

# THE SQUARE

# KNOTS

**A**PPOINTED AS CHAIRMAN OF THE MCGILL DEPARTMENT OF SURGERY-

The Meakins' tradition continues. On October 1st, Dr. Joe Meakins became the new Chairman of McGill's Department of Surgery. There is a huge new implication to this

## Jonathan L. Meakins

By E.D. Monaghan, M.D.



Jonathan L. Meakins

position as it automatically also means that he becomes the Surgeon-in-Chief of the four Pavilions of the MUHC, that is the RVH, the MGH, the MNH and the MCH. Also in the year 2004, when the new "superhospital" opens, he will be Surgeon-in-Chief.

He replaces Dr. David S. Mulder as Chairman who held the post from 1993 to 1998 (also from 1982 to 1987). Joe was previously Chairman from 1988 to 1993.

After earning a B.Sc. at McGill, Joe graduated from the University of Western Ontario Medical School in 1966. He did his residency in surgery at McGill (RVH) and then did a Fellowship at the University of Cincinnati with Dr. W.A. Altermeier where he obtained his D.Sc. in 1962 in Surgical Infections and Immunobiology. He returned to the RVH in 1974 and became Professor of Surgery and Microbiology at McGill in 1984. He did two sabbatical years in Paris, the first in 1980-81 and the second in hepatobiliary surgery with Professeur Dominique Franco. In 1985, he was the James IV Traveller for Canada. ▶

(please see **Meakins**, pg. 6)

## Inside

New Chairman Appointed	1	Site Set-Up for MUHC	13
Letters To The Editor	2	MUHC Surgeons Honoured	13
Upcoming Events	3	Kudos	14
Canadian Urological Awards	3	Achievements Residents & Fellows	15
Editorial	4	MUHC Pancreas Transplant Program	16
Flexner & MacLean's Magazine	5	The Hingstons	18
Message From The Chair	7	Visiting Professors	19-20
Sites For Perfusion Training	7	Esophagus '98	21
Royal College & CAGS Meeting	8	Anaesthesia Program Director	21
Royal College Re-organization	9	Accredited Clinician Investigator Programs	22
News From The Bench	10	Two-Tier Health Care System	23
Guidelines - Research Experience	11	Obituary	24
Historical Vignette	12	RVH Housestaff - 1960-61	25

DEPARTMENT OF SURGERY

NEWSLETTER

MCGILL UNIVERSITY

FALL 1998



**Dear Editor,**

I enjoyed reading your editorial on the need for a "P.R. spokesperson" for the medical profession. You cited some excellent reasons to address this need.



## Letters to The Editor

I believe strongly, however, that a reactive stance by a "P.R. spokesperson" almost invariably fails to correct misperceptions and first impressions. It is essential that professionally based avenues of communication be established with governments, the public, and the fifth estate. This approach builds credibility. It also decreases risks of untoward criticism. Communications is about discussion - not just the telling of a story.

Professional risk communication experts such as Dr. Peter Sandman(1) have scientifically assessed how risk is perceived. Sandman's formula states:  
"Risk = Hazard + Outrage"

Some of the examples in the editorial could evoke an exaggerated response because of high public "outrage" - despite the fact that no real hazards or other negative factors exist. In other examples, an appropriate level of concern (risk) is not expressed - because the outrage factor does not come into play or is misdirected.

Appropriate communication is the key to success in dealing with perception - correction of these difficult issues will not occur by simply "telling our side of the story".

Thanks again for a thoughtful - and thought provoking - editorial.

1. Sandman, P: "Risk = Hazard + Outrage - A Formula for Effective Communication", American Industrial Hygiene Association, 1991.

**Ian M.F. Arnold, M.D.**

(U.S.C. - 1970-71, MGH Surgical Program 1971-73).

**Editor's Note: Dr. Arnold also included a generous donation.**

**Dear Editor,**

Enclosed please find a cheque for my support of "The Square Knot", which I enjoy receiving.

As an update, I completed McGill Urology training in 1997, followed by one year of research at the Montreal Children's Hospital. I am presently in a 2 year Pediatric Urology Fellowship at the Hospital for Sick Children in Toronto.

I recently represented McGill and the Montreal Children's Hospital with a podium presentation at the American Academy of Pediatrics meeting in San Francisco, Oct. 17, 1998, entitled *Renal Function Before and After Pyeloplasty in Antenatally Versus Postnatally Detected Hydronephrosis*.

**J.P. Capolicchio, M.D.**

**Dear Editor,**

I want to compliment you on the excellent editorial you wrote in the Square Knot on the necessity for a PR person. I would urge you to send a copy of it to the President of the Québec Medical Association, La Corporation du Québec, Québec Association of General Surgeons, the FMSQ and any other Québec Agency that I omitted.

Once again, congratulations on an excellent piece of writing.

**Philip H. Gordon, M.D.**

**Letter from Dr. David R. Murphy,**

Kingston, Ontario: David indicates how pleased he is to receive "The Square Knot" and he enclosed a generous donation.

**Dear Editor,**

I enjoyed the Square Knot and your outstanding journalism talent. I have known you as a wonderful friend and always admired your multiple qualities especially as a sailor.

You managed to give heart and soul to the news you published. I still have a boat - a 45 foot Jeanneau Sunkiss which I sailed from France back in 1985 and which is stationed at the Naval Academy in Newport, Rhode Island. You are welcome to come down and spend as much time as you wish on the boat. Please call me as soon as possible to this effect.

I have not seen Bernard Perey now for years. It would be nice to get together on my boat at one point, remembering the old days in the Bahamas. I was surprised that a young fellow like you could retire already, but I know that the rules at the Royal Victoria are very strict ▶



A. Bourcier, Dr. G. Gonheim, Dr. Susset, Dr. Jean Frefin, Dr. Odile Cotelle  
San Diego, May 30, 1998.



► about age and surgery. I do not approve of such rules. I am personally still very active although I limited my interventions to specific areas. My practice is not geared at saving life, but trying to make old life more pleasant at least to stay dry and erect.

At the last AUA meeting I was given a Life Time Achievement Award "in recognition of significant contributions and leadership in the field of Neurourology" by the Urodynamic Society. I am sending you a picture to this effect and it may be appropriate to publish it in the Square

Knot. I will try to call you soon but try to call me too.

**Jacques G. Susset, M.D.**  
*Clinical Professor of Surgery,  
Brown University, Providence, Rhode Island.*

#### Dear Editor

I just wanted to send our a short note to let everyone know that I have moved from the Astronaut Office to start a new collateral duty assignment as Director of the Space and Life Sciences Directorate at JSC. For the duration of this assignment, I will remain on active flight status as a Canadian Astronaut. The web site provides an excellent overview of

the activities of the Directorate for those who are interested.:

<http://www.jsc.nasa.gov/sa/index.htm>

I greatly appreciate all of the hard work from the many individuals at the CSA and NASA with whom I have worked on STS-90 and OSM. Please accept my thanks for all of your hard work.

All the best. ■

**Dave Williams, MSc, MDCM, FRCP**  
*Director, Space and Life Sciences Directorate  
Johnson Space Center*

## Thank You to Our Contributors

Recently we have received very generous donations from:

Dr. Mohammed Al-Zahrani,  
Dr. Ian M.F. Arnold,  
Dr. J.R. Mackenzie,  
Dr. R. Midgley,  
Dr. Joseph Stafford

We thank these alumni as well as our regular members.

EDM

## Erratum

Dr. Larry Stein, Head of Radiology at the RVH, called our attention to the following:

In the Summer issue (1998) of "The Square Knot" on page 34, a table from the Royal College Credentials Section incorrectly states that the American Board of Radiology does not accept Canadian Training. In fact, it does.

The Square Knot regrets this error.

EDM

## Upcoming Events

### December 3, 1998

L.D. MacLean Day Mini Retreat "Vision for the Future"

### February 11-13, 1999

Society of University Surgeons, New Orleans, LA.

### March 4-6, 1999

Central Surgical St. Louis, Missouri.

### April 14-15, 1999

E.J. Tabah Visiting Professor  
Dr. Michael Baum, UCLH/Middlesex Hospitals Trust University College of London Medical School London, England.

### April 15-17, 1999

Annual Meeting of American Surgical Association, San Diego, CA.

## Canadian Urological Association Awards

June 1998 - Halifax, N.S.

### Prize Essay Contest Winners

Dr. Tarek Abdel-Bakey *Basic Science*

Dr. Pierre Karakiewicz *Clinical*

### Research Award

Dr. Denise Arsenaault

### Lifetime Achievement Award

Dr. Mostafa M. Elhilali

### Canadian Urology Oncology Group Scholar

Dr. Peter Chan



# W

## HAT ABOUT RE-CERTIFICATION?

Are you competent? Well, perhaps you are competent but can you prove it? It used to be simple – once you had your Royal College Fellowship, you were considered a qualified specialist for life. But nowadays, the public and the courts demand evidence that Doctors maintain competence. As an Academic Surgeon,

### Editorial

By E.D. Monaghan, M.D.

there is perhaps a complacent attitude that we “keep up” with the current increasing volumes of new information, but what about Community Surgeons? Also, if you are a recently certified specialist your knowledge is at its peak, but what about the older surgeons?

In 1975, the Committee on Horizons influenced by the American Specialty Boards recommended to the Royal College Council that it support in principle, the recertification of Canadian Specialists as a goal. MOCOMP (Maintenance of Competence) was introduced as a pilot project in 1991 and a credit system was introduced in 1993.

Though MOCOMP has had its successes, participation by Surgeons has been limited. In 1997, only 6% of General Surgeons had registered. This is despite the fact that in a poll conducted that same year amongst 30,000 Fellows, 3,655 responded and



*“My advice to you, Mr. Weston, is that you relax your vigilance against Communism just a wee bit.”*

— The New Yorker

70% agreed that CME should be a regular requirement to maintain their specialty certificate.

In the US, the American Board of Surgery applies the following rules. If you passed your exams before 1976, your certificate is valid indefinitely. After 1976, your certificate is valid for ten years and if you wish to be recertified you must take new written exams which again are valid for ten years. The American College of Surgeons in the 1980’s instituted its SESAP series (Self-Evaluation and Self-Assessment Program) which are now into their 10th edition. In 1997, only 133 Canadian Surgeons registered. Dr. Max Aebi informs us that the American Academy of Orthopedic Surgery asks for credits and one may be required to produce these.

