

# THE SQUARE

# KNOTS

**T**he Dean, **Dr. Abraham Fuks**, was pleased on March 1st, 2004 to announce that **Dr. Mostafa M. Elhilali** was to take on the Chairmanship of the Department of Surgery effective immediately for a term that will end on May 31st, 2007. The Dean felt that Dr. Elhilali's experience both in the Department as well as his service as Interim Chair over the past number of months would provide an important continuity toward the next phase of the development of the McGill Department of Surgery. His track record in working with all the hospitals would facilitate the necessary re-organization for the transition period to the Glen Yards.

## New Chairman of the McGill Dept. of Surgery

By Edward D. Monaghan, M.D.



Dr. Mostafa M. Elhilali

Dr. Elhilali received his M.B., B.Ch. degree in 1959, Diploma of Surgery in 1962, Diploma of Urology in 1963, and M.Ch. Degree in Urology in 1964 from Cairo University. He was awarded his Ph.D. in Experimental Surgery from McGill University in 1969.

He is presently Professor and Chairman, Division of Urology at McGill University and Urologist-in-Chief at the Royal Victoria and Montreal General Hospitals. His main research interests are in the areas of neurogenic bladder dysfunction, prostatic carcinoma, and male infertility.

Dr. Elhilali is a Fellow of the Royal College of Surgeons of Canada, the Corporation of Physicians and Surgeons of Quebec, and the American College of Surgeons. He was recently awarded the Order of Canada.

His colleagues wish him every success. ♦

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DEPARTMENT OF SURGERY

NEWSLETTER

McGILL UNIVERSITY

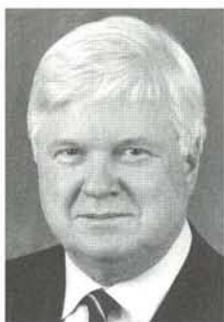
SUMMER 2004



**T**hroughout history men have always competed on foot and otherwise to go faster, go further and go higher than others. The first recorded automobile race was from Paris to

Rouen in France on July 22nd, 1894 – a distance of 79 miles. In early days no attention was paid to safety. Money was posted for prizes

## The Role of Physicians in Safety in Motorsport



Dr. Hugh Scully

By Hugh E. Scully, MD, FRCS, FACS

and competitors would risk their lives. Deaths were numerous, second only to flying homemade aircraft as a leading cause of death in sports. Initially, races were on public roads. There was never any consideration to such safety devices as guardrails and safety crews. Indeed oncoming traffic and farm traffic were often a problem. In 1909, Carl Fischer, the founder of Miami Beach, built the Indianapolis Motor Speedway. The first Indy 500 was in 1911. Eighty thousand people attended the event. Two drivers and 9

spectators were killed. Deaths in autosport from 1911 through 1960 were usually instantaneous either from head injuries and/or from burns. During the decade between 1960 and 1970, 1 out of every 7 drivers were killed each season at the top level of racing.

As I became involved during the latter part of the 1960's, the requirement was that there be a physician at the circuit and that the physician should bring with him some "first-aid equipment". To put this in perspective, when I first became involved at Mosport Park, the "physicians" of note were a psychiatrist, a dentist and an obstetrician! From 1970 onwards, I was able to work very constructively with Harvey Hudes, the owner of Mosport Park, with other track owners and the Canadian Automobile Sports Clubs to develop the concept of expert trauma physician attendance, well-equipped medical/triage centres at the circuits, better communication systems, improved transportation systems and, ultimately, rapid intervention vehicles with trained extrication/fire/medical/safety crews. Notwithstanding some of the high profile deaths in both Formula One and Indy Car and NASCAR in recent years, in the 2004 the risk of death in a high-speed crash – much higher speeds than in the 1960's – is 1 in 360.

The Indy Car medical program was started in 1975. Dr. Steve Olvey, now of Miami, and Dr. Terry Trammell of Indianapolis

were central figures in developing that program. Dr. Henry Bock at the Indianapolis Motor Speedway has also made great contributions to safety in motorsport in the North American based series. Professor Sid Watkins, an internationally recognized neurosurgeon from London, England began the safety program through what is now known as the Federation Internationale du Sport Automobile (FIA) in 1978. I had the opportunity of working with Sid and with Medical Directors from other countries from around the world on the FIA Medical Commission based in Paris from 1981 through 1992 and have continued to work with Sid and others through the International Council of Motorsport Science thereafter.

Great improvement in helmet technology and car construction led to a dramatic reduction in head injuries. Orthopedic injuries, particularly lower leg injuries, continued to be a major problem through the early 1990's. As a consequence of some devastating lower extremity injuries in qualifying for the Indianapolis 500 and other circuits with cement barriers, the distal orthopedic injury situation was ameliorated considerably by our recommendation that the feet of the drivers should be moved to a position behind the front axle of the racecar.

One of the reasons for so many injuries in the early years of racing was that initially there were no seatbelts, and then nothing but lap belts, and certainly no protection for the drivers as cars rolled. Monocoque design improved very dramatically during the 1970's and 1980's, particularly after the tragic death of Canada's Gille Villeneuve in Belgium in 1982. Seatbelt technology has improved very dramatically also and indeed is amazingly similar to that available and mandatory in fighter aircraft.

Some of your readers will recall the accident, which tragically took the life of Ricardo Paletti in Montreal in 1982. Among other problems to be contended with by the rescue crews was a fuel cell fire, which was difficult to contain. Since that time fuel cells have become virtually impenetrable and for the most part fires have not been a major hazard for the drivers (although danger of fire in the pits does continue).

Recognizing that while head injuries have been reduced dramatically in frequency, there are great deceleration and rotational forces involved in motorsport accidents. In addition to improved helmet technology, there have been very dramatic improvements in what is called head surround protection in the cockpit of the cars (or the boats) and most recently the introduction of a head and neck system (HANS device), which limits the flexion, extension, and rotation of the head during high impact crashes. ▶

► Manufacturers have generally been very cooperative in designing cars so that injuries are minimized taking into account the angle of impact, the speed of the cars, the deceleration forces and the progressive crush distances important in protecting the driver. Another very important contribution to safety in autosport has been the evolution of the design of circuits. Progressively deformable barriers and appropriate run-off areas with debris fencing around a circuit to contain bits and pieces of cars as they become loose have been very important for participant safety and for spectator safety.

The drivers themselves are very different than they were in the 1960's and 1970's. Top drivers in world championship events are superbly fit athletes. Many engage in very vigorous training programs in the off season and even during the racing season will have training programs which take 2 or 3 hours at a minimum each day. Particular attention is paid to upper body strength, neck strength and cardio-vascular fitness. Several layers of protective clothing, which must meet standards for fire protection are worn. Quite apart from the helmet there is a balacava, long underwear, socks, gloves and drivers' suits. The importance of the fitness of the drivers become evident when one recognizes that generally motorsport events take place in warm or hot climates and that cockpit temperatures will frequently be in the mid 40 degree centigrade range for a significant portion of the race. In addition to physical conditioning therefore and appropriate clothing, attention to good nutrition and good hydration are particularly important.

The international standard for world championship events now embraces a medical/rescue/safety team, which may total as many as 200 individuals around a circuit for the event. The first intervention responsibility is that of a very knowledgeable group of track workers positioned strategically around the circuit. Located in such a way that emergency vehicles can reach a driver and his car within 90 seconds of the time that the car stops rolling or moving, circuits today are constructed so that rapid intervention vehicles with supplementary fire equipment and extrication equipment together with people with very sophisticated extrication knowledge involving racecars and medical management of individuals under very difficult and trying circumstances are on board. The backup to



the rapid emergency intervention vehicles is track ambulances, which are at the Advanced Trauma Life Support level. Supporting these endeavors is a complex communication system, which allows for reporting of the situation and a call for additional assistance as required. At the level of Formula One, Champ Car and IRL races, the Medical Director is positioned with the Chief Steward or the Clerk of Course together with the Rescue Coordinator and the Communications Director in the control tower with television monitors of virtually every aspect of the circuit so as to be able to both monitor developments and provide assistance as required. Circuits such as that at the Circuit Gilles Villeneuve for the Formula One event and for the Champ Car event in Montreal have a very sophisticated medical centre with a full staff of trauma physicians, intensivists, and nurses. Casualties are transported to the medical centre expeditiously and either

treated there for minor injuries or by air transport to level one trauma centres. In the late 70's and early 80's, it was my practice to use the McGill Hospitals as those referral centres. I continue to enjoy good personal and professional relationship with Dr. Jacques Bouchard and Dr. Ronald Denis who are the current Co-medical

Directors of the Formula One and the Champ Car events in Montreal.

It is also the responsibility of the Medical Director to develop a (medical) disaster plan which is integrated with that of the city or the venue in which the event is taking place, working closely with the police department, emergency services, the fire department and the organizers and the sponsors. The Medical Director must have a good working relationship with the office of the Coroner. There is a detailed protocol for requirements, which must be met before an event can be sanctioned. During the course of a race weekend, there is a regular inspection of the medical and safety services. Additionally, mock exercises are carried out at intervals during the course of a race weekend so as to assure an internationally approved level of competence of extrication/rescue/medical crews. Indeed, I would estimate that there is a better-integrated system for rescue/medical and safety affairs at the level of a Formula One race or Champ Car race than for any other sporting event, including the Olympics.

I am asked frequently why I as a cardiac surgeon would get involved in something like autosport. My first ►

► answer is that I love the sport. From both the professional and the personal point of view, it is a very high performance field where integrated teamwork is essential with a multi-disciplinary crew or team that is able to function under great pressure of both time and performance to save life and preserve function. I have enjoyed many extraordinary experiences around the world and developed friendships internationally which are enduring – many of these outside of medicine. It has been a great pleasure to know and become friends with several of the World Champions over the course of the years.

In conclusion, there have been many dramatic advances in safety in motorsport over the years. A few of us as physicians have been able to make significant contributions to that safety. Our work continues with better helmet design, better understanding of head and neck and spine injuries and concussions. It is very exciting to be working in partnership with the manufacturers and with the aerospace program internationally in making all high-speed events safer for the participants and more enjoyable for the spectators.

