surgery today, which I hope will in the future provide our residents with unique opportunities for further fellowship training in clinical or research areas. All in all, it was the opportunity of a life time, and I was proud to represent McGill in my travels. ♦



Victorian Fellows of the Royal Australasian College of Surgeons with Dr. and Mrs. Fried.



On June 5, a Testimonial Dinner was held to honour **Dr. Normand Belliveau** after his 40 years of surgical service to the RVH and academic activities with McGill. His colleagues from the RVH Division of Surgery presented him with a silver

KUDOS !!

tray. Also in attendance were his former colleagues, **Drs. Darrell (Dag) Munro, David T. W. Lin** and **Ed. J. Tabah**.

Dr. Ray Chiu was a Visiting Professor to Yale University and gave lectures at Surgical and Cardiology Grand Rounds at Yale-New Haven Medical Center on April 18th and 19th, 1996.

Dr. Benoit deVarennes has been named Acting Head of the Division of Cardiovascular Thoracic Surgery at the RVH effective January of 1996. He replaces **Dr. Jean E. Morin**.

Dr. Andrew Hill has been named an Examiner in General Surgery on the Royal College Examining Board in Plastic Surgery.

Dr. L. D. MacLean traveled to Capetown, South Africa. On April 26, he was one of four who received an honorary fellowship from the College of Medicine of South Africa. Last year, Mr. Nelson Mandela was the recipient of this award.

Dr. Jonathan L. Meakins' winter has been very exciting. Not to mention his misadventures. He has been flying back and forth to North America-Asia and vice-versa. Firstly, he was invited, as Visiting Professor, to the Department of Surgery at the University of Hong Kong where the following presentations were given;

- ◆ *Art and Medicine : Medicine in Art*
- ◆ *Intraabdominal Abscess : Modern Management*

- ◆ *Biliary Pancreatitis in Modern Era*
- ◆ *Peritonitis - 1996*

From Hong Kong, he flew to give Grand Rounds at the University of British Columbia where he presented *The Surgeon as an Immunomodulator*. Prior to participating in the Japanese Surgical Society where the topic was *Current Concepts in Surgical Infection*, he participated in an International Symposium of Surgical Infection presenting a lecture on *Current Concepts of Surgical Infections*. Following the Japanese Surgical Society, there was a visit to Chiba University Department of Emergency and Critical Care Medicine where the topic was *The Surgeon : an Immunomodulator*. The American College of Surgeons and Deutsche Gesellschaft für Chirurgie met in Berlin, May 9-11 where he moderated and presented at a panel entitled *The Imperative of Science in the Practice of Surgery*.

Major Reza Mehran was honoured with a commendation from the Canadian Armed Forces for his resourcefulness in operating on a Serbian soldier in Coralici, Bosnia. With insufficient instruments and a lack of medically trained staff, medicines and blood supplies, Mehran worked four hours to save the life and limb of the soldier. The soldier's leg had been crushed hours earlier by a British Armoured Personnel Carrier and he had lost a lot of blood. When Brigadier General Bruce Jeffries made the award, he said, "Major Mehran is commended for his leadership and the professionalism that he displayed throughout this incident".

Robin Poole, PhD, DSc, Director, Joint Diseases Laboratory, Shriners Hospital, has been awarded the Holley Prize of the American College of Rheumatology for his contributions to research in rheumatology. He serves on the Dental Science Committee of the Medical Research Council and is Chair of the Biochemistry Study Section of the Arthritis Foundation, National Committee, USA. He has also been awarded a grant by the National Insti-

tutes of Health (USA) to fund his research on cartilage degeneration in aging and arthritis. He is presently also funded by the Medical Research Council of Canada.

Dr. Jean Tchervenkov was granted tenure in the Department of Surgery.

Dr. H. Bruce Williams has been elected as President of the International Microsurgical Society which represents 40 countries and the scientific meeting will be held in Montreal, June 19 -23, 1996. ◆

Achievements of Residents and Fellows

Dr. Thomas Beird tied for first prize for Best Paper by a Resident at the annual meeting of the Société Québécoise des Chirugiens Plasticiens, at Manoir Saint-Sauveur, February 8 - 11, 1996. His paper was entitled *The Use of the Deepithelialized Radial Forearm Microvascular Free Flap in Augmentation of Facial Soft Tissue*.

James Lacey (Plastic Surgery Resident) will marry Kelly Tsarouhas on September 15, 1996 in Dorval. Kelly is a co-ordinator at the MGH Emergency Department. Her father, **Mr. Panagiotis "Peter" Tsarouhas** passed away August '94. He worked as an orderly in the MGH Operating Room. His death was felt with deep sadness by the MGH community. His commitment and dedication to serve the MGH - O.R. for over 30 years was an enormous asset. To commemorate Mr. Peter Tsarouhas and keep his memory ▶

► and spirit alive, an O.R. bed was purchased and a plaque mounted in his honour. Drs. R. Brown, D. Mulder and the MGH Foundation organized a memorial service on December 7, 1995.

Dr. Peter Chan won the award of excellence in fundamental research at the Quebec Urological Association's 20th Annual Meeting in Montreal October 1995, for his work entitled *Sparing of the Antero-Lateral Branches of the Cavernous Nerves in Rat Preserves Penile Erection Post-Prostatectomy*. The co-author on this pro-



Dr. Peter Chan

ject was **Dr. Gerald Brock**, with whom Peter is working on several projects aimed at minimizing erectile dysfunction after extensive pelvic surgery.

Dr. Felix Ma will be graduating from the McGill Postgraduate Training in Cardiothoracic Surgery in June. He will be going to do a Clinical Fellowship at the Cleveland Clinic in Cardiac Surgery.

Dr. Peter Metrakos was the winner of an award from the Canadian Surgical Research Fund. The latter fund has been established by the Canadian Association of General Surgeons for presentation annually of amounts of up to \$10,000 to support operating funds for Canadian General Surgeons working in original research. The CSRF is supported through

donations by members of CAGS submitted through their annual association dues. The work which Peter Metrakos did was on *The effect of regenerating rat liver on pancreatic islet proliferation*.

