

THE SQUARE

KNOT

Following the discovery of *Aspergillus* in the operating rooms at the end of February 2001, the O.R. suite had to be closed. Infection Control personnel reviewed the situation and a major clean up of all the facilities was performed. Unfortunately, despite extensive "scrubbing and washing," the cultures remained positive.

Aspergillosis Closes RVH Operating Rooms

By Jean-E. Morin, M.D. and Steven Backman, M.D.

At that point, a second evaluation confirmed the need to proceed with a complete upgrading of the ventilation system and the installation of new "HEPA" filters. As renovations to the ventilation system got underway, it became evident that the medical gas lines were obsolete. Since it is forbidden by law to proceed with renovations without respecting current building standards, it became necessary to redo the medical gas piping.



Dr. Jean Morin

Unfortunately, none of these items are available at the hardware store next door. This constraint postponed the re-opening of the surgical suite on S-5 from mid-May to the end of June.

Trying to make the best of an adverse situation, we looked at all the possibilities to improve the function of the operating rooms while these renovations were taking place.

As a result, a large portion of the electrical system (please see *Aspergillosis*, pg. 4)

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DEPARTMENT OF SURGERY

NEWSLETTER

MCGILL UNIVERSITY

SUMMER 2001



Dear Editor,

On behalf of all the Gutelii, I would like to thank you and Jim Mackenzie, John Duff, Peter McLean, Nelson Mitchell and Marvin Wexler for the beautiful warm tributes paid to John.



Letters to The Editor

He held you all in high esteem and would have been proud and appreciative of your kind words laced with nostalgic humour. He did enjoy life to the full and in fact took part in a teaching session about 6 weeks before he died.

As a husband, dad and grandad, he is missed but has left us all with many good memories. Thanks again.

*Sincerely,
Betty Gutelius*

Dear Editor,

Well, it is about time that I finally made a contribution. I no longer will feel guilty as I avidly read *The Square Knot*. The newsletter is always a good reason to give Rick Superina a call. We are amazed that here in the American Midwest, we seem to be aging. However from the photographs of our McGill friends and other alumni, the aging process is somehow arrested in Quebec.

As you may know, I am currently a Professor of Surgery at the Medical College of Wisconsin. My responsibilities include kidney, pancreas and liver transplantation. We have a very active vascular access practice as well. We are about to embark on a human islet transplant program. We have wonderful support from the Medical School and the hospital. I recently returned from a short visit to Edmonton to view their procedure. How appropriate for a Canadian center to make yet another breakthrough in the care of patients with juvenile onset diabetes mellitus.

*Allan M. Roza, MD
Milwaukee, Wisconsin*

Dear Editor,

I have been meaning for some time to send a note to you, in appreciation of receipt of copies of *The Square Knot*. Though I recognize many fewer names than formerly, it remains fascinating to read of the continuing saga of the practice of medicine in Quebec, and McGill's ongoing efforts to remain pre-eminent. I hope that those efforts succeed.

After 29 years of practicing Plastic Surgery here in Western Washington, I am retiring and closing the office at the end of June, though I will continue to do volunteer plastic surgery trips around the world for the foreseeable future. Accordingly, I would ask that you switch my mailing address to my home, 2045-57th Way NW, Olympia, WA 98502.

Please accept the enclosed check as a contribution to the publication of *The Square Knot*.

Kindest regards to all, but especially to Dr. Lloyd MacLean

*Sherwood P. Smith, MD
Olympia, Washington*

Coming Events

September 6-9, 2001

Canadian Surgery Forum, Quebec City

- ◆ Canadian Association of General Surgeons
- ◆ Canadian Society of Colon and Rectal Surgeons
- ◆ Canadian Association of Thoracic Surgeons
- ◆ Canadian Association of University Surgeons

October 7-12, 2001

American College of Surgeons
87th Annual Clinical Congress
New Orleans, LA

October 27 - November 1, 2001

XXXIII World Congress International College of Surgeons
"Solution for the Old Surgical Problem in the New Millennium", Taipei, Taiwan

Thanks to Our Contributors

As a result of our solicitation letter in February, 124 Surgical Alumni and Friends have contributed over \$8,000 at this date.

We thank them sincerely. The following have sent us \$100 or more. Please keep such funds coming as this helps to publish issues of *The Square Knot*.

EDM

Dr. Basil Roderick Baeta	Dr. Subhas Gupta	Dr. Lisa Marie Ronback
Dr. Erwyn Bissell	Mrs. Elizabeth Gutelius	Dr. Allan Roza
Dr. Alex Brzezinski	Dr. Frederic Hould	Dr. Warren Schubert
Dr. Harvey Brown	Dr. Abdel-Raouf Ismail	Dr. Jorge Schwarz
Dr. W. B. Callaghan	Dr. Ahmed Jamjoom	Dr. Roger Short
Dr. David Andrew Cherry	Dr. Howard Klein	Dr. Susan Skanes
Dr. T. Coutsoftides	Dr. D. C. Kwok	Dr. Alan Turnbull
Dr. Stephen Davis	Dr. James MacKenzie	Dr. Paul Wizman
Dr. Jacob Garzon	Dr. John R. Moore	Dr. Ihor Zakaluzny
Dr. Robert Gledhill	Dr. David Mulder	
Dr. S. Myron Goldstein	Dr. Richard O'Connor	



B

EDS, BEDS AND MORE BEDS!

There is growing concern that there will not be enough surgical beds in the projected new MUHC. In a preliminary draft of the plans in February, General Surgeons were horrified to see that there were only 38 General Surgery beds along with a possible further 18 in Transplantation. A total of 218 are planned for all

surgical services. Currently, there are 1260 acute care beds allocated (another 81 are allotted long-stay) to the MUHC group of hospitals, down from 1750 a few years ago. For the *In-Patient Unit* of the new MUHC, a working capacity of around 950 beds (± 50) is assumed.

Quebec Premier Bernard Landry's cabinet has recently approved \$37 million dollars for the project by the MUHC. This delights the Development Corporation which is working very hard to get things under way. There is still a need to raise more than a billion dollars in government and private funding, but we do not wish to have to choose between Charybdis and Scylla. There seems to be a few myths which must not influence our mindset in the planning of our new "superhospital".

The first is "that there are too many acute beds in Montreal". Not so. Though this is rather an inexact science, the closure of seven hospitals (including the Queen Elizabeth, the Reddy Memorial and the Lachine General) and the conversion of two others to extended care has lowered the total of "acute beds" in the Montreal area from some 8700 to 6076 — this for a population of around 3 million for the Greater Montreal area. The Regional Health Board of Montreal has established a ratio of 2.5 beds per thousand population. Therefore, there should be around 7500, so already we have an important paucity. Patients are languishing in our hospital ER's. Health Minister Remy Trudel has promised to fund more beds for the ER's to alleviate the situation, but we do not need more ER beds, we need more in-patient beds so as to decongest these Emergency Departments.

"Ambulatory Care will lessen the need for hospital beds." We have gone about as far as we can go with the "virage ambulatoire". About 50% of our cases are done as outpatients. Also, the percentage for Same Day Admissions to the Surgical Services is optimal when one looks at the data for the year April 1st, 1999 to March 31st, 2000. For all Surgical Services, it was 74.8% at the MGH and 54% at the RVH. Also, our average length of stay is 8.2 days at the RVH and 9.1 days at the MGH, very reasonable indeed. So the situation in 2005 for Day

Surgery probably will not differ much from the present.

"We will not have Long Term Care patients in the new MUHC". Major acute hospitals will always have chronic patients on their wards. The Discharge Planning Group at the MGH reports a stable monthly number of about 90 patients hospitalized over 29 days. Unless a commitment is made to build, open or develop LTC facilities or Transitional Beds the MUHC in the year 2005 and beyond will have to cope with the same number.

"Newer and better CLSC's will take the pressure away from hospital beds". Possible but not probable. Though CLSCs can be very useful in pre-and post-hospital services, they are not a substitute for tertiary care.

In January, the Master Programming Groups submitted their key operational plans in which the MUHC would have 18 units of 30 to 36 inpatient beds. Day hospital, Emergency, Recovery Room, ICU and various other stretcher beds were not included, but the total bed complement would range between 841 and 967.

A small group consisting of Doctors Nicolas Christou, Gerald Fried, Alan and Jeffrey Barkun have met to study the process of validation for the number of Medico-Surgical GI beds and have concluded that there has been an underestimate by 10 to 20%.

In 1987, there were 352 beds for the Surgical Services at the RVH. And yet, we still remember looking for a bed on a Saturday afternoon for a patient with a perforated sigmoid diverticulitis with abscess.

In April, Finance Minister Pauline Marois announced that there would be an increase in the budget for health of 1.3 billion dollars, more than last year for a total of 16.7 bil-



"I was distracted for a moment. Go on."

— The New Yorker

► lion. The Montreal Regional Council is lobbying to obtain more funds for the needs of Montrealers and these include plans for our own MUHC as well as that of the Centre Hospitalier de l'Université de Montréal (CHUM).

On May 31st, in the Jeanne Timmins Amphitheatre of the MNI, the planners for the MUHC announced that the Functional Programming has begun. The project has 3 zones: the Ambulatory one, the Diagnosis and Treatment one (beds) and the

Research component (Library and Education Centre). There is even some space reserved for possible future needs in either or all 3 zones.

So as they seek to validate the numbers of beds according to the needs of the various Departments, let this be a clarion call that there be enough beds for the care of Surgical Patients. ♦

EDM

Were You There?

*BREAKDOWN OF BEDS
IN SURGICAL SERVICES - RVH IN 1987*

6 West	34	9 East	33	Ross 3	31
7 East	31	9 West	33	Ross 4	31
7 West	40	10 East	15	Ross 5	31
8 East	31	10 West	42	Total:	352

► has been improved in all the theatres. Suction devices have been modified to increase their power and ease of care.

Aspergillosis

(continued from pg. 1)

Since a program to replace operating lights on an annual basis already exists, we were able to convince the Equipment Department to accelerate the program and avoid the extra costs of doing it at a later time. We were thus able to replace 4 operating lights.

The same argument was made for operating tables. Five new modern electrical tables are being installed.

While we were at it, we had to do a bit more. Windows were changed to modern sealed units and the ceiling redone to avoid dust-gathering holes in perforated materials.

Cleaning operating rooms is a very demanding task and not an easy one for the Housekeeping Department. To assist them in their work and to improve the long-term cleanliness of the facilities, walls were stripped of non-essential fixtures and all wooden cabinets were removed. These measures, we hope, will help the staff who ensure the cleanliness of the environment and renew our pride in keeping our working place "spic and span" at all times.

During the renovation period, considerable effort has been made to continue to provide as much surgical service as possible. Cardiac Surgery is being done days and evenings in one of the operating rooms of the birthing center on C-7. Unfortunately, the cardiac surgeons who appreciate quietness dur-

ing a fine anastomosis, have sometimes been disturbed by the "YYYYEEAAANN" cry of a newborn baby.

An entire team of RVH nurses was transferred to the MGH to use an operating room daily to perform General Surgery, Gynecology and Urology.

An operating room was opened in LaSalle Hospital in western Verdun for Plastics, ENT, Ophthalmology and General Surgery. One of the anesthetists from the RVH has ensured that patients were well asleep for the intervention and well awake to go home thereafter.

