

THE SQUARE

KNOTS

By André Olivier, M.D., Ph.D.

Edward Archibald (1872-1945) Professor of Surgery at McGill University was Canada's first neurosurgeon. At about the same time as Aubrey Mussen, another McGill neuroscientist who was studying stereotactic techniques in London with the neurosurgeon Horsley, Archibald spent some time at the National Hospital at Queen Square in 1906 with the same Horsley and the neurologist Gowers. In 1928, after having developed his own expertise in cranial surgery, Archibald recruited Penfield and Cone from New York. They established themselves at the Royal Victoria Hospital and rapidly attracted neurosurgical fellows and neuroscientists from Europe and the United States. In 1934, after careful planification, they cofounded the MNI and with Arthur Elvidge, developed a wide expertise in all fields of neurosurgery including brain tumours, cranial and spinal injuries and vascular malformations. It was especially in the surgery of epilepsy and brain tumours that the MNI became famous.

Wilder Penfield was succeeded by Theodore Rasmussen, former Chairman of Neurosurgery at the University of Chicago, as the second MNI Director in 1960. In spite of his heavy administrative responsibilities, Rasmussen almost single handedly continued the tradition of epilepsy surgery developed by Penfield with exquisite surgical techniques and excellent results. In most other centres the initial widespread enthusiasm for this type of surgery had decreased because of poor results due to poor patient selection. ▶

(please see **Neurosurgery**, pg. 5)

Inside

Neurosurgery at McGill	1	Congratulations	18
Letters to the Editor	2	Language Policy	19
Upcoming Events	2	Departures	19
One Billion	2	Fraser Gurd Day	20
Editorial	3	Surgical Education	24
Canadiana Questions	4	Doctor Goes Home	23
Pioneer in Cardiac Surgery	4	Award of Excellence in Service	25
Notice to Graduating Residents	6	Canadiana Answers	26
C.A.U.S.	9	Were You There - 1971	26
Division of Surgical Research	10	Stikeman Visiting Professor	27
New General Surgery Chief Residents	12	CAGS Position Paper	27
McGill Core Surgery Residents	13	Edward J. Tabah Visiting Professor	28
Kudos	14	Were You There? - 1965	28
Achievements Residents & Fellows	15	Laparoscopy Article	29
Urology Research Day	16	Annual Tennis Open	29
Resident Numbers	17	Obituaries	30
Surgical Scientist Program	18	RVH - 1933	30

DEPARTMENT OF SURGERY

NEWSLETTER

McGILL UNIVERSITY

SUMMER 1997





Letters to The Editor

Dear Editor: April 21, 1997

I have been reading The Square Knot from the first page to the last ever since I began receiving it. I immensely enjoy it and hope to receive it for years to come.

In the last issue, Winter/Spring 1997, I saw a number of familiar faces from my days at VIC. It always gives me a warm feeling to think of VIC. I also enjoyed all the material written regarding Dr. MacLean's Day.

Please continue with your good work and best wishes from an old friend.

*Shyam N. Agrawal, M.D.
Poughkeepsie, N.Y.*

Ed's Note: Shyam also sent a generous contribution towards McGill Surgery Alumni.

.....

Dear Editor: May 6, 1997

Reading the articles by Drs. Ron Lewis and Harry Stevens (Winter/Spring 1997 issue of The Square Knot) brought a deep sense of loss at the closure of two institutions that had a major influence on my career. Nearly two decades after I completed my surgical residency at the MGH, I remain convinced that both the Queen E. and the Reddy provided us residents with a vision of surgery uniquely different, and sometimes superior, to the parent hospital. The tradition of personalized care exhibited at both institutions was equalled only by their personalized teaching. The realities of surgical practice, humanism in medicine at its best, and cost-effectiveness in surgical care were no more evident in my training days than at these two hospitals. Future generations of surgical residents will never know what they have missed.

Thus, it is not surprising, as I reflect upon my own career following a rewarding training, that fate would take me from a long-standing relationship with a univer-

sity-based teaching hospital in the US/Midwest to join a group of excellent academic surgeons practising and teaching at a community-based, university affiliated tertiary medical center. In some respects, how similar the settings. Although my current St. Elizabeth's Hospital was named after a saint, not a queen, I hope that in these times of irrational decisions in the name of cost containment, that a "Saint" hospital is less vulnerable in a predominately Catholic city like Boston than a "Queen" hospital in Quebec, Canada.

*Marvin J. Lopez, M.D.,
Professor, Tufts University,
Chief, General and Oncological Surgery,
St. Elizabeth's Medical Center of Boston.*

.....

Dear Editor: May 2, 1997

I really enjoy reading The Knot. Good for you to get this off the ground and to keep it running.

I'm doing fewer children now, but the volume of adult cardiac surgery seems to keep increasing as does their age and complexity. All the best.

David A. Murphy, Halifax Infirmary.

Ed's Note: David also sent a generous contribution towards the McGill Surgery Alumni.

.....

Letter from Dr. Warren Schubert of St. Paul, Minnesota with a generous donation.

.....

Letter from Dr. Alan Turnbull with a generous donation. Alan is at the Memorial Sloan-Kettering Cancer Center, but still has a cottage in Mont Tremblant which he visits regularly.

Upcoming Events

Sept. 25-28, 1997

Royal College of Physicians & Surgeons of Canada, Vancouver, B.C.

Sept. 25-28, 1997

Canadian Association of General Surgeons, Vancouver, B.C.

Oct. 12-17, 1997

Clinical Congress American College of Surgeons, Chicago, Illinois.

Oct. 14, 1997

Joint Reception - American College of Surgeons, McGill University & University of Toronto, Department of Surgery, Chicago Hilton and Towers.

Sept. 1-4, 1998

VIIth World Congress, International Society for Diseases of the Esophagus-Montreal

ONE BILLION?

One billion SECONDS ago,
it was 1965.

One billion MINUTES ago,
Jesus Christ was alive and
walking in Galilee.

One billion HOURS ago,
no one walked on two feet
on the earth.

One billion DOLLARS
can be spent
by a government in one day.

EDM



A

TTENDANCE AT ROUNDS

There is no doubt that a surgeon's life is a busy one. Our priorities are patients, operations, clinics, meetings, teaching, administration and research. While surgery has developed by process of evolution from an art to a science, could it be that we have become slightly lackadaisical as far as the training of a surgeon is concerned?

Editorial

By E.D. Monaghan, M.D.

There is a perception that attendance at Rounds has decreased in recent times. Maybe we are too busy to be present at rounds such as Journal Club, Tumour Board, Morbidity and Mortality Rounds and Surgical Grand Rounds. This is despite the fact that these rounds are scheduled at regular and opportune times and should be very much a part of our routine. How can we ask surgical residents to be present if we ourselves are absent?

We all have had the experience of being very proud in the presence of a Visiting Professor when Rounds started on time, the case presentations were clear, the discussion by the consultants was productive and the reports by the pathologist and radiologist did us honour. Yet the converse can be true when a Visiting Professor is present with only a sparse attendance. The Royal College in the *Blue Book General Standards of Accreditation* stipulates under section BV that "organized scholarly activities such as Journal Clubs, research conferences and seminars must be a regular part of every program".

Regarding **Journal Club** it is controversial about whether medical students should attend. Perhaps they are better off on the wards examining patients and doing histories and physicals rather than listening to a report on the results of a long series of oesophago-gastrectomies. But for others, these can be most enlightening.

The **Morbidity and Mortality Conference** can be a wonderful learning experience for everyone involved. It remains the central learning tool of the residency. It has been described as the "collective wisdom" of the surgical division and sets the tone for the work done within the Department. It is most valuable for the resident presenting the case, as it forces him or her to prepare, to analyze, to defend decisions, and to learn from errors. It is generally considered that surgical complications are classified according to the following four categories:

- ① complications due to the nature of the disease
- ② complications due to errors in surgical judgment
- ③ complications due to errors in surgical technique

④ errors in diagnosis

Residents learn a lot when they hear a learned discussion between surgeons particularly if one is defending a position- "we were dry when we closed!" But the Attending Staff must be present to achieve this goal. In order to make M & M Rounds more interesting, perhaps the following should be considered:

- a) Attendance at the M & M Meeting should be a divisional requirement for those surgeons on a teaching service.
- b) Hire an M & M secretary
- c) Rotate the moderator
- d) Collect several complications of the same type and present a "mini conference"

Tumour Board meetings not only help establish a line of conduct in the management of patients with cancer, but for the participant is a very strong learning aid. The beauty of it is the multidisciplinary nature of the discussions.

Surgical Grand Rounds should be the "showpiece" of the week. This should have a priority somewhere between a Religious Rite and a meeting of the Board of Directors. Visual aids should not be left up to chance and the topic, the speaker and the surroundings well chosen.

Sir Heneage Ogilvy stated, "There are at least four stages in the forming of a surgeon: he must be found, he must be qualified, he must be trained, and he must be given opportunities." Examples of the latter are Journal Club, M & M Rounds, Tumour Board and Surgical Grand Rounds. We should attend these more regularly! ♦

REFERENCE: Gordon, Leo A. *Gordon's Guide to the Surgical Morbidity and Mortality Conference*, Mosby, 1994.



"Yours is a dying breed, Doctor."

— The New Yorker

Canadiana

QUESTIONS ~

The following are historical Canadian **FIRSTS** in Medicine. For example, Banting and Best discovered insulin; Penfield first described the surgery for epilepsy. See how many more you can identify ...

- 1 McGill General Surgeons who did the first one stage colectomy for ulcerative colitis.
- 2 Laval University General Surgeon who described a rare variant of Gardner's syndrome. His name is linked to a combination of multiple colonic polyposis and tumors of the central nervous system.
- 3 Described a method of surgical treatment of a perforated peptic ulcer in which the opening is plugged with omentum, the peritoneal cavity is washed out and the abdomen is closed without drainage.
- 4 Set up the first fully integrated surgical residency training program in Canada.
- 5 Modernized the immunization program against Tetanus (lock jaw) caused by the exotoxin produced by *Clostridium tetani*. Vaccination with the old Horse Serum was to be abandoned and all patients with traumatic wounds (after debridement) should receive an intramuscular injection of tetanus toxoid. Those who have not been immunized within the past 10 years should receive additional therapy with human tetanus immune globulin. The use of systemic antibiotics specific for *Clostridia* species should be considered for all tetanus prone wounds.
- 6 The First Homozygous Kidney Transplant between living related donors (identical twins) in Canada.
- 7 First use of muscle relaxants in surgery.
- 8 Though born in England, he was awarded the first North American Nobel Prize in Chemistry for work that he did at McGill on the Atomic Theory.
- 9 Performed the first Liver Transplant in Canada.
- 10 Were the first to show that the prognosis in malignant melanoma of the skin is directly proportional to the depth of the lesion (before A. Breslow 1970 and W.H. Clark 1975).
- 11 The first to do laparoscopic adrenalectomy.
- 12 The first to set up a Surgical Intensive Care Unit in Canada.
- 13 Two Canadian Surgeons who were President at one time or another of the Royal College of Physicians and Surgeons of Canada and the American College of Surgeons.
- 14 The first to demonstrate the use of Enteric Nutrition.
- 15 With their experience in The Royal Canadian Navy during World War II, they described the correct method of treating frostbite.
- 16 Direct surgical management of bleeding aneurysms of the basilar artery.
- 17 The technique of pneumonectomy in which the bronchus, artery and vein are all ligated individually.
- 18 The first in Canada to do a closed mitral commissurotomy.
- 19 The first Canadian Surgeons to do open heart surgery.
- 20 The first to devise an effective operation to add blood supply to the heart in 1950.

Answers on Page 26.

The Division of Cardiothoracic Surgery of McGill University had an extraordinary and distinguished visitor on April 21st, 1997. At the age of 88, **Dr. Clarence Dennis** is one of the few

remaining pioneers in cardiac surgery, who participated in the development of extra-corporeal circula-

tion and ushered in the modern era of open heart surgery at McGill, Drs. Tony Dobell and Harry Scott, attended Dr. Dennis' lecture. All were impressed by how youthful Dr. Dennis sounded, and were inspired by his reminiscences on how it all began, and on the brave pioneers in the dawn of cardiac surgery. ♦

Pioneer in Cardiac Surgery Visits McGill

By Ray C.-J. Chiu, M.D.

tion and ushered in the modern era of open heart surgery in the early 1950's. At the University of Minnesota, Dr. Dennis was a senior associate of Dr. Lloyd MacLean, Professor Emeritus of Surgery at McGill, and later in New York, was a mentor to Dr. Ray Chiu, Chairman of the McGill Division of Cardiothoracic Surgery. In addition to students, residents and faculty, senior surgeons who participated in



From left: Drs. David Mulder, Clarence Dennis, Ray Chiu, Tony Dobell, Jean-E Morin, Harry Scott.

► In the person of Herbert Jasper and Peter Gloor, the Neuro has always had vigilant electroencephalographers who could pinpoint the site of seizure onset for the neurosurgeons.

Neurosurgery

(continued from pg. 1)

William Feindel was the third neurosurgeon to become Director of the MNI. Under his tenure, the size and resources of the Institute were doubled with the addition of the Penfield Pavilion in 1978 and of the Webster Pavilion in 1984. By a judicious use of the MNI endowments, Feindel saw to it that the Neuro would always be among the very first neurological centres in the world to acquire the newest technical facilities in brain imaging so crucial for the development of neurosurgery, such as axial tomography in 1973, PET scanning in early 1970, and MRI in 1985.