Dr. Luong T. Nguyen was the first recipient of the Surgical Teaching Award in recognition of his outstanding contribution to Surgical Teaching at the Montreal Children's Hospital. This award was voted on by the Surgical and Medical Residents at the Children's and was presented at the Annual Dinner for Residents and Attending Staff in December, 1995.

On March 4, 1996 a press conference was held at the MNI to announce an article authored by **Mark C. Preul**, M.D. (former resident and now a Fellow in the Division of Neurosurgery), **Douglas L. Arnold**, M.D. and colleagues that appeared in the March issue of the prestigious journal, *Nature Medicine* entitled *Accurate noninvasive diagnosis of human brain tumours by using proton magnetic resonance spectroscopy*. During his residency, Dr. Preul began Ph.D. work with Dr. Arnold, a neurologist at the MNI and a world leader in MR spectroscopy, on several projects that attempt to characterize the in vivo biochemistry of human brain tumors. The article received praise in an additional editorial article on their work that appears in the same issue of *Nature Medicine*. In addition, the Associated Press sent a wire press release describing the work to over 1500 newspapers and news services.

Dr. Dominique Shum-Tim was granted a research fellowship by the Medical Research Council of Canada. He will continue his research training at Boston Children's Hospital and Harvard Medical School.

Adel Taha (R-I General Surgery Program) and his wife had their third child, a baby girl, on May 10, 1996 by the name of AL-ANOUD.

Announcements

The McGill General Surgery Residents Journal Club meets the first Wednesday of every month. Usually one staff surgeon is invited. Dr. Andrew Seeley is the Club Coordinator. The meeting is held at a different Resident's house each month.

McGill Colorectal Rounds are held on the 4th Monday of every month in the Bloomfield Amphitheatre in Lady Davis Institute at the Jewish General Hospital. The first one was held February 26 and was chaired by **Dr. Phil Gordon**. The Co-ordinator for these Rounds is **Dr. Barry Stein**.

Mr. Nick Giannou who worked in the Animal Lab in the Department of Surgery of the RVH has retired after 31 years on the job. Many Residents who did their surgical research here will remember him fondly and we wish him well.

Dr. Hélène Flageole is joining the staff of the Montreal Children's Hospital on July 1st, 1996. She graduated from the McGill Post-Graduate Training Program in General Surgery in June 1993. She undertook the two year training fellowship in Pediatric General Surgery at the Montreal Children's Hospital and then went to Belgium for one year of research.

Drs. Andrew Hill (currently at the MGH) and **Ron Lewis** (at the QEH) are moving to the RVH to work in Vascular Surgery with **Dr. Oren Steinmetz**. ♦

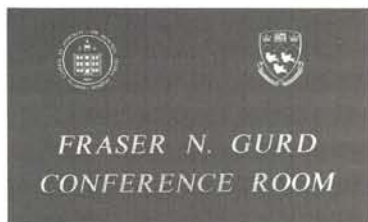
D

EDICATION OF THE FRASER N. GURD

CONFERENCE ROOM

On May 30th, 1996 during the annual Fraser Gurd activities, the University Surgical Clinic Library on the 9th Floor was re-

Fraser N. Gurd Conference Room



named as the Fraser N. Gurd Conference Room during a brief ceremony at the MGH. This conference room is a tribute to the many contributions of Dr. Gurd and will contain many of his books as well as mementos of his career. In recognition of Dr. Gurd's tremendous interest in surgical research, it is only fitting that this room be attrib-

uted to this distinguished teacher, investigator and motivator of young surgical minds. ♦

EKL

T

he 16th Annual Meeting of the S. I. S. was held in Milwaukee, Wisconsin from April 25 until April 27. **Dr. Nicolas Christou** gave the Presidential Address, *Host Defense Mechanisms in Surgical Patients: Friend or Foe?* **Dr. Najma**

Surgical Infection Society

Ahmed presented a paper entitled *Shedding of L-selectin as a mechanism for reduced polymorphonuclear neutrophil (PMN) exudation in patients with the systemic inflammatory response syndrome (SIRS).* Dr. Xuwu Chen's paper was entitled *The relative contribution of endothelium and polymorphonuclear neutrophil (PMN) activation in endothelial-PMN interactions in the systemic inflammatory response syndrome (SIRS).* Dr. Jonathan L. Meakins presented a paper entitled *Surgical Infections as Depicted Through the Ages.* The paper was discussed by Dr. Josef E. Fisher of Cincinnati. ♦

EDM

E

EMERGENCY MEDICINE RECOGNIZED AS

A SPECIALTY IN QUEBEC

On April 17, the Bureau of the Collège des médecins du Québec voted in favour of accepting Emergency Medicine as a recognized specialty in the Province of Quebec. The vote was 14 to 9. A few years ago, the same board had defeated the proposition by a vote of 13 to 12.

Emergency Medicine

Post-graduate residency training programs in Emergency Medicine in North America are currently an accepted fact of life. McGill initiated such a program at the RVH, MCH and MNH in 1970. It was the first such effort in Canada and the second in North America (the first was in Cincinnati, Ohio in 1968 and was started there by a McGill graduate in Internal Medicine). To date, there have been 116 graduates. Unfortunately, a good number have left the Province and one of the reasons is that their specialty was not recognized.

The Royal College established Emergency Medicine as a specialty in 1980.

According to the C.M.Q., trainees will enter Emergency Medicine after two years of Family Medicine and then they will proceed to join the Royal College 5 year program. It is expected that approximately 80 such specialist-consultants will be formed and they will work principally in University Hospitals and Trauma Centers. ♦

EDM



"There's been some sort of mistake.
He came to clean the windows."



The Chief Residents General Surgery Academic Year 1996-1997



Dr. Mohammed Al-Zahrani was born in Zahran, Saudi Arabia. He graduated from King Saud University in Riyadh. He is single. He is an accomplished soccer player and plays the lute. He is due to return to practice in Saudi Arabia in an Aramco Hospital.

Happily married to Dr. Felix Ma, **Dr. Sara Bouchard** was born in Sept-Iles, but raised in Quebec City. She completed her medical degree at McGill University and will finish her General Surgery Training in June 1997. Afterwards, she will start a two year Pediatric Surgery Fellowship at Ste-Justine Hospital. She is in the process of completing her Master in Epidemiology and Biostatistics at McGill. She was the resident member of the Accreditation Committee of the Royal College from 1993 to 1995. She also plays the piano and the drums, and is learning Cantonese.