In February of 1998, a Conference of Specialties was called by the Royal College to explore options for a partnership with the National Specialty Societies and the Federation of Medical Specialists of Quebec to design and implement a program of maintenance of certification. Because of increasing demands by licensing bodies and credentialing committees, the RCPSC Strategic Review recommended that mandatory maintenance of certification be introduced on a national basis within 5 years. The Surgical Specialties were well represented at the meeting. Present with the other attendees were:

#### Attendees

Dr. Peter Olley	Canadian Cardiovascular Society
Dr. David Petrie	Canadian Orthopedic Association
Dr. Audley Bodurtha	Canadian Society of Surgical Oncology
Dr. David Girvan	Canadian Association of Pediatric Surgeons
Dr. Roger Keith	Canadian Association of General Surgeons
Dr. Gerald Moysa	Canadian Society of Plastic Surgeons
Dr. Terence S. Myles	Canadian Neurological Society
Dr. John A. Sullivan	Canadian Society of Cardiovascular and Thoracic Surgeons
Dr. Dylan Taylor	Canadian Society of Vascular Surgery
Dr. Ernest Wiens	Canadian Society of Colon and Rectal Surgeons

It is noteworthy that a Task Force on this matter had been established (Chair Dr. J. W. D. McDonald) to do the groundwork beforehand. Drs. John Duff and David Pichora are members of this committee.

After two days of discussions during which the systems in other countries were reviewed (US, Australasia, United Kingdom) and various other options were debated, the following agreement was reached: ▶



► **Continuing professional development (CPD) must be organized for all medical specialists in Canada. Maintenance of certification must have standards, accountability, transparency, and validation of records. It must be developed by a partnership of the RCPSC with NSS and the Federation of Medical Specialists of Quebec (FMSQ). There must be sanctions for non-compliance.**

Note that re-examinations are not implicated and that the National Societies play a major role. In the re-organization of the governance of the Royal College (see elsewhere in this issue), Dr. John Parboosingh has been named Chairman of the Professional Affairs Committee and Dr. Jack McDonald has been appointed to Vice-President Professional Development. Dr. Parboosingh informs us that CPD extends beyond CME. It is actually an "offshoot" of the Royal College's CanMEDS 2000 project – *Skills for the New Millenium*. CPD activities utilize a wide variety of education formats (including self-directed learning, traditional courses, and self-assessment programs) and delivery methods (including hospital rounds, journal clubs, CD-ROM, videotapes, regional and annual meetings and internet based CME) to meet the learning preferences of all

specialists. These initiatives are supported by the Association of Canadian-Medical Colleges and by the Federation of Medical Licensing Authorities.

All this will take a while to develop, but the system will have "teeth". One spin-off will be that of an increased importance of the NSS and perhaps an influx of new members. This is because the Specialty Society will play a major role in the liaison between its members and the Royal College and it will also be part of the mechanism to obtain credits, that is, attendance at meetings, CME courses, interactive programs and self-assessment tools such as the CAGS exam.

Where do you stand on this subject? The Royal College has requested the participation of its Fellows. ■

## Flexner and MacLean's Magazine

By E.D. Monaghan, M.D.

In the past few years, there has been great interest in the Report by MacLean's Magazine of its assessment of Canadian Colleges and Universities. There is precedent to this by the Flexner Report of 1910.

At the turn of the century, the American Med-

ical Association was concerned about the uneven quality of education in U.S. Medical Schools. It requested the Carnegie Foundation to look into this unsatisfactory state of affairs and to make recommendations.

The task was given to Abraham Flexner, a Louisville school teacher who made the survey. He reviewed all the American Medical Schools of the period and he visited the eight Canadian Faculties of Medicine as well. The standards were based on John Hopkins Medical School. This is probably the first time that Accreditation Visits were carried out.

His appraisal of Canadian Medical Schools may be paraphrased as follows:

Canadian Medical Schools	
School	Comments
McGill Toronto	First class schools.
Queen's Manitoba	Making a good effort. He considered Queen's had no future since the school was isolated, the clinical base too small and there was no stable funding.
Laval, Montreal Laval, Quebec	Feeble, no present function. One school should be saved to educate French medical students. Recommended Laval, Quebec.
Western Ontario Dalhousie	Feeble proprietary schools. "Western University is as bad as anything this side of the line."

N. Tait McPhedran, M.D., Canadian Medical Schools, Harvest House, 1993, pages 12-13. ■

► He is a Regent of the American College of Surgeons and is a member of the American Surgical Association, the Canadian Association of General Surgeons, the Central Surgical, the Society of University Surgeons, the Surgical Infection Society, the International Federation of Surgical Colleges, the Canadian Society of Academic Medicine, and the Society for Surgery of the Alimentary Tract.

## Meakins

(continued from pg. 1)

He has been the Co-Editor of the Canadian Journal of Surgery since 1992.

His publications are extensive. There have been 194 peer reviewed articles, 70 chapters in prestigious medical textbooks, and 15 editorials. Of his 5 books, one was written with his wife Dr. Jacqueline McClaran and is entitled - *Surgical Care of the Elderly*, Yearbook Publishers, Chicago, 1988.

His outside interests are many and erudite. He has held important positions with the Montreal Museum of Fine Arts and has been a trustee since 1997. He and Jackie cultivate bees and apples in their orchard at Covey Hill in the Eastern Townships. He is an aficionado of fine wines and gourmet cooking.

As Surgeon-in-Chief of the MUHC, he has daunting tasks ahead. This is a time of hospital mergers, budget cutbacks, ambulatory surgery, shortage of anesthetists and insufficient O.R. time for his surgeons yielding long wait lists. But he follows in the steps of giants in Canadian Surgery: Doctors Thomas Roddick, Edward Archibald, Donald Webster, Fraser Gurd, H. Rocke Robertson, L.D. MacLean and David Mulder.

The Square Knot wishes him well. ■

# D

**r. Donald R. Webster**, Surgeon-in-Chief of the Royal Victoria Hospital from 1953-62 and Professor of Experimental Surgery, McGill University was awarded an Honorary Fellowship of the Royal College of Surgeons of England, for contributions to surgery, research and medical education.

## Were You There? 1962

This was a high honour as there had only been 60 admitted, including the reigning monarch, since the honorary category was founded in 1900.

Other Montreal surgeons who had been given the Honorary Fellowship in the past were **Sir Thomas Roddick**, **Dr. Edward Archibald**, and **Dr. Gavin Miller** of the Royal Victoria Hospital, **Dr. Wilder Penfield** of the Montreal Neurological Institute, and **Dr. F.J. Shepherd** of the Montreal General Hospital.

Dr. Webster graduated in Medicine from Dalhousie University in 1925 and received a Ph.D. degree from McGill University in 1932. He served as a Surgeon-Captain with the R.C.N.V.R. from 1939-46, was awarded an O.B.E. and appointed Honorary Surgeon to the Queen in 1953.

Dr. and Mrs. Webster went to London for the official ceremony which took place in August. ■



Sir Arthur Porritt (left), President of the Royal College of Surgeons, shaking hands with Dr. Webster. Vice-President Sir Clement Price-Thomas (centre) looks on.



**W**e live locally and globally in an era of political and economic change with health care delivery undergoing sea-order re-engineering, all of which can produce significant uncertainty about the future. Add to these concerns, a major change in organization - The McGill University Health Centre (MUHC); the administrative merging of four hospitals with distinct cultures and traditions and a

## Message From The Chair

By Jonathan L. Meakins, M.D.

change in leadership, individual surgeon's anxiety about the future and their role in the Department or Divisions is understandable. For a while, Prozac may be the only answer, as the various threads of administration, budgets, problems and crises get prioritized and sorted into some order.

There are two major components to this new position of Chair at McGill and Surgeon-in-Chief at the MUHC. The first is the academic mission of the Department and relates to our educational and research mission. On the educational side, a Division has been created and its Director is Ron Zelt. The responsibilities for the various educational roles are being thought through at this moment, but will include our participation in the three components of Undergraduate Teaching (Introduction to Medicine, Introduction to Clinical Medicine, and Practice of Medicine); and Postgraduate Education (Core Program, and the individual specialty programs with their directors). Research continues to have a strength in some but not all of our divisions or sections. McGill has been surpassed by Toronto as the academic centre of Canadian Surgery and our mission will be to reverse that situation. A Division of Sur-

gical Research has always existed, but has now been formalized with Dr. Lorrie Rosenberg as Division Head. A departmental surgeon scientist program is about to begin which will significantly support residents in all specialties to develop their research careers.

The other component to the position is the management of the Surgical Services in the hospitals. Increasingly, these are being molded into a single budget which will permit cost savings in one area of surgical practice - say same day admission, day surgery and decreased length of stay - to remain within the surgical budget and be transferred to the operating room, intensive care or surgical clinics rather than into the pool of global deficit reduction.

Key components of these two somewhat different job descriptions are recruitment and retention of young academic surgeons and shaping our clinical activities to move to a single building, the site for which has been identified. Duplication of services and equipment means less resources for all of surgery and for the services surgeons provide. There is no question of downsizing our clinical volume, in fact the objective by managing our resources better is to increase volume but through changes in practice and methods of delivering care.

Our future as a first-class Department of Surgery is in our young faculty. Recruitment of new surgeons and retention of our present cadre is crucial. The new building is for them, not for today's senior surgeons. Working conditions, clinics, academic time and access to the OR must be equitably distributed. Resources are for the community of surgeons not for individuals. This is not socialism, but common sense democracy. We need the next generation in order to move to a single site. ■

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### *MCH/MGH DESIGNATED CLINICAL SITES FOR CARDIOVASCULAR PERFUSION TRAINING IN QUEBEC.*

The Montreal Children's and The Montreal General Hospitals have been designated affiliated clinical sites for the Cardiovascular Perfusion

## Cardiovascular Perfusion Training in Quebec

Training (CVT) program of the Michener Institute for Applied Health Sciences. The MCH is now Montreal's first CVT site for pediatric care. The Toronto based Institute is only one of two in Canada to offer perfusion training. Medical Directors for the MCH-MGH Perfusion Program are Dr. Christo Tchervenkov for pediatric CVT and Dr. Ray C.-J. Chiu for adult CVT.