Right from the beginning of the Institute, Neurosurgery was part of the Department of Neurology & Neurosurgery while maintaining a good relationship with the Department of Surgery. In 1991, the Division of Neurosurgery was created within the Department of Neurology & Neurosurgery in an effort to bring closer together the neurosurgical facilities and activities across the McGill Network. André Olivier became its first Chairman.

STRUCTURE OF THE DIVISION OF NEUROSURGERY

The Division is made up of four neurosurgical units: the JGH, MGH, MCH and the MNH.

The Division of Neurosurgery at the **JGH** was founded by Harold Rosen who was an expert in spinal surgery and a real gentleman. For many years, he served as the McGill representative at the Association of Neurosurgeons. Gérard Mohr is now the Neurosurgeon-in-Chief. Gérard had trained at the University of Toronto and practiced several years at Notre-Dame Hospital. He has brought to McGill a large expertise in the field of cerebrovascular and base of the skull surgery with a special interest in the treatment of acoustic neurinomas. Dr. Sue Brien was, until recently, the second full-time neurosurgeon at the JGH with a special interest in neuro-oncology. She has recently moved to Ontario. She has contributed markedly to the various activities of the Division over the last four years and we take this opportunity to thank her for all her efforts and to wish her a continuous fruitful career. Her position will be taken by Dr. Line Jacques, who trained in Neurosurgery at Notre-Dame Hospital, and who is presently completing a fellowship in nerve repair under David Kline at Louisiana State University. This expertise is really missing in Quebec and we look forward to her developing a productive practice with a widebased referral system. The members of the JGH have ad-

mitting and operating room privileges at the MNH and have taken advantage of this opportunity for particularly complex cases. There are also two associated neurosurgeons at the JGH, Dr. Emile Berger and Dr. Mohammad Maleki, who have been part of the life of Neurosurgery at McGill and we are grateful for their cooperation.

At the **MGH**, Dr. Peter Richardson is the Neurosurgeon-in-Chief in replacement of Dr. Joseph Stratford who has stepped down after 30 years of productive leadership as Chief of Neurosurgery. Joe has been a source of inspiration for generations of residents in Neurosurgery. Under his tenure as Neurosurgeon-in-Chief, a healthy and fruitful collaboration was established between the MGH and other McGill neurosurgical units. He remains active as a clinical consultant and in the teaching of residents. His faithful attendance at virtually all the scientific and social activities of the Division has been much appreciated. Dr. Richardson has been running an active research laboratory working on growth factors and regeneration. In 1993, he was awarded the Grass Prize attributed by the Society of Neurological Surgeons for his research activities. Drs. Robert Ford and Jean-Louis Caron continue their excellent work in teaching and clinical research activity. Bob has been recognized as one of the world experts in echoencephalography. He has been instrumental in developing and maintaining the superb Neurotrauma Unit at the MGH. In cerebrovascular diseases, Jean-Louis Caron has developed an excellent working relationship with the Neurology Unit. He has also done an outstanding job in preparing the neurosurgical residents for their specialty examinations. Karen Johnston has recently joined the group at the MGH after further training in Boston on the genetic aspects of brain tumours. We look forward to her input and participation in the activities of the Brain Tumour Centre to be established at the MNI. Maria Li, a graduate of the McGill Program, has just recently obtained a McLaughlin Fellowship. She will be away for two years to strengthen her research skills, particularly in molecular biology under the supervision of Dr Louis Reichardt, to return to the MGH site. The facilities and expertise of the Neurosciences Centre at the MGH have been of tremendous help to many of our residents who have obtained M.Sc. and Ph.D. degrees with Albert Aguayo and his group. The Division of Neurosurgery has always had an excellent working relationship with the Department of Surgery at this institution and these close links will be maintained and preserved.

At the **MCH**, Dr. José Montes is now the Neurosurgeon-in-Chief in replacement of John Blundell who stepped down as Chief of Neurosurgery after 30 years of sustained efforts to further develop the very special field of pediatric neurosurgery. José Montes has developed a keen interest in the surgery of ►

► epilepsy and has studied the effect of strictly removing the lesion in focal epilepsy as well as mastering the techniques of functional hemispherectomy together with Jean-Guy Villemure.

Jean-Pierre Farmer joined the MCH in 1990 after a fellowship in New York with Fred Epstein. During that year, he wrote extensively with Epstein on spinal cord and brainstem tumours and developed an impressive expertise in this field. Although a pediatric neurosurgeon, Jean-Pierre is called to see most cases of adult spinal cord tumours at McGill and on several occasions now has operated on them at the MNH providing his assistance to colleagues. He has also developed a program of treatment for spasticity in children.

The Neurosurgical Program at the MCH is part of a larger joint program of "partenariat" between adult and pediatric centres within the McGill Network. The Pediatrics Unit is an integral part of the Division of Neurosurgery while maintaining its close functional links with the rest of the surgical departments at the MCH. In addition to the pediatric formation of all the residents in the McGill training program, this unit has contributed to the training of numerous residents from Sherbrooke University. Furthermore, it has fulfilled the very stringent requirements of the American Association of Neurosurgeons and has obtained one of the few fully accredited pediatric fellowships in North America. In addition to CT, the unit benefits from an MRI exclusively dedicated to pediatric patients. It has its own system of stereotaxy and a system of image-guidance with frameless stereotaxy. Recently, a Telemetry Video Laboratory for epilepsy recording was inaugurated that will further strengthen a well recognized expertise in the surgery of epilepsy. This unit is also part of a Level I

Trauma Centre in Pediatric Care.

At the MNH, Ted Rasmussen, Professor Emeritus of Neurosurgery is still attending some of the activities of the Division and of the Institute. Bill Feindel is doing a splendid job in archiving and in writing the history of the Neuro. Early in the 50's while working with Penfield and Jasper, Bill made seminal discoveries for the importance of the amygdala in human temporal lobe epilepsy. Over the years, he has sustained his interest in the role played by the amygdala and has stressed the need for its radical resection for optimal results in temporal epilepsy. His recent initiative in involving several members of our department to finalize the outstanding book on the temporal lobe by Peter Gloor, struck by disease, is an example of how Bill can be an incredible catalyst within a group. Gilles Bertrand has now retired from active surgery, but is participating actively in the teaching and training of the residents, as well as transmitting the tricks of the trade and his practical wisdom to his younger colleagues. Gilles has had a formidable career in Neurosurgery at the MNI. With Herbert Jasper, he has pioneered the field of microelectrode recording in basal ganglia for the surgical treatment of abnormal movements. He was also, with Chris Thompson of the Brain Imaging Laboratory, the one who pioneered the use of computer for stereotaxy and the first one to bring the computer into the neurosurgical suite.

At the MNH, there are two clinical services (yellow and red) headed by Richard Leblanc and Ronald Pokrupa respectively. André Olivier is the Neurosurgeon-in-Chief. André Olivier's main area of activity is in the surgery of epilepsy and intrinsic brain tumours. In collaboration with the epilepsy group and the Brain Imaging Department, we have developed newer techniques for the surgical treatment of temporal lobe epilepsy, such as the image guided transcortical selective amygdalohypocampectomy. In collaboration with members of the Departments of Neuropsychology and the Brain Imaging group, we have integrated the use of PET scanning to 3D-MRI reconstruction for image-guided surgery of epilepsy and intrinsic brain tumours. With such a system, it is now possible to use a stereotactic pointer during craniotomies and to point out not only to an anatomical structure or a lesion, but also to a specific functional area of the brain such as speech and sensorimotor centres. This programme for image-guided frameless stereotaxy is one of the most active in the world with numerous new applications such as the insertion of intracranial recording electrodes for epilepsy and biopsies of brain tumours without the need for a stereotactic frame.

Jean-Guy Villemure's main interest is in the treatment of brain tumours. He has founded and developed a centre for ►

ATTENTION!

ALL GRADUATING RESIDENTS AND FELLOWS

From McGill Post-Graduate Training Programs in General Surgery, Orthopedic Surgery, Cardiothoracic Surgery, 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. Maria Bikas,**
McGill Surgery Alumni & Friends,
The Montreal General Hospital,
1650 Cedar Avenue, Room C9.169.2,
Montreal, Quebec, Canada, H3G 1A4.

Tel.: (514) 937-6011 ext. 2028 Fax: (514) 934-8289.

► the treatment of brain tumour at the MNH. Under his leadership, a multidisciplinary team of surgeons, nurses, and social workers has brought a new dimension to the treatment of brain tumours and has developed a support system to families. He has also been active in the field of epilepsy, especially in expanding the modalities of functional hemispherectomies for intractable epilepsy. Jean-Guy has developed a strong working relationship with the MCH and has always had an active participation in the teaching of residents.

Richard Leblanc has developed a large expertise in problems of cerebrovascular surgery and has published a number of innovative papers on surgical treatment of subarachnoid hemorrhage. He has a particular interest in the molecular genetics of aneurysms and amyloid angiopathies. Recently, he has initiated a program of gene therapy for brain tumours. Dr. Leblanc has demonstrated commitment to residents' teaching and very active participation in the Neurosurgery Program.

Ronald Pokrupa is a very active member of the neurosurgical team at the MNH. His time is devoted to the practice of neurosurgery, the teaching of residents and medical students. He has kept an interest in cerebrovascular problems and is very active in spinal surgery. He may be considered as the successor of Gilles Bertrand as the Neuro's spinal surgeon. He is representing Neurosurgery on the Core Surgical Committee and is an active member of the Neurosurgical Training Committee, as well as being the Chairman of the Ethics Committee at the MNH-MNI.

Abbas Sadikot has taken over the Directorship of the Cone Laboratory for Neurosurgical Research after the retirement of Lucas Yamamoto. Abbas' Laboratory has been busy in the field of neural cell development and in the molecular biology of basal ganglia. The Cone Lab has had a very fruitful collaboration with the Neuronal Survival Group at the MNI, and together they are establishing the basis for McGill's Clinical Neural Transplant Program. With Dr. Panisset, among others, he has put together a clinic and program for surgical treatment of abnormal movements and Parkinson's Disease. His clinical research is concentrated on the image-guided surgical

treatment of abnormal movements by thalamotomy and pallidotomy. As mentioned, he has benefitted from the extensive experience of Gilles Bertrand who is part of the team.

Division of Neurosurgery: Staff Members

Montreal Neurological Hospital	Dr Theodore Rasmussen Dr William Feindel Dr Gilles Bertrand Dr André Olivier (Neurosurgeon-in-Chief) Dr Jean-Guy Villemure Dr Richard Leblanc Dr Ronald Pokrupa Dr Abbas Sadikot Dr Denis Sirhan (new recruit)
Montreal General Hospital	Dr Joseph Stratford Dr Peter Richardson (Neurosurgeon-in Chief) Dr Robert Ford Dr Jean-Louis Caron Dr Karen Johnston (new recruit) Dr Maria Li (1999) (new recruit)
Montreal Children's Hospital	Dr J. Blundell Dr José Montes (Neurosurgeon-in-Chief) Dr Jean-Pierre Farmer
Jewish General Hospital	Dr Gérard Mohr Dr Line Jacques (new recruit) Dr Sue Brien (resigned)

Dr. Denis Sirhan will be joining the Department of Neurosurgery at the MNH this summer. Trained at Notre-Dame Hospital, Dr. Sirhan is presently completing a fellowship in cerebrovascular and base of the skull surgery in Detroit. Dr Sirhan will also have admitting and operating room privileges at the JGH. We look forward to Dr. Sirhan establishing working links with the other neurosurgical and allied specialists working in this field, and to provide a new impetus in the important domaine of cerebrovascular and base of the skull surgery.

The MNH-I with its Neuroradiology, Neuro-anaesthesia, Brain Imaging, Neuropathology Departments, Neuro-Intensive Care Unit and its nu-

merous operating room theatres remains a unique centre to practice neurosurgery. Furthermore, the recent extraordinary development in molecular biology at the MNI will be of tremendous importance to the research activities of the neurosurgeons and for the teaching of residents. The creation and development of a Brain Tumour Research Centre at the MNI will have the full support and participation of the Division of Neurosurgery.

RESIDENCY TRAINING PROGRAM

The residency training program in neurosurgery is under the direction of the Division of Neurosurgery. It is an integrated program with its main location being at the Montreal Neurological Hospital and Institute. Residents rotate throughout the neurosurgical services at The Montreal General Hospital, the Montreal Children's Hospital and the Sir M.B.Davis- Jewish General Hospital for sessions of three to six months.

The duration of the program varies depending on the resident's career goals, the qualifying specialty body for which he/she is making preparation and the individual background of experience in medical and surgical disciplines. Residents go through at least one year of core in Principles of Surgery, followed by a minimum of five years of neurosurgical training proper. Additional time is allowed so that the individual resident can develop a certain competence in basic or ►

► clinical subjects in preparation for an academic career in Neurosurgery. Most trainees will spend six to twelve months in basic studies in one of the laboratory units of the Montreal Neurological Institute or of the Neuroscience Units of McGill University and a minimum of 36 months of rotation through the various neurosurgical services. Neuropathology, Neuroradiology and Neurology are essential parts of the resident's training program.