Dr. Anna Derossis was born in Montreal. She did her undergraduate degree in Microbiology and Immunology at McGill University. She then entered medical school at McGill and graduated in the class of 1992. She subsequently entered our General Surgery Training Program. Anna's future interests are in General Surgery with an interest in surgical education. During her research year, she was involved in the development of a laparoscopic simulation model for evaluation and training of laparoscopic skills with Dr. G. Fried.

Dr. Toni Ferrario is a native of Pennsylvania who received her undergraduate degree from the University of Pittsburgh. Following graduation, she moved to Los Angeles, California. She attended UCLA Medical School and graduated in 1992. She came to McGill through the American quota after three years of general surgery at Harbor-UCLA.



Dr. Gabriela Ghitulescu was born in Bucharest, Romania and came to Canada when she was eleven years old. She received her medical degree from McGill University in 1992. She was the recipient of the J.W. McConnell Faculty Scholar Award in 1988-89. Gabriela enjoys sports and has an avid interest in camping.

Dr. Brian Mott is a native Montrealer. He has a B.Sc. from McGill and won a prize of great distinction in Physiology in 1987. He is a noted skier having taught skiing from 1988-1990. He received the Edward Charette Research Award in 1995 for his work in cardiomyoplasty and plans to continue his training in cardiothoracic surgery upon graduating.



Dr. Zafer Rasim is from Saudi Arabia. He received his medical degree from the King Faisal University College of Medicine and Medical Sciences in 1988. His hobbies are computer programming and scuba diving. He created a database program to keep an operative log for general surgery residents. Upon graduation, he plans to return to Saudi Arabia.

Dr. Sameer Softa was born in Makkah, Saudi Arabia. He received his medical degree from King Abdul Aziz University in 1987. He came to McGill University in 1992. He is married with three children. Sameer plans to do a fellowship in Surgical Oncology after graduation.

Dr. Sadeesh Srinathan was born in Sri Lanka. He came to McGill from Ontario where he did his undergraduate and medical school degree at McMaster University. His hobby is photography. He had a very rewarding experience in St. Louis where he did research in intestinal development and pulmonary development.



Fraser Gurd Day

May 30, 1996

Awards

TEACHING EXCELLENCE AWARD (STAFF)

Dr. Sarkis Meterissian

TEACHING EXCELLENCE AWARD (RESIDENT)

Dr. Ramesh Lokanathan

BEST TEACHER UNDERGRADUATE

Dr. Paul Belliveau

EXCELLENCE IN CLINICAL SCIENCE

Dr. Liane Feldman

EXCELLENCE IN BASIC SCIENCE

Dr. Vinay Badhwar

THE FIRST RECIPIENT

OF THE KATHRYN ROLPH AWARD

Dr. Carolyn Kerrigan





FROM LEFT: Dr. John Wedge, Mrs. Pat Pryde, Mrs. Susan Bexton, Dr. Gus Bounous, Mrs. Sally Goss, Dr. Hope McArdle, Dr. Rea Brown, Dr. Ray Chiu, Dr. David Mulder

7th

EDWARD J. TABAH VISITING PROFESSOR IN SURGICAL ONCOLOGY MARCH 27-28, 1996

Norman Wolmark is an outstanding example of a local boy who made good. He received his MD CM from McGill in

1970. After a general surgical residency training at McGill and the University of Pittsburgh, he trained in Surgical

Oncology at the National Cancer Institute at Bethesda, Maryland and the Memorial Sloan Kettering Cancer Institute in New York. At present, he is the Mark M. Ravitch Professor of Surgery at the University of Pittsburgh, Director of

the Cancer Centre at the Allegheny General Hospital, and Chairman of the Department of Human Oncology, Medical College of Pennsylvania and Hahneman University, Allegheny Campus.



Dr. Norman Wolmark

In 1994, Dr. Wolmark was elected Chairman and Principal Investigator of the National Surgical Adjuvant Breast and Bowel Project (NSABP), succeeding Dr. Bernard Fisher. This world renowned, multi-institutional co-operative clinical trials group has been instrumental in changing the clinical management of

breast cancer from that of medical/surgical management to a more scientific multidisciplinary treatment of patients with breast cancer and, more recently, colorectal cancer. Through the efforts of this group, partial mastectomy or lumpectomy with axillary lymph node dissection has become the standard treatment for breast cancer through the findings of NSABP trial B-06. It was also this group which showed that Tamoxifen given as adjuvant therapy was the treatment of choice for estrogen receptor positive Stage I and Stage II breast cancer patients. More recently, it has embarked on the most important randomized clinical trial, trying to prevent breast cancer in high risk women with Tamoxifen.

As Dr. Wolmark stated repeatedly during his 4 lectures, the accrual of Canadian patients with breast cancer to many scientifically conceived clinical trials of the NSABP has been outstanding, and has greatly contributed to the improved management of the patient with breast and colorectal cancer.

National Surgical Adjuvant Breast & Bowel Project (NSABP)

The Department of Surgery and, more recently, the Department of Oncology has contributed immensely to the success of the NSABP, which is considered one of the most successful

multi-institutional co-operative cancer groups in the world.

Dr. Wolmark gave 4 lectures during his 2 day stay with us regarding the NSABP experiences with the management of operable breast cancer and colorectal cancer. We will continue to support the important clinical research activities of the NSABP to provide answers to important biological questions.

H. Shibata

FRASER N. GURD VISITING PROFESSOR



Dr. John H. Wedge

John H. Wedge graduated as M.D. with distinction from the University of Saskatchewan, College of Medicine in 1969. He continued his training as a resident in Orthopaedic Surgery at the Royal Victoria Hospital, McGill University and at the University Hospital in Saskatoon. From 1972-73, he worked as clinical research fellow under Robert Salter at The Hospital for Sick Children in Toronto, which was at this time a

Mecca for Orthopaedic Surgery in North America. From there, he returned to a clinical academic career at the Department of Surgery, University of Saskatchewan where he reached the rank of Full Professor in 1981, the position as Head of the Division of Orthopaedic Surgery and finally Chairman of the Department of Surgery in 1985. In 1987, he became Professor and Head of the Division of Orthopaedic surgery at The Hospital for Sick Children in Toronto. Since 1992, Dr. Wedge is the McLaughlin Professor and Chairman of the Department of Surgery, University of Toronto, and in 1995 became Surgeon-in-Chief at The Hospital for Sick Children.