**HUGH E. SCULLY, M.D., F.R.C.S., F.A.C.S.**  
*Professor of Surgery, University of Toronto*  
*Senior Cardiac Surgeon UHN – Toronto General Hospital*

**Editor's Note:** Dr. Scully started as a trackside race physician at Mosport Park near Toronto during his training years in General Surgery in the Gallie course at the University of Toronto. He was a founding member and longtime President of an organization called The Ontario Race Physicians from 1970 through 1992. He was the National Medical Advisor for the Canadian Automobile Sport Clubs during that same interval and had the opportunity of representing Canada and the United States at the then Federation Internationale du Sport Automobile in Paris from 1981 through 1992. He was the Medical Director for Formula One racing in Canada from 1970 through 1992 and of interest to our readers, was the initial Medical Director at the Circuit Gilles Villeneuve from the first race in 1978 again through 1992. He has continued as the Medical and Safety Director for the Molson Indy Champ Car Race in Toronto for the duration of that event. Latterly he has been very pleased and honoured to be elected initially to the Board of Directors and for the past 5 years as the World Chairman of the International Council of Motorsport Science. This organization represents 22 member countries. There is Board representation from virtually every major motorsport series (autosport and watersport). Every year there is an annual scientific meeting and every other year a world symposium co-chaired by the internationally recognized leader in motorsport safety, Professor Sid Watkins, and himself. In the year 2000, he was very honoured to be elected to the Canadian Motorsport Hall of Fame for "Outstanding Contributions to Safety in Autosport". ♦

## Thanks to Our Contributors

We wish to thank these contributors who generously made donations to McGill Surgery Alumni and Friends. This helps to keep *The Square Knot* in print.  
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**SURGICAL GRAND ROUNDS / GENERAL SURGERY ROUNDS**

| <b>DATES</b>       | <b>TOPIC</b>                                 | <b>SPEAKER</b> |
|--------------------|--|----------------|
| September 2, 2004  | General Surgery Rounds                       |                |
| September 9, 2004  | <b>Combined Surgery-Anesthesia Rounds</b>    |                |
| September 16, 2004 | General Surgery Rounds                       |                |
| September 23, 2004 | <b>MIS Visiting Professor</b>                |                |
| September 30, 2004 | General Surgery Rounds                       |                |
| October 7, 2004    | General Surgery Rounds                       |                |
| October 14, 2004   | <b>ACS Meeting: NO ROUNDS</b>                |                |
| October 21, 2004   | <b>Transplant/HPB Visiting Professor GSR</b> |                |
| October 28, 2004   | General Surgery Rounds                       |                |
| November 4, 2004   | <b>Combined Surgery-Anesthesia Rounds</b>    |                |
| November 11, 2004  | General Surgery Rounds                       |                |
| November 18, 2004  | General Surgery Rounds                       |                |
| November 25, 2004  | <b>Plastics Visiting Professor</b>           |                |
| December 2, 2004   | General Surgery Rounds                       |                |
| December 9, 2004   | General Surgery Rounds                       |                |
| December 16, 2004  | General Surgery Rounds                       |                |
| December 23, 2004  | <b>HOLIDAYS: NO ROUNDS</b>                   |                |
| December 30, 2004  | <b>HOLIDAYS: NO ROUNDS</b>                   |                |
| January 6, 2005    | General Surgery Rounds                       |                |
| January 13, 2005   | General Surgery Rounds                       |                |
| January 20, 2005   | <b>H. Rocke Robertson Day</b>                |                |
| January 27, 2005   | General Surgery Rounds                       |                |
| February 3, 2005   | General Surgery Rounds                       |                |
| February 10, 2005  | <b>Collip Visiting Professorship</b>         |                |
| February 17, 2005  | General Surgery Rounds                       |                |
| February 24, 2005  | <b>L.D. MacLean General Surgery Day</b>      |                |
| March 3, 2005      | <b>Combined Surgery-Anesthesia Rounds</b>    |                |
| March 10, 2005     | <b>E.J. Tabah Visiting Professor</b>         |                |
| March 17, 2005     | General Surgery Rounds                       |                |
| March 24, 2005     | <b>Flanders Day Visiting Professor</b>       |                |
| March 31, 2005     | <b>Vascular Visiting Professor</b>           |                |
| April 7, 2005      | General Surgery Rounds                       |                |
| April 14, 2005     | <b>Urology Res. Day Visiting Professor</b>   |                |
| April 21, 2005     | <b>Combined Surgery-Anesthesia Rounds</b>    |                |
| April 28, 2005     | <b>Orthopedic Visiting Professor</b>         |                |
| May 5, 2005        | General Surgery Rounds                       |                |
| May 12, 2005       | <b>Stikeman Visiting Professor</b>           |                |
| May 19, 2005       | <b>Fraser Gurd Day</b>                       |                |
| May 26, 2005       | General Surgery Rounds                       |                |
| June 2, 2005       | General Surgery Rounds                       |                |
| June 9, 2005       | <b>Frank Guttman Visiting Professor</b>      |                |
| June 16, 2005      | General Surgery Rounds                       |                |
| June 23, 2005      | General Surgery Rounds                       |                |

**Upcoming  
Event**

**September 9-12, 2004**  
Canadian Surgery Forum  
Ottawa, Ontario.

**D**r. **John Antoniou** (Orthopedic Surgery) received a third CIHR operating grant and CIHR new investigator's grant for work entitled *Quantitative Magnetic Resonance Imaging as a Diagnostic Tool of Intervertebral*

## KUDOS !!

*Disc Matrix Composition and Integrity*. He also received the 2004 Royal College Gold Medal in Surgery for the work *A Synthetic Peptide of Link Protein Stimulates the Biosynthesis of Collagen II, IX, and Proteoglycan by Cells of the Intervertebral Disc*, to be received at the annual conference in September 2004.

**Dr. Jean-Louis Caron** (neurosurgeon) leaves this summer for a post in San Antonio at the University of Texas. What a loss for Montreal and McGill!



Dr. Peter Chan

**Dr. Peter Chan** (Co-Principal Investigator) of the Department of Urology, **Dr. Dan Cyr** (Principal Investigator) of the National Institute of Scientific Research and **Dr. Louis Hermo** (Co-Principal Investigator) of the Department of Anatomy and Cell Biology received a joint grant of over \$300,000. over 3 years

from the Canadian Institutes of Health Research (CIHR) and Natural Sciences and Engineering Research Council of Canada (NSERC) to work on cellular tight junction alteration in the epididymides of infertile men. This is Dr. Chan's second concurrent CIHR grant.

**Dr. Ray Chiu** served as the First Annual Visiting Professor in Surgery for Chang-Gung Memorial Medical Center in Taiwan in May. In June, he completed his four year tenure as a Member of the Study Section

for Surgery and Bio-engineering at the National Institutes of Health in the United States, as well as his six year tenure on the Editorial Board of the *Journal of Thoracic and Cardiovascular Surgery*, the leading journal in his field. He was an Invited Keynote Speaker at a Symposium on "Cardiac Tissue Repair, Cell Transplantation and Growth Factors" held in Sirmione, Lake Garda in Italy in June as well.

**Dr. Jacques Corcos** (Urology) has been promoted to Full Professor of Surgery as of June 1, 2004.

Congratulations to **Dr. Rumi Faizer** and **Dr. Archana Ramaswamy** on the birth of their twins, Rohan and Rahul, born on April 14, 2004 at 8:58 and 9:09.

March 18, 2004, marked the successful activation of the first artificial bowel sphincter to be implanted in Montreal by **Dr. Julio Faria** of the JGH. This was to treat a middle aged male with fecal incontinence due to a work related low back injury. A little later in the month of May marked the first full year of the highly successful colonic stent insertion program started by **Dr. Julio Faria**. Sixteen stents have been inserted either as definitive palliation or bridge-to-surgery for obstructing colorectal cancers.

**Dr. Hélène Flageole** will be featured in "The Surgeons", a Canadian documentary series produced by Red Apple Entertainment. A film crew shadowed Dr. Flageole for four days as she took part in rounds, saw patients in her clinic and in the Surgical Emergency Department. The crew was also present as she performed her operative cases. This 30-minutes documentary will air on the Discovery Health Network in the fall and the Life Network in 2005. Broadcast dates will be established within the next months and should appear in the next *Square Knot* issue. Dr. Flageole also had a poster presentation at the International Pediatric Surgical Oncologists' Meeting held on May

26, 2004 in Ponte Vedra Beach, Florida. Her presentation was entitled *Hodgkins Disease Presenting As A Cystic Mediastinal Mass*, authors: **H.F. Flageole MD, MSc, Van-Hung Nguyen MD, Jessica N. Stewart MD and Petr Kavan, MD, PhD**.

**Dr. Philip H. Gordon** is cited in the 5th Edition of "Marquis Who's Who in Medicine and Healthcare for 2004-2005". Philip is also cited in the "Dictionary of International Biography for 2004".

**Dr. Carolyn L. Kerrigan** of Lebanon, New Hampshire was recently elected to the Board of Directors of the American Board of Plastic Surgery.

**Dr. Jim Koumanis** and his wife Nathalie are proud to announce the birth of their first baby, Anastasia Maria Koumanis, born on April 3, 2004 at 3:21 p.m. weighing 8 pounds 10 ounces and 21.5 inches tall.

**Dr. Jean-Martin Laberge** chaired a session on Hepatobiliary Surgery at the 13th Annual Congress for Endosurgery in Children sponsored by International Pediatric Endosurgery Group (IPEG) which was held in Maui, Hawaii from May 5-8, 2004. Topics of discussion were Cholelithiasis, Pancreas – Insulin Producing Lesions Of The Pancreas, The Kasai Operation, and Choledochal Cyst.

**Dr. Nancy Morin**, colorectal surgeon at the JGH and **Dr. Robert Salasides**, general surgeon at the MGH were married in Las Vegas on June 28th. The *Henna* was celebrated in Montreal on June 20th.

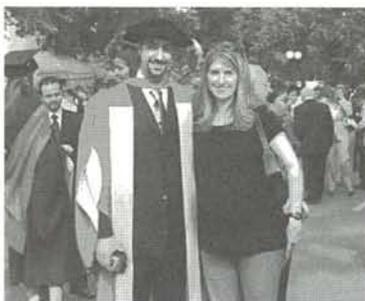


Dr. Nancy Morin and Dr. Robert Salasides

**Dr. David S. Mulder** has been selected as President of the Team Physicians of the 30 National Hockey League teams. He is the first Canadian named to this position.

**Dr. Steven Paraskevas** entered the lab on July 1st, 1994. Just short of a decade later ... Phew! The picture was taken on May 31st, at McGill's first outdoor convocation since the early 70's. I must say I liked the smart red Ph.D. robes ... not so sure about the hat. Family was in town and a great day was had by all, but being up there next to some of my medical students made me feel old and young at the same time. The thesis title was *Pathways Signaling Apoptosis and Survival in Isolated Islets of Langerhans*. Dean's Honour List (they routinely award it for the person who spends the longest time writing without giving up). Dr. Meakins, I'm copying you as an update and a receipt, of sorts. The completion of my degree was finally accelerated by your ...er...encouragement! Thanks for trusting in me. My wife, Line, is due any day now, so as one book closes, another opens.