Participation in research programs for qualified and interested residents is encouraged during the course of training. In recent years and in keeping with the tradition of Neurosurgery at McGill, a significant percentage of residents in Neurosurgery have registered through the graduate school of McGill to other Universities and completed a M.Sc. or Ph.D. degree. The academic and didactic program includes, among other activities, weekly rounds in Neurology and Neurosurgery, Thursday morning teaching sessions, bi-monthly exams in the form of essay questions. Residents can also benefit from the frequent seminars in Neurosciences, Neurooncology and daily conferences presented within the Department of Neurology and Neurosurgery.

It is a very well documented fact that since the beginning of the Neurosurgery Training Program, fellows or residents graduating from McGill have gone on to have prestigious careers and in many instances founded or headed departments all over North America and on other continents. Over the last 15 years, the tradition has continued. During this approximate period of time, McGill residents have joined the ranks of the Faculty of Medicine at the Université de Montréal, University of Toronto, University of Manitoba, at Henry Ford, at the Cleveland Clinic, at Yale, at UCLA, at the University of Texas, at the University of New Mexico, etc. Recently, Dr. Y. Comair has been appointed Chairman of Neurosurgery at the American University of Beyrouth following the footsteps of yet another MNI fellow, Dr. Fuad Hadad. Of incredible significance is the fact that 4 Neurosurgical Chairmen of Neurosurgery at the University of Chicago have

been former MNI fellows. They are Jos Evans, Ted Rasmussen, Sean Mullan and Bryce Weir, who is the present Chairman of Neurosurgery and the Director of the Brain Institute at the University of Chicago. Through these individuals, the McGill tradition and impact has been considerable.

FUTURE CHALLENGES FOR NEUROSURGERY AT MCGILL

After having been on the international forefront, neurosurgery at McGill is faced with numerous challenges or problems that need rapid solution. These challenges consist in dealing successfully with three specific issues which are: 1) integration within the McGill University Hospital Centre; 2) integration along the plans of the Association of Neurosurgeons of Quebec; and 3) integration along the plans of the Régie Régionale for adult and pediatric neurosurgery.

INTEGRATION WITHIN THE MUHC

Since the creation of the Division of Neurosurgery in 1991, there has been significant efforts and good will expressed to increase the participation of the four

centres in its academic and clinical activities. Each centre has now two representatives on the Training Committee who are actively involved in the selection, teaching and evaluation of neurosurgical residents. In the clinical sphere, we have for three years conducted interhospital rounds on a rotation basis at each of the teaching units. Although these meetings are instructive and fruitful, they illustrate the difficulty of gathering together a group of busy clinicians and residents on a regular basis in different parts of the city. During the last two years now, we have developed further the concept of interhospital appointment and all McGill neurosurgeons can now take advantage of admitting and operating room privileges at the MNH to benefit from some of its outstanding facilities. The process of recruitment and selection is mainly the responsibility of the Executive Committee of the Division made up of the Chiefs of Neurosurgery at the four hospitals so that no unilateral hiring takes place without previous consultation and planning. Over the last year, within the frame of the MUHC, a Neuroscience Task Force Committee has undergone an in-depth review of ►

Residents Presently Enrolled in the McGill Neurosurgery Program

Cornelius LAM	R VI	University of Colorado
Raquel DUREZA	R V	University of Maryland
William Won-Sik CHOI	R IV	McGill University
John (Dongwoo) CHANG	R IV	Temple University
Gordon Kwok Tung CHU	R IV	University of Western Ontario
Dr Kamal BALKHOYOR	CF IV	King Abdulaziz University
Dr Isam KHOJA	CF III	King Saud University
Dr Jeffrey ATKINSON	R III	University of Toronto
Dr Jongsoo PARK	R III	University of Rochester
Dr John CIFELLI	R II	New Jersey Medical School
Dr Steven ZIELINSKI	R II	McGill University
Dr Joseph SHEHADI	R II	University of Rochester
Dr Jean SU	R I	University of Calgary
Dr Vijay BALASINGAM	R I	McGill University
Dr Mohammad ABU REMSH	R I	King Abdulaziz University
Dr Roger AVERY	R I (97/98)	Memorial University of NFLD
Dr Sandeep MITTAL	RI (97/98)	McGill University
Dr Ghanen AL-SULAITI	CF 1 (97/98)	King Faisal University
Dr Warren BOLING, Jr.	Jeanne Timmins Fellowship	Texas Tech School of Medicine

► all the neurological and neurosurgical activities at the MGH and at the MNH, as well as those at the MCH and JGH. It has proposed and implemented the creation of thematic groups which have demonstrated the need for a structured and group approach in the treatment of neurological and neurosurgical diseases. Unfortunately, in terms of timing, the planning activities of this committee were largely completed by the time the directives and plans of the Régie Régionale and those of the Association of Neurosurgeons became known. These two parallel processes differed in terms of recommended outcome, e.g., the Régie has recommended siting of Neurosurgery in Montreal to be only in 2 or 3 centres, whereas the Neuroscience Task Force at McGill made only a few single siting recommendations. The numerous recommendations of this task force will be most useful to enhance and integrate all activities pertaining to patient care, teaching and research in neurosciences.

THE POSITION OF THE ASSOCIATION OF NEUROSURGEONS OF QUEBEC

For the last two years, the Association of Neurosurgeons of Quebec has been working on a global plan for neurosurgery in Quebec. Among several major changes it is proposing: - 1) A reduction in the number of neurosurgical centres across the Province and the creation of major centres associated with the Universities, where state of the art equipment and facilities would be available. The Association's recommendation is to maintain only two major centres for adult neurosurgery on the Island of Montreal, one at Université de Montréal and one at McGill University. 2) A "plan de pratique" which is supported by the Federation of Specialists of the Province of Quebec and will be part of a general agreement with the Government. 3) A system of "rétribution forfaitaire" corresponding to a job description (work done on-call, operative procedures performed, number of consultations, administrative work, etc.). This would mean the end of fees for services. Such a formula and

form of retribution will have a profound impact on the practice of neurosurgery especially in academic centres.

THE PERSPECTIVE OF THE REGIE REGIONALE FOR MONTREAL CENTRE

Meanwhile, last fall, the Régie Régionale has struck a committee which has been looking at the practice of neurosurgery on the Island of Montreal. The Régie's main scenario has also been the closing of most of the neurosurgical units on the Island with the recommendation of maintaining only two major centres for adult neurosurgery: one at the Université de Montréal and the other at McGill University. The Comité Provincial de Traumatologie recommended to the Régie to maintain a unit of neurosurgery in trauma centres such as Sacré Coeur and The Montreal General Hospital. According to this scenario, at McGill and within the frame of the MUHC, there would have been a centre with two sites, a primary centre at the MNH with the MGH providing trauma care. This would also have meant the closure at the JGH and the transfer of its activities to the MNH. The Régie's representative clearly stated that they would have the power to transfer funds and budgets, to increase the number of beds, the number of operating rooms, and the number of surgeons in the contemplated primary centres. The present position of McGill University and that of the Division of Neurosurgery is that it would like to maintain all its units including the JGH mainly because there are at the moment no guarantees that transfer of funds, personnel and budgets would be adequate. The Régie has even considered decreasing the budget for the MNI based on inadequate data pertaining to duration of stay and "efficiency". It is likely that the McGill's position will be interpreted as status quo and not retained as a practical solution. We nevertheless hope that if and when fusion occurs the guarantees will be there to provide the same quality of care and access to treatment for the patients as well as ►

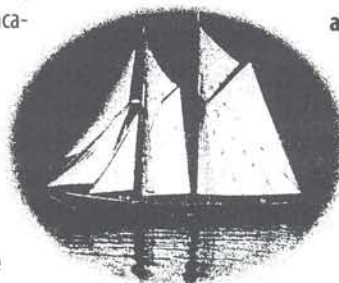
101ST MEETING OF CANADIAN ASSOCIATION OF UNIVERSITY SURGEONS, MAY 3RD & 4TH, 1997

With Dr. David S. Mulder presiding, the C.A.U.S. had an excellent meeting in Halifax. All those attending were delighted

CAUS Meeting

with both the social and academic programs arranged by Dr. Chris Jamieson of Dalhousie University. This meeting was held in conjunction with those of the Canadian Surgical Chairmen and the Association of Canadian Medical Colleges. On Saturday afternoon, there was a symposium on **Core Surgery** moderated by Dr. Mulder. A highlight of the

afternoon was a presentation by **Dr. Marc Pelletier** entitled *A Surgical Resident's View of Core Surgery*. Also attending were the following from McGill: **Dr. Paul Belliveau, Dr. Robert Estrada, Dr. David Fleischer, Dr. Catherine Milne, Dr. Ed Monaghan, Dr. Lawrence Rosenberg, Dr. Ron Zelt, Ms. Rita Piccione and Jane Hutchison.**



The Bluenose

Next year, the meeting will be in Ottawa under the newly elected President, **Dr. René Lafreniere** of the University of Calgary. ♦

► access to operating rooms for the surgeons. The second recommendation of the Régie Régionale was the establishment of a departmental structure per university program both for the Université de Montréal and for McGill University.

At the moment, the views of the Régie Régionale and that of the Association of Neurosurgeons of the Province of Quebec are very similar on the need to reduce the units and to function within a departmental structure. The major point of disagreement is on the question of trauma coverage. While the Régie and the Comité Provincial de Traumatologie recommend to maintain a department of neurosurgery within the trauma centres, the Association feels strongly that within the frame of the new agreement with the Government on "rétribution forfaitaire," a better coverage of trauma could be accomplished by having neurosurgeons dispatched from a primary centre and available on a full-time basis to cover trauma and to participate in activities at the Trauma Centre.

THE CHALLENGES OF PEDIATRIC NEUROSURGERY

Neurosurgery is at the centre of a controversy as to whether Montreal needs two pediatric centres and specifically two centres of neurosurgery. The Association of Neurosurgery is preconizing a single site for neurosurgery and this position is probably shared by pediatric neurosurgeons as well. This would mean a concentration of all activities with a greater load of cases necessary to acquire and keep the expertise and for teaching. This centre would likely become the centre for pediatric neurosurgery for the whole Province of Quebec. There are at the moment very intense discussions on the future of the neurosurgical units at the MCH and at St-Justine. It is in the best interest of Pediatric Neurosurgery at McGill to be fully incorporated and integrated within a McGill "department" of Neurosurgery. The Division of Neurosurgery is determined to keep Pediatric Neurosurgery within its program

by stressing the unique facilities already existing at McGill for patients' care and teaching of residents. In this dossier, it is of paramount importance to welcome neurosurgeons from the University of Montreal to join our rank with double university appointments, if this is their wish.

THE TRAINING OF RESIDENTS

There is already a major problem with the training and distribution of neurosurgical residents across the McGill Network. The Faculty of Medicine and the Government have issued warnings that the number of residents entering the specialty would be decreased in the forthcoming years. Furthermore, the recent major decision of the American Board of Neurological Surgery to the effect that trainees from Canadian Neurosurgical Programs would no longer be eligible for certification by the ABNS indicates that there will be a further significant decrease in the number of residents at McGill, at a time when it is already extremely difficult to rotate residents at several units. The hospitals and program directors receive grievances regularly from the Association of Residents and hospitals may be fined for this.

WHAT SHOULD BE MCGILL'S POSITION?

There is no consensus on this matter because a rational approach to solving these many issues cannot make abstraction of the legitimate loyalties of all neurosurgeons to their own unit. As the Divisional Chair of Neurosurgery at McGill, I believe though that maintenance of the status quo will seriously limit future academic teaching, research and clinical programs. It is critical at this time to maximize and consolidate the increasingly limited resources as we merge into the McGill University Hospital Centre and plan for future health care.

There is an immediate urgency to follow the recommendations of the Régie Régionale and proceed with the establishment of a single departmental structure for the ►

N

**NEWS FROM THE DIVISION
OF SURGICAL RESEARCH**

Division Undergoes Reorganization

Dr. Lawrence Rosenberg was recently selected as Director of the Division of Surgical Research. **Dr. Anie Philip**, a scientist in the Division of Plastic Surgery, has been appointed as Associate Director of the Division of Surgical Research. Together, they and

an expanded executive committee have begun the task of re-designing the graduate program in Experimental Surgery.

As part of the planned changes, **Dr. John Sampalis** has been asked to develop a new 6 month stream in Surgical Epidemiology, with an emphasis on technology assessment and health economics. Comments from the faculty are strongly requested during this period of restructuring. Comments may be sent to Dr. Rosenberg at The Montreal General Hospital. ♦

Dr. L. Rosenberg

► **Neurosurgery Program of McGill University.** This would mean the establishment of a Hospital and University Department of Neurosurgery, with the MNH site becoming the primary centre for adult neurosurgery and the MGH site the centre for trauma and other appropriate activities. It would also mean increasing the number of neurosurgeons to 9 and the number of beds for Neurosurgery to 90 at the MNH. The Régie and the Association estimate that 10 beds should be allocated per neurosurgeon. This is becoming possible because the ambulatory trend has decreased the need for in-patient beds in Neurology, while Neurosurgery is a specialty which still need and forever will need in-patient beds for major procedures. The MCH should continue as the core pediatric neurosurgical site and all efforts should be made for this unit to become the primary pediatric neurosurgical centre for Quebec with 4 neurosurgeons.