Dr. Wedge held several awards including the North American Travelling Fellowship and the Canadian Medical Research Council Fellowship in 1975, the AOI Fellowship in 1971, and the ABC Fellowship in 1981. He also received numerous grant awards and published widely. He is internationally acknowledged as an expert in hip surgery of the adolescent and young adult. He was the President of the Canadian Orthopaedic Research Society in 1990-91, and is active on several editorial boards of international journals in Orthopaedic Surgery.

Dr. Wedge had and continues to have significant impact on academic surgery at the University of Toronto. Under his leadership, Orthopaedic Surgery at the University of Toronto regained the prominent position it held in this country fifteen years ago. ►

► In the morning at Surgical Grand Rounds at the MGH his topic was *The Future of Surgery in the Academic Medical Center*. During the day, he met with the Residents and at the RVH he spoke during Grand Rounds on *Reconstructive Surgery of the Hip in the Adolescent and Young Adult*.

He was the Guest of Honour at the Fraser Gurd Banquet in the evening at the Westin Mont-Royal. ♦

Dr. M. Aebi



Dr. Hillel Laks

At the MGH Surgical Grand Rounds on Thursday morning, June 6, his topic was *Unifocalization for Multiple Aorta to Pulmonary Collaterals in the Adult*. In the afternoon at the RVH Rounds, Dr. Laks spoke on *Coronary Revascularization versus Transplantation for Ischemic Cardiomyopathy*.

During the morning session, residents presented their research work and on Thursday evening during the annual dinner held at the Mount Stephen Club, **Dr. Stephen Tahta** was the recipient of the 1996 Edward Charette Research Prize.

On Friday morning, June 7, Dr. Laks gave a talk on *Update on the Fontan* at the Montreal Children's Hospital. ♦

EKL

1996 STIKEMAN VISITING PROFESSOR

Dr. Hillel Laks, Professor and Chief of Cardiothoracic Surgery at UCLA Medical Center in Los Angeles, was this year's Stikeman Visiting Professor for Cardiovascular and Thoracic Surgery at McGill. Dr. Laks is known for his superb expertise in a wide range of cardiac surgery, which includes pediatric cardiac surgery, cardiac transplantation and adult cardiac surgery.

Welcome Aboard



Welcome to the New Residents in the Core Program for Surgery in General - 1996-1997

R II

Cifelli, John

R I

Abou, Salim (ENT)

Abu-Remsh, Mohammad (NS)

Ahmed, Shaheeda (GS)

Al-Abdulhadi, Khaled (ENT)

(July 1/96 - Aug 11/96)

Al-Said, Abdul-Nasser (NS)

Balasingam, Vijay (Ortho)

Bessette, Benoit (Ortho)

Boyer, Andrew (GS)

Bratu, Ioana (GS)

Burnett, Stephen (Ortho)

Chattopadhyay, Runi (GS)

DaSilva, Victor (GS)

DiCarlo, Antonio (GS)

Dickey, Ian (Ortho)

Ferri, Lorenzo (GS)

Hayati, Hussein (GS)

Hussain, Majeed (Plastics)

Jacobson, Avrum (Urology)

Kantor, Stephen (Ortho)

Korkola, Stephen (CVT)

Martin, Mark (Plastics)

Mathew, Jane (GS)

Nikolis, Andreas (GS)

Pascual, Jose (Ortho)

Robinson, Patrick (GS)

Steinberg, Andrew (Urology)

Su, Jean (NS)

Tan, Michael (GS)

Yoskovitch, Adi (ENT)

DIAGNOSTIC RADIOLOGY

Al-Taf, Zahid

(July 1/96 - Jan 14/97)

Conti, Anthony

(July 1/96 - Jan 14/97)

Inamdar, Madhuri

(Jan 15/97 - June 30/97)

Mandalenakis, Andrew

(Jan 15/97 - June 30/97)

Partap, Vince

(July 1/96 - Jan 14/97)

Departures

Dr. **Carolyn L. Kerrigan**, McGill Professor of Surgery (1993-1996), who has been on staff at the Royal Victoria Hospital since 1977, is leaving her present position as Surgeon-in-Charge of the Division of Plastic Surgery (1988-1996) to become Director of Plastic Surgery in Dartmouth College in Hanover, New Hampshire. She found that her association with McGill

and the Royal Victoria Hospital was mutually beneficial: the collegiate atmosphere that prevailed in the Department of Plastic Surgery was unique and the collaboration between clinical practice and basic sciences was stimulating. She has been given an opportunity to develop her research interests. Currently, she is President of the Canadian Society of Plastic Surgeons.



Carolyn L. Kerrigan

Over the years, her professional dedication, constant interest in research, writing and teaching commitments restricted the time that she could spend with her family. Carolyn had to make an important decision. She is the mother of five boys. She says, "when it comes to a choice between my career or my boys, the boys come first".

Carolyn is leaving the institution to which she has devoted almost half of her life time. She has achieved wide recognition in the field of Tissue Replantation, Electrical Burns and Wounds Regeneration. Particularly outstanding were the innovations in the Microsurgery and Endoscopic Surgery of carpal tunnel. Carolyn took active part in the training of residents, encouraging them to pursue the academic career. She is very proud that some of the trainees from McGill and the Royal Victoria Hospital have obtained positions of directors in a number of prestigious universities.

In relocation to New Hampshire, she is looking for a different style of life. She will be spending a greater time with her family, away from the hustle-and-bustle of the city. They have purchased a four acre farm with a large house that is waiting for appropriate reconstruction to be adapted to the family needs. The McGill community will keenly miss Carolyn's scientific leadership, her forthright honesty and uncanny ability to get along with people. We wish her the best success in the new location. ♦

Martin A. Entin, M.D.