The Ophthalmology Service had special requirements primarily for the use of a microscope for high-precision interventions. An extensive search for a location finally found a room in the X-Ray Department of the Montreal Neurological Hospital. That room had been used in the past for pneumo-encephalograms and was renovated into a very attractive operating room.

General Surgery, Transplantation and Vascular Surgery needed a large block of O.R. time and it was found in 2 rooms at the MNH.

It is difficult to estimate the number of cases that were canceled or delayed but in general, we are able to achieve approximately 75% of our usual workload. Transplant activities were never decreased.

To manage this unexpected situation, the regular O.R. Committee grew exponentially to include administrators, planners, construction engineers, Infection Control personnel, ►



Jonathan L. Meakins is Awarded the Order of Canada

By E.D. Monaghan, M.D.

The Family, the Faculty and his Fellow Surgeons are proud to pay tribute to Jonathan for this recognition of his achievements.

Joe (who was actually born in Toronto) obtained his M.D. at the University of Western Ontario in 1966 after taking his undergraduate Bachelor of Science at McGill in 1962. Between

1966 and 1969, he did a residency in General Surgery at the RVH, and then he went to the University of Cincinnati to work as a Research Fellow in Surgical Infections and Immunology with Drs. W.A. Altemeier and J. Wesley Alexander where he obtained his D.Sc. He returned to the RVH for a chief residency in 1972 to 1974.

Joe came on staff at the RVH in 1974 and since then has become Head of Surgical Services at the McGill University Health Centre as well as the Chairman of the Department of Surgery of McGill.

Joe has had many interests and has accordingly become internationally renowned in the fields of Surgical Infections, Immunobiology, Surgery of the Liver and of the Esophagus, and Laparoscopy. It is noteworthy that he took two sabbatical leaves at the Université de Paris in 1981, and in 1987-1988. He is a member of many societies and notably, currently he is Vice-Chair of the Board of Regents of the American College of Surgeons.

His C.V. includes almost 200 publications and he has written many book chapters and scientific proceedings. He is the co-



Dr. J.L. Meakins

editor of the Canadian Journal of Surgery. He has been the author or co-author of 5 books, notably one with his wife Dr. Jackie McClaran of a frequently quoted textbook entitled *Surgical Care of the Elderly*. He has been both a James IV Traveller for Canada and a James Visiting Professor of the RCPS.

As if he isn't busy enough, Joe is also on the Advisory Board of the Faculty of Fine Arts of Concordia University as well as being a Trustee of the Montreal Museum of Fine Arts.

The Square Knot congratulates Dr. Meakins whose name represents a long tradition at McGill. His grandfather was Dr. Jonathan Campbell Meakins, Emeritus Professor of Medicine and Former Dean, who published the textbook *The Practice of Medicine* in 1936. His father, Dr. Jonathan Fayette Meakins was a pneumologist at the RVH, who died in April of last year. There are the Meakins-Christie Laboratories; the Meakins Amphitheatre in the McIntyre Medical Centre; and at the Royal College in Ottawa, the main meeting room is called the "Meakins Room". What will be named after Jonathan?

A reception was held on April 11th at the University Club to celebrate this occasion. ♦

McGill is also proud of the following surgeons who have also been awarded the Order of Canada:

Dr. R.L. Cruess	Dr. C. Laurin	Dr. David Lin
Dr. L.D. MacLean	Dr. Balfour Mount	Dr. David S. Mulder
Dr. H.R. Robertson	Dr. E.J. Tabah	Dr. Arthur Vineberg

Aspergillosis

(continued from pg. 4)

► nurses, anesthetists, technicians and many, many others. It met daily at 8:00 A.M. and addressed all the issues pertinent to this project. It needed a space, a table, and chairs: "We took over the boardroom." We are now starting to plan the repatriation of activities to the main S-5 operating suite for Tuesday, July 3rd, 2001.

We wish to thank all the personnel who have worked hard to ensure that patients receive the best possible treatment during this period. We would also like to express our apprecia-

tion to the Neuro, LaSalle, the General, the Women's Pavilion and the Birthing Center where generosity has enabled us to maintain services to patients in need of our care. To all of you, the "Managers" are very grateful.

P.S. Costs: \$1.5 million. ♦



Welcome to the New Chief Residents 2001-2002

GENERAL SURGERY

Dr. Badr Al-Jabri is a graduate from King Saud University in Saudi Arabia. During his academic year, he did vascular research with Dr. Oren Steinmetz.



Dr. Ioana Bratu graduated from the University of Alberta. Ioana enjoys drawing and painting as well as skiing. She is the recipient of many awards and is enrolled in the Master of Science Program in Experimental Surgery.

Dr. Patrick Charlebois

was born and raised in Montreal. He completed medical school at McGill, and then began an Obstetrics and Gynecology residency at the University of British Columbia. However, he quickly realized his preference for General Surgery. Patrick came back to McGill for general surgery training. During his residency at McGill, he participated in clinical research with the Colorectal Surgery Group at the Jewish General Hospital. He plans to pursue a fellowship in Colorectal Surgery after completion of his residency.



Dr. Lorenzo Ferri is originally from Cambridge, Massachusetts. He came to McGill for undergraduate studies, then medical school, and finally General Surgery residency. Enrolled in the Surgical Scientist Program, Lorenzo undertook immunology research in Dr. Christou's lab investigating the mechanism and physiologic consequences of decreased leukocyte delivery to remote sites in sepsis. After completing

a fellowship in Thoracic Surgery specializing in foregut surgery, Lorenzo plans to pursue an academic position with an active role in a basic science laboratory.



Dr. Atif Khan was born and raised in Montreal. After studying Biology at McGill, he entered the McGill Faculty of Medicine in 1993 and completed his medical degree in 1997. During his residency, he performed research with Dr. P.H. Gordon at the SMBD-Jewish General Hospital studying colonoscopy and colonic polyps. He has presented this research at numerous international conferences. He is married

to Dr. Janet Li, a resident in Obs/Gyn.

Dr. Nancy Morin is a native Montrealer who graduated from McGill Medical School. Her hobbies include basketball, tennis and aerobics.

Dr. Lori Medieros is a McGill graduate. Her interests include music, biking, basketball and cooking.

HEPATOBIILIARY & TRANSPLANT SURGERY

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 a daughter and a son. Hussein has just completed his General Surgery residency.

LAPAROSCOPIC SURGERY

Dr. Dennis Klassen obtained his M.D. degree from the University of Manitoba in 1993. He is presently residing in Ontario and will commence his one year fellowship in July.

PEDIATRIC GENERAL SURGERY

Dr. Pramod Puligandla is a graduate of the University of Western Ontario and was selected through the Pediatric Surgery Specialty Match for a two-year fellowship position in Pediatric General Surgery. He will be joining the Division as of July 1st, 2001. Pramod was born in Kamusack, Saskatchewan where he attended the University of Alberta. Pramod is married to Sofia Stavridis. Sofia is a high school teacher. Last year they had their first child, a boy.



CARDIAC SURGERY



Dr. Stephen Korkola was born in Thunder Bay, Ontario. He did his undergraduate education at the University of Western Ontario (4 years Honours Degree in Physiology). He is also a graduate of the University of Western Ontario Medical School. Steve is married to a lovely lady, Emma, and they have two sons Ben who is 4 years old and Sam who is 2. His outside interests are martial arts and golf. His future plans include transplantation and minimally invasive surgery with an interest in teaching and resident education.

ORTHOPEDIC SURGERY

Dr. Fawzi Fahad Al-Jassir came to McGill from Riyadh, Saudi Arabia. Fawzi is married and enjoys travelling and swimming.

Dr. Abdulrazzaq Al-Obaid graduated from Kuwait University Faculty of Medicine in 1995. He is married to Ghanima, a resident in Pathology at McGill. His hobby is water skiing. Abdulrazzaq plans a spine fellowship after completion of his residency.

Dr. Stephen Kantor, in addition to his surgical residency, is currently completing his Master's Degree in Experimental Surgery. He will undertake a fellowship in knee reconstruction surgery in Los Angeles upon completion of his residency, and intends to pursue a second fellowship in Sports Medicine. Both he and his wife are native Montrealers and look forward to returning here once his training is complete.



Dr. Dragos Macelaru joined the McGill Orthopedics program after graduating from the Institute of Medicine and Pharmacy, Bucharest, Romania. Dragos is a computer whiz.



Dr. Dan Steinitz is married to Tracy Steinitz, Emergency Physician. They have a golden lab, Luka. His primary orthopedic interest is upper extremity surgery and trauma. Dan's hobbies include windsurfing, sailing, scuba, and furniture building. His future plans include orthopedics, as well as sailing (Dan plans to build his own boat).

UROLOGY

Daniel D. Cohen is a native Montrealer who graduated from the McGill Med-P program and entered the Urology Residency Program at McGill in 1997. He is happily married to Esther Kovacs, who he met during his 6th day of residency at the JGH. Danny comes from a very close family unit and places a high priority on spending time with his parents, siblings, nephews, and nieces. His spare time is spent playing hockey, tennis, and golf. He also has an interest in fast sports cars. He has been active in research during his medical training in the fields of transplantation, uro-oncology, and urodynamics. Upon completion of his residency in July, Danny is pursuing a fellowship in Uro-oncology at MD Anderson Cancer Center in Houston.



Kirk Cheng-Lun Lo was born and raised in Taiwan. He came to Canada in 1985 after spending two years in Costa Rica searching for the meaning of life. He found it during his Urology residency/research. In fact, he is getting married to her, Marie, this summer. He is interested in the field of male infertility. He hopes to benefit from a great life style.

Andrew James Stephenson is a native of Waterloo, Ontario. Before starting his residency in Urology at McGill, he completed his medical school at the University of Western Ontario in London and obtained a Bachelor of Arts degree from Colgate University in New York. He has been happily married to Laila Farkouh since 1999. She is a physical therapist at the Montreal General Hospital who he met when both were students at Western. Following the completion of his residency, Andrew will be doing a three-year clinical/research fellowship in Urologic Oncology at Memorial Sloan-Kettering in New York City with a research focus on prostate cancer molecular genetics. His plans are to return to McGill following the completion of his fellowship.

**PLASTIC SURGERY**

Dr. Don Fitzpatrick joined the McGill Residency Program in 1999 as an R3 in Plastic Surgery. He is a native Newfoundlander and a medical graduate of Memorial University in St. John's. Following completion of his residency, he intends to pursue fellowship training in burn care and a second fellowship in cranio-maxillofacial surgery. He is married to Angie and they have two children. Angie is training at McGill in Radiology and expects to pursue a pediatric radiology fellowship. This husband and wife medical team is eagerly awaited by the Medical Faculty at Memorial University where they both anticipate returning to academic practice. Hopefully, there will be plenty of leisure time for Don to pursue his hobby of watching the Toronto Maple Leafs on television



Dr. Hytham Jamjoom graduated from the Faculty of Medicine King Saud University, Riyadh, Saudi Arabia in 1994. Following a rotating internship, he pursued postgraduate studies in Neurosurgery, but changed career paths when

► he entered the McGill Core Surgery Program in 1997 with the ultimate goal of Plastic Surgery. Following graduation, Hytham will pursue a fellowship in esthetic surgery as this area is not well covered in his native country. He and his wife Maya will ultimately return to Saudi where he will practice at King Khalid Hospital in general reconstructive surgery.