**Dr. Gaston Schwarz** was invited by the Brazilian Plastic Surgery Society to their meeting in March in Sao Paulo where he demonstrated his technique of breast augmentation by live surgery.



*Dr. Steven Paraskevas and his wife Line*

**Dr. Roger Tabah** and **Dr. Guy Leblanc** (Surgical Oncology Fellow) presented *Large Remnant 131I Ablation of Normal Thyroid Remnant as an Alternative to Completion/Total Thyroidectomy in the Management of Well Differentiated Thyroid Cancer* at the meeting of the American Association of Endocrine Surgeons in Charlottesville, Virginia.

## Achievements Residents and Fellows

Congratulations to **Dr. Bindu Bittira** (R-6 Cardiac Surgery) and **Dr. Derek MacDonald** (R-5 Cardiac Surgery) who were married on June 26th in Fredericton, New Brunswick.

**Dr. Ioana Bratu**, had a poster presentation at the 35th American Pediatric Surgical Association held in Ponte Vedra Beach, Florida from May 27-30, 2004. The poster was entitled *Foregut Duplication: Is There An Advantage To Thoracoscopic Resection?* Authors: **Ioana Bratu, MD**, **Jean-Martin Laberge, MD** and **Sarah Bouchard, MD**.

**Dr. Robert Baird** (R-3 General Surgery) will marry **Dr. Naomi Paice** (R-5 Pediatrics) on September 5th in Rigaud, Quebec.

On June 26th, **Dr. Calvin Wan** (R-6 Cardiac Surgery) married **Karen Chiu** in Montreal. ♦



*Dr. Bindu Bittira and Dr. Derek MacDonald*

**C**ongratulations to **Rita Piccioni** who this year reaches the 25-year landmark in the service of the Royal Victoria Hospital and McGill University, most of it in the Department of Surgery. Rita joined the RVH staff in 1979 as secretary in the Workmen's Compensation Clinic. She came to the Department of Surgery in October 1984 as medical secretary. In 1986, she transferred to the employ of the University as a Surgical Teaching Coordinator. In the ensuing

## 25 Years of Service at the RVH and McGill



*Rita Piccioni*

years, she ably assisted various Program Directors, notably **Dr. Edmond Monaghan**, **Dr. Armour Forse**, **Dr. Paul Belliveau**, **Dr. Patrick Ergina** and currently **Dr. Sarkis Meterissian**. Rita has accumulated invaluable experience coordinating in turn the Undergraduate Program at the RVH, the Core Residency Training Program, and the General Surgery Residency Program.

Thank you Rita for many years of devoted service to the Department of Surgery. ♦

*Madeleine Beaulne*

**CARDIAC SURGERY****Program Director: DR. DAVID MULDER**

**Dr. Hilal Al-Sabti** is a graduate of Sultan Qaboos University in Oman receiving his M.D. Degree in 1996. Hilal began in the Orthopedic Program and transferred to Cardiac Surgery in his

R-II year. He is in the process of completing his Master of Science Degree in Experimental Surgery in therapeutic angiogenesis using marrow stromal cells. Hilal

is married and has two beautiful children. After completion of his residency, he will commence a one year clinical fellowship in minimally invasive cardiac surgery at the German Heart Centre in Munich with Professor Ruediger Lange. Upon his return home to Oman, Hilal will start a new department of cardiac surgery in the Sultan Qaboos University Hospital.

**Dr. Derek MacDonald** received his M.D. Degree from Dalhousie University in 1999. He also has a Bachelor of Science Degree in Pharmacy and Biology. In 2002, Derek won the McGill Graduate Biomedical Conference Prize and the Montreal Children's Hospital Research Institute Prize - MUHC for his research work on stem cells for myocardial regeneration. In June of this year, Derek married Dr. Bindu Bittira in Fredericton, New Brunswick. Upon completion of his training, he plans on doing a fellowship.

**GENERAL SURGERY****Program Director: DR. SARKIS METERISSIAN**

**Abdullah Al-Harthy** is a graduate of the Sultan Qaboos University, College of Medicine. He spent 2 years as a resident in the Department of General Surgery of the Sultan Qaboos University Hospital, prior to starting at McGill in 2000. Abdullah is interested in a career in Trauma/Critical Care and he is planning to complete a fellowship in this area after he completes his residency.



**Abdullah Al-Shaikhi** is a graduate of the King Faisal University College of Medicine and Medical Sciences in Dammam Saudi Arabia. He started his General Surgery Residency at McGill in July 2000. He completed his research under Dr. Jean-Martin Laberge, looking at the Effects of Tracheal Occlusion and Release in Fetal Rabbit's Hypoplastic Lung in a Surgically Created Diaphragmatic Hernia Model. He plans on completing a Pediatric Surgery Fellowship



after his residency and returning to Saudi Arabia to work for Aramco.



**Kosar Khwaja** is a graduate of McGill Medical School. Kosar started his General Surgery Residency in July 1999. Kosar completed 1-1/2 years in Dr. Christou's lab and was quite productive with a number of present-ations at National and International meetings. He is planning on completing a Post-Residency Fellowship in Critical-Care.

**Sender Liberman** is a graduate of McGill Medical School. He started his residency in July 2000. Sender completed a 6-month Clinical Research period with Dr. Meterissian working on Surgical Education. He presented at the Canadian Surgical Forum as well as the Canadian Association for Medical Education. He plans on completing a Fellowship in Colorectal Surgery at the completion of his surgical residency.



**Jose Pascual** is a graduate of the University of Ottawa Medical School. He began his General Surgery Residency in August 1997. During his residency Jose completed 3-1/2 years of research under Dr. David Evans and Dr. Nick Christou. He is in the process of obtaining a well-deserved PhD. He has been very prolific with a number of abstracts and papers and is well known internationally for his work on the Effects of Hypertonic Saline on Neutrophil Function. Jose plans on completing a Fellowship in Trauma/Critical Care after his residency.

**Vadim Sherman** is a graduate of the University of Western Ontario Medical School. Previously he obtained a BSc with Honors in Physiology from the University of Alberta. Vadim started his General Surgery Residency in July 2000. He is very interested in the field of Advanced Laparoscopy having completed a 6-month research block with Dr. Fried. Despite the short 6 months, Vadim managed to publish a number of abstracts and papers. He is planning on completing a Fellowship in Laparoscopic Surgery after his residency.



**Marc Zerey** is a graduate of McGill Medical School. H started his General Surgery Residency at McGill in July 1999. During residency Marc completed 1-1/2 years of research



## Welcome to the New Chief Residents





at the Jewish General Hospital under the supervision of Dr. Phil Gorden and Dr. Mark Trifiro. He worked on the Molecular Oncology of Colon Cancer and presented at National and International meetings. Marc is planning on completing a Post-Residency Surgical Fellowship.

#### LAPAROSCOPIC SURGERY

**Program Director: DR. GERRY FRIED**

**Dr. Christopher Andrew** was born and raised in Winnipeg, Manitoba, did his high school in Ciudad Victoria, Mexico. In 1994, he received a Bachelor of Science Degree at the University of Manitoba and his M.D. Degree in 1998. Andrew did his General Surgery Residency also at the University of Manitoba and graduated in 2003. He is completing his MIS Fellowship and plans to return to Winnipeg and the University of Manitoba at St. Boniface Hospital as an MIS general surgeon this fall.

#### ORTHOPAEDIC SURGERY

**Program Director: DR. MICHAEL TANZER**



**Dr. Mohammed Al-Otaibi** is a native of Saudi Arabia, a graduate of Abha College of Medicine, King Khalid University. Mohammed is married and has two sons, and one daughter (Khalid - 6 years old, Sahar - 5 years old, and Abdulrahman - 1-1/2 years old). His wife Nora is a math teacher. His family is enjoying their stay in Canada. His son Khalid won a prize for skiing in grade one class in school. His daughter Sahar is learning both French and English, and is the family's official translator when going shopping. Small Abdulrahman is the "little toy". After completing his residency, he will do an Adult Joint Reconstructive Fellowship. Mohammed is looking forward to his career in Orthopaedic Surgery.

**Dr. Paul Martineau**, like most of Canada's top prize fighters and his longtime classmate Dr. Noiseau, Paul hails from Verdun, Quebec. His interest in Orthopedic Surgery began with his own unusual gait pattern, however, a diagnosis is still pending. Always conscientious of personal safety, Paul's blaze orange attire protects him from stray bullets and catches everyone's eye. He plans to pursue a specialty in Sports Orthopedics and one day hopes to purchase a metallic automobile.

**Dr. Nicolas Noiseau** is a co-founder, along with Dr. Martineau, of the Verdun Street Fighters and Hair Loss Club (VSFHL). At age 8, he used his photographic memory and incredibly fast speech to earn a first place finish in the All America's Speed Spelling Bee. Nick will carry on the proud McGill tradition of battling arthritis and street gangs for years to come.

#### PEDIATRIC SURGERY

**Program Director: DR. JEAN-MARTIN LABERGE**



We would like to welcome **Dr. Wendy Su** as our new Pediatric General Surgery Fellow. Dr. Su is a graduate of the University of California, Berkeley and attended Medical School at Keck School of Medicine. She completed her General Surgery training at Kaiser Permanente Medical Center, Los Angeles, California. Dr. Su also worked on a research project involving stimulation of fetal hemoglobin production with butyrate in the treatment of thalassemia and sickle cell anemia and, more recently, completed research on neuroblastoma cytogenetics. We are pleased to have Dr. Su join our Service.

#### PLASTIC SURGERY

**Program Director: DR. BRUCE WILLIAMS**

**Dr. Louis-Philippe Germain** completed his Honours Bachelor of Science at the University of Toronto in 1996, and his Doctorate of Medicine in 2000 at the University of Ottawa. He joined the Plastic Surgery Program at McGill in July 2000. Philippe is a trained classical pianist and enjoys playing jazz and the blues. His other interests include skiing, squash and golf.

**Dr. Michel Gallant** obtained his Bachelor of Science from the University of Moncton, New Brunswick in 1995, and completed his medical school training at the University of Sherbrooke. The first two years of his Plastic Surgery training were completed at the University of Sherbrooke and the final three years at McGill. Michel enjoys music (guitar), outdoor sports, reading and traveling.

**Dr. Sandra McGill** entered the Plastic Surgery Program at McGill University on July 1, 1999. Prior to coming to McGill, she completed both her Bachelor of Science, Honours, and Doctorate of Medicine at Queen's University, Kingston, Ontario. Following completion of her training, she plans to practice community Plastic Surgery with a focus on breast reconstruction. She is married with two daughters, Alexa and Wendy. She enjoys international travel and skiing.