On June 1st, 1996, **David Latter** left the RVH to pursue his career at St. Michael's Hospital in Toronto. Having graduated at McGill in 1982, he completed his entire residency in General Surgery and then in Cardiovascular and Thoracic Surgery in 1989. He then spent two years as a Thoracic Transplant Fellow at Stanford University Hospital.



David Latter

He was appointed to the staff of the RVH in 1991. In addition to his position on the C.V.T. Service, he was the Director of the Heart, Heart-Lung Transplant Program at the RVH. In Transplantation, he was one of the major contributors in the field of clinical activities as well as in the administrative domain with Quebec Heart Transplant. During the last five years, he was a very devoted and productive surgeon

who will be deeply missed by all his colleagues and patients.

The entire staff will always remember his warm personality and his generosity with his time. He could always be counted on to help and provide support. The students will remember him as the winner of the Outstanding Teacher Award for 1993-94. At the Royal Montreal Golf Club, he will be missed.

On May 27th, in the Hersey Pavillon of the RVH, approximately 100 of Dr. Latter's transplant patients gave him a very emotional farewell reception.

Undoubtedly, he will have a very successful career at St. Michael's Hospital. We wish him and his family a very happy and gratifying life in his new home town. We hope that we will have many occasions to see him again either at the Stikeman yearly meeting or at one of the other occasions that bring our members together regularly. ♦

Jean-E. Morin, M.D.

A

TRIBUTE TO DR. JULIUS GORDON
ON HIS RETIREMENT

Julius Gordon began his academic work at McGill obtaining a Ph.D. degree from the Department of Biochemistry, under the guidance of Dr. Alec Sehon - a world renowned immunochemist.

He continued his training at the Chester Beatty Research Institute in London England as a post-doctoral fellow with Dr. A.

Haddow, and then at the Montreal Cancer Institute with Dr. A. Cantero. He joined the Department of Surgery at McGill and the Royal Victoria Hospital in 1965. The department at the time was led by Dr. L. MacLean who had the foresight to realize the importance of having basic scientists and clinicians work side-by-side to achieve progress in biomedical research.

Julius began his career during the dawn of a new age in clinical and experimental immunology. Lymphocytes had just been activated to undergo cell division in culture and the first successful kidney transplants were performed. Julius made use of this new technique for maintaining lymphocyte cultures and was instrumental in developing the Mixed Lymphocyte Culture - an in vitro model which "mimics" the host immune response to organ transplants. Using this tool, he and colleagues were able to carry out their pioneering work on the "Blastogenic Factor", later known as Interleukin 2 (IL-2). In this work, they were laying the foundation for the new and still growing field of inflammatory cytokines. The work on immune cytokines led into research on the regulation of host immunity in health and disease. Julius has published extensively in the area of tumor immunology, contra-suppression and the immune defects associated with anergy in surgical patients.

Retirement

Contributed by Harold Rode and Pina Brodt



Dr. Julius Gordon

Initially at the Royal Victoria Hospital, Julius moved to the Donner Building in the late sixties. He became Director of the Building and subsequently the Director of the Graduate Program in the Division of Surgical Research. In his laboratory, surgical residents and basic science students in the M.Sc. and Ph.D. programs worked together, creating an environment highly conducive to productivity in applied biomedical research. In this task, he had close and long-lasting collaborations with surgeon-scientists in the department, including Drs. L. MacLean, J. Meakins and N. Christou.

Research for Julius was never simply a job, but rather a high calling. He always approached his research with great enthusiasm and full commitment and found joy in the intellectual challenge that each new finding presented. His analytical skills and creative mind served him well in formulating hypotheses and designing appropriate studies to test them. He derived great pleasure from lengthy scientific discussions with his students and colleagues which were used to examine every possible interpretation of new data and exhaust all new avenues of future studies. In these brain-storming sessions, his frequent opening line and a sure sign that the discussion was far from over was his favourite expression "On the other hand...". Judging from his impressive record of productivity, it is evident that these sessions were highly effective.

We wish him a very enjoyable and fulfilling retirement. Immunology at McGill and in the Department of Surgery in particular, will not be the same without Julius Gordon. ♦



Were You There? - 1970

Mr. Walter Woodcock, who was employed as a fitter by Dominion Textile Company, had his right arm caught in a machine in Valleyfield. His arm was almost completely severed and he was transported to the RVH after first aid was rendered. The operating team headed by Dr. H.F. Moseley took four hours to replant the arm.

Visiting the patient on the Accident Service are the other surgeons from left to right - Drs. Jack White, Brian McKenna, Vincent Piccone and Charles Moyo. ♦

EDM

SOME THOUGHTS ON THE CLOSURE OF LACHINE GENERAL HOSPITAL

Lachine General Closure

By Herbert A. Polson, MD

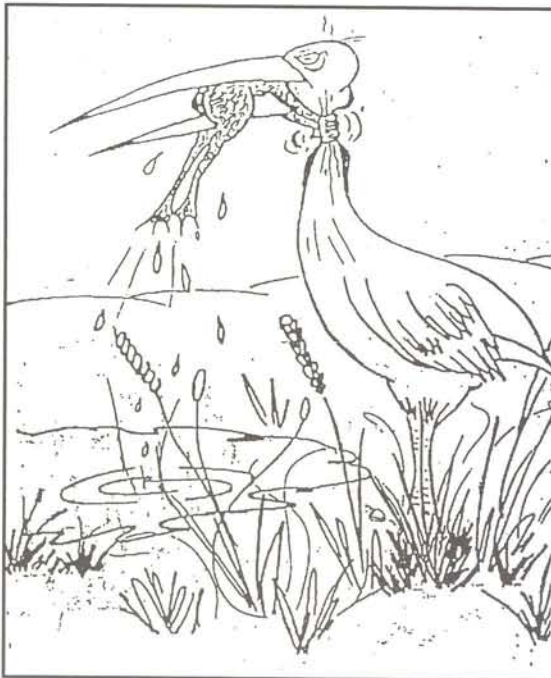
On April 19, 1996, at noon, I and many others cleaned out our lockers and desks, and left Lachine General Hospital for the last time. This institution has been "home" for many of us for a long time. For myself, it has been twelve years. I arrived at Lachine General in 1984. Very soon I realized that I was joining a "family". Every morning, most of the medical staff would gather in the doctor's lounge for coffee and discussion. The surgeons would discuss cases. Even those who were booked in surgery would come in between cases for a visit. Informal consultations would take place there, as well as journal reviews, and even on occasion political discussions.