If, in spite of the major role played by the Division of Neurosurgery at the JGH, the Régie's decision is to close this unit, the neurosurgeons from the JGH would be integrated into the MNH-MNI. Much planification has already been done at the MNH site for development of activities in Neuro-anaesthesia, Intensive Care, and Interventional Radiology. The Planning and Development Committee of the MNH has produced in June 1996 a detailed report summarizing the major findings and recommendations of an in-patient and out-patient task force committee. In regards to Neurosurgery, this report underlines some of the facilities available at the MNH-MNI.

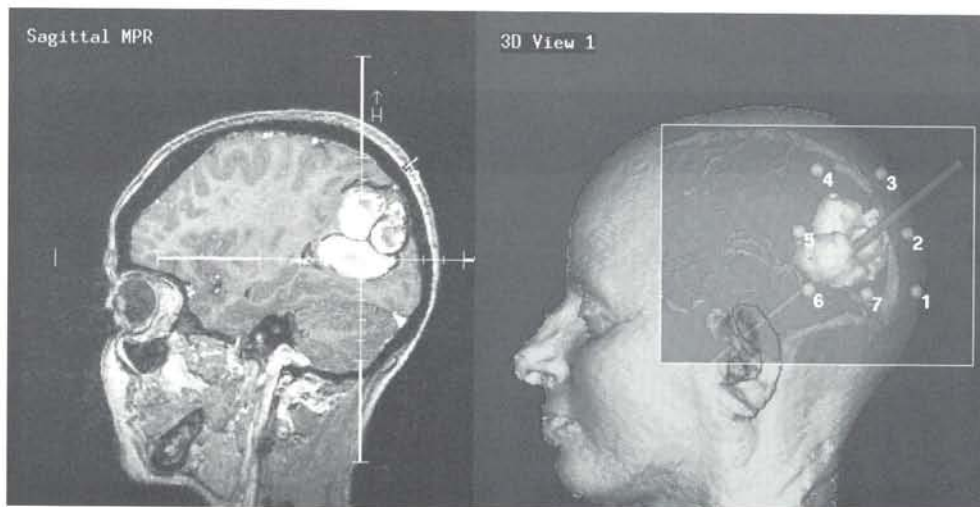
- ◆ In-patients bed facilities: 130 beds capacity, operationally 108, occupancy 75%. Currently under utilized.
- ◆ Operating suite: a well-staffed facility in need of updating but capable of considerable expansion. Currently under utilized.
- ◆ Intensive Care Unit: a fully accredited, full service facility permanently staffed by certified intensivists, equipped to

meet tertiary care standards, staffed by highly experienced nurses. Currently under utilized.

- ◆ Imaging: CT, MRI, angiography, intraoperative angiography, PET: developing multimodality imaging in concert with basic science team. Facilities maximally utilized in most areas.
 - ◆ Interventional Neuroradiology: a developing program in thrombolysis, embolization and endovascular treatment of aneurysms and AVM. Currently under utilized.
 - ◆ EEG and EMG: well-equipped. Currently maximally utilized.
- As indicated in the MNH report, most of these outstanding activities are under utilized. The proposal was for the MNH to become the major MUHC centre for in-patient neurological and neurosurgical services.

In this context, it is absolutely essential to obtain guarantees from the Régie Régionale and MUHC administrators that the transfer and allocations of the necessary budgets would indeed be implemented. Otherwise there would be the risk of having less in-patient beds, less operating rooms, a decrease in the number of operating procedures done and a decrease in the quality of care provided.

It is also important that the governance structure for the Division of Neurosurgery within the Faculty of Medicine be clarified to overcome outstanding issues of accountability. This will greatly facilitate and strengthen future strategic planning for Neurosurgery at McGill. One of the main recommendations of the McGill Neurosurgical Cyclical Review Report (Mitchell Report, June 1994), as well as that of the external reviewer (Tator Report, June 1994) was the creation of a full university department of neurosurgery stressing the importance for such a structure in the process of clinical integration at McGill. This report which represents an excellent review of the activities of Neurosurgery at McGill has been totally neglected and not taken into account at a time when it ►



Example of Image Guided Surgery, used regularly at McGill for removal of intracranial lesion.

► should have been. Furthermore, it is now 20 years since the Department of Neurology and Neurosurgery has been headed by a neurologist and the present structure of governance is no longer adequate. Seventy-five percent of the neurosurgical units in North America have reached a full departmental status. The establishment of a university department of neurosurgery is also along the lines of the Régie Régionale which is preconizing the development of a single departmental structure for the Neurosurgery Program at McGill.

The risks of not following the recommendations of the Régie Régionale and those of the Association of Neurosurgeons are the following: 1) Loss of critical mass of patients and surgeons at McGill for Neurosurgery which could result in most patients being transferred to the major centre at the University of Montreal. 2) Increased difficulty in recruiting the best candidates for a staff position at McGill. 3) Loss of pediatric neurosurgery to the University of Montreal. 4) A risk to jeopardize the well-established international reputation of Neurosurgery at McGill University and that of its training program. 5) A risk of jeopardizing the entire MUHC project of integration into one single centre, as far as Neurosurgery is concerned.

CONCLUSION

The various challenges and problems discussed above should not distract us from clear objectives. The present state of turmoil and uncertainty should be turned into opportunities to further define our goals for Neurosurgery at McGill. McGill Neurosurgery should be on the forefront of the regional, supraregional, national and international scene as far as the quality of care provided to patients, the training of residents and neurosciences research are concerned. In order to attain these goals, we must make sure that we maintain a critical mass of neurosurgeons whose expertise covers fully and optimally all aspects of neurosurgery, i.e., brain tumours, cerebrovascular diseases, spinal pathology, abnormal movements and all aspects of functional neurosurgery including epilepsy surgery.

Neurosurgery has been and still is a matter of pride for McGill University. It is important to maintain and even improve its strength and impact by making the right choices and taking the right decisions while it is still possible. ♦

*André Olivier, M.D., Ph.D.
W. Cone Professor & Chairman,
Division of Neurosurgery*



The Chief Residents General Surgery Academic Year 1997-1998



Dr. Najma Ahmed was born in India and came to Canada at the age of 4. She grew up in Ontario and came to McGill in 1987. She received a Ph.D. Degree in Physiology in 1990 and her M.D.C.M. in 1992. After her General Surgery training, she plans to pursue Critical Care and Endocrine Surgery.

Dr. Abdulwahab Al-Jubab graduated from King Saud University in Riyadh, Saudi Arabia in 1986. He became a fellow of the Royal College of Surgeons in Ireland in 1996. He is married with 3 children and plans to do further training in General Surgery before returning to Saudi Arabia.

Dr. Wadi Bin Saddiq was born in Jeddah, Saudi Arabia. He graduated from King Abdul-Aziz University in Jeddah in 1988. He is the father of two children. He intends to return to Saudi Arabia to practice in General Surgery for two years, then wishes to



return to McGill to pursue his training in Pediatric Surgery. He won the first prize for his paper on fetal surgery at the meeting of the Canadian Association of Pediatric Surgery in Halifax in 1996. His hobby is motorcycling.



Dr. Vinay Badhwar was born in England and raised in Ontario. He did his undergraduate education at the University of Western Ontario and the University of Ottawa where he obtained his M.D. While at McGill, he has done extensive research in the field of mechanical cardiac assist and will obtain an M.Sc. from

the Department of Experimental Surgery. He has been accepted in the C.T. Program at the University of Ottawa Heart Institute. He enjoys working hard and playing hard.

Dr. Jody Bothwell obtained his undergraduate degree at Queen's in 1989 and graduated from McGill Medicine in 1993. He is married to Christine Lamontagne and they have a 4 year old son. Jody plans to do locums after completing his



► training in General Surgery. When his wife completes her residency in Anesthesia in 1999, they will be moving to Ontario to pursue work in a community center.

Dr. Julio Faria was born in Portugal and is a McGill graduate. He did four years of Research in molecular biology of colon cancer and expects to get his Ph.D. in Experimental Surgery. He is undecided between colo-rectal surgery as a career or surgical oncology. He is married to Lilyann who is studying chartered accountancy at McGill and is expecting their first child in December.



Dr. Liane Feldman was born in Montreal. She obtained a B.A. in Cognitive Sciences at Brown University and is a graduate of McGill. She intends to specialize in Laparoscopic General Surgery. She wishes to study for a Master's Degree in Epidemiology. She played intra-mural hockey at McGill and is married to attorney Hillel Rosen.



Dr. Brett Ferdinand graduated from McGill Medicine in 1993. He plans to pursue further training in General Surgery following his residency.

Dr. Prithvi Legha did his undergraduate and graduate degree at Oxford in the U.K. and his post-graduate degree at Oxford and UCSF. He is married to Shivi, an art historian. His long-term plan is to continue in General Surgery with an interest in hepatobiliary and laparoscopic surgery.

Dr. Laurie Morrison graduated from McGill in Psychology and then Medicine, and plans to practice vascular surgery in a community hospital.



Dr. Tarek Razek is a longstanding Montrealer. He is a graduate of McGill University, receiving his B.Sc. in 1989 and his M.D.C.M. in 1993. He is getting married to Karen Brown on July 26, 1997, and after his general surgery training plans to do a Fellowship in Trauma/Critical Care. ♦



Welcome Aboard



McGill Core Surgery Residency Training Program July 1, 1997 through June 30, 1998.

R - 2

1. Gavsie, Adam (Oct 20/97- May 3/98) (Uro)
2. Shehadi, Joseph (NS)
3. Thacker, Ike (Ortho)

R - 1

1. Al-Dhahri, Saleh (ENT)
2. Al-Jabri, Badr (GS)
3. Al-Jassir, Fawzi (Ortho)
4. Al-Obaid, Abdulrazzaq (Ortho)
5. Al-Sulaiti, Ghanern (NS)

- | | |
|--------------------------------|--|
| 6. Andtbacka, Robert (GS) | 20. Macelar, Dragos (til May 3/98) (Ortho) |
| 7. Avery, Roger (NS) | 21. Medeiros, Lori (GS) |
| 8. Bui, Paul (GS) | 22. Mittal, Sandeep (NS) |
| 9. Campisi, Paolo (ENT) | 23. Morissette, Annie (Ortho) |
| 10. Charlebois, Patrick (GS) | 24. Parker, Wendy (PI) |
| 11. Chedrawy, Edgar (CT) | 25. Rabah, Danny (Uro) |
| 12. Cohen, Danny (Uro) | 26. Steinitz, Daniel (Ortho) |
| 13. Ehrensperger, Eric (Ortho) | 27. Stephenson, Andrew (Uro) |
| 14. Hakim, Jonathan (Uro) | 28. Sobol, Steve (ENT) |
| 15. Husein, Murad (ENT) | 29. Tan Michael (till Mar 8/98) (GS) |
| 16. Jamjoom, Hytham (PI) | |
| 17. Karsan, Naznin (GS) | |
| 18. Khan, Atif (GS) | |
| 19. Lo, Kirk (Uro) | |

Dr. Jeffrey Barkun presented a paper on *Quality of Life after Hernia Repair* at the meeting of the Quebec Association of General Surgeons in Murray Bay, May 30. The co-authors were **M.J. Wexler**,

KUDOS !!

S. Bertieff and **J.L. Meakins**.

Dr. Paul Belliveau was invited to be an "expert" on a panel of three General Surgeons discussing *Cancer of the Colon and Rectum* in Murray Bay on May 31 at the meeting of the Quebec Association of General Surgeons.



Dr. Roland Charbonneau

Dr. Roland Charbonneau, plastic surgeon at the RVH and at Notre Dame Hospital, was nominated Director of the Plastic Surgery Division at the University of Montreal in August of 1997.

Dr. Richard L. Cruess will be giving the Gallie Lecture at the meeting of the Royal College in Vancouver at the end of September.

Dr. Francois Fassier, Chief of Orthopedics at the MCH, was given the Teaching Award by the Resident Staff in Orthopedic Surgery for the past academic year.



Dr. Hélène Flageole presented a paper at The American Pediatric Surgical Association, May 1997 in Naples Florida, on which **Dr. J.-M. Laberge** was a co-author. The title was *The Plug-unplug Sequence: An Important Step to Achieve Type II Pneumocyte Maturation in the Fetal Lamb Model*. Dr. Flageole was also co-author on a video presented at

the same meeting entitled *Fetoscopic Umbilical Cord Obliteration in case of Abnormal Monochorionic Multiplet Gestation*.

Dr. Philip Gordon will be the moderator of a panel discussion on the *Treatment of Difficult Fistulas* at the 96th Annual Convention of the American Society of Colon and Rectal Surgeons in Philadelphia, June 22nd to 26th.

Dr. Rob Koenekoop, Ophthalmology, received an FRSQ Fellowship Award for three years and he will continue his activities in the Surgical Research Laboratories at the MCH with his main focus on the genetic aspects of ophthalmological hereditary diseases.



Dr. Jean-Martin Laberge has been appointed Chairman of the Examination Board in Pediatric General Surgery for the Royal College of Surgeons of Canada in 1997, after serving five years as an examiner. Dr. Laberge was also the guest lecturer last fall at the Congrès de Médecine Foetale, Cannes France. He presented on *Diagnostique anténatal des malformations adénomatoïdes du poumon: l'expérience canadienne*.