Dr. Charlie Volpe is a graduate of Eastern Virginia Medical School in Norfolk, Virginia. He came to McGill following completion of five years of General Surgical Residency at Boston University and has passed Part I of the American Board of Surgery. Following the formal Plastic Surgery Residency, Charlie is planning a fellowship in cranio-maxillofacial surgery with emphasis on pediatric problems especially related to cleft lip and palate deformities. His

hobbies include fine food, mountain biking and home renovations. His ardor for the latter may have noticeably cooled following a summer spent doing finger replantations on patients injuring themselves in their home workshops.

DIVISION OF VASCULAR SURGERY

Dr. Marie-Pierre Le Guillan is originally from Riviere-du-Loup. She completed her medical school at Université de Sherbrooke and stayed on for her General Surgery Residency. She will be joining McGill in July 2001 for a two-year fellowship in Vascular Surgery. After completing her vascular training, she will likely return to Université de Sherbrooke to join their department. ♦



Welcome Aboard to the New R-1's

MC GILL CORE SURGERY RESIDENCY TRAINING PROGRAM
JULY 1, 2001 THROUGH JUNE 30, 2002

R - 1

1. Al-Kahtani, Khalid (ENT)	10. Boman, Jason (Uro)	19. Liszkowski, Mark (GS)
2. Al-Mandil, Majidl (Uro)	11. Chivas, Daniel (Ortho)	20. Nagi, Mohamed (GS)
3. Al-Otaibi, Mohammed F. (Uro)	12. Dodig, Dubravka (NS) (Dec22/01-Feb 17/02)	21. Schapiro, Robert (NS)
4. Al-Sabah, Basel (ENT)	13. Fouse, Matthew (Ortho)	22. *Sembawa, Hatem (GS)
5. Balys, Richard (ENT)	14. Gilardino, Miroslav (PL)	23. Shahrokhi, Shahriar (GS)
6. Bergman, Simon (GS)	15. Golan, Jeff (NS)	24. Smith, Jason (Ortho)
7. Bienkowski, Peter (Ortho)	16. *Hassanain, Mazen (GS)	25. Teng, Carolyn (CT)
8. *BinNasser, Ahmad (Ortho)	17. Isterabadi, Larissa (Ortho)	26. Vassiliou, Melina (GS)
9. BinSaleh, Saleh (till Aug 31/01) (Uro)	18. *Jabr, Yasmine (GS)	27. Walsh, Stephen (Ortho)

CONGRATULATIONS TO OUR 2001 GRADUATES

CARDIAC SURGERY

Dr. Victor Chu
Dr. Nathalie Roy

PLASTIC SURGERY

Dr. Antoine Aizarani-Hallak
Dr. Paul Edwards

ORTHOPEDIC SURGERY

Dr. Benoit Bessette
Dr. Stephen Burnett
Dr. Ian Dickey

ORTHOPEDIC SPORTS MEDICINE

Dr. Husain Al-Mutairi

UROLOGY

Dr. Nassar Al Said
Dr. Avrum Jacobson
Dr. Andrew Steinberg
Dr. Marc Savoie

LAPAROSCOPIC SURGERY

Dr. Gabriela Ghitulescu

PEDIATRIC GENERAL SURGERY

Dr. Sherif Emil

GENERAL SURGICAL ONCOLOGY

Dr. Dawn Anderson
Dr. Ayman Linjawi

VASCULAR SURGERY

Dr. Kent Mackenzie

GENERAL SURGERY

Dr. Runi Chattopadhyay
Dr. Hussein Hayati
Dr. Felicia Huang
Dr. Jane Mathew
Dr. Patrick Robinson
Dr. Andrew Seely

Editor's Note:

If and when you leave, please give us your address.
To paraphrase Johnnie Cochrane:
"If your address we don't got, you won't get *The Square Knot*"

Dr. **John Antoniou** of the JGH was the recipient of the Charles S. Neer Award given by the American Academy of

KUDOS !!

Orthopedic Surgeons. In San Francisco at the annual meeting, he presented a paper entitled *Iliotibial Graft Reconstruction for Treatment of Glenohumeral Instability*. Further, he had the honor of chairing sessions in Joint Replacement at the Orthopedic Research Society meeting in San Francisco and at the Canadian Orthopedic Research Society meeting in Winnipeg. He has been appointed a reviewer for the Journal "Spine" and he also received a CIHR grant for his work entitled *Quantitative Magnetic Resonance Imaging as a Diagnostic Tool of Intervertebral Disc Matrix Composition and Integrity*. He can also be lauded for a monograph which he co-authored for the American Academy of Orthopedic Surgeons entitled *Revision Hip Arthroplasty*. Recently, he received an award from the Fonds de la recherche en santé du Québec (FRSQ) as a chercheur-boursier clinicien.

Dr. Armen Aprikian has received from the FRSQ a "chercheur-boursier clinicien - Senior" award for his work on prostate cancer.



Paul Belliveau, M.D.

Dr. Paul Belliveau, who is now at the Hotel-Dieu Hospital in Kingston, delivered a paper at the annual meeting in May in Sherbrooke of the Quebec Association of General Surgeons entitled *Post-operative follow-up at short, average and long term for patients treated with J-pouch-quality of life*.

Dr. Thierry Benaroch has been named Assistant Chief at the Montreal Children's Hospital.

Dr. Ray Chiu was an Invited Lecturer at "Cardiac Function - Osaka 2001 Symposium" in Osaka, Japan on February 9th and was invited by the Canadian Foundation for Innovation to participate in its workshop for clinical research on March 26th in Toronto. He served as an Advisor for the Taiwan Medical Accreditation Council in April, and gave a talk on Cell Therapy for Heart Failure at the Cardiac Surgery Biology Club in San Diego on May 6th. He also served as a Visiting Professor at the University of Nashville on May 18th and delivered the 23rd annual Rollin A. Daniel, Jr. Lecture on Myocardial Regenerative Biology and Medicine: A Science Whose Time Has Come". In June, he was a Guest Speaker for the Iranian Society of Cardiac Surgeons in Tehran, and spoke as a Visiting Professor at the University of Vermont on June 22nd. He is also invited by the National Institutes of Health as a member of the Grant Review Committee for the Biotechnology Sector. On July 4th, he will be an Invited Speaker at the International Heart Failure Summit in Toronto, sponsored by the American College of Cardiology.

Dr. Richard L. Cruess has been appointed to the Board of Directors of the MUHC Foundation. This is a two year appointment and he will serve on the Executive Committee and co-chair the Campaign Preparatory Task Force. He and his wife, **Dr. Sylvia R. Cruess**, have also been appointed as consultants to the Comité de Déontologie of the Collège des médecins du Québec.

Dr. Patrick Ergina is the new Program Director in Cardiothoracic Surgery. He replaces Dr. Ray Chiu.

Dr. Robert L. Estrada was invited to the Centro Médico in Guatemala City in Central America on February 7th to give an ad-

dress on *Radiological Diagnosis of Congenital Intra-abdominal Hernias and their Surgical Correction*. This presentation was well received by the medical staff. The interest and discussions which followed was at a high scientific level.

Dr. François Fassier has been appointed Chief of Staff at the Shriners Hospital as of May 1st, 2001, replacing Dr. Morris Duhaime. Dr. Fassier will remain as Head of Orthopaedic Surgery at the Children's. This is an important step towards integrating the two pediatric services within the McGill system.



Dr. Lianne Feldman

Dr. Liane Feldman has continued to do very innovative work as the Surgeon-in-Charge of Surgical Grand Rounds for the MUHC Division of General Surgery.

We congratulate **Dr. Hélène Flageole** and Mr. Sidney Bray on the birth of their second child, Sydney Gaston Neil, born on February 1st,

2001 at 2:14 p.m. weighing in at 8 lbs 9 ounces. They are now the proud parents of not only one, but two adorable children.

Dr. Philip H. Gordon was the Invited Participant at two prestigious meetings early in the year. First of all, at the Keck School of Medicine at the University of Southern California in Los Angeles at the end of January, he was the Moderator of a Panel on "Colonic Conundrums". He was a panelist on a seminar on Anal Incontinence and gave two papers: *Management of Perianal Crohn's Disease* and *Is Total Mesorectal Excision Really Necessary?* At the 12th Annual Colorectal Disease Symposium at the Cleveland Clinic in Fort Lauderdale, Florida, in mid February, he made two presentations. The first was on *Rectal Carcinoma - Improving the Results by Better Screening and Early Detection* and the second was on *Anal Carcinoma*. In addition, he was the Moderator of a ▶

► Panel on "Controversies in Surveillance and Follow-up for Anorectal Carcinoma". Dr. Gordon continues as a Officer of the American Board of Colon and Rectal Surgery.

Dr. Reggie Hamdy is Assistant Chief of Staff at the Shriners Hospital.

Dr. Edward Harvey has been awarded by the FRSQ a "chercheur-boursier clinicien Junior 1" for his work on fracture surfaces: bony microstructure, surface biochemistry and parameters of healing.

Dr. Jean-Martin Laberge was invited as Visiting Professor at the Children's Hospital of Philadelphia on March 29th, 2001. A number of activities were scheduled for the day, including a presentation given by Dr. Laberge entitled: *The Effects of Fetal Tracheal Occlusion and Release on Lung Growth and Function in the Ovine Congenital Diaphragmatic Hernia Model*.



Dr. Antoine Loutfi

Dr. Antoine Loutfi is the new Director of Surgical Oncology at McGill. He also replaces Dr. S. Meterissian as Program Director of the Postgraduate Training Program in Surgical Oncology. Antoine is Head of the Surgical Oncology Section of the MUHC Division of General Surgery.

Dr. John K. MacFarlane sits on the Advisory Council for General Surgery at the American College of Surgeons.

Dr. Lloyd D. MacLean informs us that "surgery for obesity has become an almost respectable pastime!" He will be giving the state of the art talk at a workshop put on by the National Institutes of Health in Washington in early June, and he will participate in another meeting in Strasbourg later in June.

Dr. Jonathan L. Meakins is Vice-Chair of the Board of Regents of the ACS. On April 25th at the Spring Meeting of the ACS in Toronto, he delivered an address entitled *Strategies for Treatment of Appendicitis: Nonoperative Treatment, Interval Appendectomy, or Standard Operation*.

Dr. Sarkis Meterissian is the new Program Director of the McGill General Surgery Residency Program effective June 1st. He replaces Dr. Judith Trudel. He presented a paper entitled *Gastric Adenocarcinoma and Gastric Lymphoma: Surgical Aspects* at the 32nd Annual Convention of the Quebec Association for General Surgeons in Sherbrooke.

Dr. Peter Metrakos has been awarded by the FRSQ a "chercheur-boursier clinicien Junior 1" for his work on islet xenotransplantation.

Dr. David S. Mulder has been appointed to the Executive Committee of the Board of Governors of the American College of Surgeons. David gave the Presidential Address at the meeting of the Central Surgical in Phoenix, Arizona in March.

Dr. Anie Philip has been awarded by the FRSQ a "chercheur-boursier senior" for her work on TGF- β .