Over time I watched this slowly come undone. First Obstetrics was removed from the hospital, and little by little over the next few years, small "cutbacks" occurred. Services were decreased, and beds closed in the name of "budget cuts." Despite this the family continued to hold on. These efforts were recognized, and Lachine General was listed as one of the best hospitals in Canada in an article in *Chatelaine Magazine*.

Unfortunately, however, in the spring of 1995 the Lachine General Hospital was selected as one of the hospitals slated to be closed by the Régie Régionale, as part of cost saving measures, and health care reorganization. The family desperately hung on, organizing rallies and petitions. The Department of Surgery made further efforts to increase the efficiency of the operating room and bed utilization as well as day surgery. Despite these efforts and a legal battle, Lachine General closed (a few weeks later than ordered) on April 19, 1996.

In the Department of Surgery, the staff went in many directions. In General Surgery, Dr. S. Dalrymple and myself went to the Lakeshore General. Drs. W.W.B. Hyndman and E. Brown retired after almost forty years of service. Dr. D. Cunningham, the Surgeon in Chief is now located at the Lakeshore General and St. Joseph. As for the other members of the surgical staff, some already had dual appointments, others are working in adjacent hospitals, but they all find themselves competing for already scarce operating room time.

I have been asked by many people recently, how it feels to be in a hospital closing situation. To say the least, it has been very difficult. Starting in a new institution, by necessity, with different methods and new people can be very stressful. Most importantly, however, is the loss of friends, made over the years, many of whom are now located in different places, that was the worst. ♦



Don't **EVER** give up!

Do You Know Your Anatomy?

ANSWERS ~

- ① Base of the nose - mid-maxilla.
- ② 206. There are over 600 skeletal muscles.
- ③ You are smiling.
- ④ Interruptions of the myelin sheath on the axons of neurons.
- ⑤ In the eye. They hold the lens to the ciliary bodies.
- ⑥ The hollow Bowman's capsule surrounds the glomerulus of a nephron.
- ⑦ At the head of the spermatozoa.
- ⑧ The stomach.
- ⑨ Between the tragus and the anti-tragus of the ear.
- ⑩ At the top of the brainstem.

CENTRE HOSPITALIER DE L'UNIVERSITÉ DE MONTRÉAL (C.H.U.M)

The Dean, Dr. Patrick Vinay, explains that the University of Montreal is embarking on a re-orientation of some of its major Teaching Hospitals. After multiple consultations, there has

CHUM - Update

By E.D. Monaghan, MD

been agreement with the various administrative bodies that the C.H.U.M. would be comprised of Hôpital Notre-Dame, Hôpital Saint-Luc and l'Hôtel-Dieu de Montréal. These would be Centres Hospitaliers Universitaires (C.H.U.) along with Sainte-Justine Hospital, a C.H.U. for mothers and children. Le Pavillon Notre-Dame (with Emergency Department) will have as its mission Hepato-Renal Transplantation, General Surgery and Oncology. Le Pavillon Hôpital Saint-Luc (with an Emergency Department) will have three missions concentrating on Transplantation, Hepato-Biliary Surgery and Colorectal Surgery. The Hôtel-Dieu Pavilion will be an Ambulatory Care Center for cases requiring less than 48 hours of hospitalization. Hence, thyroidectomies, parathyroidectomies, laparoscopic cholecystectomies, herniorrhaphies and breast operations will all be done in this center. Surgeons will have cross-appointments to do their ambulatory surgery in Pavillon Hôtel-Dieu and their major surgery in their home hospital.

L'Hôpital Maisonneuve-Rosemont will be called a Centre Affilié Universitaire as will the Sacré-Coeur Hospital. The latter already is recognized as a Level I Trauma Center for Université de Montréal.

The remainder of the hospital network will be constituted by the following one specialty hospitals:

- ◆ Institut de Cardiologie
- ◆ Hôpital Louis Hippolyte Lafontaine - Psychiatry
- ◆ Hôpital Rivière des Prairies - Pedopsychiatry
- ◆ Institut Philippe Pinel - Forensic Psychiatry
- ◆ Centre de Réadaptation - Psychiatry
- ◆ Côte des Neiges - Geriatrics

For Family Medicine, the resources will be Cité de la Santé and Hôpital de Verdun. There will be 5 C.L.S.C.'s:

- ◆ St. Hubert (Verdun)
- ◆ Centre Sud (Hôpital Notre-Dame)
- ◆ Marigot (Cité de la Santé)
- ◆ Bordeaux (Sacré Coeur)
- ◆ Octave Roussini (Cité de la Santé)

It is noteworthy that the acronym for the University of Montreal (C. H. U. M.) is the same as that for McGill - Centre Hospitalier de l'Université McGill (C. H. U. M.) ◆

O

n May 31 and June 1, Laval University was the host at the Château Frontenac in Quebec City of the 100th Annual Meeting of the Canadian Association of University Surgeons Eastern Division (formerly the Canadian As-

C.A.U.S. Annual Meeting

sociation of Clinical Surgeons). Participating from McGill were **David Mulder, J.L. Meakins, H. Barkun, Ed Monaghan, and C. Milne.**



David Mulder and Jean Couture

This society now includes the Canadian Association of Surgical Chairmen and the Committee on Undergraduate Surgical Education. **Dr. David Mulder** was appointed the new President to replace **Dr. Luc Deschênes.**

Also present were former McGillians, **John Duff, Michael Grace, John Wedge, John Seeley** and Neurosurgeon **Bob Hanseabout.** ◆

EDM



Left to right: Jean Milne, Michael and Linda Grace, Catherine Milne



The Montreal General Hospital Resident Staff - 1950-1951



.....
BACK ROW

G.D. Hooper, B.N. Marien, E.A. MacCallum, M.H. Frost, E.L. Phelps,
D.E. Smith, J.T.B. Quayle, J.H.A. Lawrence, H.B. Durost, J.B. Reid,
D.H. Scobie.