Dr. M.-Lucie Lessard of the RVH is the Editor of the Textbook *Everyone's Guide to Out-patient Surgery*. This textbook adapted by the Canadian Medical Association is published by the Summerville House Publishing Company in Toronto.

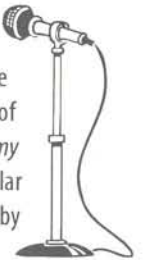


Dr. Jonathan L. Meakins has been appointed Vice-President of the International Confederation of Surgical Colleges. In addition, he has been made a member of the *Conseil médicale du Québec* - the Ministerial Advisory Committee. In April, he was the Capper/Hermanson Visiting

Professor of Surgery at the Beth Israel Deaconess Medical Center in Boston.

Dr. Richard J. Novick (McGill CVT program 1985-1987) has been promoted to Professor of Surgery at the University of Western Ontario. He was also recently appointed to the Editorial Board of the *Annals of Thoracic Surgery*. Dr. Novick sends personal regards to former colleagues at both the RVH and MGH.

Dr. Daniel Obrand was an invited speaker at the Toronto Vascular Surgery Symposium held April 3-5, 1997, at which time he discussed *Thrombolysis, Thrombectomy and Embolectomy*. He also was the co-ordinator and discussant of *Atherectomy and Endarterectomy* at the 2nd Annual Endovascular Surgery Workshop sponsored by the Society for Clinical Vascular Surgery in Boston, Ma., June 4-6, 1997.



Dr. Lawrence Rosenberg and a colleague at Eastern Virginia Medical School, Dr. Aaron Vinik maintained that they have identified the gene responsible for regenerating islet cells in the pancreas. They have named this gene INGAP for Islets Neo-Genesis-Associated Protein. They have a patent on INGAP and its products and they have given Eli Lilly & Co. sole rights to exploit them. Is a cure for diabetes in the offing? Lawrie together with **Dr. William Duguid** of the Department of Pathology, were part of an international team to identify a novel gene that is responsible for the induction of islet cell neogenesis. This work was recently published in the May issue of *J.C.I.*



Dr. Hani Shennib has been nominated to the committee on international relations of the Society of Thoracic Surgeons. He has travelled extensively presenting papers in Hanover, Germany as

well as in London, England in April. He was a visiting professor to the Department of Surgery at Kuwait University last December and was also a guest lecturer to the Annual Egyptian Society of Chest Medicine in Cairo, Egypt. In June, he went to Hong Kong to lecture on the *Evolving Strategies in Minimally Invasive Cardiac Surgery* to the Asian Pacific Cardiovascular Society.



Dr. Christo Tchervenkov presented the following papers dealing with the Montreal Children's Hospital experience with repairing complex heart defects in the neonatal period and infancy. The first paper presented at the 33rd Annual Meeting of the Society of Thoracic Surgeons in San Diego in February 1997 was entitled *Single-Stage Arterial Switch*

with Extensive Aortic Arch Enlargement for Transposition Complexes with Aortic Arch Obstruction. The second paper entitled *One-Stage Midline Unifocalization and Complete Repair in Infancy Versus Multiple Stage Unifocalization Followed by Repair for Complex Heart Disease with Major Aortopulmonary Collaterals* was presented at the 77th Annual Meeting of the American Association for Thoracic Surgery in Washington in May 1997.

Dr. Jean Tchervenkov presented a very important paper at the meeting of the American Surgical Association in Quebec City in April. It was entitled *Recurrence-free Long Term Survival Following Liver Transplantation for Hepatitis B Using Interferon-Alpha Pre-Transplant and Hepatitis B Immune Globulin*. The co-authors of this paper were **Joseph Tector, Peter Metrakos, Nahel Elias, Jeffrey Barkun, Averell Sherker, and P. Cleland**. This ad-

dress was sponsored by **Dr. Jonathan L. Meakins**. He also addressed the Quebec Association of General Surgeons in Murray Bay on May 30. His topic was *Orthotopic Liver Transplantation for Hepatitis B Cirrhosis in a Superior Indication to Hepatitis C: A Single Center Experience*. The co-authors were **A.J. Tector, J. Fridell, P. Cleland, A.H. Sherker, P. Metrakos, E. Alpert and J.S. Barkun**.

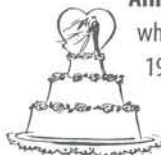
Dr. Garrett Walsh of the MD Anderson Cancer Center of the University of Texas is a member of the faculty for Surgery Board Review Courses sponsored by the Osler Institute in 1997.

Dr. Bruce Williams was awarded the Agora Trophy and made an Ambassador to Montreal for the recent activities in the management of scientific meetings here. ♦



Achievements Residents and Fellows

Congratulations to **Dr. Shaf Ahmed and Susan Geishardt** who were married on April 21st, 1997 in Jamaica. Shaf is doing his Cardiothoracic Residency Training in Chicago.



Dr. Aayed Al-Qahtani and wife **Jamilah Al-Mohammed** along with their daughter Yara are delighted to welcome their baby boy Sultan weighing 4 kg born on May 20, 1997 at the RVH.

Congratulations to **Dr Renzo Cecere and Nathalie Petrucci** who



were married on May 10th, 1997.

Dr. Peter Chan received the first prize of research presentation in the St. Lawrence Urological Group meeting at Chateau Montebello in February 1997 for his recent work entitled *Preservation of Penile Erectile Function Post-Prostatectomy in Rats Using a Micro-Surgical Procedure with Sparing of the Antero-Lateral Branches of the Cavernous Nerves*. Peter also has a chapter entitled *Drug-Induced Sexual Dysfunction* which was published this spring in Dr. Angelos Halaris' book "Sexual Dysfunction" of the Baillière's Clinical Psychiatry Textbook. The co-au-



Dr. Peter Chan



Dr. Gerald Brock

thor of these works 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.

Dr. Talat Chughtai has been accepted for an elective in May and June at the Aga Khan University in Islamabad, Pakistan. He is the son of **Dr. M.S. Chughtai** at St. Mary's Hospital and he promises to give us an account of his trip on return.

Dr. Sandra Kay presented a paper at the meeting of the American Pediatric Surgical Association in Naples, Florida entitled *Injection Sclerotherapy in the* ▶

► *Treatment of Rectal Prolapse in Infants and Children.*

Dr. Stephen Korkola and his wife Emma are the proud parents of a son Benjamin Michael born on April 7, 1997 at the RVH weighing 8 pounds, 5 ounces.

Dr. Kent Mackenzie presented a paper at the Annual Eastern Vascular Society meeting in Atlantic City, New Jersey



*Benjamin Michael Korkola,
2 wks*

entitled *The Predictive Value of Intraoperative Duplex for Early Primary Vein Graft Patency in Lower Extremity Revascularization.*

The paper was co-authored by **Drs. Andrew Hill and Oren Steinmetz.**

Congratulations to **Dr. Steven Paraskevas** who ran the Boston Marathon on April 21, 1997. The course is 26 miles and his time was 3 hours and 25 minutes. Way to go Steve!



Dr. John Tsang and **Dr. Sylvie Jones** are the proud parents of a daughter Mattea Olivia who was born on April 8th, 1997 weighing 7 pounds, 13 ounces. ♦

EDM



On April 2nd, 1997, The Montreal General Hospital hosted the 7th Annual McGill Urology Research Day. This yearly event is a showcase of laboratory and clinical research activities in the Division of Urology across all teaching hospitals.

Urology Research Day

This year's research day was organized by **Dr. Simone Chevalier**, Head of the Urologic Oncology

Research Laboratory in the MGH-Research Institute and by **Dr.**

Arman Aprikian, assistant attending surgeon in the Urology Division. After opening remarks by **Dr. Mostafa Elhilali**, Director of the Division of Urology and **Dr. Claude Gagnon**, Director of the McGill Urology Research Division, the guest speaker was introduced. The invited guest was **Dr. Leland Chung** from Virginia, who is one of the leading basic scientists in the field of prostate cancer research. Dr. Chung spoke to us about new animal models of prostate cancer and the developing field of molecular surgery, incorporating surgical and genetic treatments. His stimulating presentation was well received by all who attended. This was followed by twelve 10-minute presentations by students, post-doctoral fellows, clinical fellows and residents. The topics of research covered various areas of basic and clinical urology, including molecular studies of prostate and bladder can-

cer, impotence, infertility, bladder physiology, pediatric urology, and immunology. Each presentation was followed by 2-3 minutes of discussion, which at times was quite lively. In the end, a panel of 3 members of the Division (Drs. Arsenault, Tanguay and Taketo) and the guest speaker were asked to choose the 3 best presentations. These were **Mr. Allard**, **Mr. Bealieu** and **Dr. Seyam**. The awardees received a cheque of \$250.00 each. At the end of the scientific session, cocktails followed by a buffet dinner was served. The entire event was supported by various pharmaceutical companies and was attended by approximately 50 persons. It was a great success. The 8th Annual McGill Urology Research Day will be held in the spring of 1998 at the Royal Victoria Hospital. ♦



Royal Victoria Hospital Ambulance, 1908

T

he Federation of Medical Residents of Quebec is negotiating a new collective agreement with the M.S.S.S.

Resident Numbers/ Resident Collective Agreement

By Anne-Marie MacLelland, M.D.

In the present collective agreement, residents can only be on call 6 to 28 days in house (7 in 28 does not work out due to other constraints of article 12 in the present collective agreement), or 10 in 30 days at home call (i.e. 1 in 3 at home call).

Most McGill Residency Programs and hospital services have adapted to the present collective agreement. Hospitals, Division Heads, Department Chairs have been finding creative ways to deal with service needs. However, there are still a few hospital services where the educational needs of residents would be better met if there was much less emphasis on service needs.

The Royal College of Physicians and Surgeons of Canada Accreditation Committee looks very carefully at service versus education issues and seems to be in the habit of putting Residency Programs on provisional approval where issues of service seem more important than pedagogical issues.

It is also very important to realize that the number of the residents allowed into specialty training in Quebec is going down and will continue to go down for several years. For the past five years, there have been 330 entry into specialty residents in Quebec. In 1997, there are 308 entry into specialty residents. It appears that by the year 1999 there will only be 250 or 260 entry into specialty residents. The number of Family Medicine residents will also continue to vary. Hospital services must be looking at alternatives to resident coverage of service needs. Program Directors are being asked along

with their Residency Program Committees to ensure that residents are receiving the education and clinical exposure that meet the training requirements of the Collège des médecins du Québec and the Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada. Some programs, for pedagogical reasons, have decided to adopt new methods of deploying residents within the teaching hospital network, i.e. 2 or 3 residents at different levels of training will spend 3 to 6 months in one hospital and then for the next period of time move to another hospital leaving the first hospital without residents. The staff in those specialties have adapted to doing their clinical work without residents and then concentrate their teaching energies when they have this critical mass of residents for a finite period of time.

McGill University continues to attract residents from all over the world and from other Universities in Quebec. Residents will go to the Universities where they will get the best educational experience. Other University Centres across Canada, facing the same challenges, have adapted in different ways. Program Directors will soon be making up the master schedule for the academic year 1997/98. I count on your help to give support to the McGill Program Directors whose mandate is to ensure the best educational experiences for residents while following the training goals and objectives of the Collège des médecins du Québec, Royal College of Physicians and Surgeons of Canada, and College of Family Physicians. ♦

Anne-Marie MacLelland, M.D.

Associate Dean, Postgraduate Medical Education

McGill University Faculty of Medicine Postgraduate Medical Education Quota Statistics:
Specialty Statistics

Quota Group	1990/91	1991/92	1992/93	1993/94	1994/95	1995/96	1996/97
New Residents	150	127	151	135	131	136	113
Returning Residents	318	361	330	386	411	444	446
Transfers from Quebec Schools	14	8	12	10	6	9	13
American Quota	36	36	36	34	31	27	29
Canadian Transfer	24	22	21	23	21	21	20
Non-University Positions	18	20	14	12	13	8	5
Retours de Pratique	9	8	9	5	1		4
International Medical Graduates	45	45	45	42	29	23	32
Middle-East Fellows	50	58	59	74	82	97	98
Fellows	82	55	41	51	53	25	29
Superfellows	20	14	16	22	25	33	21
	766	754	734	794	803	823	810

Surgical research has a long and illustrious history at McGill University. The recently created Surgical Scientist Program is an attempt to consolidate and strengthen research within the McGill Division of General Surgery. There have been

The Surgical Scientist Program

By Andrew Seeley, M.D.

numerous changes in General Surgery training over the last few years, and research training has not been exempt. In the past, the third year of residency (PGY3) was a mandatory research year. A more flexible approach in surgical research has been developed at McGill that allows residents to determine their research experience in accordance with their career goals. Presently, general surgery residents have the option of pursuing one of three choices in their third year of residency: pursue a clinical year with no research; a six month project along with an introduction to epidemiology and biostatistics;

and the third choice, the Surgical Scientist Program. The three choices reflect McGill's goals to train both community and academic surgeons. As a resident enrolled in the Surgical Scientist Program, I have been asked to describe the program as well as my experience.