**Dr. Wendy Parker** completed her Bachelor of Science at Simon Fraser University in 1993, and her Doctor of Medicine Degree at the University of British Columbia in 1997. She devoted three full years to her Ph.D. Degree between her General Surgery training and her Plastic Surgery training. Wendy successfully defended her thesis in June 2003. On completion of her training, she plans to do a Hand Fellowship at the Mayo Clinic. Her other interests include skiing, scuba diving, piano, drawing and painting.



► **SURGICAL ONCOLOGY**

**Program Director: DR. ANTOINE LOUTFI**

**DR. M. AL-QAHTANI** graduated in Medicine from King Saud University in Saudi Arabia in 1996. He did his General Surgery in Saudi Arabia and got his Saudi Board Certificate in General Surgery in January 2003. During his training in General Surgery, he participated in several post-graduate courses including basic life support, advanced cardiac and trauma life supports, basic laparoscopic surgery course and others. He got interested in surgical oncology, applied and was accepted in our program starting July 2004. Dr. Al-Qahtani is married with a child. We welcome him and look forward to having him with us at McGill.

**TRANSPLANT AND HEPATOBILIARY SURGERY**

**Program Director: DR. PETER METRAKOS**



**Dr. Prosanto Chaudhury** did his General Surgery Residency here at McGill University. After completing his residency, Prosanto plans to pursue Fellowship training in HPB surgery and Evidence-based medicine. Prosanto's hobbies are skiing (cross-country and downhill), rollerblading, reading (fantasy, sci-fi thrillers, historical fiction) and cooking/baking.

**Dr. Peter Horton** was working as a Consultant Surgeon at Oxford University in the United Kingdom where he was involved in kidney, pancreas, pancreatic islet transplantation and hepatobiliary surgery. Dr. Horton has already done a Transplant Fellowship in the National Pancreas Transplant Unit in Sydney, Australia. He is here to train in a multi-organ transplant unit. He is married to Christine, an architect, and has a son named Thomas who is currently attending FACE school on University and is here in Montreal since early January 2004.



**Dr. John Martinie** has spent the last four years serving the United States Air Force and has had the pleasure of visiting some far off, exotic, third world countries. He is married to Janet and has one daughter, Mary Elizabeth. Janet is expecting a second child in September. John's hobbies are mostly sports, particularly soccer, golf, biking, photography and music (just listening, he is not a musician). The past few years, he has spent most of his free time with his wife and daughter having given up the bachelor life. The Martinies also have three dogs, although the dogs are not coming to Montreal, they will be staying with friends back home.



**Dr. Tammy Znajda** completed her residency in General Surgery at the University of Toronto in June 2003, and has just completed one year of Critical Care Fellowship at the University of Western Ontario. She will be working with Dr. Metrakos and colleagues for six months as a clinical and research fellow in Hepatobiliary Surgery. In her spare time, she enjoys traveling, spending time outdoors and learning golf. She looks forward to exploring the city of Montreal and trying to improve her French language.

**UROLOGY**

**Program Director: DR. ARMAN APRIKIAN**

**Dr. Jamie Libman**, frustrated, after receiving a Bachelor's Degree from the Faculty of Anatomy at McGill, that a career in professional baseball was not forthcoming, coupled with the fact that his rock band was not making a dent on the local music scene, started McGill medical school in 1996. He then started his Urology residency here at McGill, and plans to pursue a Fellowship in Male Infertility. Jamie, a life-long Montrealer, hopes to continue his professional relationship here at McGill, and looks forward to opportunities afforded to him by this great city.

**Dr. Phillip L. Ross** is a native of San Francisco who's been moving progressively eastward and northward throughout his education and training. He enjoys skiing, mountain biking, and almost anything outdoors, but confesses that most of his free time these days goes to being with his kids, Zev (age 3) and Gabriella (age 15 months). Phillip became interested in McGill while working as a research fellow at Sloan-Kettering where he met former McGill residents, and was impressed by what they had to say about McGill and Montreal. He and his wife have grown very attached to Montreal and have made some wonderful friends along the way. He is looking forward to his chief resident year, working with the faculty and housestaff throughout the MUHC. In July 2005, Philip plans to continue his training with a 2-year Fellowship in Urologic Oncology at the University of California, San Francisco. He is grateful to all the staff and residents who have taught him much about urology, doctoring, and life over the past 4 years. Most of all, however, he would like to thank his wife who has been by his side throughout - living the residency lifestyle with him, supporting him at the difficult points, sharing his pride in the high points, while tirelessly investing everything she has in our children.



**Dr. Saleh Bin Saleh** is married with two children. His wife is a computer student and they enjoy a happy life. After completion of his training, he plans to do a one year Fellowship in Renal Transplantation, and another ►

► year in Laparoscopy at McMaster University in Hamilton. Saleh will then return home to Saudi Arabia as a faculty staff and assistant professor at the College of Medicine, King Saud University in Riyadh.



**Dr. Kevin Zorn** was born, raised and schooled in Montreal. He completed his medical school training at McGill in 2000. Upon acceptance to McGill pre-med, he was awarded the McConnell Entrance Scholarship which was renewed annually based on his academic standing. Throughout his urology residency, he has participated in several clinical and laboratory research projects, mainly focused on advanced prostate cancer and female incontinence. Kevin has published several abstracts and presented at several provincial and national urology meetings. He is the external chief resident of the Division of Urology for this academic year. His hobbies include touring Montreal's fine sushi restaurants, traveling, scuba diving and beating Phil Spiess at golf. Over the past year, he has developed a special interest in minimally invasive techniques for uro-oncologic disease. More importantly, he has met a very special woman -

Christina Chaniotis (emergency nurse at the RVH). After completing his training, he plans to pursue a Fellowship in Endourology and Laparoscopy.

**VASCULAR SURGERY**

**Program Director: DR. OREN STEINMETZ**

**Dr. Vikram S. Iyer** is well known to us here at McGill. Vikram received his MD Degree at the University of Western Ontario. He just completed his General Surgery residency at McGill and now joins the Division of Vascular Surgery for a 2-year fellowship.



**Dr. Robert Mailhot** joins the Division of Vascular Surgery for a 2-year fellowship. He is a native of Montreal, and completed both his MD Degree and General Surgery residency at the University of Sherbrooke. ♦



**CaRMS**

The McGill General Surgery Residency Training Program is pleased to announce that they have matched 5 positions for the 2004-2005 academic year.

**Congratulations to our new incoming residents.**



*Marylise Boutros*



*Ali Hazrati*



*Pascal Lamarre*



*Debbie Woo*



*Christian Zalai*



*Linda Rodgers*

**Congratulations to our new Middle Eastern Residents.**



*Sulaiman Al-Hadher*  
*(Kuwait)*



*Salman Al-Sabah*  
*(Kuwait)*



*Mohammed Al-Sibani*  
*(Oman)*



*Yahya Al-Azri*  
*(Oman)*

Dr. Meterissian and Rita Piccioni would like to express their thanks to the staff and residents who have participated in making the CaRMS a successful 2-day event. We also wish to thank all candidates for their interest in our General Surgery Residency Program at McGill University. ♦

# 15<sup>th</sup> Annual Fraser Gurd Day

MAY 20, 2004



**D**r. **Stephen J. Mathes**, Professor of Surgery and Head, Section of Plastic Surgery, and Head in the School of Medicine at the University of California San Francisco (UCSF) was this year's Fraser Gurd Visiting Professor. His talk at Grand Rounds was entitled *Trends in Reconstructive Surgery: Anatomical and Clinical Applications*.



Dr. Stephen J. Mathes and Dr. Mostafa Elhilali

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**RESEARCH AWARD**  
*(Oral Presentation)*

1st Prize: **Dr. Wendy Parker**

2nd Prize: **Mr. Reid Aikin**

3rd Prize: **Mr. Mark Lipsett**

*(Poster Presentation)*

Tie: **Mr. Stephen Hanley**  
**Dr. Gabriel Chan**

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**TEACHING EXCELLENCE AWARDS**

Outstanding Resident Teacher:

**Dr. John Theodoropoulos**

Outstanding Post-Graduate Education Teacher:

**Dr. Gerald Fried**

---

**THE E.D. MONAGHAN  
 PRINCIPLES OF SURGERY AWARD**

Dr. Ali Taqi

---

**THE KATHERINE ROLPH AWARD**

Dr. Anie Philip



Dr. Bruce Williams with Mrs. Patty Gurd Pryde and Mr. Douglas Pryde.  
 (Mrs. Pryde is Dr. Fraser Gurd's daughter).

## Highlights



*1st Prize Winner  
Wendy Parker*



*Winners: Poster Presentation  
Gabriel Chan and Stepen Hanley*



*2nd Prize Winner  
Reid Aikin*



*Outstanding Resident Teacher  
Dr. John Therodoropoulos*



*Kathryn Rolph Award  
Dr. Anie Philip*



*3rd Prize Winner  
Mark Lipsett*

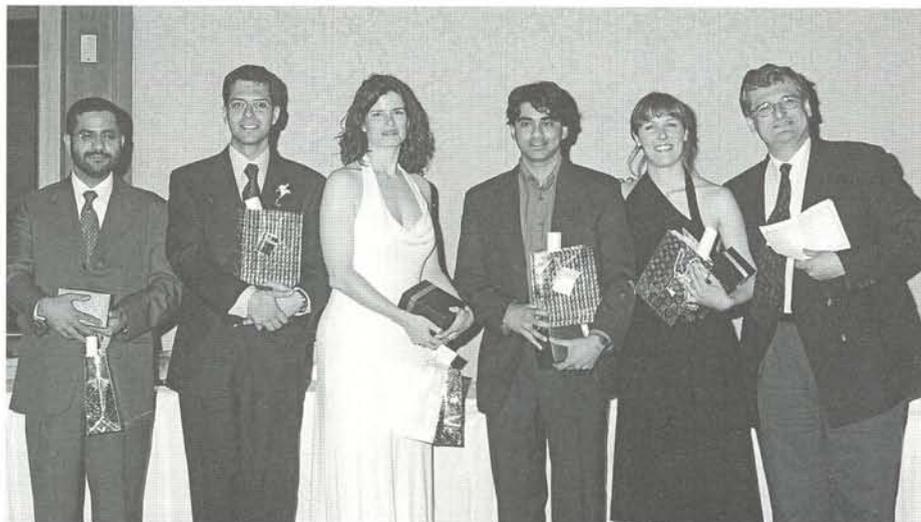


*Outstanding Post-Graduate Education  
Dr. Gerald Fried*

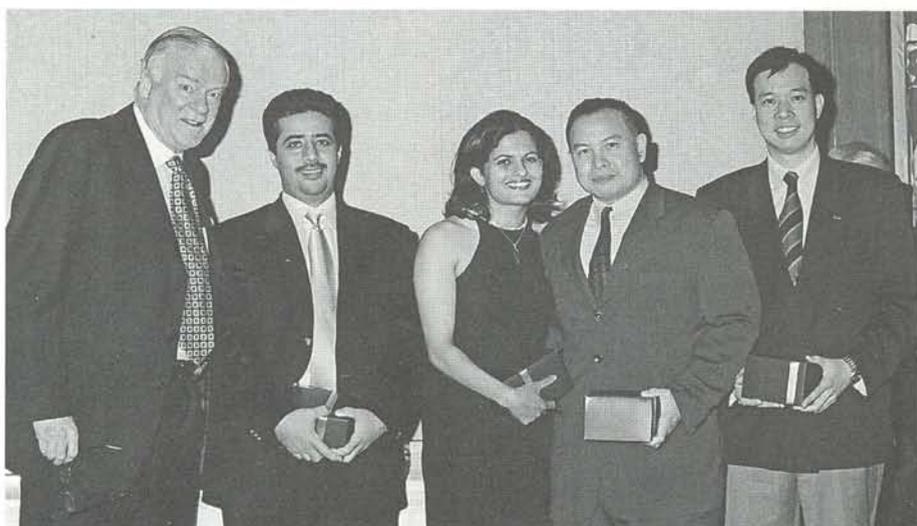
# The Graduates



*Pediatric General Surgery*



*General Surgery*



*Cardiac Surgery*



*Orthopaedic Spine Fellow*



*Laparoscopy Fellow*



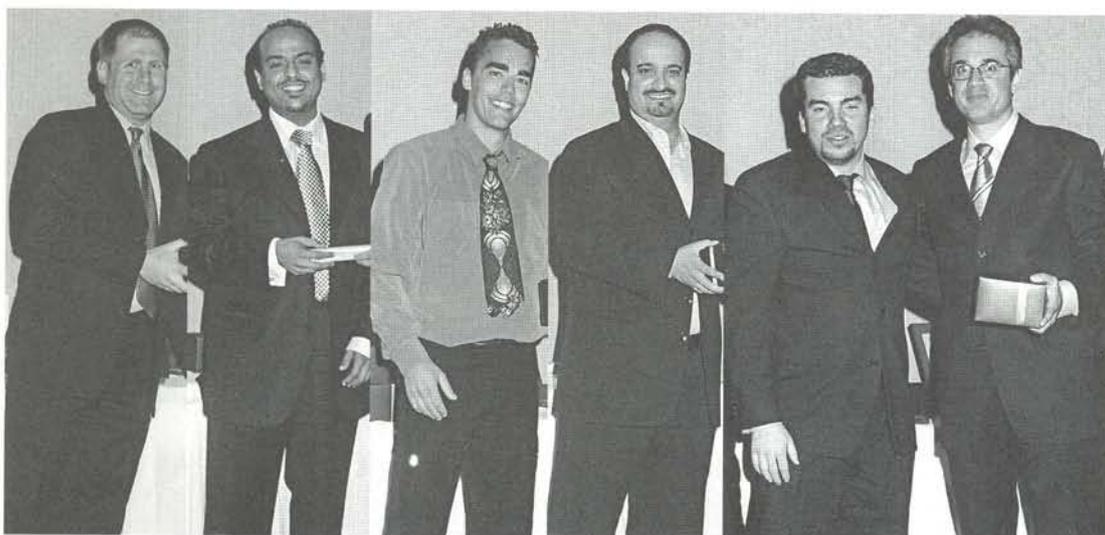
*Plastic Surgery*



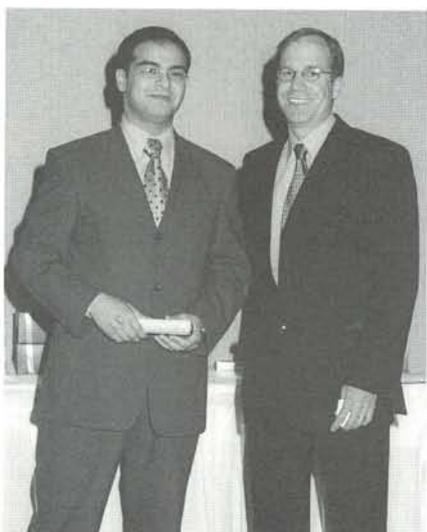
*Surgical Oncology*



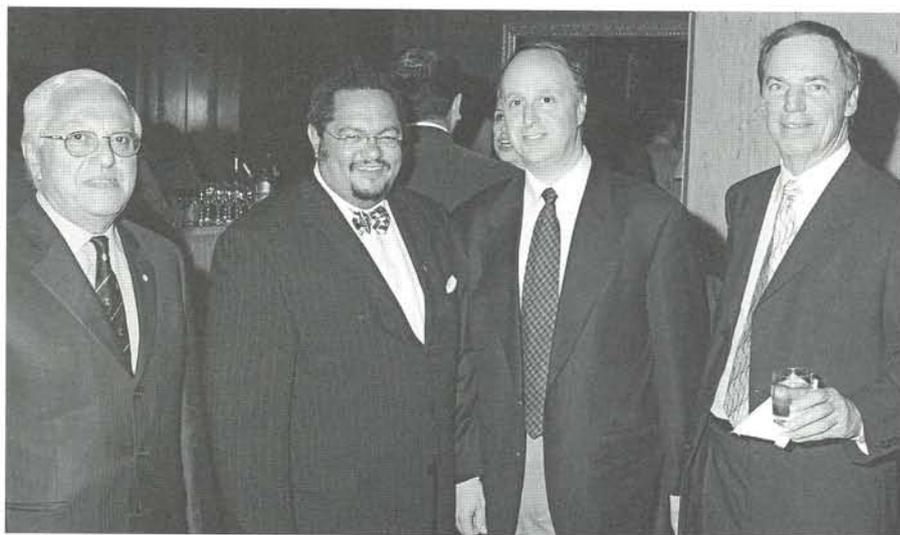
*Orthopaedic Surgery*

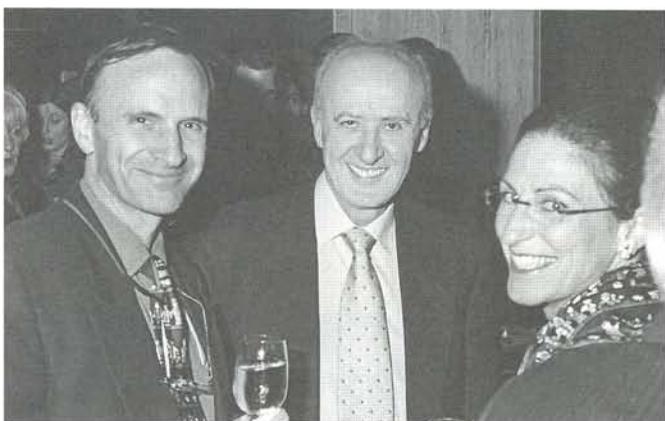
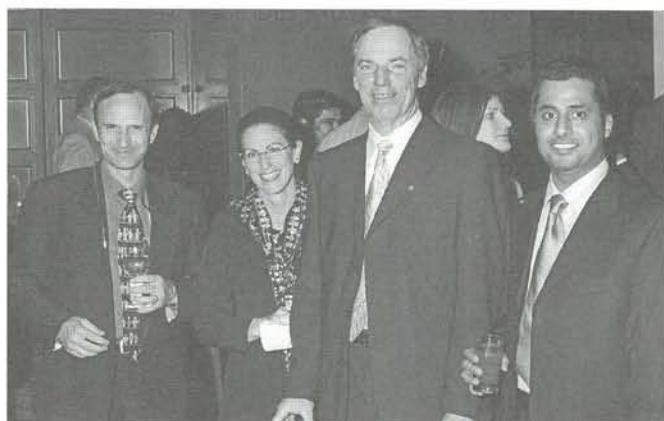


*Urology*



*Vascular Surgery*









**S**TEINBERG-BERNSTEIN CHAIR OF MINIMALLY INVASIVE SURGERY - MCGILL UNIVERSITY HEALTH CENTRE

In any discussion of surgical competence it is worthwhile to be introspective and ask what qualities we would value in

choosing our own surgeon. Clearly this idealized individual must be intelligent, calm, shown excellent judgment honed through ample experience, but be young enough to be up to date and

## Simulator Training in Minimally Invasive Surgery at McGill

By Gerald M. Fried, M.D.

energetic. She would be patient, have excellent communication skills, and would treat me as if I were the only person in the world when I requested her attention. But a surgeon is more than that. All these qualities would apply equally to any physician. The uniqueness of the master surgeon lies not only in demonstration of the characteristics described above, but requires that she operate like a virtuoso. She must manipulate her instruments with skilled and efficient moves, responding to unexpected findings with nary a hesitation, and handling tissues with the touch of a concert pianist caressing the ivories.

It is interesting that when one looks at surgical education it is remarkable how formal training in the technical aspects of surgery has been mostly overlooked. We have adopted the approach to teaching surgery, often described as "see one, do one, teach one." There are many problems with this attitude. Most complex surgical procedures are associated with a learning curve. This term reflects a time during which surgical skills, competence and even outcomes are rapidly improving as one becomes better at doing a specific operation through practice. The practical reality of surgical residency training is that the learning curve for many complex procedures and innovative techniques greatly exceeds the number of cases to which the resident is exposed during the period of supervised

operating that the residency offers. Given that technical skills are important and that the patient is apt to suffer during the learning curve, should we not study the concept of how surgical skills are acquired, how they can be measured, and how this knowledge can be used to accelerate or even eliminate the learning curve?

Looking at other areas of high performance such as elite athletes or performing artists, two features of learning can be observed. These are practice, practice, practice, and the creation of exercises or drills developed to teach the basic skills required for optimal performance. A golfer practices for hours on the practice range. Although excellent shots on the range are a reflection of golfing success, they need to be matched with good judgment, course management, and concentration under pressure to succeed in competition. Airline pilots develop their flying skills through a comprehensive educational process that is based on simulation. Why should simulation not be applied to learning surgery?

### DEVELOPMENT AND VALIDATION OF THE MCGILL INANIMATE SYSTEM FOR TRAINING AND EVALUATION OF LAPAROSCOPIC SKILLS (MISTELS)

In 1996, Dr. Anna Derossis completed a year of research during her general surgery residency, working under my supervision. Our challenge was to identify those skills that are fundamental to laparoscopic surgery, independent of specific procedures or surgical specialty. Once such a skill set was identified, we next modeled each such skill in a training box system, and finally we developed a series of measurements, or metrics, that could be used to objectively measure a surgeon's performance. Through the hard work of a series of residents and fellows over the subse-

quent six years (Table), we showed that these measurements were reliable and valid estimates of technical skills in laparoscopy and predictive of skill demonstrated in the operating room.

This laparoscopic simulator program is now known as MISTELS (Figure) and has been endorsed by the Society of American Gastrointestinal and Laparoscopic Surgeons (SAGES), and incorporated into a ▶

#### CONTRIBUTORS TO DEVELOPMENT AND VALIDATION OF MISTELS

Anna M. Derossis, M.D.

Liane S. Feldman, M.D.

Maureen Antoniuk, R.N.

Gabriela Ghitulescu, M.D.

Shannon Fraser, M.D.

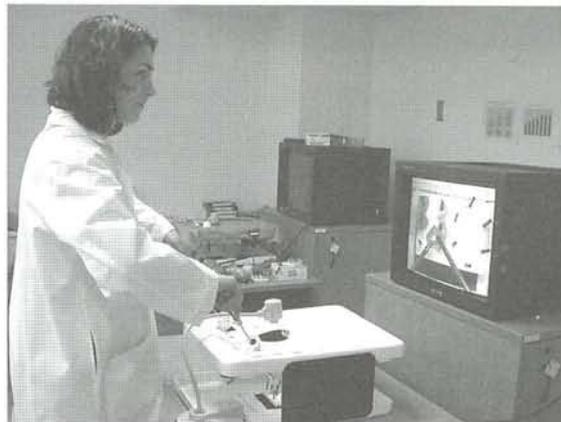
Donna Stanbridge, R.N.

Lori Medeiros, M.D.

Harvey Sigman, M.D.

Eric Keyser, M.D.

Sarah Hagarty, M.D.



Dr. Melina Vassiliou working on the MISTELS system in the Steinberg-Bernstein Minimally Invasive Surgery Skills Lab at the MUHC.

► comprehensive program teaching and evaluating the knowledge, judgment, and skills fundamental to laparoscopic surgery. This FLS (Fundamentals of Laparoscopic Surgery) program has recently been endorsed by the American College of Surgeons. FLS can now be considered a paradigm for surgical education in which a core body of knowledge is created by a pool of experts in the field and is taught through a multimedia approach. It is coupled with an evaluation system that has been assessed according to the rigorous standards associated with a high stakes examination, administered at 8 regional test centres across North America. McGill is one of these test centres and is currently the only such approved centre in Canada.

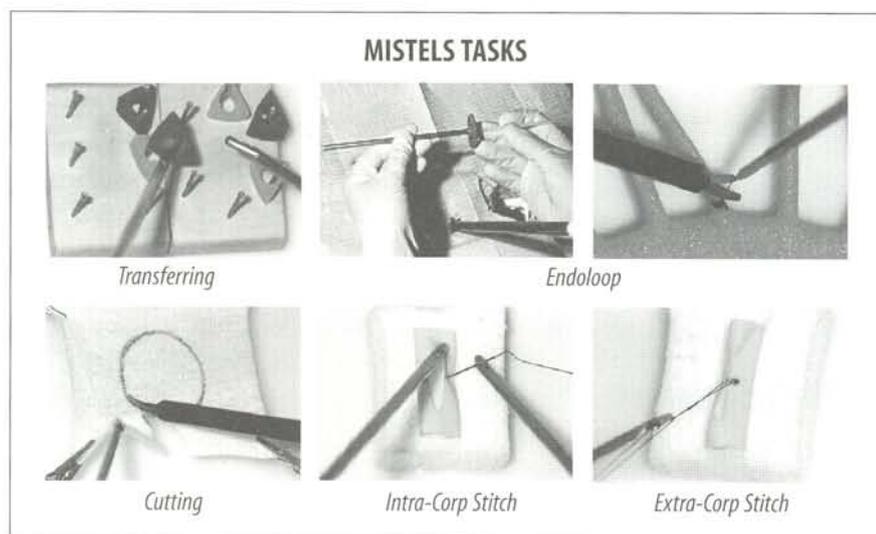
MISTELS is a series of five tasks performed in a training box using a monocular optical endoscopic system, characteristic of endoscopic surgery. Each task demands skill of increasing complexity, and is scored on the basis of efficiency and accuracy, or precision. The tasks include 1) a bimanual transferring exercise requiring the surgeon to adapt to the two dimensional indirect view of the "surgical field" provided by a monocular endoscopic optical system. The long instruments are inserted through trocars placed through an opaque membrane of the trainer box. Both hands must be used in a complementary manner to transfer the small objects between hands. 2) A precise pattern must be cut using laparoscopic instruments. The non-dominant hand places appropriate traction and positions the object in the appropriate location for the scissors in the dominant hand. This

noose that is used to secure a tubular structure such as a blood vessel, appendix, or cystic duct. In this exercise the student learns to use this device to precisely and securely ligate a hollow tubular structure. 4) and 5) are drills that were developed to teach and evaluate laparoscopic suturing. In each exercise a latex drain is mounted on a block with double-sided adhesive tape. The drain is slit longitudinally and a small dot is marked on either side of the slit. Precise suturing skill is required to place a stitch through the two dots and then tying the suture using either (task 4) an extracorporeal knot advanced into the trainer box and secured using a "knot pusher" or in task 5, by tying an intracorporeal knot using the laparoscopic instruments.

There is no subjective value judgment required to score these tasks, so the scoring system is highly reliable (or consistent) with correlation between different scorers that exceeds 0.99. This is remarkably high for any measurement of technical skill. A series of experiments were then carried out on over 200 volunteers from five countries to prove that this assessment system is valid. We showed that the scores can differentiate between performance of residents at different levels of training, and between surgeons with different experience (case volume), and that scores in the training system vary as expected with differences in technical skills as assessed in our traditional in-training evaluation system. **Dr. Melina Vassiliou** is a general surgery resident currently working towards her Masters degree in Education at McGill. As part of

this program, she has developed a scoring system to measure technical skill during laparoscopic surgery. This Global Objective Assessment of Laparoscopic Skills (GOALS) uses the principal of global assessment to assess each of 5 domains of laparoscopic performance on a 5-point Likert scale. GOALS has been found to be reliable and to have construct validity. Interestingly, Melina has been able to show that assessment of laparoscopic skills by two trained evaluators correlate highly with not only each other, but with the scores assigned by the attending surgeon supervising the operation and by the resident when asked to do a self-assessment. Moreover, scores measured in the laboratory using the MISTELS system were highly predictive of GOALS scores measured in the operating room by evaluators blinded to the

MISTELS scores. As part of her Masters in Experimental Surgery, **Dr. Shannon Fraser** was able to use data from testing 215 subjects to determine a cut-off score that can be used to determine a passing grade. The criterion score that Shannon identified results in a sensitivity, specificity, positive and negative predictive value all  $>0.80$  when this score is used to separate competent from non-competent surgeons. ►



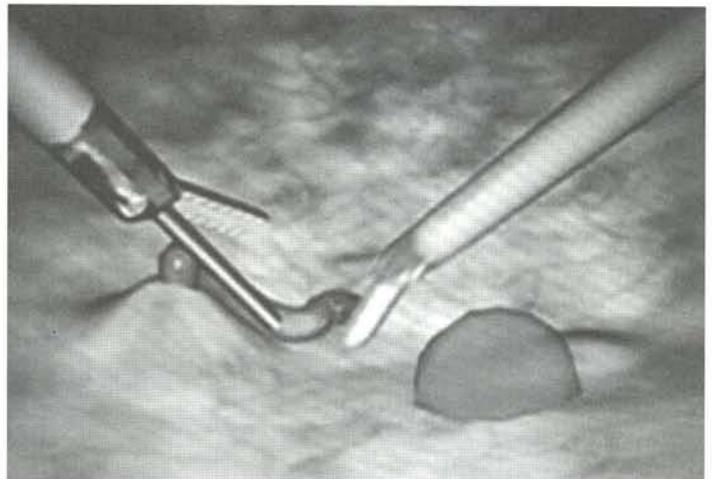
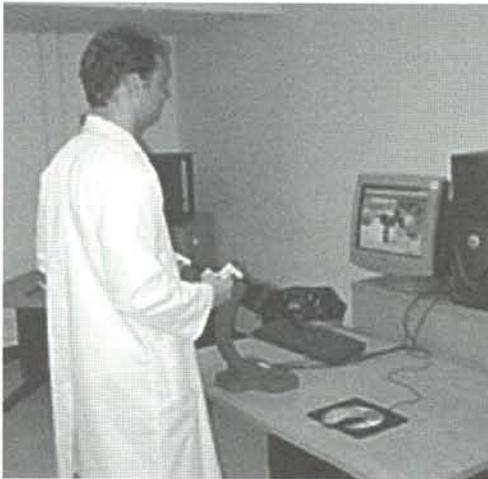
provides practice with the long instruments that are manipulated in a fulcrum fashion whereby the hand must move in the direction opposite that of the active tip of the instrument. It reinforces the reality that hand movement is constrained by working through a trocar that decreases the degrees of freedom of instrument motion. 3) A ligating loop is a device created uniquely for laparoscopic surgery. It consists of a pre-tied loop or

- ▶ Her work forms the basis of the criterion pass score that will be used at the SAGES FLS test centres.

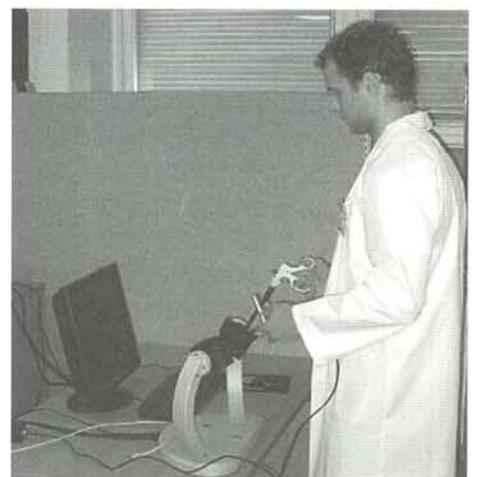
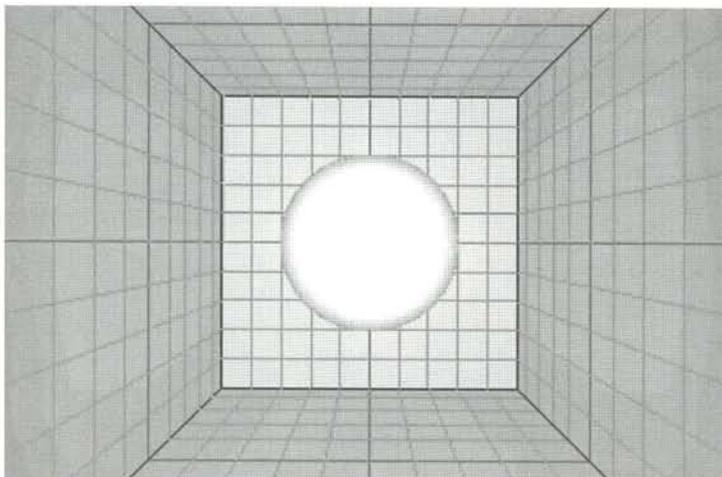
**THE MCGILL MINIMALLY INVASIVE SURGERY SKILLS CENTRE**

Simulator training in laparoscopic surgery has been shown to be extremely valuable with skills developed in the lab resulting in increased efficiency and fewer errors in the operating room. There is no doubt that a strategy to diminish surgical errors is essential. Recent reports in the popular press have sensitized the public to the prevalence and enormous cost associated with medical errors. To this end, the American College of Surgeons held a retreat and issued this statement *“the overwhelming need facing all surgeons is to improve patient safety and... simulation may play a major role in advancing that goal”* (Healy GB. The college should be instrumental in adapting simulators to education. Bull Am Coll Surg 2002; 87:10-11).