.....
THIRD ROW

E.P. Walter, R.W. Fulsher, R.W.W. Brown (Administrative Interne),
M.Sabin, D.J. MacIntosh, D.R. Brown, G.B.C. Harris, G.D. McMillan,
R.D.W. Guselle, J.L. Taylor, C.C. Lindsay, R.J. Kimmerly, J.D. DeJong,
C.C. Brown, M.M. Fraser.



Congratulations to the MGH Staff on the occasion of the 175th anniversary of its' founding.



SECOND ROW

J.R. Moore, R.G. Rose, G.B. Scott, J.L. Levignac, H.M. Jost,
L.F. Spackman, J.B. Downing, A.H. Westbury, H.J. Scott, D.M. Wyse,
W.D. Miller, J.L. Oulton, T.F.B. Philips, K.C. Boyce, W.J. Charlton,
H.G. Wadman.

BOTTOM ROW

D.H. Clogg, J.E. MacDonell, E.J. Brown, H.V. Parker, H.D. Stevens.

NOTE:

John R. Moore (1st on the left 2nd row); Harry Stevens (bottom row extreme right); Harry J. Scott (2nd row 8th from the right); and Breen N. Marien (back row 2nd from the left).

I started aging rapidly last week. Until then, I'd been aging steadily at the rate of about one year per year, with a few exceptions, like during the party where I drank bourbon from John Cooper's shoe while standing in the shower.

Here's What Dave Barry Thinks of You

When I woke up on the lawn the next morning, I discovered that I'd aged nearly a decade.

But after that I felt pretty good until last week, when I went in for my annual physical examination. I get an annual physical exam about once every six years. I'm reluctant to do it more often because of the part where the doctor does A Horrible Thing.

You middle-aged guys know what I mean. You're in the examining room, and the doctor has been behaving in a non-threatening manner, thumping on your chest, frowning into your ears, etc... and the two of you are having a normal guy conversation about how Gary Bettman should get, at minimum, the electric chair, and you're almost enjoying your physical examination, when, without warning, the doctor reaches into a drawer and pulls out: The Glove.

Suddenly you notice that the doctor looks vaguely like Vincent Price, and the room lights are flashing, and the music system, which had been playing "Wonderful World", is now playing the theme from Jaws. And now the doctor is holding up his hand, which has grown to the size of a mature eggplant and has sprouted eight or nine extra digits, and he's struggling to pull on The Glove, which has developed a life of its own, snarling and writhing like some kind of evil mutant albino squid. And now the doctor is turning to you, his eyes glowing like beer signs, and he's saying "Turn around hahahaHA-HAHAHA" and you're thinking OH NO PLEASE NOOOOOOOO.

Once I was getting examined, and when it came time for The Glove, the doctor brought in, for training purposes, another doctor, who happened to be a member of the extreme opposite sex, and the two of them were back there chatting away about various Points of Interest like a pair of guides on a glass-bottom-boat tour.

When it was over, all I wanted was a grocery bag to wear over my head until I could get a new identity through the Witness Protection Program.

But last week I got through The Glove okay. In fact I got through almost everything; the only problem the doctor found - this was NOT during the glove exam - was excessive earwax, which in many cultures is considered a sign of virility.

So I was feeling good, ready to schedule my next appointment for late 2001 and sprint for the exit, when the doctor looked at my cardiogram and made that "hmmmm" noise that doctors are taught in medical school so they won't come right out and say "UH-oh!".

"You have an abnormal cardiogram", he said.

He said a lot of stuff after that, but I missed most of it because I was looking around the room for a good place to faint. I do remember the doctor gesturing at an explicit diagram of the human heart and talking about a condition called a "branch bundle blockage" (or maybe he said "bundle branch blockade"), which is caused by the heart valves being connected improperly to the distributor wires. Or something like that. I wasn't really following him.

I felt the way I do when the guys at my service station, Sal and Bill, are attempting to explain what's wrong with my car.

"Look at this!" Sal will say, picking up a filth-encrusted object that for all I know is a fragment of Mayan pottery. "Your postulation valve has no compartment!".

"No compartment at all!" affirms Bill, genuinely disgusted that such a thing could happen in the 20th century.

"And look at this here!" says Sal, thrusting the thing toward me.

"Your branch bundle is blocked!" says Bill.

"You have two weeks to live!" says the doctor.

No, the doctor didn't really say that. He said that an abnormal cardiogram is perfectly normal, and it's probably nothing to worry about, but just in case, he wanted to schedule a test where I run on a treadmill and then they inject atomic radiation into my body and frown at the results.

"Fine!" I said, trying to appear composed, which was difficult because by that point I was sitting on the floor.

So now I'm waiting to take my test, and I'm feeling old. I'm experiencing every one of the 147 Major Warning ►

► Signs Of Heart Trouble, including Chest Pains, Shortness of Breath, Tendency to Not Notice That the Traffic Light Has Changed, and Fear of Ordering French Fries.

Also my heart has taken to beating very loud, especially late at night. Perhaps you've heard it. "STOP BEATING YOUR

HEART SO LOUD!" is what I am sure the neighbours are yelling. Fortunately I cannot hear them, on account of my earwax condition. ♦

From The World According to Dave Barry

A

DVANCED BREAST BIOPSY INSTRUMENTATION (ABBI) STEREOTAXIC BREAST BIOPSY DEVICE

In October 1995, we began a project to do stereotaxic excisional biopsies of non-palpable mammographic breast lesions. A new biopsy device, which works in a manner similar to the apple-coring utensil found in the kitchen, was combined with a modified digital mammography unit. Lesions are visualized with digital mammography and with computer guidance. The biopsy device is

ABBI

advanced around the lesion which is then excised. This is done under local anaesthesia in Day Surgery and takes about 45 minutes. To date, the first 20 cases in the world have been done without any failures.