Andrew Seeley

The Surgical Scientist Program is available for any General Surgery PGY3 who is interested in pursuing an academic career in General Surgery. Applications are submitted to the Director of the program, **Dr. Nicolas V. Christou**. All those accepted in the Surgical

Scientist Program must apply to the Faculty of Graduate Studies and must be accepted into a program leading to either an M.Sc. or Ph.D. degree. In accordance with the guidelines for a Masters or Doctorate thesis, coursework in Experimental Surgery, including biostatistics and epidemiology, is part of the Program. Each resident in the Surgical Scientist Program will undertake a project in general surgery in one of the established surgical laboratories at McGill, under the supervision of a Student Committee consisting of the project supervisor, and two additional McGill surgical staff. A written and oral presentation of the thesis is required. In addition, residents in the Surgical Scientist Program are encouraged to teach various topics to medical students rotating through General Surgery. In summary, the Surgical Scientist Program provides residents with excellent research training in experimental surgery, and concomitantly, enhances productivity in research laboratories at McGill.

On a more personal level, the Surgical Scientist Program has been a rewarding educational experience. The research experience includes developing an intellectual reservoir in the field of research in addition to reading in general surgery. The formulation of hypotheses is the most creative aspect to the research and, in my experience, it has been the most interesting. The laboratory work itself provides numerous learning opportunities; in other words, many mistakes are made. The discovery and tabulation of one's results, anticipated or not, is very sweet; but quickly followed by the realization that much more work is required. Finally, the presentation of the results, and the defense of one's work represents the culmination of the scientific method.

The opportunity to teach has become increasingly available, and I expect this responsibility will grow in the coming year. The art of teaching is an essential component to an academic career in General Surgery, and should be taught in the Surgical Scientist Program.

Resident training in the McGill Division of General Surgery is undergoing much constructive change under the leadership of our new Program Director, **Dr. Judith Trudel**. The Surgical Scientist Program is an integral component of General Surgery resident training, allowing residents interested in an academic career to receive excellent research training. ♦

CONGRATULATIONS

The following passed the qualifying exams in General Surgery of the Royal College.

Mohammed Al-Zahrani

Sarah Bouchard

Stefanie Helmer

Brian Mott

Zafer Rasim

Sameer Softa

Sadeesh Srinathan

EDM

Montreal, April 17, 1997, The Montreal General and the Royal Victoria Hospitals reaffirmed today their longstanding commitment to providing health care services in a bilingual, courteous and respectful manner.

Hospitals Clarify Language Policy

"Our hospitals have strong roots in the English community, and we are proud of our heritage as well as of our affiliation with McGill. Our primary concern is patient care and with putting the public at ease from the moment they come into contact with our institutions," explained Senator David Angus, Chairman of the Board of The Montreal General Hospital. "Whether you are a patient or a friend or relative of a patient, it is normal to be anxious when preoccupied about an individual's health. We want to relieve that tension by pro-actively indicating the availability of services in both languages at the first point of contact".

The hospitals also reiterated that recent reminders to staff were intended as guidelines for the implementation of the well-established policy regarding bilingual point of contact service. "As has been our practice for many years, we are suggesting that staff use French first in initiating contact with patients as well as in voice mail messages," noted Charles McDougall, Associate Executive Director of the Hospitals. "What is key is that both English and French be used at the initial point of contact, and we are relying on the good judgement and sensitivity of our staff in communicating with the public".

In clarifying the situation, Claude E. Forget, Chairman of the Board of the Royal Victoria Hospital stated, "We are public institutions with a mandate to provide professional health care to patients, whether francophone, anglophone or allophone. We believe common sense requires us to provide service to people in their language of choice. Our aim is to communicate with the individual with dignity and respect and in a manner that he or she can understand". ♦

The Square Knot notes with regret the departure of one of our longstanding colleagues, **Dr. Bernard (Bernie) Costello**, who left in the beginning of April to join an orthopaedic practice in Lethbridge, Alberta. Bernie has been a member of the Orthopaedic Division at the RVH since completing his training and a knee fellowship in the 70's. On completing his residency, Bernie first joined the

Departures

By W.D. Fisher, M.D., FRCS(Ed)

RVH as a member of the Emergency Department and then transferred to Orthopaedics shortly thereafter. From the very beginning, he had a special interest in the knee joint, and in particular was involved in the early development of the subspecialty of Sports Medicine. Nonetheless, he maintained throughout his career at McGill a wide ranging interest including a special interest in trauma, and in particular the management of complex pelvic injuries. It is, however, in the field of Sports Medicine that he will be missed, in particular by the members of Les Grands Ballets Canadienne with which he had a longstanding connection with a special interest in the complex injuries to which these athletes are prone. He was also involved with the Canadian Ski Team as orthopaedic adviser and represented Canada as one of the medical team at the Soeul Olympics in 1988 along with the Canadian Rowing Team. Fol-

lowing the re-organization of the Orthopaedic Accident Emergency Services, he acted as Service Chief on Surgical 10-West where he was involved in the organization of our very successful and efficient Day Surgery Unit.

We all wish him well in his move out west both professionally and in re-establishing roots in a new and very different environment. ♦



The Montreal General Receives a New CT Scanner

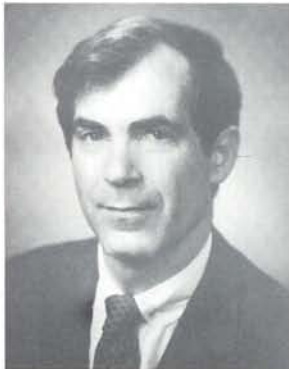
This one million dollar state-of-the-art scanner will be located in the Emergency Department and will be particularly useful for trauma patients. The MGH has three other older scanners in the Radiology Department. **Dr. Patrice Bret**, Chief of Radiology, affirms that it will lessen the waiting time for CT scans requested by the Emergency Department. There are currently 70 CT scanners in Quebec Hospitals. ♦

EDM

Fraser

Gurd

Day



Visiting Professor Ralph Clayman

May 15, 1997

The 1997 Fraser Gurd Visiting Professor was Dr. Ralph V. Clayman who is Professor of Urologic Surgery & Radiology at Washington University School of Medicine



Awards

TEACHING EXCELLENCE AWARD (STAFF)

Dr. Rea Brown

TEACHING EXCELLENCE AWARD (RESIDENT)

Dr. Sarah Bouchard

EXCELLENCE IN BASIC SCIENCE RESEARCH

Dr. Steven Paraskevas

Dr. Paul Manner

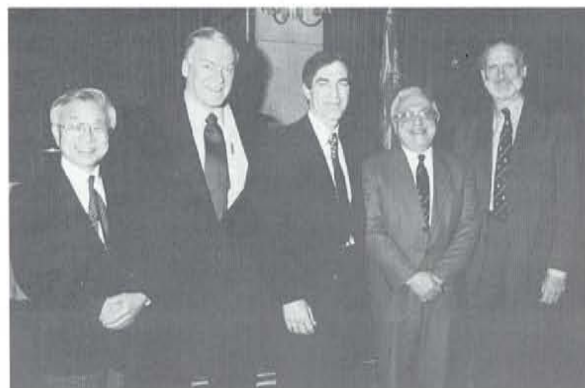
EXCELLENCE IN CLINICAL SCIENCE RESEARCH

Dr. Mohammad Elahi

THE KATHRYN ROLPH AWARD

Dr. Judith L. Trudel





D

CTOR RETURNS TO HAITIAN VILLAGE AS PART OF WHIRLWIND CLINIC

Geography sometimes has a curious geometry. If **Dickens St. Vil** hadn't left Haiti for Montreal, he might never have gotten to Bermuda, which would mean he might never have returned to Haiti.

Doctor Goes Home

The Gazette, Montreal
Monday, April 21, 1997

By James Mennie

Nearly 12 years ago, St. Vil was a surgical resident at McGill University and involved in a rotation program that saw him sent down to Bermuda to work

on trauma cases. While he was in Bermuda, he met an anesthesiologist who had just returned from a medical mission to Haiti.

"We talked about it and I became quite interested," recalls St. Vil, who was born in the town of Léogane in Haiti and lived there until arriving in Montreal with his family when he was 12.

"In 1989 I got a call from him and he asked if I would be interested in going on a mission he was preparing for Haiti. It was such a pleasure to go back where I came from and try and help. Since then, I've been on three missions there."

St. Vil is now a pediatric surgeon at Ste Justine Hospital. And he will be among a team of local doctors who will be leaving next week for Sainte Croix Hospital in Léogane on a humanitarian mission organized by Médecins du Monde, an international, non-profit organization founded in 1980 and dedicated to providing medical assistance to those unable to receive it.

"Why Haiti?" Dr. Réjean Thomas, head of the Quebec chapter of Médecins du Monde, asked during a press conference yesterday. "Simply because Haiti is the poorest country on the planet."

Once in Léogane, the six-member Quebec team will assist local medical personnel in performing operations, checking up on patients they treated during their last visit in April 1996 and, to a certain extent, honing their own skills.

"All you see when you're (in Haiti) is a patient coming to see you and their symptoms," St. Vil said. "You don't have scanners, you don't have ultrasound. You have to decide if a person needs an operation."

"I come back a better doctor. I appreciate even more what I have in Montreal."

St. Vil's first trip to Haiti in 1989 saw him work with patients on the island nation's north shore, opposite the region where he had spent his childhood.

"That mission was largely composed of Americans," he said. "When I came back to Montreal, I asked why we couldn't organize something like that from here?"

St. Vil eventually got in touch with the head of Médecins du Monde. By January 1996, a reconnaissance mission was carried out to determine what kind of assistance was required by Léogane, located outside of Port-au-Prince, Haiti's capital.

"When I was working on the north shore, people there told me there was an even greater need for medical help in the south," St. Vil said.

"But we couldn't just show up. We had to establish contacts first"

In April of last year, the first full mission to Sainte Croix Hospital arrived in time to perform an emergency caesarean delivery.

This year's mission expects to spend five days in Haiti performing 20 to 25 operations and working 50 to 65 hours.

The arrival of the Quebec contingent is usually announced in advance to the telephone-less residents living in the mountains around Léogane, and some people walk 10 hours while carrying children to see the doctors.

"But it's a pleasure to be visited by people who used to know my parents or even my grandparents," St. Vil said.

"They say: 'Here is someone from the region who has come to give us a hand'." ♦



From left to right: Dr. S. Rousseau, Dr. D. St-Vil, and Dr. M. Vartian between cases (all from Montreal).

The Surgical Education Corner

—By R. Zelt, MDCM, MEd, FRCSC

Let's look at what's happening in undergraduate surgery, glance at how the core surgery program evaluation is progressing, thank Rita Piccioni for her outstanding contribution to surgery at McGill and give you a quick update on the Division of Surgical Education.

UNDERGRADUATE

Introduction to Clinical Medicine (ICM) This year's ICM course has again been a success and the second of two 10-week rotations will end on June 20, 1997. We have a new and more detailed evaluation system in place and hope to receive the important data it provides in the coming weeks. Judging from our feedback sessions with the second year medical students, the rotations have been well received with relatively few problems. Much of this success can be attributed to providing the students with a clear understanding of their learning experience in the form of educational objectives and an evaluation system based solely on these objectives. We were pleasantly surprised to have Dr. Peter McLeod from Medicine complement Undergraduate Surgery this spring during our Medical Education Rounds. He studied the use of objectives at McGill in both undergraduate and postgraduate medicine and surgery programs. He interviewed teachers and learners and compiled data over a six month period. Among other interesting findings, he concluded that the program at McGill with the most proper and effective use of educational objectives was Undergraduate Surgery. Congratulations to all who have contributed to this success.

Principles of Medicine (POM)

Remember, the POM's are the old clerks and their eight week rotation concentrates on the work-up and management of the patient. We will be critically evaluating the POM program at McGill beginning in the fall of 1997 to ensure the educational spiral is in place and to provide vertical integration with the

ICM program. During the winter of 1996-97, there was an overlap of the old and new curricula and McGill's teaching hospitals had double the number of clerks and POMs. To help us out, St. Mary's Hospital became a learning centre for our POM program and, once the overlap period ended in February, has continued to take POM students. Feedback from the students has been very positive and we would again like to thank St. Mary's for helping with the often difficult transition between the old and the new programs. Our POMs currently rotate through the following four hospitals: the Montreal General Hospital, the Royal Victoria Hospital, the Jewish General Hospital and, as mentioned, St. Mary's Hospital.

CORE SURGERY

We are currently undergoing a detailed and time intensive internal formative program evaluation of Core Surgery at McGill. We are following a comprehensive template which takes us through all aspects of our current program, helps us identify areas of improvement, allows us to collect data and finishes with a program based on the educational spiral. To help us with the program evaluation, we have a group of surgical residents from the R1 through R5 level who meet with Dr. Zelt every two weeks. I would like to take this opportunity to thank the residents for their contribution to their new program and for their participation in this time consuming venture. A special thanks to... (see chart 1).

I will outline the details of our new program in the upcoming Square Knot. Briefly, we will be a) setting up a cyclical two year unit based learning program covering the principles of surgery,

b) creating a comprehensive surgery skills program, c) providing rotation specific objectives for all clinical rotations and d) improving our evaluation system. We will be phasing in the new program on a near monthly basis beginning in July/August of this year. It is our hope that our program will become the national standard and we are well on the way to achieving this goal.

We have made some changes in the Core Surgery Program Committee. Currently, these are the members of this committee which is meeting monthly now during our program evaluation period (see chart 2).