McGill has long been a leader in laparoscopic surgery, and has played an important role in developing the scientific basis for developing and evaluating simulators for laparoscopy. Thanks to generous financial support from the Steinberg-Bernstein foundation and from an unrestricted educational grant from Tyco Healthcare Canada, we have established an excellent MIS skills lab on the 19th floor of the Montreal General Hospital site of the MUHC (Figure). We currently have six stations for practicing laparoscopic drills with four MISTELS stations, and two virtual reality stations, featuring the MIST\_VR system from METI and the LapSim system from Surgical Sciences. We are looking forward this summer to acquiring the LTS-2000 electronic physical simulator developed by Dr. Harrieth Hasson, and the CELTS system developed at CIMIT, a research group from the Massachusetts General Hospital, Harvard University, and MIT. The willingness of our surgical residents and attending surgeons to volunteer in a series of research studies designed to validate these simulators has resulted in access to a remarkable variety of training systems for McGill surgeons. ♦

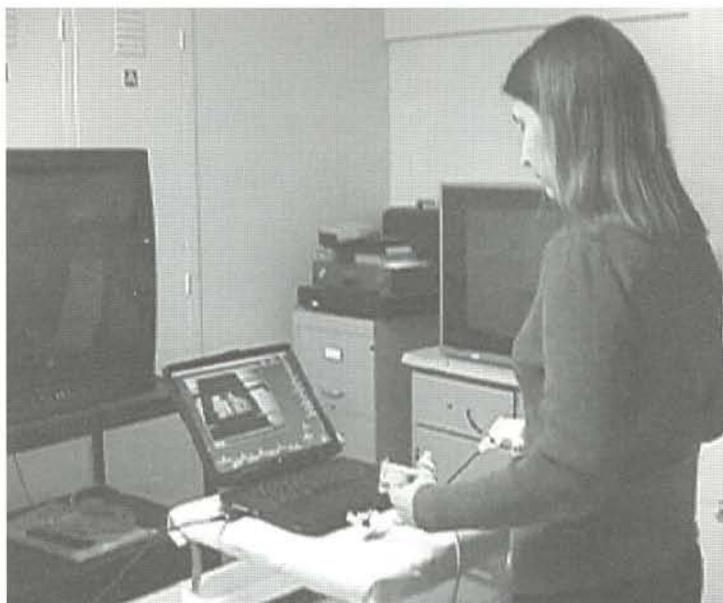
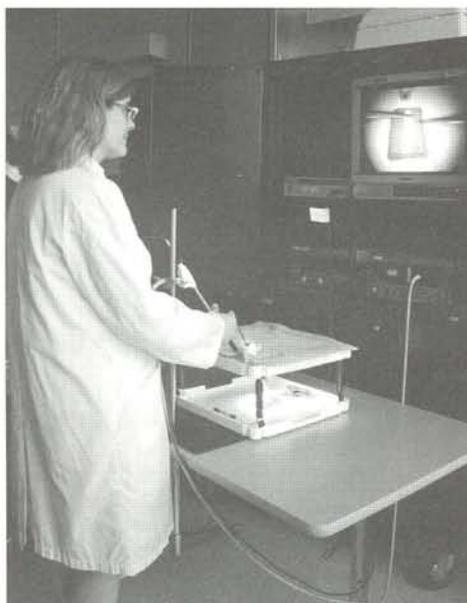


*Dr. Simon Bergman practicing for the annual surgical skills competition using the LapSim virtual reality simulator.*



*The MIST-VR simulator requires manipulation of abstract objects using virtual reality to develop MIS skills. Dr Simon Bergman is hard at work honing his skills.*





*Dr. Anna Derossis is working at the first iteration of the MISTELS simulator (left) and Dr. Gabi Ghitulescu is practicing the portable adaptation of MISTELS that is devised with a laptop used as the display device (right).*

## A South African Bush Pilot's Dilemma



You are a South African bush pilot.

You flew in some critical medical supplies and enjoyed a quick lunch at the hospital.

It's a stifling 100 degrees in the shade and you're eager to get back up to the cool, high blue yonder.

On the way back to your plane, you discover that the only bit of shade, within one mile, has become very popular.

You start calculating the distance to the plane door and you begin to wonder;

"Do I feel lucky today?"



## MCH Pediatric General Surgery NEWS

By Jean-Martin Laberge, M.D.

**A**t the 35th American Pediatric Surgical Association Meeting held in Ponte Vedra Beach, Florida, this year's Frank M. Guttman Visiting Professor, Dr. Bradley Rodgers, presented the Distinguished Service Award to **Dr. Harvey Beardmore**. This award was established several years ago by the Board of Governors of American Pediatric Surgical Association to recognize individuals who have made extraordinary contributions to Pediatric Surgery. This award is

presented from time to time at the discretion of the Board of Governors and to date has been given to only four individuals for their contributions to our Specialty. Dr. Harvey Beardmore received his General Surgery Training at McGill University and Pediatric Training at Boston Children's Hospital and was certified by the College of Physicians and Surgeons of Canada in 1953. He accepted a position on the Faculty at Montreal Children's Hospital where he worked until his retirement in 1995. Dr. Beardmore held the position of Pediatric General Surgery Program Director at the Montreal Children's Hospital from the 70's into early 1980.

The following is a tribute to Dr. Harvey Beardmore, from Dr. Bradley M. Rodgers:

"It is with great pleasure to award APSA's 5th Distinguished Service Award this evening. Tonight's awardee describes himself as a "Congenital Canadian", having been born in Windsor, Ontario in 1921. I should note that the town of Windsor, just north of the St. Lawrence River, is as close to being born in the United States as you can come! So it is little wonder that both Canada and the United States have from time to time laid claim to this man. Like many young men of the time, our awardee interrupted his college career to serve in World War II. He served as an infantry platoon commander with Princess Patricia's Canadian Light Infantry in Northern Europe. Our awardee returned to Canada in August 1945 and promptly volunteered to serve in the Pacific Theatre. He was one day out of Halifax on a military convoy when VJ Day was claimed. He received an educational discharge and returned to McGill where he earned his Bachelor of Science in 1946 and a MD in 1948. You will note that he completed Medical School in two years and we are not entirely sure today whether this is a reflection of his native brilliance or the sad state of the Canadian Education System at the time.

Dr. Harvey Beardmore has served in the leadership of every

important Pediatric Surgical Organization in North America. In 1967, he was a founding member of the Canadian Association of Pediatric Surgery and served as its first President between 1967 and 1973. Between 1969 and 1973, he served on the Pediatric Surgery Advisory Council of the American College of Surgeons and between 1969 and 1971 he served as the Chairman of the Surgical Section of the American Academy of Pediatrics. He was elected President of the APSA in 1974, the only Canadian to such serve. In 1986, he was awarded the William Ladd Gold Medal from the AAP, the highest level of achievement a surgeon can reach in that organization.

In 1972, just after his service of Chairman of the Surgical Section, Dr. Harvey Beardmore initiated a series of correspondence with the American Board of Surgery, which culminated in an invitation to present an appeal on behalf of Pediatric Surgery for special recognition by the Board. In June 1972, Dr. Beardmore made an elegant presentation to the American Board of Surgery on behalf of Pediatric Surgery, requesting a certificate of special competence in Pediatric Surgery. A Committee was formed with the Directors of the Board and later that year the American Board of Surgery agreed to issue a certificate in Special Competence in Pediatric Surgery, the first such certificate issued by the Board. It would be incorrect to imply that this extraordinary event was solely the work of Harvey Beardmore, as clearly many others within the Surgical Section had made similar requests of the American Board of Surgery, but it was Harvey's elegant presentation which finally turned the tide. Dr. Harvey Beardmore has been an extraordinary leader in Pediatric Surgery in North America. His name will be indubitably linked with our certification within the American Board of Surgery. I am extremely honored to present to Dr. Harvey Beardmore on behalf of the APSA's Board of Governors, our Distinguished Service Award." ♦

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### Re: C. Difficile

A mighty creature is the germ  
 Though smaller than a pachyderm.  
 His customary dwelling place  
 Is deep inside the human race.  
 His childish pride he often pleases  
 By giving people strange diseases.  
 Do you, my poppet, feel infirm?  
 You probably contain a germ.

Ogden Nash

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## Visiting Professors

# 12<sup>th</sup>

ANNUAL ERIC M. FLANDERS

VISITING PROFESSORSHIP — MARCH 25, 2004

**Dr. Jemi Olak**, Associate Professor of Clinical Surgery at UIC, Lutheran General Hospital, was this year's Visiting Professor to McGill University and the MUHC. Dr. Olak spoke at Grand Rounds on Thursday morning and the title of her talk was *Treatment of Malignant Pleural Effusion: A Surgeon's Viewpoint*. ♦

EKL

FRANK M. GUTTMAN VISITING PROFESSOR

JUNE 9-10, 2004

We were honored to have as this year's Frank M. Guttman Visiting Professor, **Dr. Bradley M. Rodgers**, Professor of Surgery and Pediatrics, Chief, Division of Pediatric Surgery, University of Virginia School of Medicine, and the immediate Past President of the American Pediatric Surgical Association. Dr. Rodgers received his M.D. Degree from Johns Hopkins Medical School in 1966. He trained in General and Vascular Surgery at Duke University Medical Center and he completed a Pediatric Surgery Fellowship at the Montreal Children's Hospital from 1973 to 1974. After leaving Montreal, he joined the faculty at the University of Florida.

Apart from attending rounds at the Montreal Children's Hospital on Wednesday, June 9th, Dr. Rodgers gave McGill Surgical Grand Rounds on June 10th. His topic was *Thoracoscopy: Where have we been and where are we going?*. He also attended Neonatal Rounds at the MCH. Chylous Effusions was discussed. ♦

STIKEMAN VISITING PROFESSOR

MAY 13, 2004



Dr. Vaughn Alden Starnes

**Dr. Vaughn Alden Starnes**, Hastings Distinguished Professor of Cardiothoracic Surgery, Kech School of Medicine at the University of Southern California, was the 37th Stikeman Visiting Professor to the Division of Cardiovascular and Thoracic Surgery at McGill University.

This year's events were held at the Montreal Children's Hospital as part of their Centennial Celebration. Dr. Starnes'

talk at Grand Rounds was entitled *Living Lobar Lung Transplantation - Ten Year Experience*. This was followed by laboratory research presentations by the residents, then a luncheon. Later that afternoon, Dr. Starnes gave another lecture entitled *The Ross Operation: The Ideal Operation for Children with Aortic Valvular Disease*.

The annual banquet was held that evening at the University Club in honor of the Visiting Professor and the graduating residents - **Dr. Abdulaziz Al-Khaldi**, **Dr. Bindu Bittira**, **Dr. Paul Bui** and **Dr. Calvin Wan**.

We were very pleased to welcome Dr. Starnes as the 2004 Stikeman Visiting Professor, joining the distinguished world leaders in Cardiothoracic Surgery who have served this role over the past three decades. ♦

EKL



π "I can understand you feeling jealous of Mr. Pratt's hardware, but it wouldn't do your strangulated hernia any good at all."

**DR. MARTIN A. ENTIN**

passed away peacefully on May 14, 2004 at the age of 92 at the Royal Victoria Hospital surrounded by his wife Laura and daughters Donna and Martha.



*Dr. Martin A. Entin*

He was born in Crimea in 1912 and immigrated to Canada with his family as a youngster. He attended Temple Medical School and did his residency at McGill. His fellowship was in Los Angeles with Sterling Bunell, a pioneer in hand surgery.

Dr. Feindell, a classmate of Dr. Entin, described him as a renaissance man while giving his eulogy. He certainly excelled in many areas. He was a dedicated teacher and a skillful surgeon, always exploring new frontiers, especially in the area of congenital upper limb deformities. In 1973, he was elected president of the American Society for Surgery of the Hand. He arranged the first trip of the Chinese replantation team to McGill.

His skill with the scalpel was equaled by his penmanship. He spent his last years devoted to writing. His biography of Dr. Archibald, a Chief of Surgery at the Royal Victoria Hospital, will be published posthumously. He will be dearly remembered by so many people whose lives he influenced.

*Gaston Schwarz, M.D.*

**DR. ROBERT MALCOLM FORD**

It is with great sadness that the family announced the passing of Dr. Robert Malcolm Ford on March 6th, 2004. Bob was born in Toronto on June 13th, 1932. After early education, he attended the University of Western Ontario graduating from



*Dr. Robert Malcolm Ford*

Medicine in 1958. He did a rotating internship at the Montreal General Hospital and then completed a year of Internal Medicine. Stimulated by Dr. Harold Elliott, Chief of Neurosurgery at the M.G.H., Bob pursued a broad training in Neurosurgery in Glasgow and in London, England under Mr. Wylie McKissock at Queen Square and the Atkinson Morley. He completed his training in Montreal at the Queen Mary Veteran's Hospital and the Montreal Neurological Institute.

His initial staff appointment as a consultant was at the Queen Mary Veteran's Hospital in 1964. In December 1965, he was appointed to the Division of Neurosurgery at the M.G.H. with Dr. Joe Stratford. He quickly established himself

as an outstanding clinical neurosurgeon serving as consultant to many McGill affiliated hospitals, and Senior Surgeon at the M.G.H. He rose to the rank of Associate Professor of Neurosurgery at McGill.

His basic science interests were in the area of echoencephalography. His seminal work with J. Ambrose on pulsed ultrasound was published in Brain 1963. He introduced the concept of echoencephalography in the McGill hospitals. Bob was a respected and much appreciated teacher of nurses, students and residents during his entire career.

Bob's forte was the compassion and skill devoted to all his patients and their families. He was ever present in the Neuro I.C.U. and on the wards. His contributions to the M.G.H. Trauma Program were monumental. He took a special interest in the athletes who played at McGill and for professional teams in Montreal.

Bob is remembered by his children Leslie and Andrew and by their mother Gail Marsh of Montreal. He will be missed by his twin sister Bea, her husband Dr. Jay McMahan of Kingston, his brother

Dr. Bruce Ford and his wife Jane of Sechelt, B.C. In addition, patients will remember his skillful care and his colleagues will miss his wisdom and friendship.

*David S. Mulder, M.D.*

**Editor's Note:** Well over 150 people gathered in Livingston Hall Lounge at the M.G.H. on March 28th to celebrate the life of Bob Ford. Dr. Peter Richardson flew over from London, England and Dr. Joe Stratford also presented his recollections of his colleague. Bob's twin sister, Mrs. Bea McMahan also gave a tribute from the family.

**DR. WILLIAM WESLEY BURTON HYNDMAN**

William Wesley Burton Hyndman suddenly on May 18th, dearly loved husband of Cynthia Gordon, Dr. Hyndman was born in Lachine in 1924. He served in the Royal Canadian Air Force during World War II and was awarded the Distinguished Flying Cross for having conducted 36 bombing sorties over Germany with the 158 Squadron. Dr. Hyndman obtained his degree in Medicine in 1952. He trained at the Montreal General and at the Royal Victoria Hospitals, then spent one year in Edinburgh, Scotland before he joined the staff of the Lachine General Hospital in 1958, later to become the hospital's Chief Surgeon. He was an avid golfer, skier and tennis player. ▶



► **DR. GARDNER MCMILLAN**

Dr. Gardner McMillan 1918-2004. Dr. McMillan was Chairman of McGill's Pathology Department between 1957 and 1966. One of North America's prominent research pathologist, Dr. McMillan lived in Montreal for 48 years before moving to Washington permanently where he eventually became the Director of the N.I.H. Arteriosclerosis, Hypertension and Lipid Metabolism Program. Married to Lois Ellen Dickie, a research technician from Nova Scotia, in 1948, and they had four children. He died of prostate cancer in Bethesda, Maryland on April 8th at the age of 85. ♦



## Submitting Digital Photos to *The Square Knot*

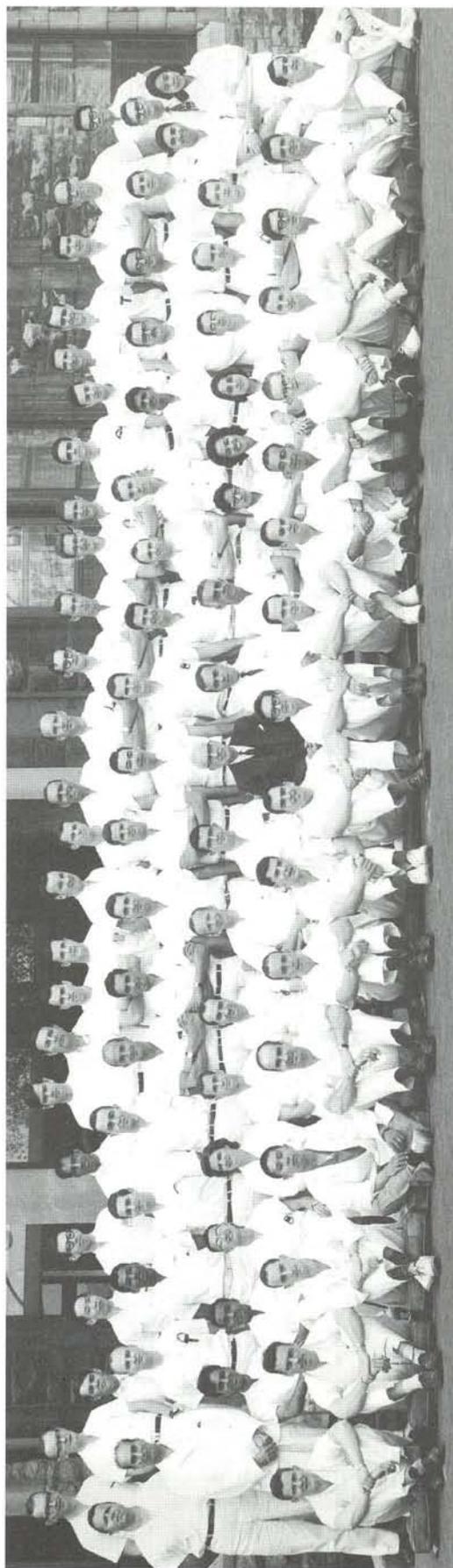
Digital photography has become so popular and convenient these days that you generally don't need a basic knowledge of photography to operate

a digital camera—just point and shoot. The best part is that you download your image files directly into your computer. No more negatives to develop and prints to wait for—it's instant—very convenient for printing at home or sending via the internet. There are a few things to keep in mind however when you plan to submit your photos to a journal or a newsletter publication such as this one—just follow the simple guidelines listed below:

- 1) Set your camera to a MINIMUM of 1 or 2 megapixels (setting from Medium to High resolution).
- 2) Make sure you're in focus.
- 3) Use your auto-flash when photographing indoors.
- 4) Avoid high reflecting backgrounds such as windows or mirrors.
- 5) Save your images as UNCOMPRESSED JPG files when you download them to your computer. If you have an image manipulation program such as Adobe Photoshop, save your image files as either TIFF or PSD.
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- 7) DO NOT convert your color images to grayscale (black and white) the publisher takes care of that.
- 8) Save your image files onto a CD and submit it to the editor.

By following these few steps, you'll gain a better understanding of how your digital camera works and how to take a great shot every time. ♦

*MGH-Medical Multimedia Services*



Contributed by Dr. Peter McLean. Can you find him in the photo?

**Were You there? RVH 1961-1962**



**University Surgical Clinic 2003-2004 — Directors & Research Fellows**

**Standing (L to R):** Reid Aikin, Pascale Befly, Osama Benhamed, Mauro Castellarin, Mark Lipsett, Calvin Wan, Caroline Teng, Yasmine Jabr, Jun Luo, Stephen Hanley, Courtney White.  
**Sitting:** Maria Petropavlovskaia, Lawrence Rosenberg, Dominique Shum-Tim. **Absent:** Anie Philip, Anne Marcoux, Ken Finson, Ian Krygier, Dorota Karabasz, Ray Chiu.



**E.D. Monaghan, M.D.**  
*Editor*

**Emma Lisi**  
*Assistant Editor*

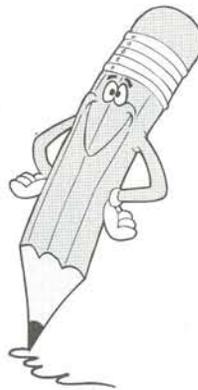
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