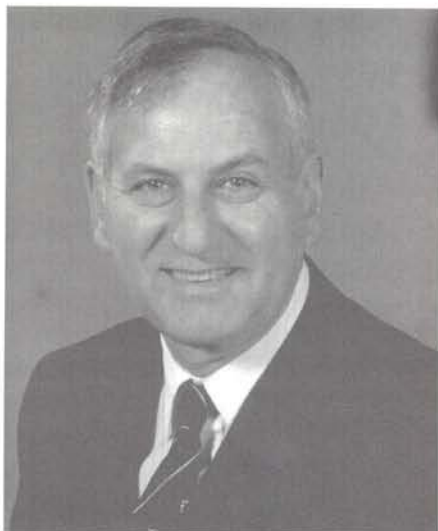
The procedure was demonstrated at the ACS meeting last Fall, and was subsequently featured in the U.S. on the ABC evening news. This has resulted in interest and visits to Montreal from surgeons all over the U.S. and Europe, and in queries from patients as far away as California. Requests for lectures have come from Florida to Colorado. ♦

David M. Fleischer, M.D.

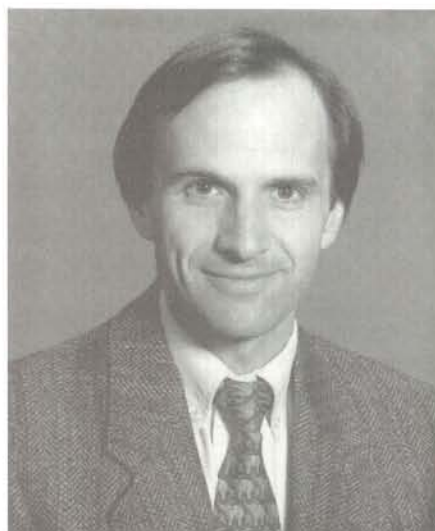


Montreal Children's Hospital

Dr. Bruce Williams is pleased to announce that **Dr. Jean-Martin Laberge** will be the new Chief, Division of Pediatric General Surgery. **Dr. Guttman** will be stepping down after a long and distinguished career and will continue his surgical activity.

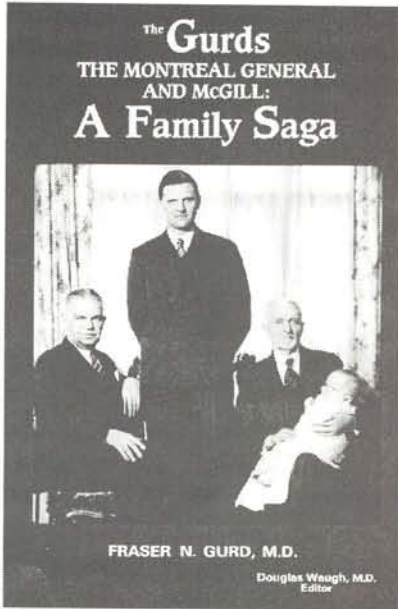


Dr. Frank Guttman



Dr. Jean Martin Laberge

THE GURDS, THE MONTREAL GENERAL AND MCGILL: A FAMILY SAGA



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The Gurds, the Montreal General and McGill: A Family Saga, by Fraser N. Gurd, M.D. is the story of this unique relationship. It is a fascinating, personal look into Montreal's medical past based on the diaries and papers of one remarkable family.

Fraser N. Gurd, M.D. graduated from McGill Medical School in 1939 and eventually returned to serve as a professor of surgery and chairman of the department of surgery. He was surgeon-in-chief at both the Reddy Memorial Hospital and Montreal General Hospital, and was internationally renowned in the fields of shock and trauma. He held many distinguished appointments throughout his forty year career, including Governor of the American College of Surgeons, President of the Canadian Association of Clinical Surgeons and Vice-President of the Association des Chirurgiens de la Province de Québec.

The Gurds, the Montreal General and McGill: A Family Saga is a remarkable account of one family's devotion to medicine and their significant contributions to the advancement of health care.

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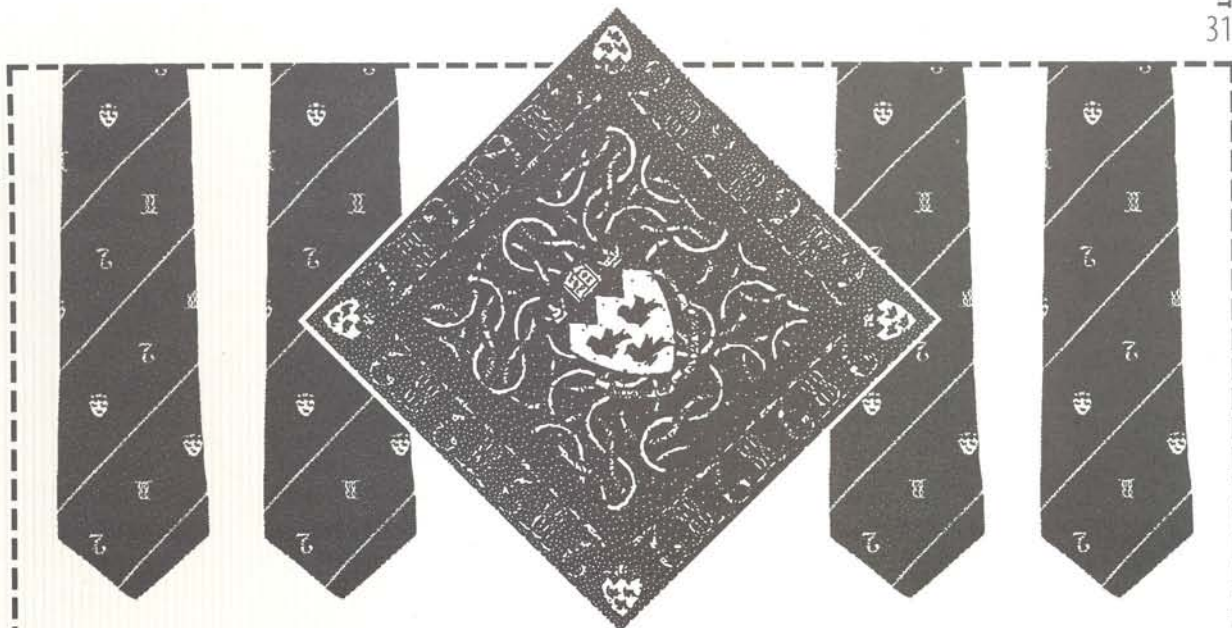
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without you !**



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