The number of residents entering our surgical ►

Special Thanks To:	
Salim Abou	R1 - ENT
Ioana Bratu	R1 - General Surgery
Runi Chattopadhyay	R1 - General Surgery
Talat Chughtai	R3 - General Surgery
Victor DaSilva	R1 - Neurosurgery
Tony DiCarlo	R1 - General Surgery
Stephen Kantor	R1 - Orthopedics
Andreas Nikolis	R1 - General Surgery
Marc Pelletier	R3 - Cardiac Surgery
Jose Pires	R2 - General Surgery
Patrick Robinson	R1 - General Surgery
Andrew Seely	R3 - General Surgery
Dan Swartz	R3 - General Surgery

② Core Surgery Program Committee	
Ronald G. Zelt	Chairman
Rita Piccioni	Coordinator
Harvey Brown	Plastic Surgery
Andrew Hill	Vascular Surgery
Jean-Martin Laberge	Pediatric General Surgery
Sarkis Meterissian	General Surgery
Dao Nguyen	Cardiothoracic Surgery
Ronald Pokrupa	Neurosurgery
Michael Tanzer	Orthopedic Surgery
Yosh Taguchi	Urology
Anthony Zeitouni	Otolaryngology

► programs is being decreased steadily by the Quebec Government and we are keeping a close eye on this during our program evaluation. These changes are on the heels of strict new guidelines for the resident on-call scheduling, detailing exactly how many days per month the trainee can be on call, setting limits as to the number of consecutive hours on call and

the number of in house/at home calls. This law has been in place for a few years now and we will now be following the guidelines "to the letter" in all rotations and in all hospitals.

For the year 1997-98, the following is the number of residents beginning in Surgery (see chart 3).

③ Specialty Number of Residents Entering as RI	
Specialty	
Cardiothoracic	1
General Surgery	6
Neurosurgery	3
Orthopedics	6
Otolaryngology	3
Plastic Surgery	2
Urology	3

Obviously, this decrease in numbers will affect both our educational experiences and ward coverage and we are closely monitoring this situation. To make matters even more difficult, the number of residents entering McGill next year is even lower.

DIVISION OF SURGICAL EDUCATION

The division has been created at the Dean's office and presently a search committee is underway, chaired by Dr. David Mulder, looking for a Director. ♦

D

EDICATION EARNS SERVICE AWARD

Rita Piccioni from the Surgical Teaching Office, Department of Surgery, is absolutely thrilled to be the recipient of this year's Award of Excellence in Service given by the Faculty of Studies. The people she works with use the same words over and over in describing her: "kind, helpful, devoted, responsible, efficient".

Above and Beyond

According to **Madeleine Beaulne**, the Administrative Assistant for the Department of Surgery at the Royal Victoria Hospital, "She is much appreciated by the residents for the multitude of services she renders them as well as the personal touch of a sympathetic ear. Her office is a beehive of activity, but paradoxically also an oasis of calm and gathering point for students, residents and colleagues. She always makes time to listen to their problems".

One resident described how hard Rita worked to help him get his visa. "There were mistakes made at nearly every point by Immigration Canada. Rita never lost her cool. She quietly and

efficiently got to the bottom of very problem". He added, "I sometimes wonder if anyone realizes how difficult it would be to administer the educational program or devise a working call schedule without Rita". ♦



Rita Piccioni



Answers to Canadiana

FROM PAGE 4 ~

- 1 **Gardner, Cam and Miller G., Gavin:** *Total colectomy for ulcerative colitis.* *Arch. Surg. Chicago* 63: 870, 1951.
- 2 **Professor Jacques Turcot,** *Robbins Pathologic Basis of Disease, 4th edition, W.B. Saunders 1989, page 897.*
- 3 **R. Roscoe Graham,** Toronto General Hospital: *Surg. Gynecol. Obstet.* 64: 235, 1937.
- 4 **W.E. Gallie,** Toronto - Four year program, early 1930's. *Canadian Medical Schools - Two Centuries of Medical History - 1822 to 1992, N. Tait McPhedran, Harvest House Ltd., 1993, page 81.*
- 5 **Dr. Bernard J.F. Perey** 1964. He worked at the RVH from 1962 to 1965, then went to Sherbrooke for 17 years. Since then, he has been at Dalhousie.
- 6 **Drs. J.C. Luke and K. MacKinnon,** Royal Victoria Hospital 1958.
- 7 **Dr. Harold W. Griffiths** working at the old Montreal Homeopathic which became the Q.E.H. Curare was used for the first time on January 1942 during an appendectomy. *Griffiths, H.R., Johnson G.E., The Use of Curare in General Anesthesia. Anesthesiology* 3: 418-420, 1942.
- 8 **Sir Ernest Rutherford** - early 1900's. *Canadian Medical Schools - Two Centuries of Medical History - 1822 to 1922, N. Tait McPhedran, Harvest House Ltd., 1993, page 44.*
- 9 **Dr. Pierre M. Daloze** - Hopital Notre Dame de Montreal, February 12, 1970.
- 10 **Nicole, F.V., Mathews, W.H., and Palmer, J.D.:** *Malignant Melanoma of the Skin: A Valuable Prognostic Guide in the Choice of Cases for Prophylactic Lymph Node Dissection.* *Can. J. Surg.* 3: 233, 1960. Dr. Fred Nicole is a plastic surgeon and Dr. J.D. Palmer is a general surgeon (retired). They at the time were at the MGH.
- 11 **Gagner, M., Lacroix, A., Prinz, R., et al:** *Early Experience with Laparoscopic Approach for Adrenalectomy.* *Surgery* 114: 1120-1125, 1993. Dr. Michel Gagner trained at McGill, then went to Hotel Dieu Hospital de Montreal. He is now at the Cleveland Clinic.
- 12 **Dr. L.D. MacLean,** RVH - 1962.
- 13 The late **Dr. Walter MacKenzie** of the University of Alberta at Edmonton also was President of the International Surgical Society. *Canadian Medical Schools - Two Centuries of Medical History - 1822 to 1992, N. Tait McPhedran, Harvest House Ltd., 1993, page 158.* **Dr. Charles G. Drake** of London, Ontario was also President of the ACS (1984-1985) and earlier of the Royal College (1972-1974).
- 14 At The Montreal General Hospital, **Bounous, G., Sutherland, N.G., McArdle, A.H., Gurd, F.N.** *The Prophylactic Use of an "Elemental" Diet in Experimental Hemorrhagic Shock and Intestinal Ischemia.* *Arch. Surg.* 166: 312-343, 1967.
- 15 **Webster, D.R., Woolhouse, F.M., Johnston, J.L.** *Immersion Foot.* *J. Bone & Joint Surg.* 24: 785, 1942-4, both of Montreal.
- 16 **Dr. Charles G. Drake,** neurosurgeon, University of Western Ontario (see also Question #13). In his paper, he discussed the urgent direct attack of basilar artery aneurysms in 4 cases. He used clips placed on the aneurysmal neck. In an addendum, there is a 5th case. *Presented to the American Academy of Neurological Surgery, Pebble Beach, California, October 1959.* (Courtesy of Dr. Gilles Bertrand).
- 17 **Dr. Edward Archibald** of the Royal Victoria Hospital. Dr. Archibald was the first man to do a one-stage total pneumonectomy. *The Technique of Total Pneumonectomy.* *Ann. Surg.* 100: 796, 1934.
- 18 **Dr. Edouard Gagnon** of l'hôpital Notre-Dame de Montreal, 1949. (Courtesy of Dr. A.R.C. Dobell).
- 19 **Dr. Wilfrid Bigelow** of Toronto under hypothermia 1951. **Dr. John Callaghan** of Edmonton was the first in Canada to use the Heart-Lung machine in 1956. (Courtesy of Dr. A.R.C. Dobell).
- 20 **Vineberg, A. and Wright, J.:** *Coronary Artery Disease: Myocardial Revascularization by Arterial/Ventricular Implants,* Littleton, Mass., 1982 at the RVH.

EDM

Where You There ?



Student Nurses at The RVH, 1971

CANADIAN ASSOCIATION OF GENERAL

SURGEONS Dramatic changes are occurring in the delivery of Canadian Health Care. Technological advances, hospital re-organization and cuts in funding have all had a profound effect

CAGS Position Statement on Ambulatory Care

delivered. One of the major determinants of these changes is the reduction in funding which has resulted in a desire to obtain the maximum benefit for the scarce health care dollar. This in turn has increased the demand for ongoing outcome evaluation, the development of clinical practice guidelines and other mechanisms of quality assurance.

For General Surgery, one of the most dramatic changes is the shift in the delivery of service from an in-patient to an out-patient basis. Patients undergoing surgery which previously required prolonged hospital stays are now being treated as out-patients. Patients requiring in-patient treatment frequently are admitted to hospital on the day of surgery. Technological advances such as the advent of laparoscopic surgery have facilitated this shift to out-patient based surgery. There are economic and medical advantages which derive from this shift to ambulatory care. However, there is a danger that economic con-

on the way health care in general and General Surgical services in particular are

siderations will override medical considerations in some instances. The Board of CAGS agrees with and encourages out-patient based surgery provided certain principles are met.

THESE INCLUDE:

- 1 It is unethical to define fixed numbers or percentages of procedures which must be performed on out-patients. The numbers or percentages should be determined by the health care needs of the population. Even minor procedures may be more safely performed on certain individuals as an in-patient.
- 2 The final decision regarding the appropriateness of out-patient surgery should be made by the surgeon taking into account the individual circumstances of the patients and his or her condition.
- 3 The quality of care and patient safety must not suffer because of the shift to out-patient services.
- 4 There must be ongoing evaluation of the impact of ambulatory surgery on the overall health and well-being of the population and of individuals undergoing surgery.
- 5 There should be ongoing evaluation of the impact of the shift to ambulatory services on the education of medical students and residents.
- 6 There should be ongoing evaluation of the impact of ambulatory-based surgery on clinical research.
- 7 There must be adequate resources and organizational structures to ensure good pre-operative evaluation, post-operative care and follow-up of patients who undergo ambulatory surgery. ♦

Dr. John A. Waldhausen, Professor of Surgery at the Pennsylvania State University, was this year's Stikeman Visiting Professor for Cardiovascular and Thoracic Surgery at McGill University. Dr. Waldhausen is well recognized for his contribu-

1997 Stikeman Visiting Professor, June 12-13

By Emma Lisi

tions in the surgery of congenital and acquired heart diseases, and on circulatory changes associated with cardiovascular surgery. He is a member of many professional societies and has also served on many editorial boards. Currently, he is the Editor of the *Journal of Thoracic and Cardiovascular Surgery*, one of the world's leading journals in this specialty. Thus, Dr. Waldhausen has not only contributed to patient care and the scientific advance of cardiothoracic surgery, but has also played a leadership role in the education and the organizations of cardiothoracic surgeons.



John A. Waldhausen

At the MGH Surgical Grand Rounds on Thursday morning, June 12th, his topic was *The Century of Cardiothoracic Surgery*. In the afternoon at the RVH Rounds, Dr. Waldhausen spoke on *Mechanical Circulatory Support and Replacement of the Failing Heart*.

During the morning session, residents presented their research work and on Thursday evening during the annual dinner held at the Mount Stephen Club, **Dr. Marc Pelletier** was the recipient of the 1997 Edward Charette Research Prize.

On Friday morning, June 13th, clinical and research presentation by alumni, faculty and residents were presented at the RVH followed by a luncheon. ♦

Dr. Samuel Alonzo Wells Jr. was the 8th Edward J. Tabah Visiting Professor in Surgical Oncology at McGill University on April 2nd and 3rd, 1997.

Dr. Wells graduated from Emory University School of Medicine in Atlanta, Georgia in 1961. Following this, he did a year of

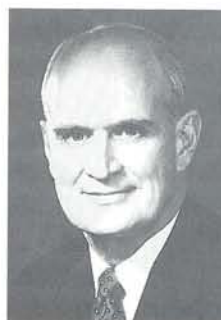
Internal Medicine at Johns Hopkins Hospital, and then served 2 years as a Commissioned Officer in the Public Health Service, working at the Surgi-

cal Branch of the NCI in Bethesda, Maryland. He then began his formal residency training, in the Department of Surgery at Duke University Medical Centre. Upon completion of his residency training, he became Assistant Professor of Surgery at this institution. Simultaneously he served as a Senior Investigator of the Tumour Immunology Section, Surgical Branch, NCI, in Bethesda. After becoming Professor of Surgery at Duke University in 1976, he was selected in 1981 to be the Bixby Professor of Surgery and Chairman of the Department of Surgery at Washington University School of Medicine in St. Louis, Missouri. At present he holds this position, as well as being Surgeon-in-Chief at the Barnes Hospital and Attending Surgeon at three other St. Louis hospitals.

He has had the honour of being president of the following prestigious organizations: The American Surgical Association 1995-96, The Halsted Society 1987-88, The James IV Association of Surgeons 1987-89, the Society of Clinical Surgery 1988-90 and the Society of Surgical Oncology 1993-94. At present, he is Vice-Chairman of the Board of Regents of the American College of Surgeons, as well as a member of the NCI Board of Scientific Counselors. He was also Chairman of the American Board of Surgery from 1988 to 89.

At present, he is Editor-in-Chief of the Journal of the American College of Surgeons and is serving on the editorial boards of 13 prestigious journals. He is the author or co-author of 215 articles in peer-reviewed journals and has contributed chapters to 59 books. In 1993, he co-edited a book entitled *"Atlas of Breast Surgery"*.