Dr. Robin Poole, Director of the Joint Diseases Laboratory of the Shriners Hospital for Children and Associate Program Director of the Canadian Arthritis Network, has been appointed a member of the International Advisory Board of the new Institute for Musculoskeletal Health and Arthritis (IMHA). This is one of 13 new institutes created by the Canadian Institutes of Health Research. IMHA will be responsible for much of government funded research and clinical studies in arthritis and skeletal growth, orthopaedics, skin, muscle and rheumatology. Robin will have special responsibility for basic research and translation of new knowledge into new products and tech-

nology in collaboration with industry.

Dr. Poole has had occasions to travel extensively as follows:

- * Speaker at Workshop on Articular Cartilage Repair, *Cartilage Matrix Structure and Organization*. Association of Bone and Joint Surgeons, Tampa, Florida, November 9-12.
- * Speaker, University of Zurich, Faculty of Veterinary Science, Zurich, Switzerland. *Cartilage Erosion in Arthritis*, November 21, 2000.
- * Speaker, Workshop on "Interpretation of the Impact of Anti-rheumatic Therapies on Radiographic Progression of Rheumatoid Arthritis". *The Cleavage of Type II Collagen in Articular Cartilage in Inflammatory Arthritis*. National Institutes of Health, Bethesda, MD, December 3-5, 2000.
- * Speaker, Second International Symposium of the "Kompetenznetz Rheuma": *Degeneration and Erosion of Articular Cartilage in Arthritis*, Bamberg, Germany, March 8-10, 2001.
- * Guest Speaker, University of Erlangen, Niklaus-Fiebinger Center for Molecular Medicine. *New Insights into Arthritis Offered by Studies of Molecular Mechanisms in Cartilage*, Erlangen, Germany, March 12, 2001.
- * Speaker, International Rheumatology Symposium, sponsored by the Japanese Rheumatism Foundation. *Proteolysis and the Skeleton in Health and Disease*, Tokyo, March 23-24, 2001.
- * Speaker, University of Aichi School of Basic Sciences, Aichi, Japan - March 26. *The Cleavage of Type II Collagen in Arthritis: Molecular Mechanisms and "in vivo" Measures*.
- * Speaker, University of Nagoya Medical School, Nagoya, Japan - March 27. *The Cleavage of Type II Collagen in Arthritis: Molecular Mechanisms and "in vivo" Measures*.
- * Speaker, University of Kyoto Medical School, Kyoto, Japan - March 28. *The Regulation of Cartilage Resorption in Osteoarthritis*.
- * Co-organizer and Speaker, ESA ►

► Euroconference Symposium on Basic and Applied Research in Skeletal Tissue Engineering. *Opportunities for Cartilage Repair from the Study of Arthritis*, Camogli, Italy, May 9-12, 2001.

Finally, he was appointed member of the International Advisory Committee, German Rheumatology Network.

Dr. Lawrence Rosenberg has been designated a "chercheur national" by the FRQS. The award is for a period of 5 years.

Dr. Henry R. Shibata has replaced the late Dr. E. J. Tabah on the Board of Directors of the Cedars of Lebanon Foundation. Henry went to Japan from April 5th to May 5th and gave a number of addresses on the training of surgical residents. [Ed's note: Please see elsewhere in these pages]. A reception was held on May 29th at the Gerald Bronfman Centre for Dr. Shibata, who was the Associate Chair of the McGill Department of Oncology from November 1995 to May 2000 and Acting Chair from June 2000 to May 2001.

Dr. Gerald Batist of the JGH commenced his term as Chair of Oncology MUHC on June 1st, 2001.

Dr. Dickens St-Vil, who graduated from McGill in 1984 and who trained in both our postgraduate training programs in General Surgery and Pediatric General Surgery, will be enshrined this fall in the McGill Sports Hall of Fame. Dickens, a former All-Canadian who won the Canadian University Athletic Union Men's Soccer Scoring Title in 1981, heads a list of seven inductees. Dickens is a pediatric surgeon at St. Justine's Hospital.

Achievements Residents and Fellows

Dr. Bindu Bittira won the Bigelow Award for her basic science research presentation entitled *The Role of Bone Marrow Stromal Cells in Myocardial Infarction* at the annual Terrence Donnelly Cardiac Surgery Research Day of the University of Toronto held on May 26th and 27th.

Dr. Andreanna Bütter spent one year doing research with Drs. Hélène Flageole and Jean-Martin Laberge. She is also enrolled in the Master's Program at McGill. At the University of Western Ontario General Surgery Residents Research Day, in London, Ontario, Andreanna was awarded the "Best Basic Science Research Prize" for her presentation on *Postnatal pulmonary distension for the treatment of pulmonary hypoplasia: Pilot study in the neonatal piglet model*. Another research project that she completed was on *The effects of surfactant on postnatal lung function in lambs with experimental CDH treated with fetal tracheal occlusion*.

Dr. Edgar Chedrawy was a finalist at the Walter C. Lillehei Residents Forum Competition at the American Association of Thoracic Surgery on May 8th in San Diego for his talk entitled *Incorporation and Integration of Implanted Myogenic and Stem Cells into Native Myocardial Fibers: Anatomical Basis for Functional Improvements*.

Dr. Talat Chughtai is completing a Fellowship in Critical Care Medicine. Talat has had two papers accepted for publication - both under the supervision of Dr. David S. Mulder. The first one with co-authors C. Hazan, S. Tahta, D. Shum-Tim, D. Fleiszer, D. Evans, R. Brown and D.S. Mulder is entitled *Successful Use of ECLS in Post-Traumatic ARDS* to be published in the Journal of Trauma. The other one with co-authors M. Gilardino, D. Nguyen, D. Evans, D. Fleiszer, R.

Brown and D. Mulder is entitled *An Expanding Role for Cardiopulmonary Bypass in Trauma* to be published in the Canadian Journal of Surgery.

Dr. Sherif Emil will be graduating in July 2001 and has been granted an extended 6-month stay at the Montreal Childrens Hospital to do sub-specialty training in Plastics and Urology. He has accepted a position in Pediatric Surgery at the University of California, Irvine, commencing January 2002. Dr. Emil married Marie Demian on May 6th, 2001. She is a Montrealer. She is currently enrolled in the Masters Program at McGill with Dr. Polychronakos in Pediatric Endocrinology. She will receive her Degree in December of this year. It is at that time that Marie and Sherif will move to California.

On February 21st, 2001 at General Surgery Day, **Dr. Sandra Kay** presented her views and debated issues supporting the following statement: *Achalasia in children should be treated by dilatation, and if surgery is necessary, a thoracic approach without antireflux procedure is the preferred operation*. Sandra won the debate. Congratulations!

Dr. Jane Mathew is to begin a Fellowship in Critical Care Medicine on July 1st.

Dr. Marc Pelletier was selected for the Year 2000 MacLean-Mueller Prize of the Canadian Journal of Surgery. This prize is awarded annually for the best paper submitted to the Journal by a resident enrolled in a surgical training program in Canada. The topic of Marc's paper was entitled *Prognostic Markers in Resectable Non-Small Cell Lung Cancer: A Multivariate Analysis*. The co-editors of the CJS, Drs. Jonathan L. Meakins and James Waddell, sent their congratulations along with the prize money of \$1,000. To Dr. Pelletier who is currently at the Falk Cardiovascular Research Center of the Department of Cardiothoracic Surgery at Stanford University School of Medicine in California. ♦

PATIENTS ARE THE WINNERS AS THE MUHC RECEIVES \$8.8 MILLION TO REPLACE AGING MEDICAL EQUIPMENT

McGill University Health Centre (MUHC) staff may be heaving a collective sigh of relief following last month's news of an \$8.8 million dollar allocation for medical equipment, but it is MUHC patients who are the major beneficiaries of this additional funding. In total, \$35.5 million was allocated to Quebec hospitals by

New Equipment Gets the Red Carpet Treatment

By Gillian Ross McCormack, MUHC

the Quebec Ministry of Health. This new funding is a result of restored health transfers from the federal government.

"These new purchases will make things a lot easier," says Dr. Denis Roy, MUHC Director of Professional Services. "I think the new equipment will reduce waiting times for diagnosis and also for treatment."

Right now, an adult patient has to wait up to 10 months for a MRI scan on any part of the body. But the funding has resulted in a new magnetic resonance imaging machine (MRI) for the Royal Victoria (RVH) site. Once the new equipment is installed, the MUHC will be able to perform 7,500 scans per year at both the Montreal General Hospital (MGH) and RVH sites - twice the number now being carried out.

Paul Legault, Chair of the MUHC Equipment Planning Committee (adult sites) points out, "The improvement in accessibility to crucial, more precise diagnostic treatment, and greater efficiency and productivity for our technicians is going to make a big difference to our patients."

New imaging equipment constitutes an important percentage of purchases the MUHC will make over the next few months as it works its way down a carefully planned priority list based on requests from the various departments. Service items that take precedence at both adult and pediatric sites (see "Breakdown of service of the \$8.8 million") include a \$2,000,000 state-of-the-art bi-plane angiography suite - used for tak-

ing images of arteries and veins - for the Montreal Neurological (MNH) site, two nuclear medicine gamma cameras for the MGH and RVH sites, and mobile radiology units for the Montreal Children's Hospital (MCH) site.

The new funding will also pay for a range of smaller items including multi-parametric physiological monitors to measure vital signs in the ICUs and transport incubators at the MCH site, analyzers for laboratories at both pediatric and adult sites, and monitors for the Department of Anesthesia.

"This new equipment will ensure that we maintain, and in many cases enhance, the quality of health care services we provide our patients," says Legault, adding that all equipment purchases will be moved to the Glen site south of the Vendome Metro in 2005.

Meanwhile, 2001 will go down in MUHC history as the urgently needed catch-up year for replacing aging medical technology. With the funding that was allocated in the fall of 2000, this new funding brings the total to \$26.3 million to spend on replacement equipment, and to a lesser extent, on the purchase of new medical technology. "This kind of purchase is absolutely essential if the MUHC is to retain its role as a leader in acute care, and become a centre of excellence," says Legault.

While impressive, this funding only responds to 25 percent of current MUHC medical equipment needs at the adult sites and only 14 percent at the Children's - there is still a lot of existing technology that needs to be replaced.

Boisvert expresses disappointment with the percentage of monies allotted to pediatric site medical equipment in this latest round of government funding. "At \$1.06 million, this was less than half the amount we expected based on previous allocations", he says.

Meanwhile, Legault looks forward to the purchase of development technology taken from the equipment wish list. "This kind of purchase is absolutely essential if the MUHC is to retain its role as a leader in acute care, and become a centre of excellence." ♦

BREAKDOWN OF SERVICES OF THE \$8.8 MILLION	
Adult Sites:	
Anaesthesia.....	\$150,000
Critical Care.....	\$264,000
Laboratories.....	\$165,000
Medical Imaging.....	\$5,805,000
Medical Services.....	\$5000,000
Neurosciences.....	\$552,000
Radiation Oncology.....	\$250,000
Surgical Services.....	\$60,000
Pediatric Site:	
Medical Imaging.....	\$720,000
Critical Care.....	\$215,000
Laboratories.....	\$85,000
Surgical Services.....	\$40,000



News from the Division of Pediatric General Surgery MCH

This year, the Division of Pediatric General Surgery will host its 5th **Frank M. Guttman Visiting Professor**. We have been honored with the presence of many distinguished

speakers over the years. It is with great pleasure that we welcome **Dr. Walter J. Chwals**, Professor of Surgery and Pediatrics, Chief, Section of Pediatric Surgery and Surgeon-in-Chief, University of Chicago Children's Hospital. Dr. Chwals' main professional interests are in the area of nutrition for neonates post-surgery, pediatric trauma, and GI inflammatory diseases in children. We thank the Parnassus Foundation of New York for their generous donation to the Frank M. Guttman

Visiting Professorship Fund. Their donation was sent in honor of Dr. Guttman's 70th anniversary. Their generosity is greatly appreciated.

In the Winter 2001 Edition, The Square Knot was privileged to be the first to publish the events that led to the 'EXIT' Procedure. On April 5th, 2001, a press conference was held at the Montreal Children's Hospital to allow for this extraordinary story to be told. Highlights of the press conference of April 5th were seen on all major news stations and on April 6th, 2001, the story made the front page of the Gazette and La Presse. Subsequently, La Presse chose **Dr. Jean-Martin Laberge** as 'La personnalité de la semaine' and he was featured in the Sunday, April 15th issue. Staff, residents and secretaries of the Division of Pediatric General Surgery want to congratulate Dr. Laberge on this and his many accomplishments. ♦

The 101st annual meeting of the Japan Surgical Society was held in Sendai, Japan from April 11- 13th coinciding with the colourful cherry blossom time. Amongst the 26 invited international faculty,

Dr. Henry Shibata Visits Japan



Dr. Henry R. Shibata was asked to give a lecture on *The Training of Specialists in General Surgery in North America*, as part of an educational symposium aimed at improving the specialty-training programs in Surgery in Japan. He was delighted to see Dr. Michel Gagner, one of our former residents now working at Mount Sinai Hospital in New York, who gave a talk on *Robotic Surgery* as part of another symposium.

Dr. Shibata was also asked by his alma mater, the Hiroshima University School of Medicine, to give a talk on *Medical Education in Canada: 2001*. (This was, in part, prompted by medical students from this medical school coming to do their electives in General Surgery at the RVH). To date, 8 students from Hiroshima have participated in this project. For the first time, a McGill student will be going to Hiroshima this summer to do an elective in Research at that institution.



Henry Shibata, M.D.

He was also requested to give the same talk at another medical school, Tottori University in Yonago, Japan. Many doctors from this institution have studied at McGill in various specialties over the past years, especially in Urology.

These invitations have been prompted by the perceived need in Japan to improve the medical curriculum, so that the education of future doctors in that country will undergo much needed improvement.

Dr. Shibata also attended a class reunion celebrating the 50th anniversary of graduation from the Preparatory School of Hiroshima Medical School, and entry into medical school the same year (1951).

It was also timely that he was able to attend the wedding of one of his nieces during the month of April. ♦

T

HE GOLDFISH CAPER - OR AN EARLY ATTEMPT

AT TPN AT THE MGH

Dr. Fraser N. Gurd was a superb teacher and great clinician and above all a true gentleman. His early research was in the field of Fluid and Electrolytes, and he and Dr. Bill (Bauld) described Talbot's solution which contains 40 mEq of Sodium, 35 mEq of Potassium and 75 mEq of Chloride per

Were You There? 1960

By Drs. Bill Gaud and John Hinchey

litre. Two litres of this provided the patients daily fluid and electrolyte requirement as a maintenance solution.

Dr. Gurd had a continuing interest in this field and when making rounds was noted to always approach the I.V. bottle and carefully study its contents to see if the solution was appropriate to the given patient's needs. During my residency in the 1960's, professorial rounds were made Wednesday afternoons. There was no operating so all residents, interns; medical students, staff nurses and student nurses attended these rounds. The crowd was quite large and often overflowed from a 4 bedded room into the corridor.

There was a patient in room 902B (the second bed from the window) who was about to be discharged and who agreed to



Dr. Fraser Gurd

participate in our caper. Three goldfish were obtained and put in a bottle of glucose and water (we had glass bottles of I.V. solutions rather than plastic bags in those days). The I.V. tubing was run under the bedcovers and the end fixed near the patient's arm. The fish were quite lively darting around in the I.V. solution, probably high on glucose. Rounds began with the presentation of the patient in bed A. We all moved to-

wards bed B and the intern began the presentation of the case. Dr. Gurd walked between the bed and the window and looked up to read the contents of the intravenous solution. A look of utter bewilderment came over his face when he saw the fish. He turned, looked out the window, and started to chew on the end of his right thumb which he intended to do when pondering a problem. He then turned and looked back at the I.V. bottle to see if he had been hallucinating. The intern continued to drone on with the presentation. Someone in the background snickered and then the joke was exposed. Dr. Gurd proved to have a great sense of humor and often fondly remembered the incident. ♦

D

r. Anthony R.C. Dobell, O.C., and his colleagues are organizing a reunion to celebrate the 50th Anniversary of their graduation from McGill Medical School in 1951. Some of his colleagues from that class include Dr. Hugh R. Brodie (pediatrician), President of

Fifty Years a Doctor

the Class; Dr. Maurice Leclaire (hematologist); Dr. Albert Cloutier (plastic surgeon); Dr. John Elder (pediatrician); and Dr. Naomi Paltiel. They have invited two of their classmates as guest speakers, both of whom went on to some fame. The first speaker will be Dr. David Hubel, who after graduating from McGill went on to Harvard and eventually won a Nobel Prize in 1974. This was for his pioneering work in Neurophysiology to establish how colour is recorded in the cortex



Anthony R.C. Dobell, M.D.

through the retina. Dr. Leclaire, O.C., went on to become Dean of Medicine in Sherbrooke and eventually President of CN. We all know of Tony's achievements as a leader in the field of CVT in North America. Also speaking at their banquet will be Dr. Isidore Rosenfeldt, who gained some renown as a cardiologist at NYU. ♦

EDM

Give me the luxuries in life
and I can dispense with the necessities."

—Oscar Wilde

Research activities in the Division continue to be fruitful. **Dr. Anie Philip** has been successful in winning a Chercheur Boursier Award from the F.R.S.Q. for her work on characterization of TGF Actionin Skin Cells. This work is supported by operating grants - two from CIHR (former MRC), and one from the Heart and Stroke Foundation.

Division of Plastic Surgery Update

By Harvey C. Brown, M.D.

Dr. Wendy Parker has interrupted her clinical residency in Plastic Surgery to pursue a Ph.D. degree in the Surgical Scientist Program with Dr. Philip and will concentrate on the characterization of TGF Action in Chondrocytes. She will return as an R-4 in Plastic Surgery in 2003.

Dr. Lucie Lessard continues her mentoring role with OTL and **Dr. Paolo Campisi** working as well with **Dr. Reggie Hamdy** are collaborating on an interdisciplinary study of Bone Morphogenic Proteins Expression in Craniofacial Distraction of Osteogenesis in Dr. Lessard's Laboratory at the R.V.H.

Dr. Bruce Williams with **Drs. M. Amako** (and **R. Hamdy**) continue a project on Modulation of Peripheral Nerve Healing after End-to-Side Repair at the MCH Research Institute.

Clinical research is also being done as in **Dr. Williams'** use of Electrical Stimulation of Denervated Muscles of the face and extremities. A new protocol has been developed by **Dr. Ali Hussain** on Reconstructive Needs of Patients Undergoing Breast-conserving Mastectomies for Early Breast Cancer. This work will be done with **Dr. Harvey Brown** and **Dr. David Fleiszer**.

Dr. Antoine Hallak (R5) won first prize in a Poster Presentation at the American Society of Plastic Surgeons Annual Senior Residents Conference held in March at Brown University in Providence, Rhode Island. The topic was *Probasis Lateralis - A Case Study* under the supervision of **Dr. T. Hussainzadeh**.

Dr. Paul Edwards (R5) delivered three presentations at the Annual Meeting of the American Cleft Palate-Craniofacial Association in Memphis in April. The papers were related to ongoing research projects in which he contributed in collaboration with the University of Sao Paulo, Brazil and the University of Florida, Gainesville.

Dr. Hanif Ukani (R3) presented a paper on *Abdominal Compartment Syndrome in Burn Patients* to the Annual Meeting of the American Burn Association in Boston in April. This work was done while he was on his burn rotation to Sunnybrook Burn Centre and was a continuation of work started by **Dr. Donald Fitzpatrick** (R4) at the same institution.

At the upcoming annual meeting of the Canadian Society of Plastic Surgeons, five residents working in Plastic Surgery will present papers - **P. Campisi** (R3-OTL), **J. El-Haddad** (R3), **D. Fitzpatrick** (R4), **A. Hussain** (R5) and **W. Parker**. McGill University will be well represented.

The McGill Division enjoyed a very successful Visiting Professorship April 25-26, with **Dr. Joel Fish**, Medical Director, Ross Tilley Burn Cente of Sunnybrook and Women's College Health Science Centre. His presentation to both McGill Combined Plastic Surgery Rounds and Surgical Grand Rounds was outstanding. An innovative session for one half day was carried out in interactive fashion with Dr. Fish and residents from both McGill and the University of Montreal. All participants agreed that this was the highlight of his pedagogical duties.

On June 13 and 14, the Division hosted the Godina Travelling Fellow of the American Society of Reconstructive Microsurgery. **Dr. William Zamboni** is Professor and Chief, Division of Plastic Surgery, University of Nevada Las Vegas.

Finally, I am pleased to announce the establishment of the **Dr. Benjamin Shore Prize** in Plastic Surgery. Dr. Shore was a McGill graduate of the Faculty of Medicine in 1965, and this prize was endowed upon his recent death. He was an esteemed and respected surgeon in the community of Brampton, Ontario for almost 30 years. The prize will be accorded annually to a resident training at McGill, who demonstrates outstanding performance in the Plastic Surgery Program. The prize will be used to fund travel to a national or international meeting in the field of Plastic Surgery or for special support of a resident doing research in Plastic Surgery. The Division is most grateful to Dr. Shore and his family for this most generous gesture. ♦

12th Annual Fraser N. Gurd Day

MAY 10, 2001



Dr. Fraser N. Gurd



Dr. Jack W. McAninch, Visiting Professor and Dr. J.L. Meakins

PRESENTATIONS

ABDULAZIZ AL-KHALDI *Cardiac Surgery*

Therapeutic angiogenesis: The use of autologous marrow stromal cells

BINDU BITTIRA *Cardiac Surgery*

The pathophysiological roles of bone marrow stromal cells (MSCs) in myocardial infarction

IOANA BRATU *Pediatric Surgery*

Lung function in lambs with diaphragmatic hernia after reversible fetal tracheal occlusion

ANDREANA BUTTER *Pediatric Surgery*

Fetal tracheal occlusion to treat lung hypoplasia associated with congenital diaphragmatic hernia: Role of exogenous surfactant at birth in the ovine model

RUMI FAIZER *Vascular Surgery*

Evaluation of retroperitoneal laparoscopic techniques for support of endovascular abdominal aortic aneurysm repair: An animal model

DHAIFER KAMAL *Vascular Surgery*

The value of duplex ultrasound vs contrast enhanced CT scan in follow-up of patients with endoluminally repaired aortic aneurysms

HAZEM ISMAIL *Urology Surgery*

Insulin-like growth factor (IGF)-1 and IGF-binding protein-3 in the detection of prostate cancer in patients undergoing prostate biopsy

MARIE DEAULT-BONIN *Urology Surgery*

Identification of the natural regulator of telomerase using microcell hybridization

ROBERT ANDTBACKA *General Surgery*

p66Shc- A marker of breast tumour progression

ANTONIO DICARLO *General Surgery*

Complement inactivation does not abrogate endothelial cell activation in pig-to-human liver xenotransplantation

MICHAEL TAN *General Surgery*

Hepatic sinusoidal endothelium upregulates 1L-1-a, 1FN-g, and 1-NOS in response to discordant xenogeneic islets in an in vitro model of xenoislet transplantation

KASHIF IRSHAD *General Surgery*

Characteristics of the recent decline of carotid endarterectomy in the Province of Quebec

GABRIELA GHITULESCU *General Surgery*

An inanimate system to measure technical skill in laparoscopic surgery: Evidence for reliability

SARAH HAGARTY *General Surgery*

Validation of inanimate laparoscopic skills testing using residency in-training evaluation

PROSANTO CHAUDHURY *General Surgery*

PECAM-1 blockade abrogates inflammation induced increases in vessel permeability in vivo

JOSÉ PASCUAL *General Surgery*

Hemorrhagic-shock resuscitation with a medium molecular starch reduces neutrophil-endothelial interactions and vessel leakage in vivo

MONIKA VOLESKY *Orthopedic Surgery*

Functional outcome after surgical repair of neglected Achilles tendon ruptures

STEPHEN KANTOR *Orthopedic Surgery*

Late radiotherapy to arrest the progression of heterotopic ossification following total hip arthroplasty

WENDY PARKER *Plastic Surgery*

Novel TGF β receptor profiles in human chondrocytes

PAOLO CAMPISI *Plastic Surgery*

Craniofacial distraction osteogenesis - Expression of bone morphogenetic proteins (BMPs)



BASIC SCIENCE RESEARCH AWARD
1st Prize: Dr. Robert Andtbacka



BASIC SCIENCE RESEARCH AWARD
2nd Prize: Dr. Bindu Bittira



CLINICAL SCIENCE RESEARCH AWARD
Dr. Kashif Irshad



OUTSTANDING TEACHER AWARD
Dr. Tarek Razek



OUTSTANDING RESIDENT-TEACHER AWARD
Dr. Andrew Seely and Dr. Hussein Hayati



KATHRYN ROLPH AWARD
Dr. Denise Arsenault



EDMOND D. MONAGHAN PRINCIPLES OF SURGERY AWARD
Dr. Marc Zerey































































McGill University Medical School — 2001 Graduating Class



 Abaskharoun Ramy	 Abenheim Haim Arie	 Acre Yael Yehudit	 Ahmad Omar Sharif	 Alam Ahsan	 Amar Patrick Joseph	 Arsenault Mylene
 Brydon Marni Elizabeth	 Caron Evelyne	 Chen Yen-Huang	 Chou Hsiang-Yi Sherry	 Christoffersen-Deb	 Astrid Cismaru Roxana	 Coelho Marisa
 Duchon Jennifer Marie	 Fleming Keith White	 Forget Eric	 Freeman Nathan Peter Huff	 Fung Tik Lung Dion	 Garrett Jessica Elisabeth Ro	 Gellash Tara Louise
 Hawkins Josiah	 Hayhurst Anne Lynn	 Hotte Nancy Lynn	 Hyde Mary	 Isganaitis Elvira	 Jayasinghe Amali	 Kalish Robin Elise
 Lam Joseph Ming-Chee	 Langlais Caroline	 Laplante Severine	 Letourneau Stephanie	 Lev Raisa	 Liszkowski Mark Alexandre	 Luckow David James
 Miresco Marc Julian	 Murty Hima	 Nagi Mohamed	 Naqvi Damian Darius	 Nayar Kiran	 Nessim Sharon	 Neukirchner Greg Paul
 Rashovsky Kari	 Rice Wayne Frederick	 Robitaille Arnaud	 Rollins Aaron Jason	 Saberi Farzad	 Saheb Nathalie	 Saroli Tania
 Strakacz Marta	 To My Lan	 Vassiliou Melina Catherine	 Vinh Donald Cuong	 Wallen Jason	 Wan-Chow-Wah Yan Line Doreen	 Yang Fei-Shiuan Claris



Atallah Joseph



Bansal Rina



Bedell Barry Joseph



Bergman Simon



Berlin Alexander L.



Branco Joao Pedro



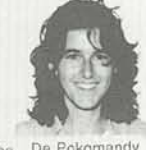
Bryan Bradley



Cordeiro Maria Eduarda



Darche Jean-Philippe



De Pokomandy Alexandra



Deckelbaum Dan Leon Elazar



Delage Antoine



Deutsch Meredith Liza



Dingemans Emmanuel



Gilardino Miroslav Sergio



Glass Hannah Cranley



Golan Jeff



Gries Lynn Margaret



Grondin Philippe Paul



Guzzo Angelina



Guèvremont Mylène



Kaminska Marta



Khadilkar Amole



Khan Saad



Kian Homan



Kneller James Ralph



Kungurov Maria



LaRocque Martin



Luu Thuy-Mai



Maranda Robert Claude



Marcoux Violaine



Matouk Karen



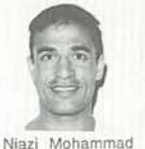
Mikael Gaby George



Miller Ashley Pauline



Minorgan Stephanie



Niazi Mohammad Tamim



Nice C. Andrew



Nudo Carmine Giovanni



Peterkin Christine Elizabeth



Piazza Nicolo



Popradi Gizelle Anna



Prescott Steve Alec



Shahin Jason



Sohmer Stephen



Spinner Leah Malka



Srour Myriam



Stang Antonia



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After years of struggling with sub-standard conditions, which have created a chaotic, cramped environment for patients, families and staff, the MGH surgical and medical ICUs are being merged, moved and improved.

By the fall of 2001, the McGill University Health Centre (MUHC) Montreal General Hospital (MGH) site ICUs will move to the D

and E wings of the ninth floor (they are currently on the eighth and fourteenth floors, respectively). The demolition of the ninth floor is projected to be

MGH Intensive Care Units Get a Facelift

By Julia Asseltine - MUHC

completed this month and renovation work scheduled to begin at the end of May. Upon completion, every patient will have their own room and the space dedicated to each will be from 190 to 200 sq/ft - an increase of over 75 sq/ft per person. Overall, the ICUs will be expanding by almost 3000 sq/ft.

According to **Dr. Ash Gursahaney**, Director of Critical Care at the MGH site, continuing functional and operational difficulties in the units are what have prompted the dire need for the new ICU.

It has been over a decade since discussions began regarding the need to improve the ICUs. During this time, hospital Accreditations from 1991, 1994 and 1997 highly recommended that the ICU spaces be expanded, and the American and Canadian Associations of Critical Care Medicine standards revealed that our units are well below acceptable criterion for an ICU.

The present project began to take shape in November 1999 when a study of the ICU's needs was carried out by **Ron Evans**, Architect and MGH site Project Manager. The goal was to create an environment for patients, families and staff that would fulfil the mandate of high-tech, high-quality care.

"The typical layout of an ICU concentrates services within a central core surrounded by an outer ring of patient care areas. Such an approach was impossible within the linear confines of the existing D9/E9 wings. But until our move to the Glen site south of the Vendome metro, our only option is a long corridor," says Evans. "In the spring of 2000, we presented our proposal for the new merged facility on the ninth floor - the only available space that could easily occupy a new merged unit on one floor and still be close to the OR. The project was approved by MUHC senior management in June 2000".

"Despite the numerous restrictions imposed by the current building, the new merged unit is going to make up for many serious shortcomings that the current surgical and medical ICUs have lived with for years," says Evans.

"For a long time we have been working in inadequate spaces, where doctors and nurses are so limited that it interferes with the running of the unit and causes additional stress to the staff," says **Colleen Stone**, Nurse Manager of the ICU. "Professionals are really ergonomically challenged - everything is hard to access, especially due to the high-tech needs of many of our patients. The staff is literally climbing over extension wires and cords." The increase in space in the new ICU patient rooms will give flexibility in moving medical equipment and allow for maximum circulation of the medical staff.

In addition to space, privacy will also be of utmost importance. Each patient will have their own room with a sliding glass door at the entrance and glass on the upper half of the walls between rooms. Personal space will be balanced with the need for observation by using curtains. To monitor the patients 24 hours a day, every four-room pod will have a mini-nursing station with a team of nurses. A main nursing station will be situated in both the D and E wings to facilitate coordination of care.

With this single-room concept, noise will be diminished and light controlled. Patients will even have their own window so a day/night pattern will be created - an important feature when a person's sleep rhythm is disturbed often. "In the present environment, if one patient has a bad night everyone does," says Stone. And according to current ICU design literature, the length of stay and orientation to person, place and time are improved if a patient can look outside or if there is a piece of artwork nearby related to nature.

A sink will also be installed in every room. "Right now the ICUs have only three sinks per unit. When water is needed for dialysis, the patient has to be moved to a water outlet, creating a lot of extra work for the nurses and disruption for the patient," says Stone. The increased number of sinks will help prevent the transfer of multi-resistant bacteria because medical personnel will be able to wash their hands immediately.

The ventilation system will be upgraded as well, so the quality of air will be improved and climate and temperature control possible. More storage space is also being dedicated to the new unit to avoid clutter and obstacles in the halls and rooms, and a satellite pharmacy will be installed between the two wings so 'meds' can be supplied on the spot. ▶

► Finally, the new merged unit will have a family grieving/conference room, a waiting room and two rooms for families to sleep overnight. "Currently, we don't have a proper room for family to sleep or even grieve in," says Stone. "If the doctors or nurses need to talk to the family of the patient, manager's offices are being used. There is no private space for the family to converse or simply take a few minutes to absorb what they've just heard".

The new facility will still have some serious shortcomings due to space constraints, but it will provide a much better environment until the move to the Glen site. The ICU Medical Director and the Clinical Nurse Specialist will have to stay on the 11th floor, no nurse educator office will be present, and the Respiratory Therapy Department will remain on the 17th floor. "These support services should be nearby," says Stone. "But we had to make compromises".

(SIDEBAR 1)

ANATOMY OF RENOVATION

Until the move to the new Health Complex, the MUHC has had no choice but to renovate its existing buildings. The merging of the two MGH site ICUs on one floor is just one "facelift" out of countless others at the MUHC that have been necessary in order to maintain the highest quality of care for patients. Each renovation has brought forth its own road blocks, frustration and sense of defeat - further cementing the need to build anew.

Below are comments by Gerald Soiferman of *Fichten Soiferman et Associes, Architectes*, the architectural firm that designed the new merged MGH ICU, which describe a few of the difficulties he has and will still encounter during the renovation.

- ◆ Interior walls of the MGH site are constructed of terra cotta masonry with terrazzo (small pieces of marble embedded in cement) bases, and in a number of areas the flooring itself is terrazzo, therefore demolition requires heavy equipment such as jack hammers. This is extremely disruptive to the daily operations and activities of the hospital, day and night.
- ◆ Work in areas such as ceilings and walls of adjacent occupied spaces of the new ICU area is often necessary. Since access cannot be provided at all times, there are constant delays in the construction process.
- ◆ Shutdowns and the interruption of services, which are required when modifying existing water and medical gas lines and mechanical and electrical services, affect a broad range of areas in the hospital on a regular basis, and can sometimes be extensive. For six days, starting January 1 of this year, there was no access to the large areas of the eighth floor, some of the 12 beds in the Surgical ICU were closed, and the Recovery Room and satellite pharmacy were moved to the seventh floor Day Surgery Recovery. In addition, only one OR was available

for urgent trauma surgery and all water supplies were turned off for 24 hours starting on January 3. The shut-down effected the D and E wings of the hospital from floors 8 to 23, all laboratories and Livingston Hall.

- ◆ Dust control and the removal of debris is complex in environments that must be kept sterile. Delays have already occurred due to dust contamination.
- ◆ Access by construction workers to the building and site is disruptive and may temporarily necessitate sealing off corridors or entrances from use by the patients, staff and public for reasons of safety.

CAPTION

Late last year, Ron Evans, MUHC Project Manager at the MGH site, had a full-scale mock-up of a typical patient room in the new ICU constructed so staff could visit and give their feedback before the renovations began. "We attempted to get as close to the actual thing as possible," says Evans. "We included features such as lighting, curtain rails, windows, a sliding door, a bed, a mobile gas patient console, biomedical equipment, and a mini-nursing station". According to Evans, about 120 employees of the MUHC attended the prototype during the two weeks it was in place, and many left excellent suggestions on how to improve the patient rooms, which Evans and his team took into serious consideration. Because of the feedback, they were able to fine-tune the final room design. "It was a great success," says Evans. "It gave everyone a positive sense of what the project will be like". ◆



DIVISION OF GENERAL SURGERY
VISITING PROFESSOR — DR. ANDRÉ DURANCEAU,
HEAD, THORACIC SURGERY, HÔTEL DIEU DE MONTRÉAL,
PROFESSOR OF SURGERY, UNIVERSITÉ DE MONTRÉAL

Dr. Duranceau received his MD from the Université de Montréal in 1967. He then went on to complete an internship and a residency in General Surgery and Thoracic Surgery Programs of the Université de Montréal from 1968-1973. This was followed by a two year fellowship in General and Thoracic Surgery at Duke University Medical Center, as well as a research fellow. Upon

McGill General Surgery Day 2001

By Emma Lisi

completion of his fellowship, Dr. Duranceau was recruited as an Assistant Professor of Surgery at the Université de Montréal in 1975 and became Associate Professor of Surgery in 1980. In 1985, he was promoted to the rank of Professor of Surgery. He was Chief of Surgery at the Hôtel Dieu Hospital from 1979 to 1984, and Chief of Thoracic Surgery Division from 1984-1988. He is currently Chair of Thoracic Surgery Division, Thoracic Surgery Program, Université de Montréal. Dr. Duranceau has been instrumental in the training of many fine young General Thoracic surgeons through the Université de Montréal program.



Dr. André Duranceau

On Wednesday, February 21st, the day's events commenced with the introduction and opening remarks by **Dr. Nicolas Christou**, followed by four debates during the course of the day:

The day ended with a dinner for staff and residents at the University Club.

On Thursday, February 22nd, at Grand Rounds, Dr. Duranceau spoke on *Disorders of the upper esophagus sphincter*.

Editor's Note:

We thank **José Pascual** and the General Surgery Residents' Web Page for the courtesy of using the photos shown here.



Debate #1

Given that: "Colon cancer should be resected using minimally invasive surgery techniques"

Pro (winner): Dr. Gabriella Ghitelescu/Dr. Liane Feldman

Con: Dr. Patrick Robinson/Dr. Judith Trudel

Moderator: Dr. Alan Turnbull



Debate #2

Given that: "Adjuvant radiation therapy is superior to adjuvant chemotherapy or total mesorectal excision in the prevention of recurrence of rectal cancer"

Pro: Dr. A. Al-Harthy/Dr. Sarkis Meterissian

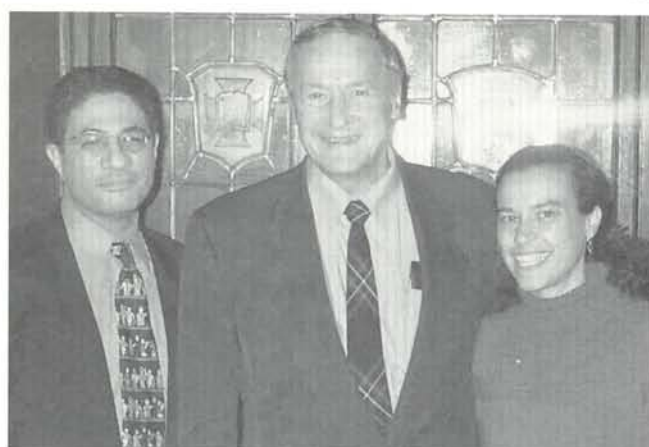
Con (winner): Dr. Shanon Fraser/Dr. Marvin Wexler

Moderator: Dr. Phil Gordon



Debate #3

Given that: "A vagotomy must always be done in conjunction with pyloroplasty/over sewing of bleeding duodenal ulcers"
Pro (winner): Dr. Vadim Sherman/Dr. Nicolas V. Christou
Con: Dr. Atif Khan/Dr. Jonathan L. Meakins
Moderator: Dr. A.P.H. McLean



Debate #4

Given that: "Achalasia in children should be treated by dilatation, and if surgery is necessary, a thoracic approach without antireflux procedure is the preferred operation"
Pro: Dr. Sherif Emil/Dr. Jean-Martin Laberge
Con (winner): Dr. Saundra Kay/Dr. Ken Shaw
Moderator: Dr. André Duranceau



"The best part of growing old is not having to invest for the long term."

— The New Yorker



Visiting Professors

By Henry R. Shibata, M.D.

12TH EDWARD J. TABAH VISITING PROFESSOR IN SURGICAL ONCOLOGY: DR. STIMSON P. SCHANTZ

Dr. Stimson P. Schantz was the 12th Edward J. Tabah Visiting Professor in Surgical Oncology at McGill University. Unfortunately, from now on this Visiting Professorship in honour of Dr. Edward J. Tabah, will have to be known as the Memorial Visiting Professorship because of the passing away of Dr. Tabah on March 2, 2001, just prior to the arrival of Dr. Schantz.



Dr. Stimson P. Schantz

Dr. Schantz is a graduate of the Cincinnati College of Medicine, and did his residency in General Surgery at Georgetown University Hospital. He then followed this with a residency in Otolaryngology at the University of Illinois Eye and Ear Infirmary. Following this, he did a Fellowship in Surgical Oncology at the MD Anderson Cancer Centre. He subsequently joined the staff there as Assistant Professor within the Department of Head and Neck Surgery. In 1991, he relocated to the Memorial Sloan-Kettering Cancer Centre in New York, as Associate Surgeon of the Head and Neck Service, and Associate Professor of Surgery at Cornell University Medical Centre. During this time, he became Director of Cancer Prevention for the Department of Surgery, as well as Director of the Head and Neck laboratories.

Dr. Schantz then transferred to his present position at the New York Medical College, where he is involved in both laboratory and clinical research, and has received substantial research funding for the biology and treatment of head and neck cancer. He is presently Professor of Otolaryngology and Head, Division of Head and Neck Surgery at the New York Medical College. He is also Head of the Department of Otolaryngology, Head and Neck Surgery at the New York Eye and Ear Infirmary in New York, NY. Most recently, in collaboration with international colleagues, he has founded the International Institute for Head and Neck Cancer and Tobacco-related diseases.

Dr. Schantz is an outstanding clinician/scientist in his chosen field, and is known for his outstanding contribution to the management of head and neck cancer throughout the world. ♦

By Emma Lisi

STIKEMAN VISITING PROFESSOR

MAY 31 - JUNE 1, 2001

Dr. Peter K. Smith, Professor of Surgery and Associate Professor of Biomedical Engineering at Duke University in Durham, North Carolina, was this year's Stikeman Visiting Professor for Cardiovascular and Thoracic Surgery at McGill University.



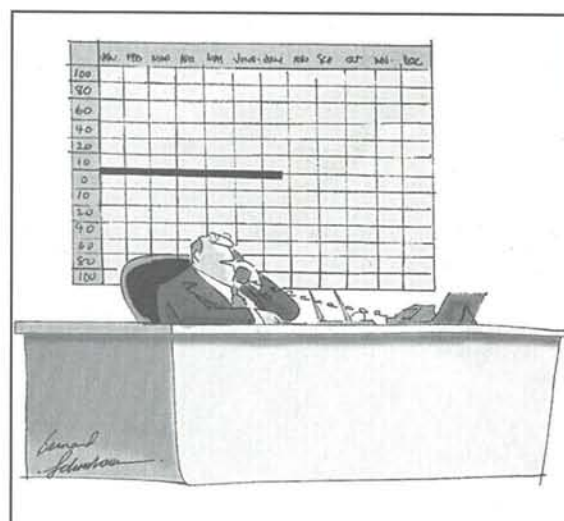
Dr. Peter K. Smith

At the MGH Grand Rounds on Thursday morning, Dr. Smith spoke on *Neurologic Outcome in Coronary Bypass Surgery: A Critical Frontier*. Following Grand Rounds, laboratory and clinical presentations were given by residents, staff and alumni. Dr. Smith then had the opportunity to meet with residents and staff during a luncheon.

A banquet was held on Thursday evening in honour of the Visiting Professor and the graduating residents, **Victor Chu** and **Nathalie Roy**, at the University Club.

The next morning, Dr. Smith gave a talk on *Clinical and Economic Risk-Benefit Relationships in Coronary Revascularization* at the RVH, followed by clinical presentations by alumni, faculty and residents.

It was a pleasure to welcome Dr. Smith as the 34th Stikeman Visiting Professor to the Cardiothoracic Division of McGill University. ♦



"Not much. What's new with you?"

— The New Yorker

The L.D. MacLean Laboratory fared well this year at the 21st meeting of the Surgical Infection Society held at Snowbird, Utah. There was a strong presence by Canadians including five abstracts from Dr. Christou's laboratory and several others from the University of Toronto.

L.D. MacLean Lab Fares Well at S.I.S.

By José Pascual, M.D.

Dr. Lorenzo Ferri presented a paper entitled *Soluble L-selectin Attenuates Local Inflammation Mediated Vascular Permeability by Decreasing Leukocyte-Endothelial Interactions*, and was awarded third place prize for best oral presentations. **Dr. Jose Pascual** also presented a paper entitled *Hemorrhagic Shock Resuscitation with a Low Molecular Weight Starch Abrogates Neutrophil-Endothelial Interactions and Vessel Leakage In Vivo*. Other presentations from the laboratory included posters from **Ms. Giuseppina Campisi** entitled *Re-Establishment of a C5a Chemotactic Gradient in Sepsis Promotes Increased In Vivo PMN Exudation to Peripheral Sites* and from **Mr. Martin Giroux** entitled *Plasma Complement C5 Protects Endothelial Cells from Polymorphonuclear Neutrophil-derived H₂O₂ Mediated Cytotoxicity*.

Also attending was **Dr. Ron Lewis** who made a strong case for surgery as the main treatment in a debate entitled *Treatment of Necrotizing Soft Tissue Infections*. **Dr. Solomkin**, from the University of Cincinnati presented a multicenter study entitled *A Prospective, Randomized, Blinded Study of Erapenem vs Piperacillin/Tazobactam for Intra-abdominal Infection* that was co-authored by **Dr. Christou**. Dr. Christou also was a discussant for a manuscript presented by the SIS Committee of

Therapeutic Agents establishing guidelines for the treatment of intra-abdominal infections. Of particular importance was the awarding of one of six prestigious SIS Resident Scholarships to **Dr. Prosanto Chaudhury** for his proposal entitled *Mechanisms and Clinical Significance of Decreased Neutrophil Delivery to Remote Sites in Sepsis*. Interestingly, two of the remaining 5 Scholarships were awarded to residents at University of Toronto.

Other recent presentations and publications from Dr. Christou's laboratory include:

DR. ANDREW SEELY

American College of Surgeons (ACS), Chicago, Illinois, October 2000 – oral presentation:

Dynamic Alteration of Neutrophil Chemoattractant Receptors Regulates Neutrophil Chemotaxis in Humans In Vivo.

Royal College of Physicians and Surgeons – Oral presentation- *Can surgery residents improve their teaching and learning when supplied with teaching tools and skills? A randomised controlled trial*

DR. LORENZO FERRI

ACS, Chicago, Illinois, October 2000 – oral presentation: *Intra-abdominal sepsis attenuates inflammation mediated increases in microvascular permeability at remote sites* Journal of Critical Care Medicine 29(1) 117-22

Ferri, L, Swartz, D, and Christou, NV. *Soluble L-selectin Diminishes Leukocyte-Endothelial Cell Interactions in vivo: A Role for Increased Soluble L-selectin in Sepsis*.

DR. JOSE PASCUAL

Society of Critical Care Medicine, San Francisco, February 2001 – poster:

Hypertonic Saline Resuscitation following Hemorrhagic Shock Reduces Neutrophil/Endothelial Cell Interactions and Vessel Leakage In Vivo

Joint meeting of the Canadian and Australasian trauma Association, Sydney, Australia, March 2001 – oral presentation *N-Acetyl-Cysteine given with hemorrhagic shock resuscitation diminishes neutrophil-endothelial cell interactions and vessel permeability, In Vivo*.

MS. GIUSEPPINA CAMPISI

Society of Critical Care Medicine, San Francisco, February 2001 – poster:

Failure to generate a C5a gradient significantly impairs polymorphonuclear neutrophil exudation in sepsis.



From Lt. To Rt.: Mr. M. Giroux, Ms. G. Campisi, Dr. J. Pascual, Dr. N. Christou, Dr. L. Ferri, Dr. P. Chaudhury, Dr. R. Lewis

Obituaries

DR. WILLIAM "BILL" FISH,

age 56 in Vancouver died suddenly of natural causes at home on June 11th. He will be forever loved and remembered by his wife Elizabeth Riley, sons Jon and Jeremy. Bill graduated from McGill in 1968 and became an orthopaedic surgeon and was also qualified in Physical Medicine and Rehabilitation. In Montreal, he worked at the RVH, the Lethbridge Centre and the Montreal Convalescent Hospital. He left in October of 1997 to work at the G.F. Strong Rehab Centre as well as the Sunny-Hill Health Centre for Children in Vancouver.

GEORGE ALISON HOLLAND

(January 1st, 1902 - April 9th, 2001). He grew up in Montreal and after leaving Montreal High School, he entered McGill and studied Theology. He was never ordained, but he did have a church for a time in Nova Scotia. He then returned to McGill and got a degree in Commerce, but decided this was not to be his future and entered Medicine. After graduation in 1934, he interned at the M.G.H. and came on staff in 1936, becoming part of Dr. E.M. Eberts' thyroid team. In due course, he enlisted in the R.C.A.M.C. and served for several years. After the war, he returned to the M.G.H. Department of Surgery where he was interested in vascular surgery. In the fifties, he set up a fracture clinic in his cottage in St. Sauveur which was devoted to the treatment of ski fractures. Over the years, he had a series of well over 150 fractures of the tibia and fibula, all of which were treated by closed reduction with no cases on non-union. In this endeavor, he was assisted by surgical residents who enjoyed a pleasant weekend and much practical experience in the treatment of fractures. After retirement in 1963, Dr. Holland was promoted to the honorary attending staff, but he continued his St. Sauveur Clinic for some years. In 1974, he was invited by Dr. Gavin Southerland, who had been one of his favourite residents at the St. Sauveur Clinic, to join him as a surgeon in the United Nations Trust Territory of Micronesia. During the seven years he spent there, he wrote a series of letters home which have been published as *Micronesia A Paradise Lost? - A Surgeon's Diary of Work and Travel in Oceania*, a most interesting work which shows his profound humanity. Throughout his life, he was supported by his loving wife Georgia who was his constant companion for 65 years. Beside his wife, he leaves five daughters, one son and ten grandchildren. Al Holland was a good doctor and surgeon and was above all a good man.

Harry Scott, M.D.

DR. SEAN MOORE, at home on June 10th. Survived by his wife Cynthia, daughter Martha, sons Brian and Paddy, their wives Edith and Martha and seven grandchildren. Renowned pathologist at McGill, he was mainly interested in atherosclerosis, thrombosis and vascular biology.

PAUL EDWARD OTTON

For those of you who do not know me, I am an anesthetist at the Royal Victoria Hospital here in Montreal who worked with Paul for many years. To me, a British ex-patriot, he was the epitome of a true Canadian. He was fiercely proud of this country and loved the land and the changing seasons. I remember him being particularly defensive about the Canadian winter, proposing it as the best season of the year. At the time, I certainly did not agree, but I have long since appreciated what he meant about sunlight on snow, our lovely bright blue days and starlit nights. Paul liked nothing better than to be exercising out of doors and he found the recent weeks of physical inactivity irksome and frustrating. For most of his life he was the picture of health. In a crowd we noticed Paul. He was a distinguished handsome man, always well dressed and with impeccable manners. But there was nothing stuffy about him. He had an easy friendly manner with all he met - warm, hospitable and great fun to be with. For 25 years he worked at the Royal Victoria Hospital and between 1977 and 1983, he was Chief of the Anesthesia Department. Paul was a superb anesthetist and in particular he was a magician with local anesthetic techniques. No one was held in higher professional esteem by surgeons or nurses. With patients he was kindness itself and they appreciated his confident caring approach. With Paul they felt - and indeed they were - safe. A nurse reminded Irene only last week of one patient who would allow only Paul to administer his anesthesia. As a colleague and leader, he was always a team player, supportive and reliable. He was intellectually stimulated by our specialty, smart, curious and anxious to find solutions to difficult problems. McGill Residents loved to work with him and generations to them can attest to his exemplary teaching skills.

After he left the Royal Victoria, he entered a different but equally rewarding phase of his professional life. He often spoke of his time with the Red Cross on the Afghanistan border - an eye opening, narrowing experience. There and in Ethiopia he made a generous contribution of his time to the downtrodden of this world. At home in Quebec, he enjoyed the time he spent in Grandmere, the Lachine General and latterly at the Clinique de Chirurgie Esthetique Notre Dame.

"Il etait bien dans sa peau!" This phrase exactly described Paul. He was at ease and comfortable in life and we do not need to look far for the reason for this. In the



Obituaries (cont'd)

choice of Irene as his life's companion he was extraordinarily blessed. Their happiness in each other's company was obvious even to a casual observer - they were true friends. Together Paul and Irene raised a family of four wonderful children - Judy, Janet, Michael and Billy. They were a source of great pride to Paul and he often spoke of them with affection. Their mutual love will sustain and support them at this difficult time. I hope we will see in Paul's grandchildren evidence of that Otton curiosity and joie de vivre. A dear friend has suddenly been lost to us. But what a life he had! He achieved so much, he gave so much and he received so much. One of his friends, Michael Burfoot, remarked to me yesterday "we thought the world of him". Indeed, we all thought the world of him - and we will not forget him.

This was read by Sally Weeks, M.D. at the funeral.

DR. COOPER STACEY passed away peacefully at the MGH on June 15th. Beloved husband of Donna, father of Brian, Bruce, Karen and Lauren. Renowned rheumatologist at the RVH, he was a genuine friend of the Department of Surgery.

EDWARD JOHN TABAH, OC, BSC, MD CM, FRCSC, FACS died peacefully on March 2, 2001. He leaves to mourn his loving wife Pauline Stiles, sons Edward F. (Kim Carmichael) and Roger (Catherine Lesage), his grandchildren Kimberley and Megan (Carolyn Aziz), and Erin, Casey and Alexander Tabah. Born in Montreal on November 11th, 1917, as an undergraduate science student at McGill, he played for the Canadian Champion Redman Football Team in 1938. After graduating from the McGill Faculty of Medicine in 1942 and interning at



Dr. Edward J. Tabah

The Montreal General Hospital, he served in the Royal Canadian Army Medical Corps. Captain Tabah was appointed Regimental Medical Officer with the 17th Duke of York Royal Canadian Hussars, and served in Europe until 1946. After his residency in General Surgery at the Royal Victoria Hospital, he trained at the Memorial Sloan-Kettering Cancer Center in New York. Having trained with Dr. Hayes Martin, he returned in 1953 to the Royal Victoria Hospital as a pioneer in

Surgical Oncology, particularly in surgery of the head and neck. Through his association with McGill University, he trained several generations of residents to become outstanding surgeons. He was Chief of the Green Surgical Service at the RVH and in 1966, he co-founded the Cedars Cancer Institute. Dr. Tabah was a leader in the care and support of cancer patients and their families. In 1987, he was awarded the meritorious service award from the RVH and in 1993, he was appointed a Member of the Order of Canada. In the spring of 1996, the RVH Oncology Centre was, after extensive renovations, re-opened as the Edward J. Tabah Oncology Centre.

Eddy was an inspiring leader who made everyone feel important. He was a role model and Canada can be grateful to him for his contributions to the care of patients with cancer. ♦

High Praise for Heart Surgeon

DR. JAMES DUTTON who trained in CVT at McGill from 1976 to 1978 has gone on to some fame as Chief Cardiac Surgeon at the Royal Jubilee Hospital in Victoria. The Cowichan Valley Citizen newspaper reports that "If you have had a heart operation on Vancouver Island within the last 20 years, the chances are pretty good that you have met Dr. Dutton. His four-surgeon team at the Royal Jubilee perform 13 open heart procedures a week". Early in May, Dr. Dutton addressed a group called the First Open Heart Society of British Columbia, a group that provides support for patients and families experiencing the trauma of

heart related surgery. He spoke on volunteerism in the Canadian health care system. Dr. Dutton's research interests at this time include gene therapy, where a manufactured gene, created in a virus, is injected into areas of the heart muscle which don't receive enough blood. This gene promotes the creation of new arteries. Even more experimental is a treatment of heart pain using the patient's own bone marrow. According to Dutton, there are cells within bone marrow that create healthy heart cells. ♦

EDM

E.D. Monaghan, M.D.
Editor

Emma Lisi
Assistant Editor

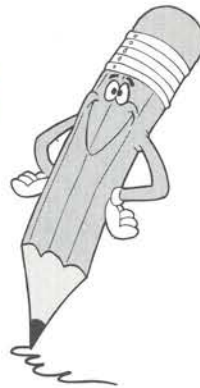
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