The recruitment of these cardiovascular perfusionists meets a crucial need in both hospitals for specialists in a field where there is a chronic shortage of experts in Canada, and particularly in Quebec. Dr. Francoise Chagnon, Acting Director of Professional Services at the MGH stated that "This designation will help us to fulfill a manpower training vacuum that has long existed in this province and will make it easier for the MUHC to attract new perfusion recruits." ■

EKL



# M

## CGILL SURGEONS IMPRESS AT THE MEETING OF THE ROYAL COLLEGE AND C.A.G.S. IN TORONTO IN SEPTEMBER.

On the first day, September 23rd, a well attended post-graduate course was held on *Surgery in the Elderly and Early Breast*

*Cancer: Current Management and New Ideas.*

**Dr. J.L. Meakins** gave a paper entitled *Preoperative Planning, Avoiding*

*Complications, Optimizing Recovery.* **Dr. A.P.H. McLean** addressed the group on *The "Acute Abdomen" in the Elderly.* In the afternoon session, **Dr. Yves Leclerc**, an alumnus of McGill, chaired the session on *Early Breast Cancer.*

## Meeting at The Royal College and C.A.G.S.

At the meeting of the Surgical Biology Club on September 25th, **Dr. Nicolas Christou** presented a paper on *Mechanisms of Organ Injury in the Critically Ill Patient.*

Later in the morning at an Awards Session for *Frontiers in Surgery* and chaired by **Dr. John Marshall** of Toronto, the following work was honoured. *Report of the 1997 Bayer Fellow in Surgical Infectious Diseases: The Second Front Hypothesis in Intraabdominal Infections: Role of GCSF in Neutrophil Delivery and Survival in Mice with Peritonitis and Infection at a Remote Site,* **D. Swartz and N.V. Christou**, RVH.

**Dr. David Mulder** introduced the Guest Lecturer for C.A.G.S., Sir Miles Irving, Professor of Surgery, University of Manchester who spoke on *The Continuing Challenge of G.I. Fistulae.*

At a well received seminar on *Surgical Infection in Critical Care*, **Dr. Nick Christou** presented two papers, one on *Necrotizing Fasciitis* and the other on *New Antibiotics in Surgery.*

Some video presentations were made in the Toronto Convention Centre. **Dr. Gerry M. Fried** presided and showed a video entitled *Pitfalls of Laparoscopic Cholecystectomy.* **Dr. Roger Tabah** also presented a video on the management of *Zenker's Diverticulum.*

At the paper session of *Frontiers in Surgery*, the following paper was well received. *A Longitudinal Follow Up of Laparoscopic Skill Evaluation in a Residency Training Program*, authored by **A.M. Derossis, M. Antoniuk, H.H. Sigman, G.M. Fried.**

On Saturday, September 26th, at the C.A.G.S. paper session,

**Drs. C.D. Baldry and G.M. Fried** discussed *Predictors of Outcome After Percutaneous Cholecystostomy in Critically Ill Patients.* Also, a paper entitled *Percutaneous Lavage for Infected Pancreatic Necrosis* was presented by **Drs. D. Sleeman, A. Echenique, J. Yrizarry, T. Scagnelli, J. Guerra, J. Casillas, D. Shatz, E. Russell, J. Levi, A. Livingstone.**

### UNEXPECTED FINDINGS IN SURGERY

With the age of touch responders, the audience was able to participate in this excellent seminar chaired by **Drs. Roger Tabah and Frederic Hould** of Quebec.

On Saturday noon, residents attending the meeting had the opportunity of "Meeting the Professors" at a lunch session in the Exhibit Hall of the Metro Convention Centre. Of the five professors present, two were from McGill: **Dr. G.M. Fried** to discuss *Pitfalls of Laparoscopic Cholecystectomy* and **Dr. Nick Christou** whose subject was *Surgical Infection.*

**C.A.G.S. Self-Assessment Exam** was held during which a computerized audience response system was used. The panel consisted of **Dr. Jeff Barkun, Dr. Joe Mamazza, and Dr. E.D. Monaghan.**

**Dr. Philip Gordon** chaired a symposium for the Canadian Society of Colon and Rectal Surgeons.

### THE FOLLOWING PAPERS WERE GIVEN ON SEPTEMBER 27TH:

- ◆ *Suppurative Anal and Rectal Crohn's Disease* - **Phil Gordon**, JGH.
- ◆ *Laparoscopic VS Open Inguinal Herniorrhaphy: A Randomized Controlled Trial* - **J.S. Barkun, M.J. Wexler, M. Fernandez, J.L. Meakins.**
- ◆ *Is an Upper Abdominal Incision a Contraindication for Laparoscopic Cholecystectomy* - **H.H. Sigman, M. Antoniuk, G.M. Fried.**
- ◆ *Preoperative Predictors of Conversion in Laparoscopic Cholecystectomy* - **G.M. Fried, M. Antoniuk, H.H. Sigman.**

### THE FOLLOWING SUBJECTS WERE PRESENTED IN THE C.A.G.S. POSTER SESSION:

- ◆ *Evaluation of the Advanced Breast Biopsy Instrumentation System* - **F. Sampalis, D. Fleiszer, J.S. Sampalis.**
- ◆ *Merkel Cell Carcinoma* - **A. Linjawi, B. Jamison, S. Merterissian, RVH.**
- ◆ *Evaluation of 9mTc Tetrofosmin Imaging in the Assessment of Breast Tumours* - **F. Sampalis, C. Zerva, C. Markopoulos, D. Fleiszer, J. Gogas, J.S. Sampalis,** McGill University, MGH and University of Athens Medical School, Greece. ■



# Royal College Re-Organization

After a strategic review, President Luc Deschênes reported some major changes at the RCPSC Annual Business Meeting in Toronto in September.

**a) New Mission Statement**

“An organization of medical specialists dedicated to ensuring the highest standards and quality of health care.”

**b) Council adopted a revised organization structure which reflects the RCPSC’s core business and activities:**

- ◆ Education
- ◆ Professional Development
- ◆ Fellowship Affairs
- ◆ Corporate Affairs

**c) Consistent with the new governing structure, council modified the Vice Presidential positions. Persons appointed to the new positions are as follows:**

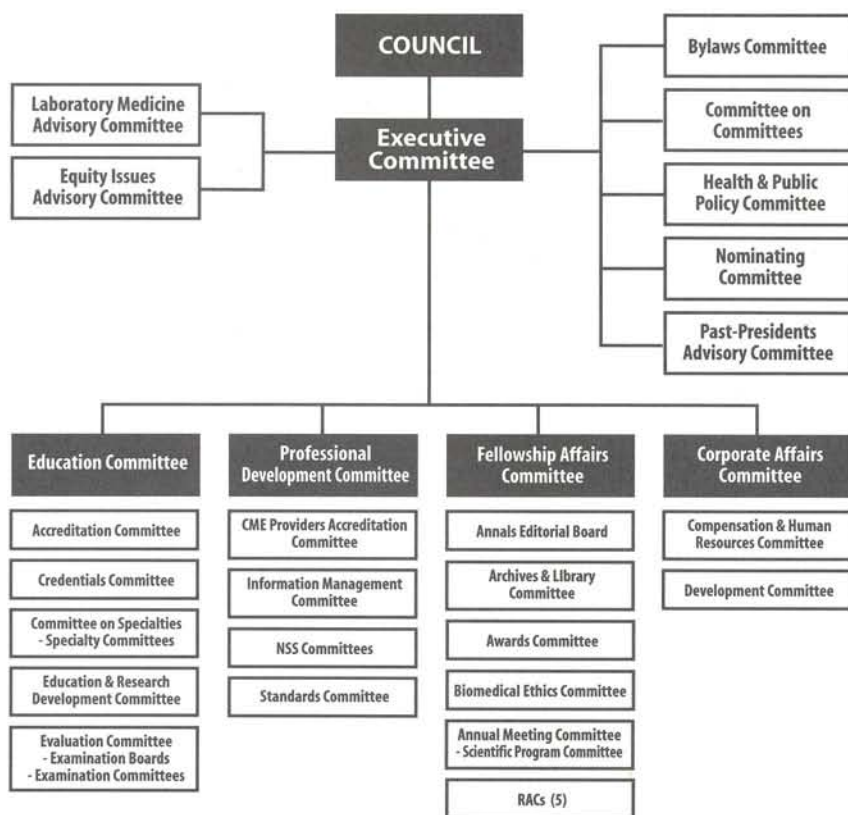
- ◆ Vice-President, Education  
Dr. Jacques Desmarchais, Sherbrooke
- ◆ Vice-President, Professional Development  
Dr. Jack MacDonald, London
- ◆ Vice-President, Fellowship Affairs  
Dr. Mohan Iype, St. John, N.B.
- ◆ Vice-President, Corporate Affairs  
Dr. Stuart Hamilton, Edmonton

Note that these Vice-Presidents sit on Council and replace the old designations Vice-President (Medicine) and Vice-President (Surgery), etc.

- d) There is a new RCPSC Committee Structure (see chart)**
- ◆ Dr. Nadia Mikhail is the Chair of the Education Committee and replaces Dr. J.P. DesGroseilliers.

- ◆ Dr. John Parboosingh is the Chair of the Professional Development Committee.
  - ◆ Dr. James Hickey is the Chair of the Fellowship Affairs Committee.
  - ◆ Mr. Glen McStravick, C.A. is the Chair of the Corporate Affairs Committee.
- e) The new Chief Executive Officer is Dr. Michel Brazeau. ■

## RCPSC Committee Organizational Structure



EDM

# T

## HE DIVISION OF SURGICAL RESEARCH

The Graduate Program Committee of the Division has been preoccupied this past year with a reorganization of the course and program structure of the graduate program in Experimental Surgery. Old courses are being phased out and new ones will be

## News From the Bench

added over the next 18 months. The first of these new offerings is entitled Signal Transduction. Another part of the ongoing restructuring is a new diploma program in surgical epidemiology that is designed exclusively for surgical residents. This 6 month (30 credit) program will emphasize technology assessment and health care economics, and will be directed by Dr. John Sampalis. This proposal is currently moving through the University's approval process, and more detail will be provided when it becomes available. It is our desire to make this new program available for the academic year beginning July 1999.

The Division is undertaking a public relations campaign to raise its visibility within the Department, the University and the academic community at large. This will be accompanied by a fund-raising campaign that is currently in the early stages of planning. An integral part of this effort is the creation of a Divisional web site, which is currently under construction. As part of this activity, the Division Executive is offering a cash prize for the best design of a logo for the Division of Surgical Research. The prize will be awarded at the first annual surgical research reception to be held tentatively on December 7, 1998. Further details will be forthcoming. The logo contest is open to all staff and students of the Division of Surgical Research.

Finally, this issue of the Square Knot inaugurates a new feature from the Division of Surgical Research - an overview of the work being conducted in the surgical research community at McGill. This issue's column highlights work in the Division of Plastic Surgery in the laboratory of **Dr. Anie Philip**.

*Lawrence Rosenberg, M.D., Ph.D.  
Director, Division of Surgical Research*

### DIVISION OF PLASTIC SURGERY

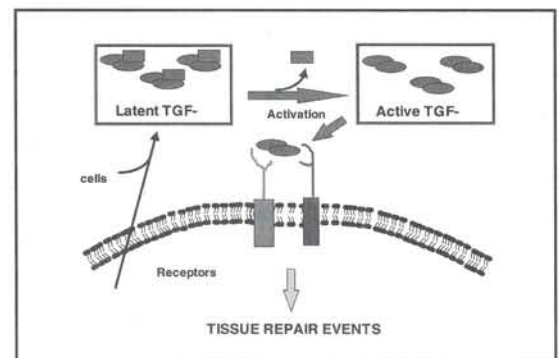
**ANIE PHILIP, Ph.D.**

#### Transforming Growth Factor- $\beta$ actin in the skin:

Growth factors are acknowledged to play critical roles in tissue repair events. Of the many growth factors, transforming growth factor- $\beta$  (TGF- $\beta$ ) is remarkable in its potential to influence al-

most all aspects of wound healing, and has recently gained attention as an important regulator of skin tissue repair. Although topical application of TGF- $\beta$  to promote wound healing and neutralization of TGF- $\beta$  activity to reduce scarring have been shown in animal models, the clinical results in the human have been less than encouraging. The possible reasons include the high levels of protease activity and decreased mitogenic activity in chronic wounds. Topical application of TGF- $\beta$  to the wound may be futile since the increased protease activity may digest the factor. Intravenous administration is not desirable due to unwanted side effects. An interesting alternative would be to regulate TGF- $\beta$  action locally using regulatory agents and thereby to manipulate specific wound healing events.

Our research is focused on studies of the regulation of TGF- $\beta$  action at the level of its bioavailability and its receptors in the skin. Our objectives are to identify agents that may regulate TGF- $\beta$  activation and thus its bioavailability, and to characterize novel TGF- $\beta$  receptors that may modulate TGF- $\beta$  signalling in skin cells. We are currently investigating the effects of steroids, retinoids and extracellular matrix components on the regulation of TGF- $\beta$  availability, and TGF- $\beta$  receptors. Also, we are characterizing novel receptors which form complexes with the TGF- $\beta$  signalling receptors. These studies employ skin tissue and cultured skin fibroblasts, keratinocytes and endothelial cells. These basic studies are aimed at developing agents



that modify TGF- $\beta$  action in the skin, and thereby promote improved healing of chronic wounds and reduction of scarring.

*This work is supported by the Medical Research Council of Canada, Heart and Stroke Foundation, Quebec, and FRSQ Chercheur Boursier Award. Trainees involved with these projects include two Ph.D. students (B. Tam and R. Haghghat), one M.Sc. Student (S. Wong), one medical student (M. Kungurov) and one surgical resident (K. Khiabani). Dr. H. Brown, Chairman, Division of Plastic Surgery at McGill provides both collaborative and administrative support. ■*



# R

## esearch undertaken other than in a recognized residency or a higher degree program in an approved university will be considered for a maximum of one year of credit *in some specialties, at the discretion of the Credentials Committee, where the specialty training requirements permit, and where the specialty residency program director can provide assurance that the minimum postgraduate clinical residency requirements can appropriately be reduced. Such credit will be considered only where the research experience is of outstanding quality.*

### Guidelines for a One-Year Research Experience

By Sheila Waugh

*ing requirements permit, and where the specialty residency program director can provide assurance that the minimum postgraduate clinical residency requirements can appropriately be reduced. Such credit will be considered only where the research experience is of outstanding quality.*

The research must be done in an academic centre as part of a program in which research methodology is taught. There must be a designated research supervisor who has an established research record in the field, and who is responsible for the research experience outlined below. The applicant must play or have played a significant role in the research project, and the results must be documented. The subject of the research must have some explicable relationship to the specialty in which the applicant seeks certification.

At the end of the period of research training, the individual will be expected to have been introduced to the scope of research and concepts of critical appraisal, knowledge, skills and attitudes fundamental to embarking on a career in health research.

The one-year research experience must provide primarily a research opportunity. Clinical activity, if any, must not exceed 20%.

Credit for research should preferably be sought in advance.

In the course of the research experience, the applicant must attain:

#### KNOWLEDGE

Through a **specific** project and a formal outline of necessary reading, the candidate will be introduced to:

- general principles (basic experimental design, clinical trial design, critical appraisal of the literature, biostatistics, medical and research ethics, etc.);
- knowledge relevant to the specific area of research, as well as general knowledge relating to the clinical and research aspects of the chosen field of study.

No formal course work is required.

#### SKILLS

- participate in the research project and develop an understanding of the necessary techniques;
- acquire skills relevant to the specific area of research, as well as general skills relating to the clinical and research aspects of the chosen field of study;
- develop the ability to present information in a formal setting and to defend such a presentation and discussion;
- develop the ability to write a report suitable for publication in a peer reviewed journal;
- develop an understanding of the sources of research funds and of the development of a research grant application.

#### ATTITUDES

- demonstrate behaviour consistent with an understanding of the need to re-examine accepted beliefs through a spirit of inquiry;
- demonstrate behaviour consistent with an understanding of the importance of absolute objectivity and honesty in the conduct and reporting of research;
- an in-depth knowledge of the ethical issues relevant to the conduct of research in human subjects;
- an in-depth knowledge of the ethical issues relevant to the conduct of research in animal models;
- an ability to work effectively as part of an inter-disciplinary team;
- an understanding of the needs for continuing self-education.

#### CLINICAL OR BASIC RESEARCH

The maintenance of quality in medicine requires scholarship based on scientific principles. Therefore, the College encourages research experience. Residents, especially those intending to pursue a full-time or part-time academic career should consider the desirability of spending at least a year in research related to the specialty. The advice and support of the program director must be sought.

An advanced degree or full-time training in a relevant discipline taken before or after graduation in medicine can be considered for a maximum of one year of credit in some specialties, at the discretion of the Credentials Committee, **where the specialty training requirements permit**, and where the specialty residency program director can provide assurance that the minimum postgraduate clinical residency requirements can appropriately be reduced. Documentation of the advanced degree or full-time training must be provided, together with evidence that such study or research was relevant to the objectives of the specialty in which the candidate is seeking certification.

Research undertaken other than in a recognized ►

► residency or a higher degree program in an approved university will be considered for a maximum of one year of credit **in some specialties**, at the discretion of the Credentials Committee, **where the specialty training requirements permit**, and where the specialty residency program director can provide assurance that the minimum postgraduate clinical residency requirements can appropriately be reduced. Such credit will be considered only where the research experience is of outstanding quality.

Credit will be considered if the research has been done in an academic centre as part of a program in which research methodology is taught, and where the research supervisor or

mentor has an established research record. The applicant for credit must play or have played a significant role in the research project. The results of the research must be documented. The subject of the research must have some explicable relationship to the specialty in which the applicant seeks certification. The guidelines for a one-year research experience are available from the Office of Education - Credentials. ■

*Sheila Waugh, Head, Credentials Section  
Royal College of Physicians and Surgeons of Canada*

# T

## HE FIRST APPENDECTOMY IN CANADA

*Submitted as an item of interest by Alex K. Paterson*

On May 10, 1883, Dr. Abraham Groves made Canadian medical history. After travelling by horseback through the back concessions of midwestern Ontario to tend to a farmer's 12 year old son, he arrived to find the boy doubled over in pain. Following a quick examination, Groves made the momentous decision to operate. As far as he knew, it was the first appendectomy in the world. (Appendectomy gained status when Mr. Frederic Treves [Ligament of Treves] in 1901 operated on the Prince of Wales at Buckingham Palace - editor's note).

### *Historical Vignette*

In medical school, Groves had been taught that the appendix had "no uses and no diseases", but his observations as a young practitioner suggested otherwise. What has since been recognized as the first appendectomy in Canada, and probably in North America, was not immediately appreciated as an innovative lifesaving treatment. Upon his return to the farmhouse three days later, Groves found his patient healing well, but the boy's father greatly perturbed. Since the operation, the farmer had learned that a neighbour had seemingly been cured of the same symptoms by the application of poultice. He believed the doctor had put his son unnecessarily at risk and threatened that "all would not go well" for Groves if the boy did not recover. Fortunately, the patient survived. ■

*Jennifer Williams,  
THE BEAVER, April-May 1998, pages 28-29*

## The MUHC Staff: Caring, Compassionate, Gentle, Kind, Principled, Role Models, Mentors\*\*

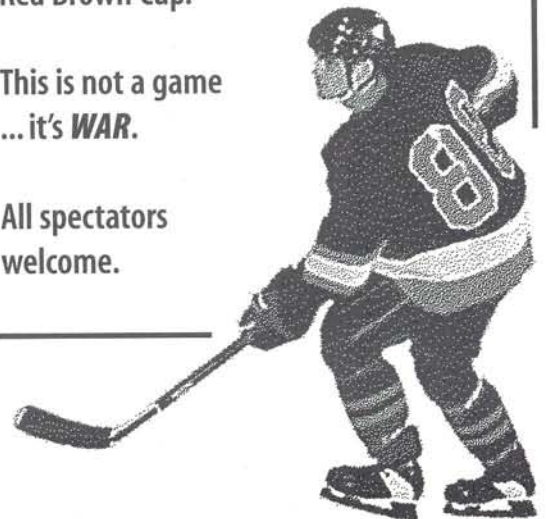
\*\* does not apply when wearing hockey skates

December 15, 1998 - 8:00 P.M. -  
McConnell Arena, McGill University

Residents take on the staff in ice hockey  
for the tie-breaker  
third annual  
Rea Brown Cup.

This is not a game  
...it's **WAR**.

All spectators  
welcome.







## Site Set for MUHC "Super Hospital"

By E.D. Monaghan, M.D.

**T**he Square Knot has learned that a site has been found for the proposed McGill University Health Centre which is to be built by 2004. The 17 hectare area in Notre Dame de Grace is bounded by Decarie Blvd to the west, de Maisonneuve Blvd and St. Catherine St. to the north, St. Jacques St. to the south, and Glen Road to the east.

The whole land area is known as the Glen Yards and now belong to C.P. Rail and the cost price is 23 million dollars. The property is being acquired by McGill University through private sector donations targeted for this initiative.

This is happy news for West Island Montrealers because this site is near the closed Queen Elizabeth Hospital.

It is estimated that it will cost between 4 to 8 million dollars to clean up the Rail pollutants in the 43 acres of those yards. However, this work will be done by C.P. and it will assume all of the costs incurred.

Access will be by Vendome Metro and there will be parking lots along Decarie to the west and Claremont Ave. to the east. It is next to the Ville-Marie and Decarie expressways.

Doctors Hugh Scott (Executive Director of the MUHC) and Nick Steinmetz (Planning Director) hope to have a number of low-

rise buildings strung over a single site much like the Duke University Campus.

There are still many hurdles in the timetable however. Firstly, the project has yet to be approved by the Regional Health Board of Montreal. Secondly, there is the Provincial Election late on November 30th which will delay proceedings. There is the question of the \$300 million dollars that Quebec has promised McGill. Dr. Hugh Scott met with Health Minister Jean Rochon on October 26th and, amongst other items on the agenda, asked that the designated MUHC hospitals be designated as a "University Health Centre".

What will happen to the Vic, the General, the Neuro and the MCH? These aging institutions are slated to close and to be sold and refurbished into offices or condominiums.

One might find it interesting at this time to recall a historical footnote to be found in Dr. Tait McPhedran's book "Canadian Medical Schools - 1822 to 1992". In 1947, as a direct outgrowth of the wartime collegiality, Cyril James, Principal of McGill, spearheaded a drive to unite the MGH and the RVH to create a single superior teaching hospital - a "Mayo Clinic of the North". The medical profession was solidly behind the proposal. Ninety-six percent of the staff in the two hospitals voted in favour. It failed because the MGH board could not agree with the RVH board on governance of the amalgamated institutions! ■

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## MUHC Surgeons Honoured

**MUHC SURGEONS HONOURED BY THE MONTREAL GENERAL HOSPITAL RESEARCH INSTITUTE.**

The recipients of the 1998 awards presented at a dinner at the St. James Club were as follows:

**Dr. Denise Arsenault**

The MGH 175th Anniversary Fellowship

**Dr. David Evans**

Dr. Alan G. Thompson Fellowship in Surgery  
John Dobson Award in Surgery

**Dr. Gerald M. Fried**

The Florenz Steinberg Bernstein and David Bernstein Award

**Dr. Pierre Guy**

The MGH 175th Anniversary Fellowship

**Dr. Edward Harvey**

The MGH 175th Anniversary Fellowship

**Dr. Lawrence Rosenberg**

Nesbitt-McMaster Award for Excellence  
in Medicine & Surgery

**Dr. John Yee**

Herbert S. Lang Award

**Dr. Ron Zelt**

The Honourable Hartland Molson Fellowship

# D

r. **Jeffrey Barkun** presented papers at the Royal College of Physicians and Surgeons meeting in Toronto in September 1998. **Dr. Barkun**

along with **Dr. Marvin Wexler** and **Ms. Myriam Fernandez, R.N.** presented a work on *The Determination of*

*Convalescence after Inguinal Hernia Repair* at the Surgical Forum "Outcomes and Quality of Life" of the A.C.S. Congress in October. He was also invited to speak at several clinics in Europe.

## KUDOS !!

**Dr. Gerald Brock** (now in London, Ontario) gave a paper entitled *Specialized Fine Tuning* at a Panel Discussion on "Impotence" during the Congress of the A.C.S. in Orlando.

**Dr. Ray Chiu** was an Invited Faculty at a Workshop on "Cell Transplantation: Future Therapy for Cardiovascular Disease?" sponsored by the National Heart, Lung and Blood Institute of the National Institutes of Health, U.S.A., August 2nd to 4th, 1998 in Columbus, Maryland. He was also an Invited Faculty at the meeting of the Heart Failure Society of America, held in Boca Raton, Florida on September 13th to 16th, 1998. He gave an Invited Lecture at the Association de Cardiologie du Québec on *Surgical Management of Heart Failure* in St. Sauveur, Quebec on October 3rd, 1998. In November, he travelled to Taiwan as a member of the Scientific Advisory Board for the National Health Research Institute, and was a Visiting Professor at the National Chang Gung University College of Medicine to help Dr. Luo, who was his research fellow at McGill, to set-up a surgical research laboratory at that institution.

**Dr. Nicolas Christou** discussed *Staphylococcal Epidermidis and the Enterococcus:*

*What is their Importance?* at the Postgraduate course "Pre- and Postoperative Care: Management of Infection in the Surgical Patient" during the recent meeting of the A.C.S. Nick also was the moderator of the Critical Care Surgical Forum *Sepsis and Endotoxin*.

**Dr. Mostafa M. Elhilali** has been elected as an Active Member in the American Association of Genito-Urinary Surgeons, International Society of Urology as Canadian Delegate, Congress President, and member of the board of Chairmen and Chairman of the Canadian Prostate Health Council. At the June 1998 Annual Canadian Urological Association Meeting, he was given the Lifetime Achievement Award by the Association. He has been named Professor Emeritus of Assiut University, Egypt. During the month of October 1998, he was a Visiting Professor to these universities in Egypt and Saudi Arabia as well as a guest speaker for the Egyptian, Moroccan and Pan Arab Urological Association.

**Dr. Gerald Fried** discussed *Laparoscopic Procedures: What's Proven* at the General Session on Oct. 26 of the A.C.S. "New Surgical Techniques". Also at the Postgraduate course on "Diseases of the Liver, Biliary Tract, and Pancreas", he addressed the registrants on *Gallstone Pancreatitis - ERCP: Timing of Laparoscopic Cholecystectomy - What is Best?*

**Dr. Hélène Flageole** of the MCH and her husband Sidney Bray are happy to announce the birth of their daughter Emma born on Sept. 27th.

**Dr. Philip H. Gordon** of the JGH has been elected Vice-President of the American Board of Colon and Rectal Surgeons. This is the first time a non-American has been elected to this post.

**Dr. Jean-Martin Laberge** is the Chair of the Examination Board in Pediatric Surgery for the Royal College of Physi-

cians and Surgeons of Canada. He was also appointed to the Fetal Therapy Committee of the American Pediatric Surgical Association.

**Dr. Antoine Loutfi** in September in Toronto was appointed by the Board of Directors of the Canadian Association of General Surgeons to the Liaison Committee for the Advancement of Surgical Services in the Developing World. This is a new committee of C.A.G.S.

**Dr. Peter MacLean**, like Dr. Antoine Loutfi above, was also appointed by C.A.G.S. to the Liaison Committee for the Advancement of Surgical Services in the Developing World.

**Dr. Jonathan Meakins** was the Moderator of a General Session of the A.C.S. in Orlando on Oct. 26th entitled *New Surgical Techniques: What's Proven, What's Not*. He discussed *Inguinal Herniorrhaphy*.

**Dr. Peter Metrakos** was the Chairperson of the Islet Transplantation session held on July 17th, 1998 at the meeting of The Transplantation Society. The Transplantation Society was founded in 1967, and counts Sir Peter Medawar, Jean Hamburger, Paul I. Terasaki, Sir Peter J. Morris, Thomas E. Starzl and Sir Royal Calne among its past presidents. The XVII World Congress of The Transplantation Society was held in Montreal, Canada from July 12-17, 1998. Approximately 3,500 delegates from around the world attended. He also became a member of the American Society of Transplant Surgeons. In August, Dr. Metrakos was named the Surgical Director of the Kidney and Pancreas Transplant Program of the MUHC. On Sept. 24th, Dr. Metrakos was invited to give two talks at Vanderbilt University in Nashville, Tennessee. The first was called *Update in Islet Transplantation* and the second was *Pancreas Transplantation in the Non-Uremic Type I Diabetic*. He was appointed a member of the Transplantation Committee. ▶



► tee of the Canadian Association of General Surgeons in September.

The third edition of *Surgical Research - Basic Principles and Clinical Practice* of which **Dr. David S. Mulder** is a co-editor is available through Springer-Verlag, New York, Inc. David's co-editors in this 675 page book are his friend **Hans Troidl** from Cologne, Germany, **Martin F. McKeenally** of the Toronto General Hospital, **Andrew S. Wechsler** of the Medical College of Virginia, **Bucknam McPeck** of Harvard, and **Walter O. Spitzer** of McGill. "This practical book covers the entire gamut of surgical research and has been carefully re-organized to include a stronger focus on the needs of young academic surgeons." A film was presented at the Film Festival of the A.C.S. *Management of the Airway in I.C.U. Patients* by **Dr. Mulder** and the late **Dr. H. Rocke Robertson**.

**Dr. Lawrence Rosenberg** was a Visiting Professor in the Department of Anatomy and Cell Biology at the Université du Montréal. He has successfully renewed his operating grant from the Canadian Diabetes Association (CDA) and competed successfully for a new grant from the Juvenile Diabetes Foundation International (JDFI). Dr. Rosenberg also presented a paper at the Canadian Diabetes Association (Scientific Section) on *The Natural History of the Islet Following Isolation*.

**Dr. Stanley C. Skoryna** was recently honored at a reception by Principal Shapiro for 50 years of service at McGill University.

**Dr. Jean Tchervenkov** has been made a Fellow of the American College of Surgeons. Jean informs us that the 4th Annual Liver Transplant Fundraising dinner was held at the Milos Restaurant on November 29th, 1998. The Honorary President this year was Mark Recchi of the Montreal Canadiens Hockey Team.

**Dr. Carol-Ann Vasilevsky** has been elected President of the Canadian Society of Colon and Rectal Surgeons.

## Achievements Residents and Fellows

**T**he colleagues of **Dr. Mario A. Alonso-Vanegas** have drawn to the attention of *The Square Knot*, some interesting biographical data. Mario comes from Baja California Sur, Mexico. In 1986, he graduated from the Universidad Autonoma de Guadalajara Medical School followed by an internship in general surgery at the Hospital General de Mexico. Dr. Alonso completed Neurosurgery residency at the Hospital Juarez de Mexico (National Institute of Surgery) and is a certified neurosurgeon. He came to the Montreal Neurological Institute and Hospital (MNI/MNH) at McGill University in 1994 and completed a Fellowship in Epilepsy and Functional Neurosurgery under **Dr. Andre Olivier**. He is now completing his Ph.D. Thesis in the *Cone Laboratory for Neurosurgical Research* under **Dr. Abbas Sadikot**. His research goal is to understand the basic mechanisms of epilepsy and neurodegenerative disease, in particular Parkinson's disease. He has received numerous awards including the 1996 Jeanne Timmins Costello Fellowship and the 1997 and 1998 Preston Robb Fellowships, both of which are awarded by the MNI. After graduating, he will resume his neurosurgical practice at the prestigious National Institute of Neurology and Neurosurgery

in Mexico City. During his stay in Montreal, Dr. Alonso became a proud father of two beautiful children.

Congratulations to **Dr. Fawzi Al-Jassir** and Lina Al-Rassan on their marriage which took place on July 1, 1998 in Saudi Arabia.

**Dr. Aayed Alqahtani** presented a paper at the Canadian Association of Pediatric Surgeons on *25 Years Experience with Lymphangiomas in Children*.

**Dr. Peter Chan** was invited to represent the McGill Urology Resident Group to attend the 1998 Conference on *Issues and Controversies in Prostate Cancer*, held at Whistler last March. Along with other Urology residents across the nation, Peter presented the results of the first national survey on resident's

view point on medical education and health-care system. This survey was conducted by **Dr. Mostafa Elhilali**, the Chairman of the Department of Urology, at the beginning of this year. At this conference, Peter was also awarded the 1998 grand prize in basic science and clinical research for his recent work



Peter Chan, M.D.

entitled *The use of a Cytoprotective Lipid Peroxidation Inhibitor in Preservation of Penile Erectile Function Post-Prostatectomy in Rat*. The co-author of this work was **Dr. Gerald Brock** of the Department of Urology, with whom Peter is working on several projects aimed at minimizing erectile dysfunction after extensive pelvic surgery.

Congratulations to **Dr. Antonio DiCarlo** and Laura Panarello who were married here in Montreal on Saturday, Sept. 26, 1998.

**Dr. Hussein Hayati** and Nehad are proud to announce the birth of their baby boy. Ali was born on June 24, ►

- ▶ 1998, weighing 3.9 kg.

**Dr. Stephen Kantor** and Ms. Kim Jagodnik were engaged on Friday, April 3, 1998 in Montreal. They are planning their wedding for May 1999.

**Dr. Sandra Kay** presented three papers at the Canadian Association of Pediatric Surgeons as follows: 1) *The Use of Antenatal Steroids to Counteract the Negative Effects of Tracheal Occlusion in the Fetal Lamb Model*; 2) *Revisiting the Role of Routine Retropleural Drainage after Repair of Esophageal Atresia with Distal Tracheoesophageal Fistula*; and 3) *Prenatal Percutaneous Needle Drainage of Cystic Sacrococcygeal Teratomas*.

Congratulations to **Dr. Marc Pelletier** and his wife Missy on the birth of their son William Dysart, born at the RVH on Sept. 10th, 1998 at 23:01, weighing 7 pounds, 14 ounces.



Marc Pelletier and baby William

**Dr. Andrew J.E. Seely** presented an excellent seminar on *Reduction in Neutrophil Interleukin-8 and C5a Receptors following Transmigration and in Surgical Patients with SIRS - Implications for the Regulation of Neutrophil Delivery to the Inflammatory Microenvironment*. His co-authors at the Surgical Forum session on "Critical CareV: Cell Sighting" were **Drs. Daniel E. Swartz** and **Nicolas V. Christou**.

**Dr. Rahul Vaidya**, who graduated from the McGill Postgraduate Training Program in Orthopedic Surgery in 1996, has returned to do a Spinal Fellowship with **Dr. Max Aebi**. In the interim, he did one year of practice in Sydney, Nova Scotia followed by one year of a Trauma Fellowship at Vancouver General Hospital. ■



# D

**IRECTOR: DR. PETER METRAKOS**

Diabetes mellitus afflicts 6% of the general population and is currently the third most common disease and the eighth leading cause of death in North America. The syndrome of insulin-dependent diabetes mellitus (IDDM) is defined by abnormal glucose metabolism

and is also chronically associated with specific microvascular complications that include retinopathy, nephropathy, and neuropathy. Diabetes mellitus is currently the leading cause of kidney failure and blindness in adults, and is the number one cause of amputations and impotence. In addition, diabetes mellitus is associated with atherosclerosis, abnormal lipid metabolism, and cardiovascular disease.

Successful pancreas transplantation is the only known therapy that establishes an insulin-independent euglycemic state with complete normalization of glycosylated hemoglobin levels. The penalties for normal glucose homeostasis are the operative risks of the transplant procedure and the need for chronic immunosuppression. Recent improvements in the complication rates and better immunosuppression are helping to make pancreas transplantation a better option.

Simultaneous pancreas-kidney transplants (SPK) have become accepted as the best treatment option in selected IDDM patients who are dialysis dependent. Recently, an analysis of the world's largest SPK series (500 patients) was carried out by Dr. Sollinger of the University of Wisconsin's Transplant Program, with a follow-up of 10 years. The results are outstanding. One year patient survival is 96.1%, kidney survival is 88.9, and pancreas survival is 87.7%. At five years, the results are 93%, 82%, 82%, and at 10 years the results are 77%, 67%, and 69%. These results were superior to diabetic recipients who received kidney grafts only (live donor or cadaver).

This experience further supports SPK transplants as the procedure of choice in selected IDDM patients with kidney failure.

The next piece of exciting news came from the University of Minnesota where Dr. DER Sutherland's group reported that IDDM patients who had a functioning pancreas transplant alone (PTA) for 10 years had biopsy proven reversal of diabetic kidney lesions. In other words, the histology of the kidney had improved. This data may lead to expanding the indications for PTA.

As of January 1997, all McGill University Transplant Services were centralized at The Royal Victoria Hospital (RVH). Therefore, the Pancreas Transplant Program was moved from The Montreal General Hospital (MGH) to the RVH. This centralization has made the RVH the only true multi-organ transplant hospital in Quebec (Heart, Kidney, Liver, and Pancreas). ▶

## MUHC Pancreas Transplant Program



► Some adjustments were needed to make things work, but the end result was a renewed and vigorous program. The Pancreas Transplant Clinic is located on the second floor of the Ross Pavilion alongside the Liver, Kidney, and Heart Clinics. The clinic coordinator is Michelle Fortier, a B.Sc. Nurse, who joined the transplant program last year and has become invaluable to the program. The pre-transplant recipient assessments are carried out by the recipient coordinator Maria Poloni, a very experienced and capable transplant nurse, who has streamlined the work-up process. We follow these patients with medical transplant expertise provided by **Dr. Marcelo Cantarovich** and **Dr. Roman Mangel** who have developed a keen interest in pancreas transplantation. Dr. Mangel was previously involved with the pancreas transplant program at the MGH.

The program has begun to thrive because of the increasing interest of the transplant and medical community in and around McGill University. Three pancreas transplants were performed in 1997, and this year as of September 1998, eight transplants were performed. One graft has been lost due to unrecognized rejection 6

months post-transplant. As of July 1997, a transplant waiting list of 15 to 20 recipients is maintained and the list is steadily growing with a significant increase in referrals for PTAs.

The program is pushing the frontiers of pancreas transplantation by focusing on expanding indications for PTAs. These are patients who are not dialysis dependent, but have labile diabetes, early nephropathy, and/or severe autonomic or peripheral neuropathy. These patients will be intensely studied to determine the effect pancreas transplantation has on their diabetic complications. Other studies that the program is currently in the process of defining, in collaboration with other pancreas transplant centers, include the use of new immunosuppression regimes, specifically Rapamycin, and new ways to detect rejection. ■

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## Pancreas Transplant Program Team



*Lt. to Rt.: Maria Poloni, B.Sc.R.N., Dr. Marcelo Cantarovich, Dr. Peter Metrakos, Dr. Roman Mangel, Michelle Fortier, B.Sc.R.N.*

# S

IR WILLIAM HALES HINGSTON, M.D.

Submitted by Mr. Brian O'N. Gallery for Our Interest

William Hales Hingston, whose father came to Lower Canada from County Cork, Ireland, graduated from McGill Medical College in 1851. The graduating class for that year was 15 in number. After training in Dublin, Edinburgh (where he was

the assistant of Sir James Y. Simpson, the discoverer of chloroform as an anesthetic), Lon-

don, Paris and Vienna, he returned to Montreal and joined the staff of St. Patrick's Hospital at the corner of Dorchester and Guy Streets. Later, this hospital was amalgamated into the Hôtel-Dieu on Pine Avenue.

## The Hingstons: Extraordinary Surgeons



Sir William Hales Hingston, M.D.

In those days (1860-1907), there were no subspecialties of General Surgery and so Dr. Hingston was doing operations on the brain, the tongue and lower jaw, the spleen, the gluteal and innominate arteries, the elbow joint and even the kidney. He performed the first nephrectomy in Canada in 1869.

He was Clinical Professor of Surgery in four medical schools: The Montreal School of Medicine, Bishop's College School of Medicine, Victoria College Medical School, and Laval Medical School of Montreal.

Three of these no longer exist and Laval of Montreal is known now as La Faculté de Médecine de l'Université de Montréal.

William Hales Hingston was Mayor of Montreal for two terms, the first beginning in 1875.

He was one of the founders of the Montreal Medico-Chirurgical Society of which he came President in 1865. He was active in establishing the Montreal Board of Health and, in this capacity, he was a leader in advocating compulsory vaccination against smallpox. He also was, at one time, President of the Association of Physicians and Surgeons of Quebec.

In 1895, he was knighted by Queen Victoria and in 1896, he was appointed to the Senate of the Parliament of Canada.

Sir William always considered himself a general practitioner. It was his considered opinion that no one should make surgery his exclusive career, until he had been ten years in general practice! *"Nowadays, it is difficult for men even of superior intellect and of liberal knowledge to avoid being drifted away into one or other of the narrow rivulets leading from or flowing out of the general mainstream of surgery."*

In the midst of all his activities, he found time to write a book in 1885 *The Climate of Canada and its Relation to Health and Life*.

Sir William died in his office on February 19, 1907.

### DONALD ALEXANDER HINGSTON, M.D.

The son of Sir William Hingston was born in 1878. He was baptized in St. Patrick's Church, Montreal. His friends as a youth were Dr. Campbell Howard, son of Dr. Robert Palmer Howard one time Dean of the McGill Medical Faculty; and Dr. W.W. Francis, the nephew of Sir William Osler. Donald obtained his M.D. at the age of 22 from Laval University in Montreal. He obtained his Fellowship from the Royal College of Surgeons (London) in 1903 and that from the Royal College of Surgeons of Edinburgh in 1904. It should be noted that our own Canadian Royal College Fellowship in Surgery was not established until 1929. Later, he became a Fellow of the R.C.P.S.C. and of the A.C.S.

He became Professor of Embryology on the Medical Faculty of the University of Montreal in 1918 and was Professor of Clinical Surgery from 1932 to 1948.

In 1930, after a great deal of acrimonious debate as to who would administer the hospital, St. Mary's Hospital was opened. Donald Hingston, who had much influence amongst financial circles of Montreal (he had been, after all, Director of the Montreal City and District Savings Bank), was instrumental in its foundation. Until his death in 1950, Donald Hingston worked hard *"on the ideal of making St. Mary's the finest hospital in the land; the ideal of friendship and fairness among the members of the Staff; the ideal of unflinching courtesy and respect towards the Sisters; the ambition that the members of the Staff will be looked up to scientifically and professionally, that financial success will always be held secondary to professional success"*. ■

EDM



# F

## IRST ANTHONY R.C. DOBELL ANNUAL VISITING PROFESSOR OF CONGENITAL CARDIAC SURGERY

On October 5th, 1998, **Dr. Richard A. Jonas** was the first A.R.C. Dobell Visiting Professor of Congenital Cardiac Surgery.

## Visiting Professors

By Emma Lisi



Dr. Anthony R.C. Dobell

Dr. Jonas is Cardiovascular Surgeon-in-Chief at the Children's Hospital in Boston and the William E. Ladd Professor of Child Surgery at Harvard Medical School. He is one of the most sought after surgeons in the world today and is an Honorary Professor of Surgery at the Shanghai Second Medical University. He is one of the few truly outstanding congenital cardiac surgeons, particularly in neonatal and infant cardiac surgery. In addition to his tremendous clinical output, Dr. Jonas has maintained an extremely

active research lab and is a leading expert in the area of brain protection during pediatric cardiac surgery. He has published over 170 original papers, co-authored 4 major textbooks in cardiac surgery and written over 25 book chapters. At Surgical Grand Rounds at the Montreal Children's Hospital, his talk was entitled "New Strategies in Cerebral Protection During Pediatric Cardiac Surgery". At McGill University CVT Grand Rounds also at the MCH in the afternoon, he spoke on



Dr. Richard A. Jonas

"pH Management During Hypothermic Cardiopulmonary Bypass". That evening, a dinner reception was held at the Mont Stephen Club.

The Anthony R.C. Dobell Visiting Professorship of Congenital Cardiac Surgery is a fitting tribute to his invaluable contributions to the field of congenital cardiac surgery as well as his crucial

role in the training of numerous cardiac surgeons. In the 1960's, he established the training program in Cardiovascular and Thoracic Surgery at McGill University, and was Chairman of the Division of CVT Surgery for almost 20 years, from 1973 until 1992. He was Surgeon-in-Chief at the Montreal Children's Hospital from 1974 to 1992. In 1993, Dr. Dobell became a Professor Emeritus of Surgery at McGill. Dr. Dobell's contributions to cardiac surgery in general and to pediatric cardiac surgery in particular are too numerous to mention. He is a pioneer, a scientist, an outstanding surgeon as well as a great teacher. Most of all, Dr. Dobell possesses tremendous human qualities and is revered by his patients, colleagues and students. He always reminded those interacting with him that in today's world of technology and innovation, one should not forget the patient as a human being. It is not surprising that the title of his Presidential Address to the Society of Thoracic Surgeons in 1982 was "The Human Touch", reflecting the type of individual he is. In 1997, he was awarded the Order of Canada. An outstanding role model, he will thus continue to inspire us and future generations of surgeons. ■

## Were You There? Opening of RVH Transplant Service 1971



Dr. J. Knaack and Dr. K. MacKinnon



Dr. Jean-Guy Beaudoin and Dr. Ronald Guttman

**D**IVISION OF CARDIOTHORACIC SURGERY  
VISITING PROFESSOR

On November 5th, 1998, **Dr. Thomas J. Stegmann** was the 1998 Visiting Professor in the Division of Cardiothoracic Surgery. Dr. Stegmann is Professor of Surgery and Chairman of the Department of Thoracic and Cardiovascular Surgery at

**Visiting Professors**

By Emma Lisi

Fulda Medical Center in Germany. He has distinguished himself in several areas of surgical research, including experimental studies on coronary and cerebral air embolism, cardiac catecholamine levels, acute aortic dissection, heart transplant surgery and neo-angiogenesis. Dr. Stegmann has received several distinctions including the Rudolf Nissen Memorial prize of the German Society for Thoracic and Cardiovascular Surgery. His talk at Surgical Grand Rounds at the MGH was entitled "New Aspects of Treatment of Coronary Heart Disease:



Dr. Thomas J. Stegmann

*Neo: Angiogenesis".* At the RVH Rounds in the afternoon, his lecture was "Acute Aortic Dissection: New Aspects of Surgical Treatment". A reception was held in honour of Professor Stegmann at the home of **Dr. Stanley Skoryna** that evening.

This event was supported by the Rideau Institute Advanced Research Center for Physical and Behavioral Sciences. ■

**A Proud Moment**



Dr. Dave Williams, astronaut, McGill M.D.C.M., 1983 visits MUHC. Here he is with Drs. Michael Churchill-Smith and David S. Mulder.





On September 1-4, 1998, the International Society for Diseases of the Esophagus (ISDE) held its seventh world congress at the Montreal Palais des Congrès. The meeting attracted over 1100 gastroenterologists, surgeons, oncologists and radiotherapists from 40 different countries.

## Esophagus '98

By Patrick Charlebois, M.D.

**Drs. Serge Mayrand** (Gastroenterology at MUHC) and **David Mulder** (CVT Surgery at MUHC) were members of the local organizing committee and together with **Dr. Duranceau** (Thoracic Surgery at Université de Montréal and Conference Chair) offered a superb conference to the Esophagus 98 participants.

The Palais des Congrès provided a wonderful setting to hold a conference of this magnitude. The morning plenary sessions offered a selection of high caliber work on Barrett's esophagus, esophageal cancer, motor disorders, reflux disease as well as addressing quality of life issues. The afternoon symposia allowed more participant discussion on these multiple facets of esophageal disease and function.

Two presentations were made by McGill participants. **Dr. Serge Mayrand** presented the results of his study *Associating Helicobacter Pylori Eradication with Subsequent Development of Endoscopic Esophagitis*. His presentation was very well received by the plenary session chairs (**Dr. Chris Jamieson**, Department of Surgery, Dalhousie University and **Dr. Michel Boivin**, Department of Medicine/Gastroenterology, Université de Montréal).

**Dr. Talat Chughtai** (McGill General Surgery chief resident) presented the first long-term follow-up study of *Myotomy for Muscular Disease of Pharyngo-Esophageal Junction* (supervised by **Dr. Duranceau**, Université de Montréal). His presentation was part of a symposia featuring **Dr. P. Kahrilas** (USA) and **Dr. T. Lerut** (Belgium) as chairmen.

Other McGill physicians attending the conference included GI residents **Khalid Al-Mekhaizeem**, **Vicky Baffis**, **Krishna Menon** and **Mark Ropeleski**. Surgery delegates included residents **Patrick Charlebois**, **Eric Kaiser-Gauvin** and staff **Gerald Fried** and **David Mulder**. All agreed that the meeting was excellent and offered the opportunity to listen to an impressive array of world renown clinicians. We extend our thanks to the Organizing Committee. ■

*Dr. Patrick Charlebois,  
General Surgery Resident*

### NEW RESIDENCY PROGRAM DIRECTOR APPOINTED

**Dr. Ruth Covert** assumed the position of Residency Program Director on July 1, 1998. Dr. Covert is admirably suited to this position, as she has always had an interest in teaching and education since she began her anaesthetic consultant career at the Jewish General Hospital in 1986.

## Anaesthesia

By Anne Moore, M.D.

Dr. Covert completed her Master's Degree in Health Professional Education from the University of Chicago in 1994. She has been at the Jewish General Hospital as a consultant anaesthetist for the past twelve years. Preceding that, Dr. Covert did a two-year fellowship in Critical Care at Sir George Washington University after completing her anaesthesia residency at McGill.

So, as one can see, Dr. Covert has been a resident, a fellow and is now a consultant and an educator. Her personal experience and academic background make Dr. Covert an excellent choice to head McGill's anaesthesia training program into the next century.

Good luck, Ruth. ■



*Dr. Ruth Covert*

Royal College of Physicians and Surgeons of Canada  
**ACCREDITED CLINICIAN INVESTIGATOR PROGRAMS**  
 (May 12, 1998)

	UBC	Toronto	Queen's	McGill	Laval	Dalhousie	#CIP Residents
Anesthesia		2					2
Cardiac Surgery		3					3
Community Medicine		2					2
General Surgery		20		6		1	27
Internal Medicine		1					1
Neurology (Adult)	1	1					2
Neurosurgery		9		1			10
Obstetrics & Gynecology		1					1
Ophthalmology		1					1
Orthopedic Surgery		5					5
Otolaryngology				1			1
Plastic Surgery		3		1			4
Psychiatry		4		1			5
Radiation Oncology		1					1
Urology		3					3
Endocrinology & Metabolism (Pediatric)				1			1
Gastroenterology (Adult)		1					1
Gastroenterology (Pediatric)		1					1
Hematology (Pediatric)		2					2
Nephrology (Adult)		1					1
Critical Care Medicine (Pediatric)	1						1
<b>Totals</b>	<b>2</b>	<b>61</b>	<b>NEW</b>	<b>11</b>	<b>NEW</b>	<b>1</b>	<b>75</b>

## Were You There? 1965

When Mrs. Muriel Lennon retired in July, from her post as Supervisor of Admissions, many people attended the reception given in her honour. Here are a few of them photographed with Mrs. Lennon.

Lt. to Rt.:

Mr. Jean Bachand, Miss Audrey Fraser, Mr. John Lup-ton, Mrs. Kay Forrester, Mr. Gordon MacKay, Dr. John Drummond, Dr. Mason Couper, Mrs. Lennon, Dr. Walter Scriver, Dr. Edmond Monaghan.





## INCOME LEVEL OF QUEBEC POPULATION IS TOO LOW TO PAY FOR PRIVATE INSURANCE

Our health-care system is under a microscope. As government withdraws, many fear - while others look forward to - the emergence of a two-tier system in Quebec.

## Two-Tier Health-Care System Won't Work

By Claude Boivin

The current system was begun with public hospitalization insurance in 1961, and a health insurance plan in 1970. It is widely accessible and covers almost all medically necessary care.

Quebec health costs climbed from 8.3 per cent of provincial GDP in 1975 to 9.2 per cent in 1990, and 10.1 per cent in 1994, before dropping back to 9.8 per cent in 1996. Since 1994 there have been a series of government spending cuts and an optimization of resources, with an accent on ambulatory care and less costly ways of providing services.

As a yardstick, Quebec health costs as a percentage of GDP were higher than the Canadian averages of 9.7 per cent and 9.5 percent in 1994 and 1996, and the French average of 9.7 per cent in both years. However, they were lower than American averages of 13.5 per cent and 14 per cent for the same two years.

These increases have caused even more concern given that Quebec's population is relatively young. Citizens age 65 and over account for 12.4 per cent of the population, whereas they make up 15.7 per cent in Great Britain and 17.4 per cent in Sweden, according to 1996 statistics. It is anticipated that nearly 18 per cent of Quebec's population will be 65 and over within 20 years.

Compounding the effects of an aging population are increases in costs related to expensive new medical technologies and a rise in the number of cancers, heart problems, respiratory diseases and chronic illnesses common to industrialized countries. Quebec has had no choice but to either rationalize or abandon certain services.

One of the main avenues chosen was to develop ambulatory care and reduce the length of hospital stays, an option made possible by new technologies for such procedures as tonsillectomy, cosmetic ear surgery, hernia treatment, rhinoplasty with bone graft and so on. Day surgeries in Quebec increased

from 154,013 in 1987 to 210,185 in 1994 and 239,335 in 1997, and now represent nearly 50 percent of all operations performed in the province. The average short-term hospital stay decreased from 10.3 days in 1987 to 9.7 in 1994, and 8.7 in 1997.

At the same time, the Quebec government has rationalized hospital spending by closing short-term-care beds, reducing the ratio from 4.1 per thousand inhabitants in 1991 to 2.8 per thousand in 1997, with a goal of two beds per thousand by 2000. In comparison, Ontario had a ratio of 2.5 beds per thousand in 1994.

Administrative services and medical consultations and treatments have also been affected and insured services, particularly outside Canada, have been reduced.

Generally, the private sector has stepped in to fill the gap left by the decline in public spending.

Public spending, which accounted for 78.8 per cent of Quebec's health-care spending in 1975, dropped to an estimated 67.8 per cent of the total in 1997. Total Quebec health-care spending, both public and private, increased from \$14.2 billion in 1990 to \$17.6 billion in 1996. This increase came largely from private sources, private and group insurance plans, and direct individual spending.

To date, along with prescription drugs, the private sector has been called upon to finance health services not considered medically necessary, such as cosmetic surgery, as well as other complementary services such as dental, chiropractic, optometric and psychological care. The drug insurance plan represents a new, private-sector partnership approach designed to provide coverage to all Quebecers. Reduced coverage for childhood dental care and the decision to no longer insure eye examinations for 18-65 year-olds are part of the transfer of responsibility from the public to the private realm.

This movement has largely run its course. The forthcoming end to cutbacks will stabilize the percentage of public and private responsibility in the years ahead. In consequence, the emergence of a two-tier health-care system in both Quebec and Canada is highly unlikely.

During the National Forum on Health in 1997, Quebecers and other Canadians expressed their opposition to a system that would allow the wealthy to obtain privileged access to medically necessary services. The Canada Health Act prohibits fees (user fees, direct payment for diagnostic services, and so on) on any of these services under penalty of ►

- ▶ reduced transfer payments.

In addition, the Quebec population does not enjoy the level of income required to support a private health-care system. High-income earners are not legion; only 7.2 per cent, or approximately 150,000 families, earn more than \$100,000 and 10.1 per cent of individuals, or 545,000 people, earn more than \$50,000 per year, according to statistics for 1996. Available income is stagnating.

With hospitalization costs of \$500 to \$800 a day in Quebec and around \$3,000 in the United States (and up to \$10,000 for specialized services) the limits of a second tier are easy to see.

As a result, the biggest developments in the private sector will occur in the area of noncurative care as well as home care for the chronically ill and the elderly, who have lost autonomy or are living alone. This extension of services should provide im-

mediate, personalized assistance and greater peace of mind.

New forms of assistance ranging from simple telephone-information lines to intervention co-ordination in emergency situations will emerge. Private companies will continue to offer alternatives to government withdrawal in certain specialized areas, without undermining the current system. ■

*Claude Boivin is President and C.E.O. of Blue Cross.*

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#### **FROM THE GENERAL SURGERY RESIDENTS AT QUEEN'S UNIVERSITY**

**Dr. Simon Francis George Wren**  
**May 13, 1937 - September 10, 1998**

The surgery residents at Queen's University have lost a great friend. Dr. Simon Wren was born in London, England, in 1937 and immigrated to Montreal in 1955. A graduate of McGill's B.Sc. Program in 1958 and medical school in 1963, Dr. Wren completed his internship in Vancouver before returning to McGill to train as a general surgeon. After a research fellowship at Harvard, Dr. Wren came on staff at Queen's in 1974, where he continued his research pursuits in immunocyte metabolism and surgical nutrition.

Though Dr. Wren was quite proud of his McGill roots, we at Queen's are quick to claim him as our own. We were fiercely loyal to Dr. Wren as he was unfailing in his sincere support and encouragement towards us. He was a quiet man with a sparkling, mischievous sense of humour and joy for life. He was an outstanding clinician and teacher and friend whose presence was calming and always in demand. Our love for him is deep. Our respect for him is without condition.



*Dr. Simon F.G. Wren*

At some point in each of our careers, we would be operating with Dr. Wren, only to look up and find him leaving the room. This was his nod that you were ready to go it on your own. Simon's death on September 10 was true to form as he again left us quietly and unexpectedly. However, none of us were prepared for his exit.

Dr. Wren is survived by his wife, Josephine, his daughter, Melissa, and a generation of surgeons and residents from Queen's who will carry the memory of this gentle, charming and generous man close to our hearts. We miss him terribly. ■

**Obituary**



# RVH Surgical Housestaff 1960-61



## DEPARTMENT OF SURGERY

### Residents

Freedman, Dr. A.N. (July-Dec.)  
Gutelius, Dr. J.R. (Jan.-June)

### Senior Assistant Residents

Luccioli, Dr. G.M. (July-Dec.)  
Orlay, Dr. G. (July-Dec.)  
McCallum, Dr. J.A. (Jan.-June)  
Raus, Dr. E.E. (July-Dec.)  
Monaghan, Dr. E.D.  
Sigman, Dr. H.H. (Jan.-June)

### Assistant Residents

Depow, Dr. C.W. (July-Dec.)

Lafrance, Dr. J.E.R.  
Ergin, Dr. N.O.  
Markakis, Dr. A.G. (to Sept. 30)  
Grant, Dr. K.C. (Jan.-June)  
Oeconomopoulos, Dr. C.T.  
Green, Dr. B.L.  
Piccone, Dr. V.  
Hunter, Dr. J.M.  
Sangiovanni, Dr. H.J.

### Junior Assistant Residents

Bodnar, Dr. S. (July-Dec.)  
Mackenzie, Dr. J.R.  
Charrette, Dr. E.P.  
Mitchell, Dr. N.S.  
Chughtai, Dr. M.S. (Jan.-June)  
Taguchi, Dr. Y.  
Daneault, Dr. F.J.  
White, Dr. J.J.  
Genender, Dr. L.J.

Yablon, Dr. I.G.  
Hutton, Dr. F.A.  
Zemel, Dr. R.

## DEPARTMENT OF UROLOGY

### Residents

Lebbetter, Dr. T.A.  
Thompson, Dr. G.D.  
Mankiewicz, Dr. S.

### Assistant Residents

Gabor, Dr. F.  
Oliver, Dr. J.A.

### Junior Assistant Residents

Phillips, Dr. J.N. (Jan.-June)  
Sullivan, Dr. H.A.

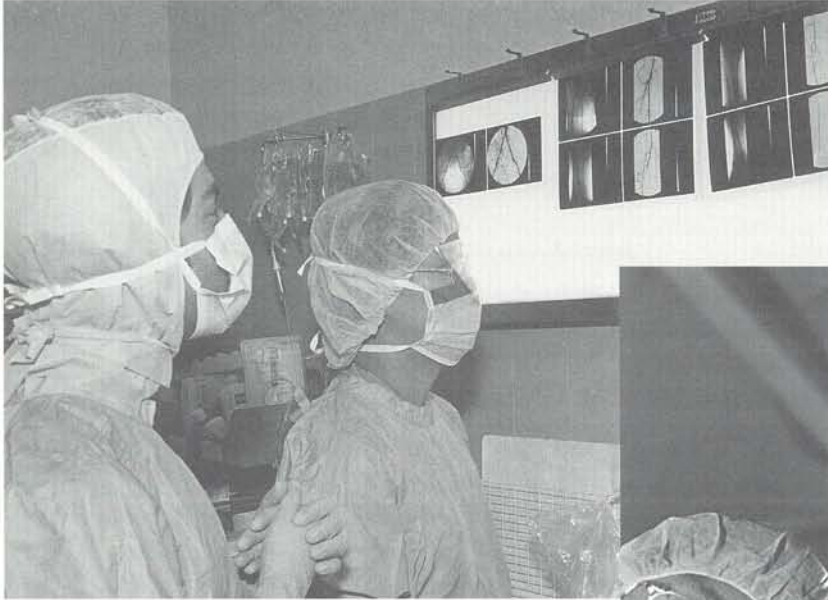
## Were You There? 1969-70



**The Montreal General Hospital, 1969-70 Surgical Staff**

Left to Right: Dr. J.D. Palmer, Chief "M" Surgery; Dr. N. Sutherland, Dr. G. Konok, Miss M. McCaan, Dr. F.M. Gurd, Surgeon-in-Chief; Miss M. MacLeod, Dr. R. Adair, Dr. L. Hampson, Chief "L" Surgery.

## Residents at Work



*Courtesy Mr. Pierre Dubois - Biomedical Photographer  
Audio Visual Services, MUHC - RVH Pavilion.*