Among the many honorary awards that Dr. Wells has received, the most recent is the Joseph H. Burchenal Clinical Research Award from the American Association for Cancer Research



Samuel Alonzo Wells Jr.

(AACR). His main focus of research has been into the Molecular Biology of MEN-1 and MEN-2 and related syndromes. Therefore his lectures to us at McGill University were as follows:

- 1) *The Application of Laboratory Research to Clinical Medicine*
- 2) *Molecular Genetics and the Clinical Oncologist*
- 3) *Multiple Endocrine Neoplasia Type 1*
- 4) *The Molecular Genetics of the Multiple Endocrine Neoplasia Type 2*

His learned discourse on each of these topics was well appreciated by members of the Departments of Oncology and Surgery at McGill University.

Having had a brilliant career as a clinician-scientist, as well as being a role model for many surgical oncologists in the United States, Dr. Wells will be replacing Dr. Paul A. Ebert as Director of the American College of Surgeons on July 1, 1997. We wish him well in his new career. ♦

Where You There in 1965 ?



"What time does clinic start?"

M

**ALPRACTICE LITIGATION INVOLVING
LAPAROSCOPIC CHOLECYSTECTOMY:
Cost, Cause and Consequences**

Malpractice Litigation

By Kenneth A. Kern, M.D.

Objectives: To analyze 44 cases of malpractice litigation involving laparoscopic cholecystectomy for cost, cause, and consequences of civil court actions.

Design: Survey of national jury verdict reporting services, covering 20 states during the 39-month interval from January 1, 1993, to April 30, 1996. The 44 laparoscopic cholecystectomies were performed during the 40-month interval from February 1, 1989, to June 30, 1992.

Main Outcome Measures: Types of injuries leading to litigation, morbidity and mortality from injuries, trial verdicts, and cost of liability payments.

Results: The 44 injuries composed 4 main categories of injuries: (1) bile duct, n=27, 61%; (2) bowel, n=7, 16%; (3) major vascular, n=4, 9%; and (4) other, n=6, 14%. Bowel injuries involved trocar or cautery injury; vascular injuries all involved trocars. There were 7 deaths (16%) overall from either septic peritonitis resulting from bowel injury (4 patients [57%]) or bile peritonitis involving spills or cystic duct leaks (3 patients [43%]). No deaths resulted from injury to main bile ducts. Of the 44 cases, 21 (48%) settled out of court (mean payment, \$469,711). Of the remaining 23 cases proceeding to trial, 19 (83%) were defended successfully, while 4 (17%) concluded with plaintiff jury verdicts (mean payment, \$188,772).

Conclusions: Frequent settlements of cases involving laparoscopic cholecystectomy injuries that are litigated have resulted in a selection of cases of increased defensibility at trial. The high mortality rate from bowel injuries is a new medicolegal finding in laparoscopic cholecystectomies, as expensive to settle (mean payment, \$438,000) as laparoscopic cholecystectomy bile duct injury (mean payment, \$507,000). ♦

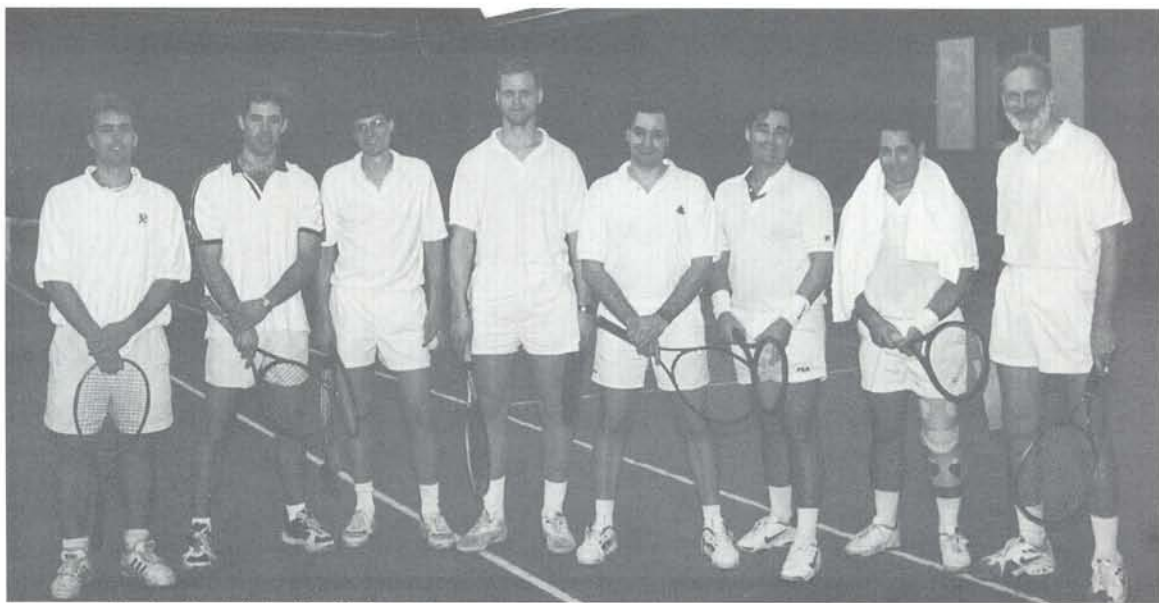
Arch Surg. 1997;132:392-398.

1st Annual "Surgery Open"

By Marc Pelletier, M.D.

The Mount Royal Tennis Club was the site of fierce competition on January 21st, as residents and staff partook in two hours of tennis bravado. Despite the thunderous serves of **O. Steinmetz** and the miraculous net work of **A. Seely**, the night belonged to **J. Meakins** and **M. Pelletier**, who earned 18 and 24 wins (out of a possible

32) respectively. In promising revenge, **J. Barkun** was heard to say "Wait 'till next year. I'll spike their water with versed!" Good fun was had by all at this event which was graciously hosted by **Dr. J. Meakins**. The success of this night will hopefully draw some tennis players from out of the woodwork for what will likely become an annual event. ♦



From Lt: Marc Pelletier, Kent Mackenzie, Oren Steinmetz, Andrew Seely, Jeff Barkun, Brian Mott, Gerry Fried, Joe Meakins

Beattie, Homer W., B.Sc., M.D., C.M., FRCSC, FACS

After a long illness in his 73rd year at the Joseph Brant Memorial Hospital in Burlington, Ontario on May 26th, 1997. Beloved husband of Florence (McGilvray) and dearly loved

father of Scott of Hamilton, Martha Duff of Burlington, Pamela Beattie of Toronto and Mary-Ellen Bertram of Indiana.

Some people see the world as a group of individuals but Dr. Beattie saw the world as a community, to which he made a lifelong commitment. He was Professor Emeritus of Surgery at McMaster University, former Chairman of the Department of Surgery (1978-1988) at McMaster University, and Chief of Cardiovascular and Thoracic Surgery in the Hamilton Civic Hospital from 1965 to 1977. He was a graduate of Bishops University in 1944 and of McGill Medical School in 1949. An avid farmer, he believed you could take the boy out of the country, but not take the country out of the boy.

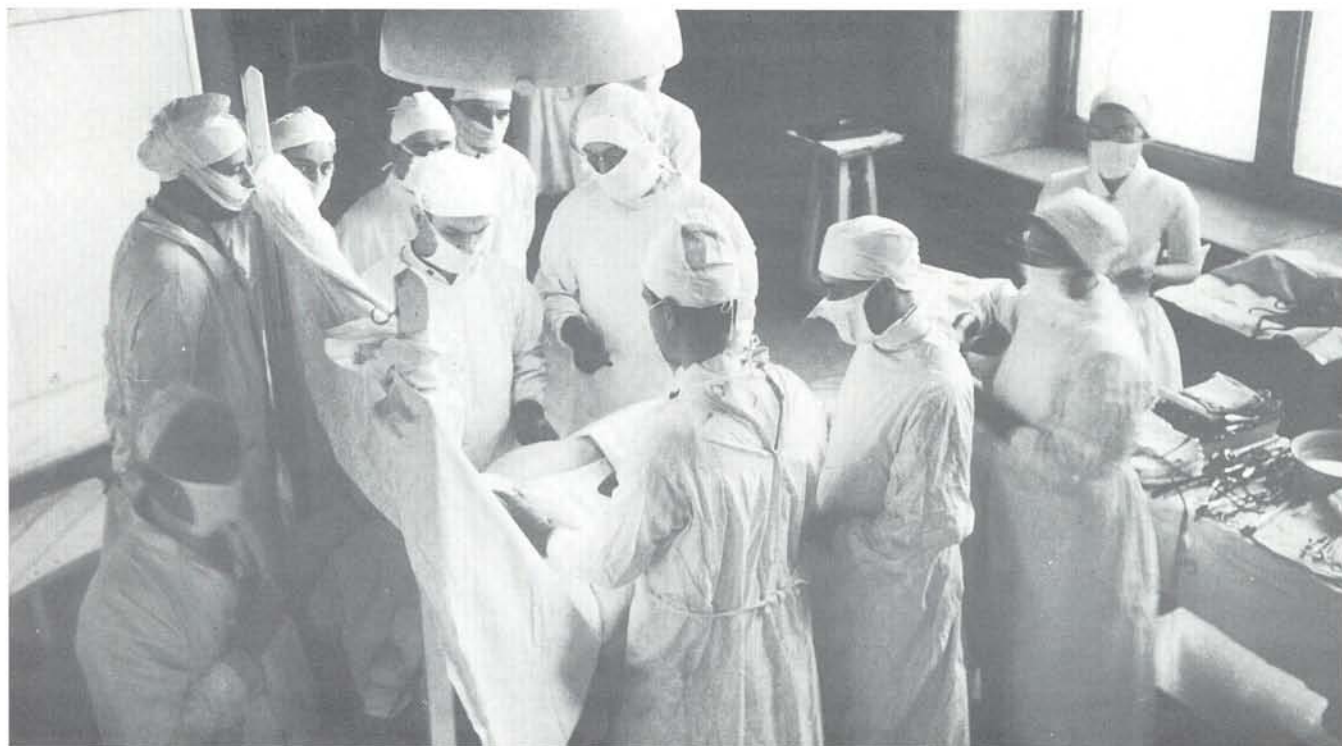
EDM

Doug Waugh, M.D., Ph.D., FRCPC, LLD (Dalhousie) - The passing of Dr. Doug Waugh on April 18, 1997 in Ottawa brought to a close a colourful life of a man who distinguished himself as a pathologist, medical educator, Dean of medical school, writer of books, a freelance writer of essays and humorous articles. Dr. Waugh was born in England, grew up in Winnipeg, received his MD degree and his PhD degree in Pathology from McGill University. He was involved in WWII as a medical officer with the Third Canadian Infantry Division (1942-1946). After the war, Waugh became Executive Director of the Association of Canadian Medical Colleges where he established a system for accreditation of medical schools. Doug survived removal of one lung for cancer, but developed emphysema which required continuous use of oxygen. While this reduced his productivity, he managed with the help of his devoted wife, Shiela. Culminating his distinguished academic career, Dr. Waugh became a freelance writer and completed two biographies, one of Duncan Graham (with Dr. Bob Kerr), another biography of Dr. Maud Abbott. He also finished a book on the Gurd Dynasty at McGill, which was started by Fraser Gurd, but was not completed due to the death of the author. ♦

M. Entin, M.D.

Obituaries

Royal Victoria Hospital - 1933



Dr. Norman Bethune Examining Lung

Operator: **Dr. Edward Archibald**, standing at the left of **Dr. N. Bethune** Assistants: **Dr. Arthur Vineberg, Dr. P. Perron.**

E.D. Monaghan, M.D.
Editor

Emma Lisi
Assistant Editor

Marie M. Cimon
Copy Editor

**The Audio Visual
Department of
The Montreal
General Hospital**
Design & Layout

**Les Services
graphiques, P.R.**
Printing

*All photographs
courtesy of The McGill
Surgery Department*

**McGILL SURGERY ALUMNI
& FRIENDS**

Contributions of \$35.00 are appreciated in ensuring the continued publication of "The Square Knot" and supporting McGill Surgery Alumni activities. Please make cheque payable to the McGill Department of Surgery and forward to Maria Bikas, McGill Surgery Alumni & Friends, The Montreal General Hospital, 1650 Cedar Avenue, Room: C9 169, Montreal (Quebec) Canada H3G 1A4 Telephone: (514) 937-6011, ext.: 2028 Fax: (514) 937-5522.

MOVING?

If you change your address, or if you know someone who would like to receive this newsletter, please drop us a line.

**We can't do it
without you !**



Write to us ! Send us *your* news !

**We want to hear from our readers !
If you have any information you want published in
THE SQUARE KNOT, comments about our newsletter
or suggestions, we want to hear from you!**

Send submissions to:

E.D. Monaghan, M.D. • Editor • THE SQUARE KNOT • The Royal Victoria Hospital
687 Pine Ave. W., Room: S10.26 • Montreal, Quebec • Canada • H3A 1A1

CALL US at: (514) 843-1600 FAX US at: (514) 843-1503

E-MAIL US at: mbikas@is.mgh.mcgill.ca

VISIT OUR WEB SITE: <http://www.mcgill.ca/surgery>

This edition of THE SQUARE KNOT was made possible by donations from:

