

# THE SQUARE 2000

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*he Mission of the Department of Surgery is the pursuit of excellence in comprehensive, patient-centered surgical care, teaching, research and evaluation of technology. The Department's foremost responsibility is to its patients. To fulfill its larger role, the Department must also lead in the development of new knowledge and techniques, in the transmission of these to its communities of students, and in their application for the benefit of all society at large.*

## Mission Statement

### TO THIS END,

The Department will provide for its patients of all ages comprehensive care of the highest quality, in a timely, effective, and efficient manner. Clinical care will be evidence-based wherever possible, and patient-centered outcomes will be monitored.

In fulfilling its educational mission, the Department will provide to its medical students, residents, fellows, as well as to its community of surgeons, the programs and learning environment to stimulate their curiosity and creativity and, to develop the professional skills and human qualities required to deliver specialized surgical care.

The Departmental research programs will encompass basic science, clinical investigation, health service studies, and evaluation of technology and clinical care delivery systems. The Department will train surgeon-scientists and surgeon-educators for its own renewal, as well as for the province, country and the international community.

The Department will promote the development of new techniques and technologies, evaluate them for safety and efficacy, and define the methodology for their introduction into clinical practice. ♦

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# KNOT

DEPARTMENT OF SURGERY

NEWSLETTER

MCGILL UNIVERSITY

SUMMER 2000



**Dear Editor,**

In your latest issue I noticed a photograph of the Hyperbaric Chamber at the RVH in 1963 and the question, 'were you there?'. Yes, I was as I was on the staff of the Royal Victoria at the time and was very interested. I retired in 1965 when Medicare came in. I took up sailing and loved the challenge.

**H.S. Morton**  
Halifax, N.S.



## Letters to The Editor

**Dear Editor,**

The purpose of this letter is two-fold: one to share with you recent events in my life so they can be published in your Alumni update; the second is to notify your publication of a change in address.

Back in January, I performed free surgery for a young man from the Republic of Panama who was brought to Miami for treatment by Healing The Children (an international volunteer service). He underwent the first stage, of four, of bilateral complete ear reconstruction (he was born without ears - congenital microtia). I was able to organize and obtain all physicians and hospital services to be donated free. Healing The Children obtained donated travel and stay. The surgery went well and the story appeared in local, national and international press, television and radio, including CNN Spanish, and The Associated Press. In several of the articles, my McGill Plastic Surgery training was mentioned, also mentioned was the fact that other Panamanian physicians have trained at McGill. I specially wanted to share this with you since you were so instrumental in making our training at McGill happen. I wanted to thank you and let you know that all the Panamanian physicians that you helped train are doing very well.

On another note, and definitely more emotional for me, I wanted to let you know that I will be returning to Panama. After finishing at McGill in 1991, I came

to Miami where I have been in private practice for 8 years. Next week I will be moving back to Panama, the country where I grew up. There, I will continue my private Plastic Surgery practice, I will continue to do volunteer work for children's birth defects and also intend to be involved with teaching at the University of Panama.

For your records, Lita (my wife) and I just celebrated 19 years of marriage, she sends her love to you and your wife. We always remember the nice time we had when we went to Bermuda together. My daughter Alexandra is 16 and will be going to college in two years. My sons the twins, who were born in Montreal, Luis and Alberto are 9 and are also doing very well. As soon as I have my Panama address, I will pass it along so I can continue to keep in touch with McGill family. Please send my regards to all the Vic attendings especially Drs. MacLean, McLean and Meakins.

**Luis A. Picard-Ami, Jr., MD, FRCSC, FACS**  
*Cosmetic & Reconstructive Plastic Surgery,  
Microsurgery and Surgery of the Hand,  
Miami, Florida.*

**Dear Editor,**

*re: North American Federation of the  
International College of Surgeons*

It is my pleasure to inform you that Montreal has been selected for the meeting of the North American Federation of the International College of Surgeons in 2003. The successful granting of this meeting followed representation by both myself as President of the Canadian Section of the ICS and **Dr. Marvin Kwitko**, Secretary-Treasurer from the Department of Ophthalmology. This will require a major effort on our part as it is my hope that we can attract other surgical associations to join the meeting and have their annual meetings at the same time as a Canadian Surgical Week.

**Paul Belliveau, M.D.**  
MUHC Division of General Surgery

**Dear Editor,**

*re: Transplantation at McGill*

I have read with interest the articles on transplantation in the Autumn 1999 and Winter 2000 issues of *The Square Knot*. I thought Dr. Guttman would write you for some additions and corrections concerning liver transplantation, but he may not have had the time, busy as he is with his new career. (*Editor's Note: Dr. Guttman did write a Letter to the Editor on this topic - please see page 10 of the Winter Issue 2000.*)

Once again, the Children's side of the story was totally ignored, both in the "Early Days" (Autumn 1999) and "A Decade of Liver Transplantation at McGill" (Winter 2000). The first liver transplantation in the cyclosporine era was performed in a child with biliary atresia in 1983 at the MCH by **Dr. Frank Guttman**, with the assistance of his friends **Dr. Pierre Daloze** from Notre-Dame and **Dr. Hervé Blanchard** from Ste-Justine. The donor liver being too large for the young child, a silastic patch had to be used to close the abdomen. This was successfully removed a few days later, but the child later developed adhesive bowel obstruction and septic complications and unfortunately died. Two years later, in December 1985, Dr. Guttman and myself performed the first transplant with long-term success in Quebec in a 13-month-old child with Crigler-Najjar disease; at that time she was also the youngest in Canada with a successful outcome and is now a bright 15-year-old student.

While the MCH was (and still is) plagued with a lack of pediatric gastroenterologists/hepatologists, Dr. Guttman and I worked jointly with our colleagues at Ste-Justine and formed the "Montreal Pediatric Liver Transplantation Group". I spent two months in Belgium in 1988 to learn the technique of reduced-size liver transplantation. Finally, we could transplant young children in a more timely fashion, after having lost several patients who had spent months on the ▶





# W

## AITING PATIENTLY

Surgeons are busy and patients expect to wait when they come to see us, but recently the whole problem has become an issue. Patients joke that waiting rooms, in addition to old

*National Geographic Magazines* should have copies of Tolstoy's *War and Peace*. On March 2<sup>nd</sup> in the comment section of *The Montreal*

## Editorial

By E.D. Monaghan, M.D.

*Gazette*, family physicians Holly Carsley and Orly Herman rightly blame Draconian and misguided government policies for the chronic shortage of doctors in an article entitled "The Waiting Game." But other factors are at work as well. Some of us are just disorganized. How often have you been sitting at lunch, say around 1:20 PM when your colleague announces, "I guess I have to go to clinic" – which starts at 12:30!

With computers and "Palm Pilots," we should be able to improve our daily schedules even far ahead of time. Perhaps it is not a good idea to have an office or clinic after a morning in the OR. Inevitably the surgeon will be late.

In the Surgical Clinics at the RVH years ago, we tried everything. Block appointments at one time held some promise. These consisted of the following:

**First group** .....New patients. These take the longest.

**Second group** ....Consultations. Some medical information will be available.

**Third group** .....Patients who needed a procedure, i.e. removal of a T-tube; endoscopy; removal of sutures.

**Fourth group** ....Revisits

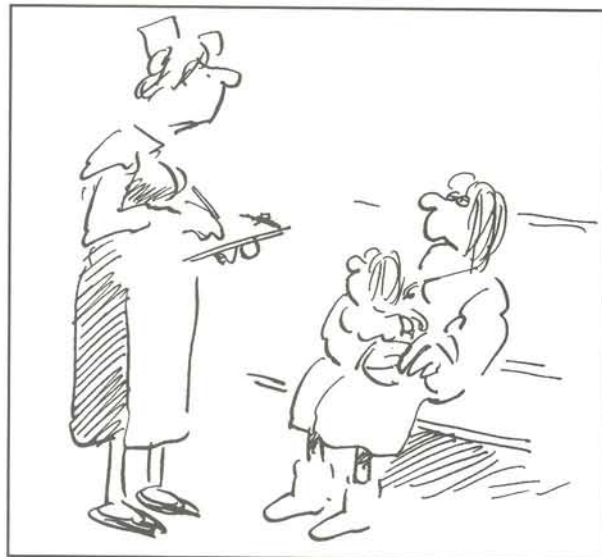
This did not always work because patients would show up early "so as not to have to wait." There is nothing more stressful for a Surgeon to arrive at clinic alone (without the help of Housestaff) only to see every chair in the hall occupied (see accompanying photo).

Going to clinic seems to have a very low priority in our daily routine. When a Surgical Resident is called to come down to the OPD, it is not unusual to hear, "OK, I'll be right there after I finish doing rounds, do some SCUT, work on the ward and then go to the Emergency Room ...."

Both patients and doctors must work together to alleviate the situation. Patients must call to cancel appointments if they

cannot come and those without appointments should be seen last. On the other hand, we should not keep any patient waiting more than 30 minutes. After that, it becomes cruel and unusual punishment. Like airlines, one must not overbook.

We do not need bigger and better waiting rooms with flowers and TV, we need to just stop patients from waiting. ♦



"Age? You mean now or when we first sat down?"



In most other provinces, it is the Postgraduate Dean's Office that receives lump sum funding from the provincial Ministry of Health, to be distributed as the Faculty of Medicine chooses, to the various residency programs.

## Le décret! The Decree

By Anne-Marie MacLellan, M.D.



Anne-Marie MacLellan, M.D.

In Quebec, an annual decree, a law, regulates many aspects of

manpower planning including admissions to medical schools and residency positions. The policies leading up to this law are hammered out by a committee called the *Table de concertation*, which receives recommendations from a workgroup called *Comité du suivi*. Both these committees have broad representation and are chaired by the Assistant Deputy Minister of Health or a delegate. The representatives include individuals from the FMSQ (*Fédération des médecins spécialistes du Québec*), FMOQ (*Fédération des médecins omnipraticiens du Québec*), CREPUQ (*Conseil des recteurs et principaux des universités du Québec*) (including a Dean from one of the Faculties of Medicine and a Postgraduate Dean from one of the other Faculties of Medicine in Quebec), CMQ (*Collège des médecins du Québec*), Régie régionales, FMRQ (*Fédération des Médecins Résidents du Québec*), FAEMQ (*Fédération des Associations Étudiantes en Médecine du Québec*), and several other interested parties. After looking at many factors including the aging of the population, physicians hours of work and type of work,

the feminization of the profession, the distribution of physicians within Quebec, the budgetary implications of adding physicians to different specialties, and the needs assessment from each individual FMSQ Association, the *Comité du suivi* decides on the numbers of residency positions to be allotted to each entry level specialty and to Family Medicine. This Committee also decides on the priority/category for each specialty, which vary from A (top priority) to D (less need). Representatives from the Ministry of Education (MEQ) are also members of the *Table de concertation* and *Comité du suivi*. It is their responsibility to enforce the application of the law by verifying that the Faculties of Medicine allocate positions in conformity with the annual decree.

This type of planning and control can be thought of as quite draconian. However, most students in Quebec have been able to be admitted into the residency of their choice or have been

able to transfer, within a year or two, to their preferred residency. The exception is for D priority specialties, where the number of entries is fixed and capped.

I thought you might be interested to know of some of the positive spin-offs of the decree. Let me enumerate some of them. Each resident is guaranteed complete funding in order to complete residency training leading to certification in either a specialty or Family Medicine, unless of course, the resident has been asked to withdraw from a program. In contrast, for the past several years, the University of BC has not received full residency funding for all their graduating students from the British Columbia Ministry of Health! Quebec also provides funding for a resident to complete training even if the resident switches program midstream and has to start over at a junior level. The Quebec decree is very innovative in that it allows Canadian residents, graduates of other Canadian medical schools, who have started training elsewhere in Canada, to come to Quebec in either a specialty or in Family Medicine at an R-2 level or higher. There are 25 of these positions available for specialties and a new quota of 15 for Family Medicine.

An unlimited number of *Retour de pratique* positions (Re-entry Positions) are also available for physicians, in order to complete full training in a specialty (except for D priority category positions) or in the third year Family Medicine program (ER, Care of the Elderly, Palliative Care).

Graduates of Quebec medical schools, who have started postgraduate training elsewhere in Canada, can return to Quebec after the R-1 level to complete training in A, B, and C priority specialties. The hope is that by attracting residents to train in Quebec, they can then be enticed to stay and practice in Quebec.

As readers of *The Square Knot*, you are undoubtedly interested in knowing what is happening with surgical residency positions in the province. The following table demonstrates the varying yearly assessment of the priority categories (i.e. the need) for the different surgical specialties.

General Surgery					
	1996	1997	1998	1999	2000
Cardiac Surgery	B	B	B	B	C
General Surgery	A	A	B	B	A
Neurosurgery	B	B	B	B	C
Orthopedic Surgery	B	B	B	B	B
Otolaryngology	B	B	B	B	B
Plastic Surgery	D	D	C	C	C
Urology	C	C	C	C	B



► Specialties are grouped by order of priority, A (the greatest need) to D (lesser need). Rules concerning transfer from one specialty to another exist, which the faculties must respect in order not to contravene the decree (*see figure*).

As you can see Neurosurgery and Cardiac Surgery were deemed to have lower priority ratings in 2000 (C category), and General Surgery has gone from A to B and back to A. According to recent decrees, transfers can freely occur between A and B specialties.

Surgical disciplines are always very popular amongst students. At McGill, we have always tried to accommodate residents who wish to switch between specialties, as it is important that residents achieve their career aspirations. When the number of residency positions will increase in a few years, it is anticipated that the decree at that time will give priority to those surgical disciplines with insufficient number of specialists for the population needs.

A frequently asked question is "why has the number of specialty residents entering a given program decreased?" The answer is that the number of students allowed into medical schools in Quebec has been gradually cut over the past years. This translates into a proportionate decrease in residency positions four years later. Unfortunately, for residency numbers, we are now in the nadir for the next three years. The good

news is that the Quebec Government has been the first provincial government to recognize that it was time to increase medical school enrollment. We have witnessed an increase of 65 students in 1999, distributed between the four faculties, which will translate in an increase in resident numbers starting in July 2003. The Faculties of Medicine are presently awaiting Quebec Treasury Board approval for a further increase of 55 students.

The decree also allows the Faculties of Medicine to train clinical fellows from other provinces or countries. Clinical fellows are residents or fellows funded by other sources than by the Ministry of Health (RAMQ). McGill continues to attract many high caliber students, residents and fellows to its 57 RCPS accredited specialty programs and three (CFPC) Family Medicine programs (Family Medicine, Care of the Elderly, Emergency Medicine), and Palliative Care, a joint RCPS/CFPC program.

The Associate Deans for Postgraduate Medical Education in Quebec work with the Ministry of Health, the Ministry of Education and with CREPUQ, to help in the annual reformulation of the decree. Hopefully, now that there is such an acute shortage of physicians there will be increased flexibility in the formulation and the application of the annual decree. ♦

**Anne-Marie MacLellan, MD CM, FRCPC**  
Associate Dean, Postgraduate Medical Education  
and Professional Affairs

## Royal College Visits McGill Department of Surgery



On April 11, 12 and 13, Survey Teams from the RCPS and from the Quebec College of Physicians carried out the Accreditation Visit of the McGill Post-Graduate Training Programs in our Department of Surgery. The "Inspectors" visited the hospitals and they met with the Faculty, Residents and Fellows.

The following programs will be recommended for APPROVAL to the Accreditation Committee in October in Ottawa:

Program	Program Director
Cardiac Surgery	Dr. Ray Chiu
General Surgery	Dr. Judith Trudel
Orthopedic Surgery	Dr. Michael Tanzer
Pediatric General Surgery	Dr. Jean-Martin Laberge
Vascular Surgery	Dr. Oren Steinmetz
General Surgical Oncology	Dr. Sarkis Meterissian

Congratulations! The next visits are to be in 2006.

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## Upcoming Events

The following Surgical Societies will meet at the same time as that of the Royal College 6th Annual Conference on Residency Education in Edmonton, September 21-24, 2000.

- ♦ Canadian Cardiovascular Society
- ♦ Canadian Society of Colon and Rectal Surgeons
- ♦ Canadian Association of General Surgeons

### REMINDER

September 22, 2000 - 13:30 hours  
Gallie Lecture  
Dr. Jonathan L. Meakins



## The Chief Residents

ACADEMIC YEAR 2000-2001

### DIVISION OF CARDIAC SURGERY



**Dr. Victor Chu** was born in Beijing, China and did two years of study in the Department of Biological Science and Technology at Tsinghua University before transferring to McGill University in 1989. He graduated from McGill University Faculty of Medicine in 1995, and entered the McGill Core Surgery Program for two years, at which time he was accepted into the Cardiac Surgery Program in 1997. During his research year in

Dr. Chiu's laboratory working on angiogenic response to transmyocardial revascularization (TMR), he won the prestigious Thoracic Surgery Directors Association Resident Research Award for the best scientific abstract submitted by a resident to the Annual Meeting of the Society of Thoracic Surgeons. He is married to Jennifer and is the proud father of Emily, who is sixteen months old.



**Dr. Nathalie Roy** was born in Quebec City and is a graduate of Laval University where she completed her General Surgery Residency Training. She was accepted into the Cardiac Surgery Residency Program at McGill in 1998 at the R-IV level. Nathalie's extracurricular activities include flying trapeze and sailing. In 1989, she and her crew won the gold medal at the Canada Games in Saskatoon. After her training, she plans to do a fellowship in congenital cardiac surgery.

### DIVISION OF GENERAL SURGERY



**Dr. Runi Chattopadhyay** is a native of Montreal, a McGill Medicine graduate, and wishes to stay in Quebec as a rural general surgeon. When she does not have her nose to the grindstone, she is biking/sailing the Greek islands, kayaking the Amazon rainforest, scuba diving in Honduras or the Australian Great Barrier Reef, hiking the Australian outback or Hawaii, etc.

**Dr. Hussein Hayati** graduated from Kuwait university. He has two bachelor degrees – Basic Medical science, and Medicine/Surgery. He enjoys soccer. He is the father of one daughter and one son. Hussein hopes to do hepatobiliary/transplant surgery after residency.



**Dr. Felicia Huang** was raised in Newfoundland and completed her degree in Medicine at the University of Ottawa. Plans post-graduation from McGill are vague, but will proba-

bly include travel in one form or another. Hobbies are protean and as soon as she has free time she will pursue them.



**Dr. Jane Mary Mathew** entered the General Surgery Residency Program with aspirations of becoming a Community Surgeon – an aspiration she still hopes to realize. A native of Montreal, Jane completed the Med-P program at McGill prior to starting her residency. Outside of work, Jane enjoys music, wine, the outdoors and the company of her friends.

**Dr. Andreas Nickolis** is a Montreal native who is soon to be leaving the realm of the unmarried male. He has a longstanding interest in clinical epidemiology and its application in various fields of surgery. He has been involved in numerous projects involving the management of critically injured patients, assessment of trauma systems, and evaluation of central access methods in intensive care patients. He is concurrently completing his MSc thesis on "Risk factor assessment in prevention of thromboembolism in a trauma population".



**Dr. Patrick Robinson** is a native Montrealeur and a graduate from the University of Montreal. He is the proud husband of Marie-Josée Larue and father of a newborn son Philippe. Patrick intends to be a general surgeon and pursue an academic career following a fellowship. Some of his interests include tennis, skiing and enjoying a good movie.

**Dr. Andrew JE Seely** is a native of Montreal. He has attempted to maximally prolong his McGill general surgery residency. However, he will be returning to the clinical program following an additional research year dedicated to completing a doctoral thesis investigating neutrophil chemotaxis and apoptosis. Other areas of research interest include the application of complex non-linear systems to critical care medicine, the educational value of resident teaching, and the most difficult project, attempting to understand why the Habs missed the playoffs two years in a row.



### DIVISION OF PLASTIC SURGERY

**Dr. Paul Edwards** is a graduate of Duke University School of Medicine, and he came to us through the US Match ▶



► in 1999, with an extensive list of research activities, publications, and abstracts accepted for publication. On graduation, he plans on a one year fellowship in Hand and Craniofacial Surgery. Paul is married to Zobeida, who has a Ph.D. in Anthropology.



**Dr. Antoine Hallak** is a native of Lebanon and graduate of the Lebanese University Medical School in 1992. He came to McGill in 1999 as an R-4 having completed five years of General Surgery in Staten Island University Hospital in New York, and being Board certified. He has multiple publications on laparoscopic surgery. He is married to Marie, and on graduation will go to practice in New York.



**Dr. Ali Hussain** came to us as an R-1 from Bahrain, having graduated from the Arabian Gulf University in 1991. On completion of Plastic Surgery training in June 2001, he plans a one year fellowship in Hand and Microsurgery, after which he will return to Bahrain to practice. Ali is single and available.



#### DIVISION OF PEDIATRIC GENERAL SURGERY

**Dr. Sherif Emil** is an Egyptian-born U.S. citizen who graduated from McGill University in 1991 and pursued his training in General Surgery at Loma Linda University Medical Center. He participated in research projects in Pediatric General Surgery at The Children's Hospital of Los Angeles, University of South California. He started his 2-year Pediatric Surgery Residency at the Montreal Children's Hospital in July 1999 and will

be Chief Resident effective July 1st 2000. He is very interested in medical ethics and health care policy. Sherif is very active with the human rights movement around the world and has a strong interest in church history. In the fall of 1998, he went on a 10-day medical mission to Egypt visiting hospitals in the poorer areas of Cairo. In the spring of 1999, he spent one month in a mission hospital in Nairobi. All this in preparation of future annual trips. He enjoys the outdoors, hiking, jogging and has a great passion for travelling.



#### DIVISION OF GENERAL SURGICAL ONCOLOGY

**Dr. Ayman Linjawi** will be the fifth surgical oncology fellow in our recently fully approved Royal College General Surgical Oncology Fellowship Program. He completed his general surgical residency at McGill and during his residency did research with Dr. Meterissian on prognostic markers in breast carcinoma. As a result of his research year, he will only need to do one clinical year to qualify for his certificate. We wish Dr. Linjawi well and hope that after his stint with us he will have a productive career as a surgical oncologist in Saudi Arabia.



#### DIVISION OF ORTHOPEDIC SURGERY

**Dr. Benoit Bessette** completed his undergraduate and medical degree at the University of Ottawa where he was also born and raised. Prior to starting residency, he travelled to South America and Europe on a few occasions and plans to travel some more prior to settling in his career. He will start off practising general orthopaedics in a community in Ontario and then plans to complete a fellowship in sports medicine. Meanwhile, Ben also plans to fine tune his new snowboarding skills and avoid any serious orthopaedic injuries!



**Dr. Robert Stephen James Burnett** is originally from West Vancouver, completed his BSc at UBC, followed by MD at the University of Western Ontario in London. Returned to BC to complete the UBC Rural Family Medicine Programme in 1996. Hobbies include cycling, shoulder-deep powder, water-skiing, and windsurfing. Future plans include fellowship training and a family with his wife Susan.



**Dr. Ian D. Dickey** was born and raised in Vancouver. He graduated from St. George's School and then completed his B.Sc. and M.D. at U.B.C. before moving to Montreal to start residency as a Shriner's Hospital Clinical Fellow in Orthopaedics. While having varied interests, rugby and playing guitar in a band have been the most consuming and rewarding. He can be spotted around town sitting in with various bands. After completion of training, Ian has been accepted to a fellowship in Musculoskeletal Oncology and Adult Reconstruction at Mayo Clinic.

### ► DIVISION OF UROLOGY

**Dr. Nasser Al-Said** was born in Jahra City, Kuwait in 1967. He is married and has one child, a daughter named Noor who will be a year old in July. He will complete his urology residency June 2001, and at that time he will return to Kuwait. Nasser's special interest is in pediatric urology and his favorite hobby is fishing.



**Dr. Avrum Jacobson** was born and raised in Montreal. He graduated from McGill University, Faculty of Medicine in 1996. Upon completion of his residency in 2001, he plans to pursue a fellowship in endourology and laparoscopic urology. Avi is engaged to Ronit Amsel, who works as a financial consultant. The wedding is set for September 24th.

**Dr. Marc Savoie** originates from New Brunswick. He graduated from Sherbrooke Medicine in 1996 after completing his undergraduate studies from Moncton University. Marc is happily married and has a passion for motorcycles which he

shares with his wife. After completing his residency, he plans to practice urology in New Brunswick serving the community where he originated.

**Dr. Andrew Steinberg** was born and raised in Montreal. He completed an undergraduate degree in chemical engineering in 1992 and went on to complete his M.D. in 1996, both at McGill. During his urology training, Andrew has carried out research projects in renal and testicular cancers. Upon completion of his residency, he is going to the Cleveland Clinic to pursue a fellowship in laparoscopic urology. He plans to return to an academic career at McGill. Andrew looks forward to spending more time with his wife Mandy and daughter Emily.



### DIVISION OF VASCULAR SURGERY

**Marie France Guimond** is a native of Quebec City. She obtained her Medical Doctorate at the Université de Montréal and went on to the Université Laval for her residency in General Surgery. She will be joining the Division of Vascular Surgery for a two year fellowship starting July 1st, 2000. ♦

## Quebec Creates New Specialty for Cardiac Surgery

Le Collège des Médecins du Québec has announced that, effective March 9, 2000, it will no longer issue specialty certificates in Cardiovascular and Thoracic Surgery. A new regulation has been approved for the recognition of Cardiac Surgery as a specialty.

Of course, specialists who already have their CVT certificates will continue to be recognized.

The requirements are 72 months of approved residency training of which:

- a) 24 months of Core Surgery
- b) 24 months of rotations in Cardiac Surgery including 6 months in Pediatric Cardiac Surgery
- c) 12 months of rotations with 6 months in General Surgery and 6 months in Thoracic Surgery
- d) 12 months of electives as determined by the University Post graduate program

For more information please contact before October 9, 2000 ♦

**Secrétaire du Comité d'admission à l'exercice**  
**Direction des études médicales**  
**Collège des médecins du Québec**  
 2170, boul. René-Lévesque Ouest  
 Montréal, Qc H3H 2T8  
 ou en communiquant au (514) 933-4441 poste: 273  
 ou par courriel à: [nchampagne@cmq.org](mailto:nchampagne@cmq.org)

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## Quebec Specialists Get Pay Increases

On May 24th, Health Minister Pauline Marois announced that the province's 7,500 medical specialists would get

a 9% pay increase over the next four years.

This means that the average annual payment to specialists in Quebec will rise from \$185,000. to \$200,000.

The agreement also proposes a 40% bonus for specialists working in outlying regions.

Surgeons are part of this agreement reached between the Ministry of Social Affairs and the Federation of Medical Specialists of Quebec. ♦

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# R

## REPORT ON CURRENT ACTIVITIES OF THE FÉDÉRATION DES MÉDECINS RÉSIDENTS DU QUÉBEC

These are the issues on which our Federation's members have been focussing.

## Report on Current Activities

By Stéphanie Montminy-Métivier

### Applications for recognition of Areas of Added Competence (AAC) - Royal College of Physicians and

#### Surgeons of Canada (RCPSC)

While we are aware that medical knowledge is constantly expanding, we nonetheless believe that before venturing to add a further year in any area whatsoever, the curriculum of the program for which recognition of added competence is requested should first and foremost be reviewed, in order to ensure the relevance of each rotation, and to make the learning experience even more effective and profitable within existing rotations. This, in our view, will be the challenge for the next decade.

### Comprehensive accreditation visit of training programs and sites, Faculty of Medicine, McGill University

We took an active part in the comprehensive accreditation visit of training programs and sites at the McGill University Faculty of Medicine, which took place April 9 to 14, 2000. Four residents (two in specialties and two in family medicine) representing Quebec's medical residents attended. While the visit went well, we unfortunately observed that there are intimidation and harassment problems in some programs. Finally, we would point out that hospital mergers and the fact that some hospitals have wings at a number of different locations have brought their share of problems with regard to residents' work. We believe it is extremely important to resolve these problems so that residents' health is not jeopardized. These comments are equally valid for the entire Quebec system.

### Stress and psychological distress among residents project to measure the scope of distress among medical residents

In view of the high level of psychological distress observed in the population of residents as a whole, the FMRQ's Board of Directors has decided to take the necessary steps to identify possible solutions for prevention, early detection and introduction of management and follow-up mechanisms for residents currently experiencing psychological distress.

### Nurse practitioners, nurse clinicians and physician assistants

Early in the year, the FMRQ put out a special issue of its quar-

terly Bulletin, on the changing role of nurses. This report portrays the situation in the U.S., Canada (rapid change in Ontario) and Quebec (a fast-growing trend) in terms of the presence of these new players in the health care system. It briefly describes the specific medical acts performed by nurse practitioners, nurse clinicians and physician assistants, a group of professionals not to be found in Canada, but forming a constantly expanding profession south of the border. Since we anticipate a substantial increase in medical services in the future, in a medical system which has undergone and is still undergoing major changes and suffers from a shortage of physicians across the country, the introduction of nurse practitioners into the system, particularly in university hospitals, is likely to have an impact on postdoctoral training. In some cases, its impact is already being felt. We believe this will be a hot topic in the coming months and even years. We have written to various organizations for copies of any reference material, positions and information on this issue in order to inform medical residents adequately of the scope of the repercussions that multidisciplinary practice will have in the years to come.

### ATLS/ACLS/ANLS/ALSO, Enhancing access and reducing or even removing costs

We are currently in the process of completing a comparative table of resuscitation courses given in each of Quebec's four medical schools. We are continuing our analysis in order to check whether it would not be timely to enhance access to these certificates so that adequate training and clinical exposure can be offered to ensure the residents' competency in the context of residency and as future practising physicians.

### FMRQ policy on adding a third year in family medicine, reintroducing rotation internships, and the rural family medicine program

The FMRQ is opposed to adding a third year to the family medicine program and to bringing back rotating internships. The Federation also believes it would be premature to institutionalize a rural family medicine program distinct from the existing family medicine program. The FMRQ suggests instead that the current program be revised. This position (*cf. FMRQ's position attached*) was tabled at the last CFPC Board of Directors meeting in December 1999.

### Medical manpower

The standing committee (round table) on medical manpower planning in Quebec, on which the FMRQ sits, tabled a summary report in December 1999 concerning medical training, the organization of medical services and medical manpower projections in Quebec. The round table forwarded various recommendations to Pauline Marois, Minister of Health. ►

► Health and Social Services, and these were recently made public.

The Federation is, however, most concerned at the shortages of doctors throughout Quebec, in both specialties and family medicine. The FMRQ anxiously awaits the creation of regional departments of general medicine (DRMG), which are supposed largely to solve the problem of the distribution of family physicians within and among the regions across Quebec. The Federation will shortly be meeting with the President of the FMOQ to find out more about the SECOR report on using private offices as the base for delivering primary services in Quebec.

On another front, the Federation also wonders about the intention of the Collège des médecins du Québec (CMQ) to issue restrictive licences to practise to graduates from outside Canada and the U.S. following three months of evaluation-oriented rotations in order to offset the shortage of manpower in certain regions. We do not believe it to be sound to set up a fast track and bypass the evaluation and learning criteria normally required of Quebec medical residents and graduates from outside Canada and the U.S. who apply for a regular licence.

We are confident, however, that the CMQ and its different partners will grant these restrictive licences with great caution. Finally, it is our view that the granting of restrictive licences to practise must remain at the sole discretion of the CMQ, the guarantor of the quality of medicine.

### **Working group on communicable diseases (Collège des médecins du Québec, CMQ)**

The FMRQ was asked by CMQ management to join a working group whose mandate is to examine the issue of candidates eligible to study medicine, medical students and residents, clinical fellows and practising physicians who are carriers of a communicable disease, and to review the ethical and legal aspects of this question. The goal is to be able to offer the authorities concerned (faculties and colleges) a mechanism for managing the files of individuals carrying a communicable disease when they apply for admission to a medical school in Quebec or pursue postdoctoral medical studies (with regard to the impact on eligibility for specialty or licensing exams) and to propose means of ensuring implementation of and compliance with preventive measures.

### **Emergency Forum**

Following the Emergency Forum held last October 4 and 5, a working group on Emergency Forum follow-up was set up to analyse the training needs of family medicine residents within their regular two-year programs and during their additional training year. The FMRQ was asked to join this committee, whose report is to be submitted this coming June.

### **Youth Summit**

In February 2000, FMRQ President, Dr Jean-François Cailhier, had the privilege of representing his resident colleagues at the Quebec Youth Summit. At this event, young people from every sector of activity across Quebec expressed their views on various issues and on young people's place in Quebec society. ♦

**Stéphane Montminy-Métivier, President**  
Academic Affairs Committee - Specialties, FMRQ



*"The Doctor isn't available right now.  
Would you like to speak to Mr. Hyde?"*

— The New Yorker



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**ROYAL COLLEGE REVIEWS ITS POLICY  
REGARDING RECOGNITION OF INTERNATIONAL TRAINING  
—1997 Ruling Reversed on Recognition of International Specialty Education**



## News From the Royal College

By E.D. Monaghan, M.D.

In September of 1996, the Royal College ruled that "Henceforth only residents seek training undertaken in an accredited program in Canada or a program

accredited by the Accreditation Council on Graduate Medical Education in the United States would be acceptable to meet the prerequisite requirements as defined for each of the certifications offered by the College".

Since 1997, recognition of the credentials of international medical graduates has been restricted to graduates of accredited residency programs in Canada and the United States. In 1999, in collaboration with the Federation of Medical Licensing Authorities of Canada (FMLAC) and the Medical Council of Canada, the College established a crisis management process, the "FMLAC process" (see April 2000 Annals RCPSC for details) to assist licensing authorities with the assessment of international medical specialists and with a new pathway to RCPSC certification. Also during 1999, President Richard Baltzan launched an international initiative focussed upon postgraduate education in specialty medicine in some countries where there exists a comparable organization and accreditation of specialty residency programs.

Ever since 1991 when the Barer Stoddart report recommended a decrease in medical school enrolment by 10%, there has been a decreased physicians supply from a high of 2,640 in 1974 to a low of 1,822 by 1997. During this interval, Canada's population grew from 22 million to 30.5 million.

A well prepared document by the *Task Force on Physician Supply in Canada* prepared by Dr. Lorne Tyrell, President of the Association of Canadian Medical Colleges and Dr. Dale Dauphinee, Executive Director of the Medical Council of Canada in November 1999 on behalf of the Canadian Medical Forum Task Force, co-chaired by Dr. Hugh Scully, President of the CMA made the following recommendations:

- ① Increase medical school enrolment from 1,577 to 2,000 by the year 2000. This increase in medical school enrolment needs to be appropriately funded and free of coercion.

- ② Increase efforts to retain and repatriate Canadian physicians.
- ③ Increase provincially-funded residency positions from 100/100 to 120/100 medical school graduates. This will provide short- and long-term relief and enhance our ability to integrate IMGs into the physician supply in Canada.
- ④ Develop a formal and continuing process involving the Canadian Medical Forum, other health care providers, federal and provincial governments to monitor and make recommendations on the number of entry positions for Canada's medical schools and postgraduate training programs on a regular (2-3 year) basis.
- ⑤ Address the issues of distribution and new models of delivery through co-operation of governments, health authorities, and educators.

This year, Council passed a new resolution — *THAT the RCPSC consider applications from International Medical Graduate physicians for assessment leading to certification examination if they fulfill the criteria of having been trained in acceptable accredited programs and satisfy specialty training requirements in Canada.*

Accordingly, a joint meeting of the Accreditation and Credentials Committees was held in Ottawa on the 11th and 12th of May in order to review the recognition of training for International Medical Graduates.

The Accreditation Committee prepared a document entitled *Criteria for an Acceptable Accreditation System* and the Credentials Committee prepared a draft document entitled *Credentialing Process for Establishing RCPSC Exam Eligibility.*

These will be submitted to Council for further deliberations. ♦

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**The twin sirens  
of bias and selection  
await the most  
excellent physician  
as he voyages  
on the sea of  
clinical epidemiology.  
—Keen, 1978**

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► waiting list. Most of the transplants were being done at Ste-Justine, with only 1 to 3 per year being done at the MCH between 1990 and 1997. Nevertheless, the availability of two sites allowed a continued collaboration and a few "tour-de-force." In 1991 at the MCH, after returning from a trip to Chicago to watch Dr. Broelsch perform his 20th living-related donor liver transplant, we performed the first segmental transplant using a 72-Kg donor liver (segments 2 and 3) for a 3-month-old child with neonatal hemochromatosis who weighed 5 Kg. Until then we had been using left lobe grafts and were limited to a donor weight 4 or 5 times the recipient weight. After this and subsequent successful experiences, the team of Drs. Laberge, Guttman and Blanchard was the first in Canada to perform a split-liver transplantation, i.e. use a single adult donor liver to transplant two children; the recipient operations were carried out simultaneously at the MCH and Ste-Justine.

**Dr. Jean Tchervakov** was a welcome addition to the team of pediatric surgeons, having had experience with pediatric liver transplantation in Cincinnati. He helped with several procedures both at the MCH and Ste-Justine, and participated in several

more split-liver transplantations among which the first one in 1996, where both recipients (a 1-year-old child at the MCH and an adult at the RVH) are long-term survivors with their liver segments (previously at least one of the split-liver recipients had died or required re-transplantation).

Because of the lack of pediatric gastroenterologists/hepatologists and an extreme shortage of anesthetists, no liver transplants have been done at the MCH since October 1997. The undersigned remains involved in the procedure at Ste-Justine and continues to follow the patients previously transplanted at the MCH with the help of pediatricians from the Intensive Ambulatory Care Service and counseling from the MUHC "adult" transplant surgeons and the hepatologists from Ste-Justine. Despite having done only 18 transplants (in 17 patients) since 1983, we can be proud of our 14 long-term survivors and our many "Firsts." Looking forward to a single site for the MUHC, this will have many advantages, but will not solve our shortage of pediatric hepatologists and anesthetists. Ideally, we should invite Ste-Justine to move to our new site. With only 12 to 15 pediatric liver transplants per year in Quebec, it would make sense to perform them on a single site while being just a corridor away from an adult facility performing 40-50 trans-

plants/year. This would also allow us to do living-related transplants in the safest possible manner.

Like the Internet and the e-mail, we at the MCH are "case-sensitive." Future articles in *The Square Knot* should use terms such as "Adult McGill Liver Transplant Program" (Winter 2000), "The first successful adult liver transplant at McGill" (Winter 2000 Addendum p. 24), and "Adult MUHC Surgical Transplant Team" (Autumn 1999), if they totally ignore the "smaller story."

**J-M. Laberge, MD, FRCS(C), FACS**  
Director, Division of Pediatric Surgery

#### Dear Editor:

Between HMO's and university encroachment, many associations have Doctors who still pride themselves by remaining in pure private practice. The American Association of Private Physicians is one here in Santa Monica of about 160 MD's. I thought you might find the article in the Newsletter of the APPA of interest. It is entitled **PROGRESS** and is about *Canadian Health Care*. Its veracity is up to your opinion (article follows).

Thanks for keeping me on the mailing list of *The Square Knot*. ♦

**Stephen F. McCartney,**  
Santa Monica, California

## Letters

(continued from pg. 2)

**Submitted by:**  
**Stephen F. McCartney**

### AN ELECTION YEAR LESSON FOR THE U.S.: THE CANADIAN MODEL FOR GOVERNMENT HEALTH CARE IS FALLING APART

You may have noticed that the strategy to complete the nationalization of the U.S. health care system has changed. Bill, Hillary, Al, Ted and Henry (Waxman) no longer talk of sweeping changes as they did in 1993 with the Hillary Healthcare plan. Instead, they have publicly stated that they will do it incrementally in small steps. Top down by expanding Medicare eligibility to age 55 and Medicare disability to such things as alcoholism and drug abuse. Bottom up by expanding the CHIPS Program for kids and young families. Sooner or later all of us in-between will be eligible for some government run health care scheme.

You may also have noticed that none of the proponents of nationalized (AKA: single pay, universal coverage, socialized) medicine are touting the successes of the Canadian Medicare system as they did in 1993. Medicare is the Canadian term for their national health insurance plan covering cradle to grave care. As of the year 2000 it is falling apart and is the subject of much public and press discussion in Canada.

What follows is information readily available from sources such as the following: Canada's Fraser Institute ([www.fraserinstitute.ca](http://www.fraserinstitute.ca)). David Gratzner's new book *Code Blue* about the present Canadian crisis, Canadian public opinion polls by Toronto based Polara, the Organization for Economic Cooperation and Development (OECD) and articles in the **OE**



- ▶ tawa Citizen, Toronto Sun, New York Times, Washington Post and Wall Street Journal.
- ◆ Government deficits in the 1990's led to spending cuts closing 7 hospitals in Montreal, 44 in Ontario, early retirement for 1200 doctors and 3600 RN's in Quebec.
- ◆ Over the last decade 6,000 RN's and 1,000 doctors have moved to the United States from Canada.
- ◆ The Canadian health care crisis was inevitable because their population is graying rapidly on a par with the U.S. such that 25% of the citizenry will be over age 65 within 30 years.
- ◆ In marked contrast to increasing longevity in the free world, the disability free life expectancy of Canadian women has fallen to 63.8 years as of 1991 from 66.7 years in 1978.
- ◆ Canada ranks fifth in overall spending for health care world wide but is 21<sup>st</sup> in availability of CT scanners, 19<sup>th</sup> for MRI's.
- ◆ Canadian physicians judge median waiting times to be 70% longer than medically reasonable overall, 145% longer for cardiac surgery.
- ◆ The median wait for an MRI is 11 weeks, for a CT 5 weeks.
- ◆ The median wait for cardiac surgery is 13-60 weeks depending on the province, 4-11.5 weeks for radiation therapy.
- ◆ Montreal physicians are now referring chemotherapy to U.S. hospitals in New York.
- ◆ Hospitals in Washington State market chemotherapy services in British Columbia and are doing a booming cash business.
- ◆ Canadian hospitals spend 80% of their budget on unionized hospital labor versus 55% for labor in a typical U.S. facility.
- ◆ The Quebec government keeps a catalog of deaths from lack of availability of life saving drugs.
- ◆ One January day this year, 23 of 25 Toronto hospitals had to turn away ambulances all day because of overcrowding.
- ◆ During the first week in January, Toronto police shot to death a distraught father who had taken an ER physician hostage to speed treatment of his sick baby.
- ◆ An official at Vancouver General Hospital estimates that 20% of heart attack patients wait more than an hour for attention in their emergency room when they should be seen immediately.
- ◆ The New York Times interviewed a grandmother in a Canadian hospital who had waited for open heart surgery for 5 years and spent the night pre-op in a drafty hallway near the emergency room door along with 66 other such hallway patients.

- ◆ Winnipeg "hallway medicine" patients lie in fixed hallway stretchers with permanent location numbers because of bed shortages.
- ◆ 80% of Canadians believe their "health care system is in crisis"
- ◆ Quebec Premier Lucien Bouchard has told his constituents to fix the health care system before worrying about sovereignty.
- ◆ Alberta Premier Ralph Klein has now proposed using private facilities to provide some surgical services in short supply.
- ◆ Michael Bliss, Canadian Medical Historian in the National Post: "So we have the absurdity in Canada that you get faster care for your gum disease than your cancer, and probably more attentive care for your dog than your grandmother".
- ◆ Canadian journalists are now writing about a hopeful new alternative to the government mess: MEDICAL SAVINGS ACCOUNTS!

When you hear politicians describing a wonderful new expansion of government run health care, or journalists, pundits or "experts" expounding on the virtues of "universal access" or single payer systems, refer them to the items above and the voluminous editorials in every Canadian newspaper describing the health care disaster that country is experiencing. For a scholarly and detailed discussion of Canada's health care issues go to [www.fraserinstitute.ca](http://www.fraserinstitute.ca) and their summary treatise "Canadian Health Care - A System in Collapse". ◆

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**The brain**

**is a wonderful organ.**

**It starts working**

**the moment you get up**

**in the morning**

**and it doesn't stop until**

**you get to the office.**

**—Robert Frost**

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McGill Core Surgery Residency Training Program / July 1, 2000 through June 30, 2001

R 1	R 2	Diagnostic Radiology	OBS/GYN
01. Al-Harthi, Abdullah (GS)	01. Al-Assiri, Mana (Uro)	01. Al-Dhuhli, Hamoud	01. Jens-Erik Walter
02. Al-Otaibi, Mohammed (Orth)	02. Al-Hendal, Adnan (GS)	02. Al-Hazmi, Turki	
03. Al-Qadhi, Hani (GS)	03. Al-Sabti, Hilal (CT)	03. Kary, Salen	
04. Ba'Eshen, Mohammed (ENT)	04. Al-Sayegh, Faye (Ortho)	04. Nguyen, Marie-Therese	
05. Belanger, Anais (til Jan 14/01) (GS)	05. Al-Taqi, Majeed (PI)	05. Pelsner, Vincent	
06. Binsaleh, Saleh (as of Sept 1/00) (Uro)	06. Al-Wahaibi, Khalifa (GS)	06. Rosenbloom, Lorne	
07. Chan, Gabriel (GS)	07. Belanger, Anais (as of Jan 15) (GS)		
08. Dodig, Dubravka (NS)	08. Farragos, Anthony (Ortho)		
09. Germain, Louis-Philippe (PL)	09. Fong, Brian (Uro)	<b>Emergency Medicine</b>	<b>Oral Maxillofacial Surgery</b>
10. Klironomos, Dennis (NS)	10. Fraser, Shannon (GS)	01. Al-Hetela, Salih	
11. Liberman, Alexander (GS)	11. Hagr, Abdulrahman (ENT)	02. Al-Kashmiri, Ammar	01. El-Hakim, Michel
12. Liberman, Moishe (GS)	12. Hamilton, Sarah (Ortho)	03. Baroum, Hani	
13. Libman, Jamie (Uro)	13. Khwaja, Kosar (GS)	04. Boucher, Gilbert	
14. Martineau, Paul (Orth)	14. Latella, Jennifer (GS)	05. Carvalho, Anna-Maria	
15. Noiseux, Nicolas (Orth)	15. MacDonald, Derek (CT)	06. Cernignani, Monica	
16. Payne, Richard (ENT)	16. McGill, Sandra (PI)	07. Sivaraman, Sujith	
17. Rochon, Caroline (GS)	17. Morin, Paul (Ortho)		
18. Ross, Phillip (Uro)	18. Nageeb, Mohamed (GS)		
19. Sharma, Kapil (CT)	19. Nehme, John (Uro)		
20. Sherman, Vadim (GS)	20. Nguyen, Ha-Nam (ENT)		
21. Zorn, Kevin (Uro)	21. Sabbagh, Abdulrahman (NS)		
	22. Schipper, Mitchell (GS)		
	23. Spiess, Philippe (Uro)		
	24. Squarey, Kyna Jocelyn (NS)		
	25. Stoffman, Michael (NS)		
	26. Theodoropoulos, John (Ortho)		
	27. Zakhary, Kristina (ENT)		
	28. Zerey, Marc (GS)		



# R

## CRUITMENT AND RETENTION COMMITTEE OF THE DEPARTMENT OF SURGERY

Recruiting young surgeons is a priority for the Department of Surgery. Once this is achieved, we have to provide the ideal environment for academic and clinical satisfaction that should facilitate retention of these surgeons once they are established.

## Recruitment

By Mostafa Elhilali, M.D.

The department realized that several components are necessary to achieve this goal. The most important is a clear understanding between the recruit and all the parties involved once he/she is on site. In the old days, a handshake and a pat on the back was enough. This is obviously outdated and consequently had to be replaced by a clear transparent memorandum of agreement which covers all pertinent components such as expectations; including institutional, clinical care, teaching and other academic achievements (research when applicable). The other aspects include the promised divisional, departmental and institutional resources necessary to achieve these goals which are spelled out in detail and signed off by the responsible authorities. Since January 2000, 6 such Memoranda of Agreements have been signed and two are in the process. All the involved players have been cooperating to make this system work.



Dr. Mostafa Elhilali

The other major challenge facing the department was the very difficult competitive nature of recruiting surgeons in different disciplines. Obviously the McGill reputation, the academic strength, the role models, the beauty of our city and the friendly environment are important factors. We still needed major funding to be able to put together competitive recruitment packages. Toward this end we were very fortunate to have the support of a major donor "Dr. Richard Tomlinson".

Through a major donation to McGill, a very significant sum was put into a "Young Surgeons Endowment Fund". The revenue generated by this fund will be used by the committee to compliment existing resources and help facilitate these recruitments. This realization compliments the acceptance of the department mission statement and the department priorities list which when all is said and done is an excellent outcome for the year.

### Editor's Note:

This donation of 64 million dollars to McGill by the 76 year old scientist and businessman is a philanthropic record - the largest single donation ever made to a Canadian university. ♦

## The 2000 Medicare Fee Schedule

U.S. The 2000 Medicare Fee Schedule Combined Impact of 2000 Fee Schedule Changes on Key Surgical Services			
Procedure	1999 Average Payment	2000 Average Payment	% Change
Remove breast	\$948.	\$995.	5
Total knee replacement	\$1,684.	\$1,631.	-3
CABG, three-vein	\$2,341.	\$2,273.	-3
Rechannel artery	\$1,220.	\$1,236.	1
Colonoscopy with lesion removal	\$384.	\$357.	-7
Laparoscopic cholecystectomy	\$705.	\$696.	-1
TURP	\$859.	\$850.	-1
Hysterectomy	\$919.	\$923.	0.5
Laminectomy	\$1,177.	\$1,136.	-3
Remove cataract, insert lens	\$773.	\$748.	-3

Reference: Bulletin of the American College of Surgeons, Vol. 85 (1).

D

r. **Hélène Flageole** and  
**Dr. Jean-Martin Laberge** in collabora-  
tion with Dr. Bruno Piedboeuf from

## KUDOS !!

Université Laval in Québec City have been awarded a grant of \$14,550.00 by the APQ (Association pulmonaire du Québec) to pursue their multicentre research in the treatment of Congenital Diaphragmatic Hernia. Their project is entitled: *Postnatal Pulmonary Distension in the Treatment of Pulmonary Hypoplasia: A Pilot Project*. **Dr. Hélène Flageole** and **Dr. Jean-Martin Laberge** are also co-investigators in a multicenter study in Québec to evaluate prognostic criteria prospectively for fetuses with congenital diaphragmatic hernia. Funding from the FRSQ was just obtained.

**Dr. Joseph Froncioni** who graduated from McGill in 1980 and who is an orthopedic surgeon at the King Edward Memorial Hospital in Hamilton, Bermuda, is a member of the Road Safety Council where he has made tremendous contributions to road safety initiatives. Recently he has made a plea for safer helmets to be worn by cyclists in Bermuda.

**Dr. Philip H. Gordon** of the JGH has been elected President of the American Board of Colon and Rectal Surgeons. He has also been appointed reviewer for the British Journal of Surgery. Philip along with Dr. Santhath Nivatvongs of the Mayo Clinic have just authored a textbook entitled *Neoplasms of the Colon, Rectum and Anus*, Quality Medical Publishing, St. Louis, 2000. Not surprisingly, Philip was cited in *Who's Who in Medicine and Health Care* in the Millennium Edition of Marquis Who's Who, 3rd edition 1000-2001.

**Dr. Karen M. Johnston** was awarded

the Franklin H. Martin Faculty Research Fellowship by the Board of Regents of the American College of Surgeons in February. This two year fellowship is named to honor Dr. Martin, founder of the College and is funded by the Scholarship Endowment Fund of the College. Her research project is entitled *A Comprehensive Approach to the Diagnosis and Investigation of Concussive Head Injury*.

**Dr. Jean-Martin Laberge** was invited to attend the "6<sup>e</sup> Journée de Médecine Foetale" in Morzine, France in March. The title of his address was *La Malformation Adénomatoïde du Poumon: Faut-il opérer si elle est asymptomatique* (*Congenital Adenomatoid Lung Malformation: Is resection warranted when the patient is asymptomatic*). Martin was also invited to attend the first Advanced Pediatric Laparoscopy/Thoracoscopy course given at the Center for Minimal Access Surgery in Hamilton, Ontario. Dr. Laberge is part of the "National Faculty" of the CMAS and he presented a paper entitled *Laparoscopic approach to the recto-urethral fistula in high imperforate anus*. He also became a member of the Society of University Surgeons this year.

**Dr. Richard G. Margoless** of the JGH has been presented with the R.M. Taylor medal and award. This award is given by the Canadian Cancer Society (CCS) and the National Cancer Institute of Canada (NCIC) to recognize a person's contribution to cancer control. Dr. Margoless is recognized as a leader in cancer control and research in Canada.

**Dr. Jonathan L. Meakins** has been named President of the International Federation of Surgical Colleges. He was inaugurated in this position in Berlin at a meeting of the German Surgical Society on May 4th.

**Dr. Peter Metrakos** has been awarded a research grant from The Kidney Foundation of Canada entitled *Expanding the Kidney Donor Pool: Use of Pulsatile Perfusion for the Evaluation of Extended Criteria Cadaveric Kidney Donors*.



**Dr. A. Robin Poole**, Director of the Joint Diseases Laboratory at the Shriners Hospital for Children, happily has had his research grants from the National Institutes of Health and the Medical Research Council renewed, each for periods of five years. Since last summer, Dr. Poole has been invited to speak at a number of conferences: At the British Connective Tissue Society Conference in Aberdeen, Scotland in September on *Cartilage Turnover*; the European Respiratory Society Congress in Madrid in October on *Mechanisms of Lung Damage*; Southeastern Inflammation Research Association Conference in Hot Springs, Virginia in November on *Biomarkers for Arthritis*; the Novartis Symposium on Skeletogenesis in November on *Cartilage Resorption in Skeletogenesis*; and on *Cartilage Ageing and the Development of Arthritis*. He also co-chaired a Symposium on Gene Therapy at the American College of Rheumatology in Boston in November. Robin was a speaker at a Symposium on Pathophysiology of Osteoarthritis and at the International Rheumatology Symposium in Kobe, Japan in March on *Collagenase and Cartilage Erosion in Arthritis*. He co-chaired a special session on Cartilage Degradation at the Orthopaedic Research Society in March in Orlando, Florida. Dr. Poole has re-joined the Dental Sciences Research Grants Review Committee of the Medical Research Council of Canada. Further, he had two papers published in March which identify the principle protease that degrades cartilage collagen in articular cartilage in health and arthritis as collagenase-3. This is the protease used to remodel cartilage in endochondral ossification in growth and frac-





► ture repair. It is also used by some tumors to invade tissues. This discovery provides a therapeutic target for the treatment of cartilage damage in arthritis. These studies represent a collaboration with **Drs. Michael Tanzer** and **David Zukor** in Orthopaedics.

**Dr. Lawrence Rosenberg** is the recipient of research grants from the Canadian Diabetes Association and the Juvenile Diabetes Foundation International. He was a visiting professor at the University of Pittsburgh. At the annual meeting of the American Society of



Transplant Surgeons, he presented two papers with **Dr. Steve Paraskevas** and **Dr. Rennian Wang** entitled *Tacrolimus Mediates Islet Cell Survival In Vitro: A Role for Calcineurin Inhibition During Isolation and Insulin-like Growth Factors Promote Islet Cell Survival In Vitro Through MAP Kinase Mediated Signaling*. He also presented a paper with **Dr. Archana Ramaswamy** and **Dr. Rea Brown** entitled *Outcome of Acute Pancreatitis: 41 Years of Management at a University Hospital* at the annual meeting of the Society for Surgery of the Alimentary Tract. At the Sixth World Biomaterials Congress, he presented a paper entitled *Development of Artificially Vascularized Tissue Scaffolds for Islet Cell Transplantation*.



**Dr. Gaston Schwarz** was the guest speaker of the Mexican Society of Plastic Surgery at their annual meeting in Mazatlan, Mexico in February.

**Dr. Dominique Shum-Tim** was awarded an operating grant for three years from the Heart and Stroke Foundation of Quebec for his research project entitled *Cardiopulmonary Bypass Management and Brain Protection in Pediatric Cardiac Surgery*. Dominique is also one of the winners of the Jonathan Ballon Award. This prize is given to the researcher who has obtained the highest rate for a first grand-in-aid application at the Heart

and Stroke Foundation of Quebec.

**Dr. Judith Trudel**, General Surgery Program Director, has been awarded a \$13,000. education research grant from the Royal Bank Teaching and Learning Improvement Fund to develop and interactive CD-ROM based curriculum to teach surgical skills to surgical residents. Co-investigators are **Drs. Kevin Lachapelle** (Cardiothoracic Surgery) and **Pierre Guy** (Orthopedics).



## Achievements Residents and Fellows

**Dr. Majeed Al-Taqi** (R-2 - Plastics) and Nourah Al-Sulaili (R-2- Dermatology) are pleased to announce the birth of their baby girl named Farah weighing 3 kg on June 5<sup>th</sup> at 4:20 A.M.



**Dr. Ioana Bratu** presented an article at The Society of University Surgeons in February. Her abstract was entitled *Surfactant Levels After Reversible Fetal Tracheal Occlusion And Prenatal Steroids In Congenital Diaphragmatic Hernia*. In Toronto in May at a meeting of the American Thoracic Society International Conference, she held a poster presentation entitled *Pulmonary Artery Remodeling After Reversible Tracheal Occlusion and Prenatal Steroids In Diaphragmatic Hernia*.

**Dr. Edgar Chedrawy** was awarded the Bigelow prize at the Terrence Donnelly Cardiac Residents' Research Day held on May 26<sup>th</sup> and 27<sup>th</sup> in Toronto. The topic of his talk was entitled *Myocardial Tissue-Engineering: Mesenchymal Stem Cell Transplantation for Myocardial Regeneration*.

**Dr. Stephen Korkola** held a poster presentation at the Society of Thoracic Sur-

geons meeting in February in Fort Lauderdale, Florida on *Mechanical (Needle) Transmyocardial Revascularization Improves Blood Flow to Ischemic Myocardium Following Angiogenic Stimulus*.

Congratulations to **Dr. Laurie Morrison** on her wedding to Vincent Cochran on April 25<sup>th</sup> in New Orleans where they met five years ago. Laurie is just finishing her Vascular Surgery Fellowship.



On December 27<sup>th</sup>, 1999, **Dr. Andreas Nikolis** (R-4 in General Surgery) and **Dr. Stavroula Christopoulos** (R-1 in Internal Medicine) were engaged to be married. Andreas surprised Stavroula by proposing on an electronic billboard in downtown Montreal. Spectators described the event as a very quiet and personal engagement. The television crews agreed.

Congratulations to **Dr. Marc Pelletier** and his wife Missy who are the proud parents of a son, Robert, born in April, a brother for Will.

**Dr. Pascale Prasil** is completing her 2-year training in Pediatric General Surgery at the Montreal Children's Hospital in June 2000. Upon graduating, she has a position on staff at the CHUL, which is part of the Centre Hospitalier Universitaire de Québec, where she had done her General Surgery training. Pascale enjoys playing the piano, travelling, movies, horseback riding and scuba diving.

**Dr. Patrick Robinson** and his wife Marie-Josée Larue are the proud parents of Philippe Charles, born May 1<sup>st</sup> at the RVH. Baby weighed 6 lbs 13 oz.



**Dr. Abdulrahman J. Sabbagh** (R1-NS) and his wife, Alaa M. Arafah merit our best wishes on the birth of their daughter, Leen Sabbagh on March 4<sup>th</sup>. ♦

EDM



Once again, we come to the end of another academic year, capped by a very successful Fraser Gurd Scientific Day. I would like to take this opportunity to congratulate the

## Division of Surgical Research

By Lawrence Rosenberg, Ph.D., M.D.

prize winners for a job well done. First prize was awarded to **Dr. Andrew Seely** (Supervisor - **Dr. Nick Christou**) for his paper *Differential Alteration of Neutrophil Chemoattractant Receptors In Vivo Regulates Human Neutrophil Chemotaxis*. Second place prizes were awarded to **Dr. Jose L. Pascual** (Supervisor - **Dr. Nick Christou**) for his paper entitled *Hypertonic Saline-Resuscitation from Hemorrhagic Shock Results in Diminished Interactions Between PMNs and Endothelium In-Vivo*; and to **S. Nguyen** (Supervisor - **Dr. Denise Arseneault**) for a paper entitled *Selective Incorporation of Osteopontin into Calcium Oxalate Crystals Precipitated from Human Urine*. It was the feeling of those in attendance that the quality of the scientific work continues to

increase from year to year. This is borne out by the fact that much of this work will be presented at prestigious national and international meetings in the year to come.

With respect to the Graduate Program in Experimental Surgery, The Division of Surgical Research has received University approval to offer a novel 6 month Diploma Program in Health Technology Assessment in Surgery. This program, co-ordinated by **Dr. John Sampalis**, commences this summer and is designed especially for residents in General Surgery. However, anyone interested in this program is encouraged to apply. Further information can be obtained from myself or Dr. Sampalis.

Finally, I would like to inform you that the Division of Surgical Research web site is up at: [www.surgery-research.mcgill.ca](http://www.surgery-research.mcgill.ca). Although the site is still under some construction, I would still encourage you to check it out. We are presently soliciting biographical material from all scientists and clinician-scientists in the Department for posting to this site. Each scientist will be given their own web page within the site to highlight their research and accomplishments. Material may be sent to me by mail, fax or e-mail. ♦

## Were You There? - 1962



Eleven former Chairmen of the Post-Graduate Board attend lunch in honour of Mrs. Winifred Rock, Secretary of the Board, on the occasion of her retirement in 1962.

Lt. to Rt.: Drs. Gibson Craig, A.D. Macdonald, John Howlett, Vincent Young, C.J.U. Tidmarsh, J.S.L. Browne, Walter Scriver, J.O. Brabander, F.J. Tweedie, D.D. Munro, R.A. Cleghorn





nce again this year, it is my pleasure to report to you the events which transpired on Hingston Day - our Founder's Day - on May 10th, 2000 at the St. James Club in Montreal.

## Founder's Day at St. Mary's Hospital

MAY 10<sup>TH</sup>, 2000

The Hingston Award this year given to the most deserving physician since last year's award was bestowed upon **Dr. George Fraser**, Cardiologist. It was a popular choice judging by the reaction by the large number of attendees. George was equal to the task using his born wit to his advantage in his thank you speech.

**Dr. Fred Wiegand**, now retired from our staff and a member of Les Médecins sans Frontières, recent Nobel Laureates, was

the guest speaker. He showed a number of videos in which he and other doctors were featured performing medical tasks in different war-torn zones around the world.

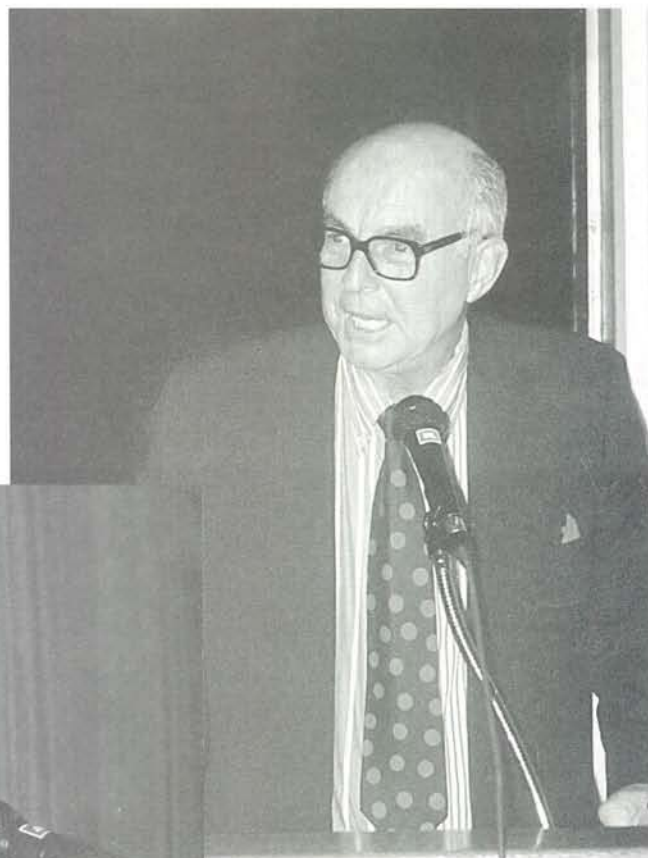
Awards were also given to the current physicians who have arrived at 25 years service to the hospital.

It was my pleasure to perform the duties of Master of Ceremony. ♦

*James D. Sullivan, MD, FRCSC  
Orthopedic Surgeon*



*Dr. George Fraser*



*Dr. Fred Wiegand*





# Congratulations Graduates!



## McGill University Department of Surgery 2000 Graduates

### Orthopedic Surgery

Dr. Husain Al-Mutairi

Dr. John Borkowski

Dr. Phillip Downer

Dr. Graham Elder

### Orthopedic Sports Medicine

Dr. Rashid Al-Shaeel

### Urology

Dr. Khalid Al-Othman

Dr. Sylvain Lapierre

Dr. Daniel Rosenstein

Dr. Carson Wong

### Cardiothoracic Surgery

Dr. Marc Pelletier

### Plastic Surgery

Dr. Zubin Panthaki

Dr. Kayvan Taghipour-Khiabani

Dr. Andrea Pusic

### Laparoscopic Surgery

Dr. Liane Feldman

### Paediatric General Surgery

Dr. Pascale Prasil

### Surgical Oncology

Dr. Francine Tremblay

### General Surgery

Dr. Aayed Al-Qahtani

Dr. Abdollah Behzadi

Dr. Margaret Chen

Dr. Jonathan Fridell

Dr. Sandra Kay

Dr. Eric Keyser

Dr. Eric Labelle

Dr. Ayman Linjawi

Dr. Jose Pires

Dr. Archana Ramaswamy

Dr. Alison Ross

Dr. Daniel Swartz

### Vascular Surgery

Dr. Laurie Morrison

## Dr. Rea A. Brown Day

In honour of his retirement

Thursday, November 9, 2000

We would love to hear what you have been up to!

If you would like to be present please RSVP accordingly.

### THE DAY'S EVENTS INCLUDE

07:45 .....Grand Rounds

Visiting Professor

Osler Amphitheatre, Montreal General Hospital

08:45 .....Presentations from Alumni

11:30 .....Lunch

13:30 .....Presentations from Alumni

18:00 .....Cocktails & Dinner

Hotel Omni Mont-Royal

1050 Sherbrooke St. West

Montreal, Quebec H3A 2R6

(Cost \$100.00 per person)



For further information please contact:

**Maria Cortese**

e-mail: [maria.cortese@muhc.mcgill.ca](mailto:maria.cortese@muhc.mcgill.ca)

Tel.: (514) 934-8044

Fax: (514) 934-8438



**T**he 2000 Fraser Gurd Visiting Professor was **Dr. Dhiraj M. Shah**, Professor and Director, Institute for Vascular Health and Disease, The Albany Medical College.

Dr. Shah's lecture at Grand Rounds at the MGH was *25 Years Experience with In-Situ Bypass*. At the RVH Grand Rounds, his talk was *Durability of Eversion Carotid Endarterectomy*.

## Fraser Gurd Day May 18, 2000

A delightful dinner was held at the Marriott Chateau Champlain that evening. ♦



### A W A R D S

#### Teaching Excellence Award (Staff)

Dr. David Evans

#### Teaching Excellence Award (Resident)

Dr. Dan Swartz

#### Excellence in Research

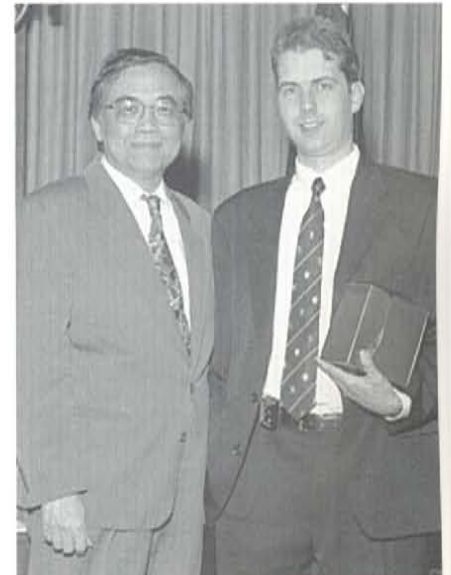
1st Prize Dr. Andrew Seely

2nd Prize (tie) Dr. S. Nguyen

Dr. Jose L. Pascual

#### The Kathryn Rolph Award

Dr. Ruth Chaytor









## Lyrics for the Fraser Gurd Day Song

**Man, I Feel Like A Surgeon**  
(with apologies to Shania Twain)



Let's go team!

I'm going to OR, I'm feeling like a star  
Gonna take that tumor out  
Wanna show my poise, be like my heroes  
Yeah I wanna cut it out

Skin preparation, nice little incision  
Get a little better light  
I ain't gonna pack, I ain't coming back  
I only wanna have a good time

The best thing about being a surgeon  
Is the prerogative to do the dictation  
Oh oh oh oh, go totally crazy, forget I'm exhausted  
Suction, traction  
Oh oh oh oh, a little white bile  
Doing it in style  
Oh oh oh oh, Kocher maneuver, retracting the liver  
Gallbladder out, scope out  
Oh oh oh oh, I wanna be free to feel the way I feel  
Man, I feel like a surgeon

The beeper's going off, the emerg wakes me up  
The trauma's coming in again  
We don't need no rest, we only want the best  
A chance to get to the OR

(chorus x 2)

Oh yeah  
Go totally crazy  
Can you feel it  
Come on come on come on team  
Man, I feel like a surgeon  
I feel like a surgeon.



Lyrics: Hélène Flageole, Judith Trudel  
Vocals: Hélène Flageole  
Mixing: Tim Kerwin



**H**ow often have I heard the phrase in the title above except with my name rather than Germain's? Over the last 35 years whenever Germain said something controversial

## My Buddy Houle

By Gordon S. Fox, M.D.

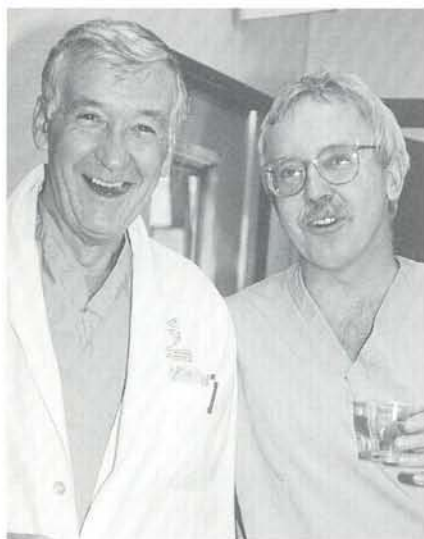
at a meeting or rounds he began by saying "My buddy Fox and I" etc. At times I was his accomplice, albeit unwillingly, and often cringed inside at his most outrageous statements. I will admit it has been a privilege and fun to work in the same department and, for some time, to share an office with Dr. Germain Houle.

Germain came to the Royal Victoria Hospital as a Clinical Fellow in the Department of Anaesthesia. He is a medical graduate of the University of Ottawa who did his residency in Detroit, Michigan. Germain is from Alfred, Ontario, not exactly a metropolis, between Montreal and Ottawa. However, his achievements have made him widely known throughout North America. To name but a few of his accomplishments, Germain has served in executive positions in the Association des Anesthésistes du Québec and the Canadian Anaesthetists' Society. He was President of the latter organization during 1978-1979. He has been Director of Continuing Medical Education at McGill University and an Examiner for the Royal College of Physicians and Surgeons. Germain served with the Canadian Medical Protective Association on Advisory and Education Committees. He was President of the Academy of Anesthesiology during 1990-1991.

Germain's exuberance and gregariousness have made him the "fun guy" to sit with at parties or, as I learned years ago, an

excellent person with whom to share an office, and play squash with at the end of the day. So to my buddy Houle and his wife Rose-Marie best wishes for health and happiness from the entire Department.

*Editor's Note: Gordy Fox also has retired. More about him in a future issue of TSK. ♦*



Dr. Germain Houle & Dr. Bruce Smith

## Thanks to Our Contributors!

In response to our letter of solicitation, the McGill Surgery Alumni & Friends has received more than \$11 000. The following Surgeons have donated \$100 or more. The Square Knot is most grateful!

EDM

Dr. Shyam N. Agrawal

Dr. Basil RS Baeta

Dr. Jeffrey Barkun

Dr. Daniel Benatar

Dr. Alex Brzezinski

Dr. Harvey C. Brown

Dr. Nicolas Christou

Dr. David Clas

Dr. T. Coutsoftides

Dr. John H. Duff

Dr. Peter M. Feldman

Dr. Eric D. Foster

Dr. Michel Gagner

Dr. Fivos Gahhos

Dr. Jacob Garzon

Dr. Andrew B. Hill

Dr. Harry S. Himal

Dr. Abdel-Raouf Ismail

Dr. M. Ray James

Dr. Ahmed Jamjoom

Dr. Howard W. Klein

Dr. Robert M. Levine

Dr. Walter Lloyd-Smith

Dr. G.V.A. MacDonald

Dr. Lloyd D. MacLean

Dr. Peter H. McLean

Dr. Jonathan L. Meakins

Dr. Jose Mijangos-Palaez

Dr. John R. Moore

Dr. Joel Steven Morris

Dr. David S. Mulder

Dr. Jemi Olak

Dr. Richard O'Connor

Dr. Dimitri Petsikas

Dr. Neville G. Poy

Dr. Lisa Marie Ronback

Dr. Lawrence Rosenberg

Dr. Warren Schubert

Dr. Jorge Schwarz

Dr. R. Short

Dr. Joseph Stratford

Dr. James F. Symes

Dr. L. Tin

Dr. Ivan M. Tomek

Dr. G. Tremblay

Dr. Benjamin M. Tripp

Dr. A. Turnbull

Dr. William W. Watson

Dr. Marvin J. Wexler

Dr. Frederick M. Wiegand

Dr. Ihor A. Zakaluzny

## Were You There? 1989 Fraser Gurd Banquet

CONTRIBUTED BY DR. DAVID MULDER



*Dr. Fraser Gurd, Dr. Gustavo Bounous, Dr. Claude Organ (Visiting Professor)*



*Lt. to Rt.: Dr. Carlos Li, Dr. Andrew Hill, Dr. Fraser Gurd, Dr. Gary Kochamba, Dr. Carlos Barba*



*Lt. to Rt: Dr. Gerry Fried, Dr. & Mrs. John Hinchey, Dr. Bill Mersereau, Mrs. Gerry Fried*



# M

**GILL PARTICIPATES IN THE 18<sup>TH</sup> EDITION OF QUEBEC "ENTRETIENS VASCULAIRES" (VASCULAR TOPICS)**

Held at the Ramada Plaza Hotel in Hull on the 5<sup>th</sup> and 6<sup>th</sup> of May

## Quebec's "Entretien vasculaires"

By Judith L. Trudel, M.D.

McGill and **Dr. Patrice Nault**, also a lecturer in our Department of Surgery, and the Site Director for Vascular Surgery in Hull.

The invited faculty were **Dr. Jean Panneton** of the Mayo Clinic, **Dr. J. Dennis Baker** of UCLA, and **Dr. Michèle Casaubon** from Paris.

**Dr. A. Ramaswamy**, R-5 from McGill, along with **Dr. Patrice Nault** presented a paper on *Duplex per-opératoire [Peroperative Duplex Studies]*.

*Exclusion d'un AAT descendante par endo-prosthèse avec réparation simultanée d'un anévrisme de l'aorte abdominale par*

The Presidents of the Congress were **Dr. Claude Beaulieu**, a lecturer in the Department of Surgery at

*approche rétro-péritonéale [Exclusion of Thrombosis of the Abdominal Aorta by Retroperitoneal Endo-prosthesis with Simultaneous Repair of an AAA]* was presented by **Dr. Laurie Morrison**, Vascular Fellow, **Dr. D.I. Obrand**, **Dr. O.K. Steinmetz**, Division of Vascular Surgery, McGill.

*Outcomes of Ruptured AAA in the Elderly* was presented by **Dr. Archana Ramaswamy**, PGY-5, General Surgery, McGill.

*Risk Factors in the Development of Thromboembolism in Critically Injured Patient* was submitted by **Dr. A. Nikolis**, PGY-5, General Surgery, McGill, **Dr. M. Zerey**, PGY-1, General Surgery, McGill, **Dr. J. Sampalis**, Ph.D., **Dr. R.A. Brown**, **A. Christopoulos**, **Dr. D.S. Mulder**. The paper was presented by **Dr. M. Zerey**.

In the session entitled "New Technologies in Vascular Surgery", the following report was well appreciated: *Traitement des AA et iliaques par endo-prosthèse: résultant de 2 ans d'expérience [Treatment of Aortic and Iliac Aneurysms by Endo-prostheses: Result of 2 Years Experience]* by **Dr. O.K. Steinmetz**, **Dr. B. Aljabri**, R-2, General Surgery, **Dr. L. Morrison**, Vascular Fellow, **Dr. B. Montreuil**, **Dr. D.I. Obrand**, Division of Vascular Surgery, McGill.

Congratulations go to **Dr. Marc Zerey** who won the Paul Cartier prize for his presentation as mentioned above. ♦

## The 25'ers

Four secretaries associated with the Department of Surgery at the RVH recently celebrated their 25 years (or more) of service at the Royal Victoria Hospital. This photograph was taken at the RVH secretaries' Annual Get-Together on March 24 organized by Madeleine Beaulne. All the secretaries had a jolly good time at a Murder-Mystery Dinner and, as the hats in the photo attest, got into the spirit of the mock wedding reception. ♦



From lt. to rt: Rita Mete (Surgical Nursing), Lucie Francoeur (Cardiothoracic Surgery), Lina Musso (Plastic Surgery) and Ennia Mulfati (General Surgery)

# M

## GILL RESEARCHERS ANNOUNCE NEW AND PRACTICAL APPROACH TO REGENERATING DAMAGED HEART TISSUE

**Montreal: Thursday, May 4, 2000** — Researchers at the McGill University Health Centre and the Jewish General Hospital announced today that

they have found a new and clinically simple way to regenerate growth in damaged heart muscle - which

they say also responds to concerns about ethical practices.

## Regenerating Damaged Heart Tissue

"Our research has proven that if we insert marrow stromal cells (MSCs) taken directly from the body of the recipient into the damaged heart, they are not only accepted by the remaining healthy muscle tissue, they also grow and become new heart muscle," explains **Dr. Ray Chiu**, Chief of Cardiothoracic Surgery at the MUHC and principal investigator on the research project.

Dr. Chiu's team presented the results of their research yesterday at the annual meeting of the American Association of Thoracic Surgery in Toronto. Team members also include **Dr. Jacques Galipeau**, a hematologist and research scientist at the Jewish General Hospital, and a Fellow from the Veterans General Hospital, Taipei, Taiwan, **Dr. Jih-Shiuan Wang**.

"The benefits of our approach to treating damaged heart muscle are enormous both for the patient and the health care system," says Dr. Galipeau. "We have a virtually endless and ready supply of these cells from the donor's own body, the process of aspirating them from the bone marrow is a simple and common clinical process, MSCs are easily grown in incubators and implanting them in the damaged heart involves only minor surgery. There is no major surgery here, no waiting lists for a donated heart, and since the MSCs come from the recipient's own body, no fear of rejection or infection as is often the case with donated organs or tissue."

"This kind of easy, accessible source for regenerating damaged heart tissue is crucial because as our population ages, the medical and societal challenges of dealing with heart failure are only going to increase," explains Dr. Chiu. "Right now, heart failure is the only cardiovascular disease which is increasing in our society. In fact, it is the number one diagnosis for adult patients discharged from North American hospitals!"

Scientists in Canada and elsewhere have for several years been studying the possibility of using different cell sources to prompt regrowth of damaged muscle in the heart, a vital internal organ where tissue does not regenerate when damaged. And they have been successful, particularly in the case of human fetal cells. However, Drs. Chiu and Galipeau preferred to investigate a different source which they felt would avoid certain ethical concerns, and which was particularly practical because MSCs literally never stop growing in a patient's body.

The research carried out by Drs. Chiu and Galipeau is receiving international attention and additional support to the tune of \$100,000. U.S. from a Florida-based biotechnology company, **Bioheart, Inc.** The contract with Dr. Chiu's team was signed with McGill University's Office of Technology Transfer.

"The investment represents an initial one-year research agreement for Dr. Chiu's team - and reflects the on-going confidence in McGill researchers by the private sector even beyond Canada's borders," said **Abraham Fuks**, Dean of Medicine at McGill.

Dr. Chiu says the next steps in his research will involve the selection of the best technique for cell implantation, and confirmation that heart functions really do improve following implantation of MSCs — leading to potential clinical trials as early as two years from now.

"Bioheart, Inc. is very proud to be sponsoring this important research being conducted by the world class team of scientists at McGill University. This year it will provide approximately \$200,000. U.S. of direct support for this research, and it will spend an additional \$9 million U.S. towards the goal of moving this technology from the animal lab to the clinical setting to treat human patients. The agreement with McGill has provisions for royalties to be paid to the university over the next 20 years," explains **Mr. Howard J. Leonhardt**, Chairman and CEO of Bioheart, Inc. ♦



# **LUCIE FRANCOEUR: 25 YEARS WITH THE CARDIOTHORACIC TEAM**

## **25 Years With the Cardiothoracic Team**

The Division of Cardiothoracic Surgery at the RVH held a surprise reception on March 22 in honour of their secretary Lucie Francoeur. Not only was it to celebrate Lucie's birthday, but also her 25 years with the Division. Lucie joined the Division straight out of high school, at the tender age of 17. She has seen many come and go over the years, but Dr. Jean-E. Morin has benefitted from Lucie's efficient and faithful service from day one... and they continue their collaboration to this day. ♦



*From lt. to rt.: Dr. Tony Dobell, Dr. Kevin Lachapelle, Lucie Francoeur, Dr. Jean-E. Morin.*

## **The 10<sup>th</sup> Annual McGill Urology Research Day**

The 10th Annual McGill Urology Research Day was held on April 19, 2000 at the McIntyre Medical building. Our invited guest speaker, **Dr. Laurence Klotz**, Chief of the Urology Division at the Sunnybrook & Women's College Health Science

Centre of the University of Toronto gave an excellent talk entitled *Cell Cycle Regulation in Prostate Cancer Progression*. This was followed by oral presentations from both residents and graduate students from our Division. The winners of this year's research day were **Mr. Sero Andonian**

(supervised by **Drs. Armen Aprikian** and **Simone Chevalier**); **Ms. Linda Lefièvre** (supervised by **Dr. Claude Gagnon**) and **Ms. Sandra Nguyen** (supervised by **Dr. Denise Arsenault**). Both Ms. Lefièvre and Nguyen were selected to present at this year's Fraser Gurd Day. ♦



*Lt. to Rt. Back Row: Dr. Aprikian, Dr. Simon Tanguay (co-organizer of the Research Day) and Mr. Andonian. Front Row: Dr. Gagnon, Dr. Chevalier, Ms. Nguyen, Ms. Lefièvre, Dr. Serge Carrier and Dr. Mario Chevette, (co-organizer of the Research Day)*

## Edward J. Tabah Visiting Professor

### THE EDWARD J. TABAH VISITING PROFESSOR IN SURGICAL ONCOLOGY

**Dr. Alfred M. Cohen** was the 11<sup>th</sup> Edward J. Tabah Visiting Professor in Surgical Oncology at McGill University, April 12<sup>th</sup> and 13<sup>th</sup>, 2000.



*Dr. Alfred M. Cohen*

Al Cohen is at present Professor of Surgery at Cornell Medical College, New York and is Chief of the Colorectal Service in the Department of Surgery, Memorial Sloan-Kettering Cancer Center. He is also Chair-Elect of the Commission on Cancer of the American College of Surgeons. At the present time, he is also Secretary of the Society of Surgical Oncology.

Al Cohen is a true leader in the field of colorectal oncology, a highly respected teacher, innovative clinical scientist and a highly competent surgeon in the mould of Dr. Edward J. Tabah. During his two days at McGill, he had a punishing schedule in that he gave four lectures at the McGill teaching hospitals, as well as giving a lecture at Notre Dame Hospital, CHUM.

## Flanders Visiting Professor

### FLANDERS VISITING PROFESSORSHIP February 17, 2000

**Dr. Thomas R. Todd**, Professor and Chairman of Thoracic Surgery at the University of Toronto was the Flanders Visiting Professor. The topic of his lecture at Grand Rounds was *Assessment of and Surgical Options in the High Risk Lung Cancer Patient*. ♦

*EKL*

Al Cohen spends 3 weeks annually in Tanzania. He does voluntary work at the local Methodist Hospital, and pursues his hobby of photographing wild animals in the rough.

We were indeed privileged to have Dr. Alfred M. Cohen share his knowledge and expertise with us during this period. ♦

*Henry R. Shibata, M.D.*





## Stikeman Visiting Professor



Dr. William A. Baumgartner

JUNE 1-2, 2000

**Dr. William A. Baumgartner**,  
Professor of Surgery & Cardiac  
Surgeon-in-Charge at Johns

Hopkins University in Baltimore, was this year's Stikeman Visiting Professor for Cardiovascular and Thoracic Surgery at McGill University.

At the MGH Surgical Grand Rounds on Thursday morning, Dr. Baumgartner's topic was *Re-tooling Thoracic Surgery Education*. Following Grand Rounds, laboratory and clinical research presentations were given by residents, staff and alumni. A special session [**New Millennium Addresses: A New Beginning**] moderated by Dr. Garrett

Walsh was given by **Dr. A.R.C. Dobell** on *Cardiovascular and Thoracic Surgery at McGill: The First Quarter Century*, and **Dr. Ray C.-J. Chiu** on *The 'Vision' Thing: Past and Future*.

In the afternoon at the RVH Rounds, Dr. Baumgartner spoke on *Assessing the Impact of Cerebral Injury Following Cardiac Surgery: Will Determining the Injury Reduce this Injury*.

A banquet was held on Thursday evening in honour of the Visiting Professor and the graduating resident at the Mount Stephen's Club. Drs. Dobell, Walsh and Marc Pelletier, on behalf of the residents, paid homage to the highlights in Dr. Chiu's career. On Friday morning, more presentations by alumni and residents took place at the RVH, followed by a luncheon. ♦

EKL

## Surgical Theatre at the MGH, late 1800's





## General Surgery Day Dinner and Awards February 24<sup>th</sup>, 2000



*The Head Table: (clockwise) Dr. M. Wexler, Dr. G. Fried, Dr. N. Christou, Dr. O. Rotstein (visiting Professor), Dr. J. Meakins, Dr. H. Shibata, Dr. P. Gordon, Dr. H. Sigman*



*Winner of the Staff Honor Roll Award: (L to R) Dr. J. Pascual, Dr. B. Stein (winner), Dr. M. Poirier, Dr. Chaudhury*



*Winner of the Outstanding Resident Teacher Award: (L to R) Dr. J. Pascual, Dr. D. Swartz (winner), Dr. Poirier*



*(L to R) Dr. N. Christou, Dr. R. Andtbacka, Dr. M. Poirier, Dr. O. Rotstein.*



*(L to R) Dr. J. Pascual, Dr. L. Ferri, Dr. N. Christou, Dr. O. Rotstein.*



*(L to R) Dr. J. Mathew, Dr. M. Zerey, Dr. N. Christou, Dr. O. Rotstein.*



**THE SQUARE KNOT** strives very hard to keep its Address List of Surgical Alumni, current Attending Staff, Residents and Fellows up-to-date. But after the mailing of every issue, some are returned to us "Address Unknown - Return to Sender". When we look at the Canadian Medical Directory or the List

of Fellows of the American College, the addresses given are the same as the ones we used.

## Return to Sender Address Unknown

If you are going to move or if you have already moved, please send us your new address. We are missing the addresses of some alumni who have actually written to us to tell us how much they enjoy reading *The Square Knot*. Please help us find the following:

*Emma Lisi*

<b>Dr. Z. Arekat</b>	(General Surgery)
<b>Dr. Ram Aribindi</b>	(Orthopedics)
<b>Dr. Michel Bazinet</b>	(Urology)
<b>Dr. R. Bend-Jabal</b>	
<b>Dr. Richard Berkowitz</b>	(Orthopedics)
<b>Dr. L. Bueno &amp; Dr. M. Bueno</b>	(Plastic)
<b>Dr. Shayne Burwell</b>	(Plastic)
<b>Dr. W.E. Collins</b>	
<b>Dr. D. Deforno</b>	
<b>Dr. Irwin Paul Enker</b>	(Orthopedics)
<b>Dr. Jose Espinosa-Sedda</b>	(Neurosurgery)
<b>Dr. J. Fleming</b>	(General Surgery)
<b>Dr. Bryant Joseph Gilot</b>	
<b>Dr. Jonathan D. Glassman</b>	(Orthopedics)
<b>Dr. Mark Healey</b>	(General Surgery)
<b>Dr. C.T. Ho</b>	
<b>Dr. Tom Konowalchuk</b>	(Urology)
<b>Dr. Robert S. Kurtz</b>	(Pediatric Surgery)
<b>Dr. Marc Lanser</b>	(General Surgery)
<b>Dr. Ronald R. Lett</b>	(General Surgery)
<b>Dr. Shaun MacDonald</b>	(Vascular)
<b>Dr. Paul Manner</b>	(Orthopedics)
<b>Dr. Michael Munz</b>	(Neurosurgery)
<b>Dr. Ian Richard Neilson</b>	(Pediatric Surgery)
<b>Dr. Vincent A. Piccione, Jr.</b>	
<b>Dr. Mark Preul</b>	(Neurosurgery)
<b>Dr. Wadi Bin Saddiq</b>	(General Surgery)
<b>Dr. S.M. Strasberg</b>	
<b>Dr. J. Tarbet</b>	
<b>Dr. D.C. Wood</b>	(General Surgery)



## Even the Medical Record Room Can be Funny!

- ☞ The lab test indicated abnormal liver function.
- ☞ The baby was delivered, the cord clamped and cut, and handed to the pediatrician, who breathed and cried immediately.
- ☞ Exam of genitalia reveals that he is circus sized.
- ☞ The skin was moist and dry.
- ☞ Rectal exam revealed a normal size thyroid.
- ☞ The patient had waffles for breakfast and anorexia for lunch.
- ☞ She stated that she had been constipated for most of her life until 1989 when she got a divorce.
- ☞ Between you and me, we ought to be able to get this lady pregnant.
- ☞ The patient was in his usual state of good health until his airplane ran out of gas and crashed.
- ☞ I saw your patient today, who is still under our car for physical therapy.
- ☞ The patient was prepped and raped in the usual manner.
- ☞ Examination reveals a well-developed male laying in bed with his family in no distress.
- ☞ Patient was alert and unresponsive.
- ☞ When she fainted, her eyes rolled around the room.
- ☞ The patient lives at home with his mother, father, and pet turtle, who is presently enrolled in day care three times a week.
- ☞ Bleeding started in the rectal area and continued all the way to Los Angeles.
- ☞ Both breasts are equal and reactive to light and accommodation.
- ☞ She is numb from her toes down.
- ☞ Exam of genitalia was completely negative except for the right foot.
- ☞ While in the emergency room, she was examined, x-rated and sent home.
- ☞ The patient was to have a bowel resection. However, he took a job as a stockbroker instead.
- ☞ The patient suffers from occasional, constant, infrequent headaches.
- ☞ Coming from Detroit, this man has no children.

**DUGUID, William Paris** died on April 5<sup>th</sup>, 2000 in his seventy-third year. Beloved husband of Jean. "Bill" was born in Glasgow, Scotland. Professor of Pathology at McGill and well respected Pathologist-in-Chief at the MGH for over 25 years.

**GILBERT, Richard George Barton** died December 20<sup>th</sup>, 1999 at the age of ninety. Dr. Gilbert immigrated from England in 1947 and became Chairman of the McGill Department of Anaesthesia in 1957. His anaesthesia career was mainly devoted to neurosurgical anaesthesia at the MNI. In 1983, he received the Gold Medal for meritorious service from the Canadian Anaesthesia Society. He, with Dr. Fred Brindle and Dr. Anibal Galindo, published the first book on neurosurgical anaesthesia. He retired from McGill in September of 1977 and is survived by his widow Eunice.

**MEAKINS, Jonathan Sayette** died peacefully on April 22<sup>nd</sup>, 2000 at the age of eighty-seven. Devoted and loving husband of Edyth. Loving father of Dr. Jonathan L.

(Dr. Jacqueline McClaran), Sally Meakins Jackson and Sandra Meakins Sackett. Dr. Meakins was the son of Jonathan Campbell Meakins who wrote the textbook *"The Practice of Medicine"* published by Dr. C.V. Mosby in 1936. Dr. Meakins graduated from McGill in 1936 and did postgraduate training in Cornell and Harvard Universities. He served in the Royal Canadian Air Force during World War II. During the 1960's, there were four services in Internal Medicine at the RVH and these were the Meakins Service, the Philip Hill Service, the John Howlett Service, and the Louis Johnson Service. He was Professor of Medicine and in his latter years, he was the Medical Registrar at the RVH. His personal demeanor was that of authority with a human touch. A memorial service was held on May 30<sup>th</sup> at the Church of St. James the Apostle in Montreal. Dr. David Goltzman in a tribute to him, called Dr. Meakins a "Pillar of Medicine, a Great Clinician and Teacher. He was compassionate with patients". His son gave a stirring eulogy. He was indeed a loyal friend and he made the world a better place to live in.

**MENG, Maurice** on April 10<sup>th</sup>, 2000. Beloved husband of Jean Fransham. Medical doctor for CNR and Air Canada. A graduate of McGill, Dr. Meng referred many patients to the RVH and to the MGH.

**PATTEE, Chauncey Johnson** died in the PCU at the RVH on March 12<sup>th</sup>, 2000 in his eighty-eight year. Beloved husband of the late Barbara R. Stearns. After a long and successful medical career, Dr. Pattee retired in the Eastern Townships.

**PHILPOTT, Newell W.** died on December 30<sup>th</sup> at the age of ninety-seven. "Noolie" was an outstanding athlete who took his postgraduate training at McGill, at the University of Michigan, in Edinburgh, in Kiel and in Berlin, Germany. He served as a Surgeon Lieutenant-Commander in the Royal Canadian Navy during the war and became Professor and Head of Obstetrics and Gynecology at the RVH in 1946. He was elected as Vice-President (Surgery) of the Royal College of Physicians and Surgeons of Canada in 1953, and was President of the American College of Surgeons from 1950 to 1959. He was named Emeritus Professor at McGill in 1957 and retired in 1969.

**RAMSEY, R. Bruce** graduate of McGill in 1949. Died while skiing at Mont Tremblant. One of the pioneers in Oculo-plastic Surgery. Ophthalmologist at the MGH and at the MCH. He did his residency in Ophthalmology in New York. Bereaved by his wife Nora. Had a large and extensive practise and was well appreciated as a teacher by his students and residents.

**SCRIVER, Jessie Boyd** died May 13<sup>th</sup> at the age of one hundred and five. One of the first women to be accepted in the McGill medical school in 1917. She graduated in 1922 from McGill and was one of the great pioneers in Canadian medicine, was well known for her studies on sickle cell anemia. She and her husband, Dr. Walter Scriver, had a son, world renowned geneticist, Dr. Charles Scriver. Dr. Scriver maintained a faculty position with McGill until she died, and she was awarded an Honorary Doctorate from McGill in 1979. A memorial service was held on June 8<sup>th</sup> at the Montreal West Presbyterian Church. ♦

EDM

