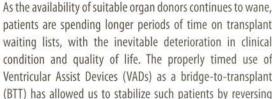
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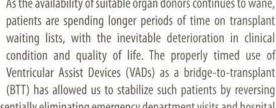
ince its inception, the Mechanical Cardiac Assist Program of the MUHC has evolved from one pulsatile device, the Novacor, first implanted in June 1999, to six different pulsatile devices, each serving a very specific population of patients. The Mechanical Cardiac Assist Program is fully integrated into the Heart Failure Program of the

MUHC Mechanical Cardiac Assist Program

MUHC, and is now firmly entrenched in the armamentarium of therapeutic options we offer our patients.

The goal has been for this Program to fulfill the mandates of a well-organized academic program. That is, it should meet the highest standards of clinical care, it should provide a unique learning opportunity for our students, residents, and others, and it should provide material and data for basic and clinical research.





multi-organ dysfunction, essentially eliminating emergency department visits and hospital admissions for heart failure, and permits safe rehabilitation until a donor is identified. To date, approximately 80% of our patients on VADs awaiting transplant are discharged home, and are managed as outpatients through the Heart Function Center. Our success in caring for patients in this way has led to the exponential growth of the Heart Function Center, from a basic pre-transplant clinic, to its current vastly-expanded location, offering full medical and surgical heart failure therapies to patients from all regions of Quebec, as well as from several other provinces. This Center has served as a model for several other Heart Failure Clinics on the island, which now serve as outposts for us. The VAD Program has fostered gratifying collaborative efforts with colleagues at the Montreal

(Please see Mechanical on page 4)



Dr. Renzo Cecere

By Renzo Cecere, MD, FRCS(C), FACS

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DEPARTMENT OF SURGERY

NEWSLETTER

McGILL UNIVERSITY

WINTER 2006





Dear Editor:

I just want you to know how pleased I was to receive *The Square Knot* way out here in Portland, Oregon. It made me



feel good to see my late father's smiling face once more in recognition of the 16th Annual Fraser Gurd Day. He would

have enjoyed the program so much as he loved everything to do with medicine in general and surgery in particular.

Thank you once again for consenting to exchange the old photo for the current one which his daughters feel is more representative of a man who had a full and happy life.

Sincerely Susan Gurd Bexton, R.N.

Dear Editor:

All is well here. I was recently elected President to the Program Directors Association for Training Fellowship Programs in Colon and Rectal Surgery in the U.S. We have trained 16 surgeons in our fellowship in Connecticut. See our web page if you like.

Carlos Barba is also practicing in Hartford.

David A. Cherry, M.D. Hartford, Connecticut

Dear Editor:

I have promised myself a while ago to send you a note to thank you for the increasing quality of your Newsletter. I left Montreal 10 years ago, I just cannot believe this adventure. Alfons Pomp and I have moved from 5 exciting years of service at Mount Sinai School of Medicine to join an ivy league institution, the Faculty of Weill Medical College of Cornell University, nearly 2 years ago. As Chief of the Division of Laparoscopy and Bariatric Surgery at

the New York-Presbyterian Hospital, and Director of the Minimal Access Surgery Center on the Cornell Campus, my goal is to develop one of the best units in the country, and continue to lead research, education and clinical excellence. In 2 years, the New York-Presbyterian Hospital, the best hospital in New York for 4 years in a row, has moved from 11th to 9th last year, and 9th to 7th this year, in the national ranking.

I have been most proud with the recent book on Endocrine Surgery [Co-editors Schwarz, Pertsemlidis and Gagner], Marcel Dekker Publisher in October 2003, 952 pages. It contains full-color figures depicting current minimally invasive methods. This reference illustrates cutting edge techniques and modern technologies in endocrine surgical management - encompassing traditional and emerging concepts in physiology, molecular endocrinology, imaging, and surgery to anchor and assist professionals in all areas of this burgeoning discipline. There is now a new book on Complications of Laparoscopic Surgery by Springer out.

Michel Gagner, M.D.

Professor of Surgery, Chief, Division of Laparoscopic and Bariatric Surgery, Department of Surgery, Joan and Stanford I. Weill Medical College of Cornell University, New York Presbyterian Hospital-Weill Cornell Medical Center

Upcoming Events

MARCH 23, 2006— Vascular Surgery Visiting Professor

Dr. Bruce L. Gewertz
Dallas B. Phemister Professor &
Chairman
Department of Surgery,
University of Chicago

APRIL 13, 2006-

Edward J. Tabah Visiting Professor

Dr. Frederick L. Greene Professor of Surgery, University of North Carolina School of Medicine

APRIL 20-22, 2006— American Surgical Association Meeting

Boston, MA

MAY 3, 2006—
Joe Miller Visiting Professor

Professor Michael Blauth Chairman, University Clinic for Orthopedic Surgery & Sports Trauma, Medical University of Inssbruck, Austria.

MAY 4, 2006— Fraser Gurd Day

Professor Michael Blauth Chairman, University Clinic for Orthopedic Surgery & Sports Trauma, Medical University of Inssbruck, Austria.

MAY 11, 2006—
Stikeman Visiting Professor

Dr. Douglas J. Mathison Hermes C. Grillo Professor of Thoracic Surgery,

Harvard Medical School

Square Knot on the Internet

Starting with this issue, you will be able to read or forward *The Square Knot* to your friends. The new website is: http://www.squareknot.mcgill.ca

s a symbol of surgery, The Square Knot certainly sounds more romantic than "staples" or "clips"! Thus, during the tenure of Dr. Joe Meakins as Chairman of the

> Department of Surgery at McGill, The Square Knot appeared on the Departmental tie and scarf, and The Square Knot was adopted as the name of our Department's

newsletter. Whenever I meet our alumni

abroad, I am often surprised by how much they know about what is happening at McGill because they regularly receive The Square Knot. It also informs those of us still at McGill what is going on in our Department, enhancing our esprit de corps during good as well as trying times. This was the mission of The Square Knot, and it was achieved under the superb At the end of 2005, Dr. Monaghan passed the torch to enjoy his well-deserved retirement with his family. All of us in this Department, our alumni and friends, will miss his dedication. his warmth and kindness as a surgeon, as a teacher and as a friend. He has promised to provide continuing guidance to those of us following in his steps to pursue our shared vision of fostering a sense of belonging among us.

In this spirit, as his successor, I call upon all of you to continue contributing your thoughts, your news, your stories, photos and humor to The Square Knot, and make this a vehicle of true collegiality and friendship. .

By Ray C.J. Chiu, M.D., Ph.D editorship of Dr. Ed Monaghan, with the devoted assistance of Mrs. Emma Lisi.

Editor's Note

Professor Emeritus Dr. Robin Poole

r. Robin Poole has been designated an Emeritus Professor in the Department of Surgery. He will be honoured at the Spring 2006 Health Sciences Convocation on May 30, 2006. On December 31, 2005, Dr. Poole retired as Director of the Joint Diseases Laboratory at the Shriners Hospital for Crippled Children. Throughout his career, he has been one of the world's leading experts on the extracellular degradation of cartilage matrix. Educated at Reading University, Dr. Poole became a Senior Scientist at Cambridge University and served in several positions prior to joining the Strangeways Research Laboratories. He was recruited to McGill in 1977 to establish the Joint Diseases Laboratory, which he designed. He also supervised the construction of the laboratory and recruited its senior staff. His productivity has been enormous and he has made great contributions to the advancement of his field. He did this through work done in his own laboratory, but also through an extensive series of partnerships with equally distinguished individuals throughout the world. Dr. Poole has brought distinction to the Shriners Hospital and to McGill University. •

Where Are They?

Please help us find the following surgeons whose addresses we have are no longer valid. If you know where they are, please e-mail Emma Lisi or fax us at (514) 934-8289.

Dr. Zaid Rushdi Arekat

Dr. R. Bend-Jabal

Dr. Erwyn W. Bissell

Dr. H. Blanchard

Dr. E.D. Cranshaw

Dr. Paul Dupuis

Dr. Maximo Flores-Salazar

Dr. A. Gervais

Dr. G. Ghazal

Dr. Jacob Joffe

Dr. A. Jain

Dr. D.C. Kwok

Dr. Armando Molino

Dr. D.E. Moors

Dr. Akbar Omar

Dr. Raimo U. Repo

Dr. Jorge Solorzano

Dr. Sadeesh Srinathan

Dr. Harry S.N. Thomson

Dr. John J. White

► General, Montreal Children's, Jewish General, and other hospitals in Quebec and other provinces, and will be the basis for our highly-structured Hub-and-Spoke network being developed for patients requiring urgent mechanical cardiac assist in a non-VAD center.

Mechanical

continued from page 1

Currently, approximately sixty individuals at the RVH, including surgeons, physicians, nurses, and perfusionists, are skilled in the

management of the VADs in our inventory. Students and residents of all levels of training take graded responsibilities in the care of patients on the various devices, exposure that is not available in any other Cardiac training program in Canada. We have developed an original animal VAD implant model (swine) with which we have trained full surgical teams from other programs, in the animal lab facilities of the MGH.

In 2006, we will take one step closer to the Holy Grail of mechanical cardiac assist technology. The Heartmate II LVAD from Thoratec Corporation employs an axial flow design whereby an impeller levitated within a magnetic field is contained in a titanium casing no larger than a 'D' sized battery. This implantable device, in laboratory testing, may have a pump life of 10 years, making this device the first true long-term alternative to heart transplantation. This month, our team will be the first Canadian group formally trained in the application and management of this device as we embark upon the Heartmate II North American Pivotal Trial. Also, in recognition of the experience of our mechanical cardiac assist team and of our longstanding relationship with Thoratec, we have been extended the opportunity to be the first of only two Canadian implanters of this blood pump.

The spin-offs from the Mechanical Cardiac Assist Program have been numerous. It has enabled us to participate in several large international, multi-institute clinical trials, where we enrolled the only Canadian patients, including the Intrepid Trial, sponsored by WorldHeart, and the Cardiac Support Device Trial, sponsored by Acorn. In addition, as the VAD Program raised the profile of the Heart Failure Program, we are key participants in a number of clinical trials investigating the role of novel medical and surgical heart failure therapies. Also, data accumulated through the VAD program has also led to numerous presentations by our team members at national and international meetings, and significant contributions to the literature have been made.

All members of our VAD Program look forward to continued progress in the application of this therapy. We are optimistic that by maintaining high standards of clinical care and by exercising fiscal responsibility we will maintain our position as the leading center for mechanical cardiac assist.

Renzo Cecere, MD, FRCS(C), FACS

Surgical Director, Heart Failure and Thoracic Transplant Program, MUHC Director, Mechanical Cardiac Assist Program, MUHC

Editor's note: In considering the strategy of the "complementarity" for clinical services, Dr. Cecere reminds us of the importance of complementarity of patient care, with training and research in a world class university teaching hospital. Our congratulations for the achievement of this dedicated team.

MGH Awards of Merit





This annual event recognizes some of the exceptional and outstanding individuals who work at the MUHC. One of this year's recipients was **Dr. Rea A Brown**.

Dr. Brown has had an illustrious career as a MGH clinician and researcher. He has served the MGH as Director of the Division of General Surgery, Director of the Surgical Intensive Care Unit, Director of the Trauma Unit, and on a legion of committees. His administrative style demonstrated an outstanding judge of people and an exemplary sense of fairness and honesty.

Message from the Chairman



Dr. Mostafa Elhilali

IT GIVES ME GREAT PLEASURE TO wish everyone a very happy New Year and hope that the next few months will be less stressful than the last few months of 2005.

I would like to take this opportunity to thank **Dr. Ed Monaghan** for such a terrific job over the last few years editing *The Square Knot* and making it such an interesting publication to read. His dedication with the help of Emma Lisi kept everybody interested in reading it from cover to cover.

I would like also to thank **Dr. Ray Chiu** on behalf of the whole Department to agree to take this challenge on, and I am quite

certain that with his habitual excellence and his enthusiasm that we will continue the same level of success. I hope that everyone will join in wishing him the best and in providing the material in a timely fashion so that we can meet the publication deadlines.

I am sure all the readers from Montreal are aware of the pressures we had to work under since last September with the proposed Government plans for Complimentarity of services. For the sake of the out of towners who read this publication, this meant having to put certain clinical programs both in the adult and pediatric sites on one site and in the majority of instances, this meant out of the McGill teaching hospitals and into the University of Montreal side. This was challenged very forcefully and we succeeded in putting this on hold with a new committee, which was formed this time mainly by medical leadership. We hope that we will emerge from this process with a stronger and more efficient health care facility.

Enough with depressing news, we had a very successful year with several young recruits in the Department bringing in new blood and exciting ideas and expertise to help move us forwards. These are **Dr. Paola Fata**, **Dr. Olivier Court** and **Dr. Shannon Fraser** in General Surgery; **Dr. Lorenzo Ferri** in Thoracic and General surgery; **Dr. Assad El-Hakim** and **Dr. Jordan Steinberg** in Urology; **Dr. Monika Volesky** and **Dr. Peter Jarzem** in Orthopaedic Surgery. We are very excited about our ability to attract such talent and will do everything possible to ensure their success.

I would like to also welcome our new Director of General Surgery, **Dr. Jeffrey Barkin**, and wish him well for his tenure in this major Division in our Department. I am quite certain that his enthusiasm, devotion, and hard work will be very rewarding for the whole Department in these difficult times.

FIRST CANADIAN RESIDENT'S & FELLOWS' SUMMIT ON HEART FAILURE, TRANSPLANTATION & MECHANICAL CIRCULATORY SUPPORT IN NORTH AMERICA.

- OCTOBER 20 - 21, 2005

1st Summit on Heart Failure

This heart failure, transplantation and mechanical circulatory support symposium directed specifically to Canadian Cardiology and Cardiac Surgery Fellows was held in Montreal at

the Ritz-Carlton Hotel. The Organizing Committee was chaired by **Dr. Renzo Cecere**, Surgical Director of the Heart Failure and Thoracic Transplant Program at the McGill University Health Centre, and included **Dr. Nadia Giannetti**, Division of Cardiology at McGill University and **Ms. Patricia Rose** from McGill University.

The management of patients with end-stage congestive heart failure currently represents the fastest growing segment of clinical practice in Cardiology and Cardiac Surgery. CHF and its complications result in the most frequent visits to emergency departments, and this statistic has spawned the development of heart failure clinics, both community and university-based, in order to manage the expanding volume of patients. With this evolution of CHF demographics

comes the mandate for university post-graduate medical and surgical training programs to provide teaching and state-of-the-art exposure related to the management of these complex patients. Ideally, residents and fellows would acquire personal experience with all current available therapies prior to entering independent practice.

It is with this in mind that a symposium was developed addressing all clinical aspects of end-stage CHF management, including medical therapy, conventional and alternative surgical therapies, heart transplantation, and mechanical cardiac support, and directed specifically to final year or graduating residents and fellows in Cardiology and Cardiac Surgery training programs in Canada. The Clinical Program, endorsed by the Canadian Cardiovascular Society, consisted of a two-day program with speakers from universities across Canada as well as **Dr. Robert L. Kormos**, Co-Director of Heart Transplantation and Director of the Artificial Heart Program at the University of Pittsburgh Medical Center as the Keynote Lecturer.

This was a unique educational event and very informative for all who participated in this summit. •

Emma Lisi

Welcome Aboard



Dr. Olivier Court joined the staff of the Division of General Surgery at the MUHC (RVH site) in September 2005. He obtained his Medical Degree at McGill in 1995 and did his residency in General Surgery at the University of Manitoba, where he also completed a two-year fellowship in Critical Care. In Falls Church, Virginia he

completed an advanced Laparoscopic and Bariatric Surgery fellowship. As well as his much needed skills in both critical care and bariatric surgery, Dr. Court brings to McGill an interest in surgical education and has been appointed Director of Undergraduate Surgical Education.

Dr. Assaad El-Hakim joined the McGill Division of Urology on July 1, 2005 and is based at the RVH. Dr. El-Hakim is McGill trained having completed his residency in 2002. He then did a two-year fellowship in Laparoscopy and Endourology with an emphasis in Oncology under Dr. Arthur Smith at the Long Island Jewish Medical Center. This was followed by one year as a fellow in Robotic Urologic Oncology at the New York Presbyterian Hospital Weill Cornell Medical College. Dr. El-Hakim is expected to develop the very promising and innovative field of Minimally Invasive Surgery at McGill.

Dr. Paola Fata joined the staff of the Division of Trauma at the MGH June 1, 2005. After obtaining her Medical Degree at McGill in 1995, she did one year of General Surgery training at McGill before transferring to the University of Manitoba for completion of her residency training, as well as one year in that university's Surgeon-Scientist Program. She then went on to complete a fellowship in Trauma in Falls Church, Virginia. Dr. Fata is a crucial addition to the Trauma team.

Dr. Lorenzo Ferri joined the Divisions of Thoracic Surgery and General Surgery on July 1, 2005. His clinical activity in Thoracic Surgery is centered at the MGH site of the MUHC and his research activity in the General Surgery research laboratories at the RVH. Dr. Ferri completed his residency in General Surgery at McGill in 2002. This was followed by a one-year Minimally Invasive Surgery fellowship with Dr. Fried at the MGH and a two-year fellowship in Thoracic Surgery in Toronto. During his residency, Dr. Ferri spent three years in the laboratory as part of the Surgeon-Scientist Program and obtained his Ph.D. in Experimental Surgery. During his Thoracic Surgery fellowship, he did a rotation under Dr. John Wong at the Queen Mary Hospital in Hong Kong, one of the world's leading centres for surgical treatment of esophageal cancer.

Dr. Shannon Fraser joined the General Surgery staff at the Jewish General Hospital on October 1, 2005. Dr. Fraser completed her residency at McGill in 2004. She then completed a fellowship in laparoscopy under Dr. Gerald Fried at the Montreal General Hospital. Dr. Fraser's clinical research interest is in outcomes of minimally invasive surgery. She obtained a Master of Experimental Surgery Degree with her thesis titled Acquisition and Evaluation of Surgical Skills Using a Laparoscopic Physical Simulator.

Dr. Peter Jarzem is a full-time staff member in the Division of Orthopaedic Surgery at the MUHC as of October 2005. He was first appointed as Associate Member the summer of 2004 to help out in spine surgery during the leave of absence of Dr. Vincent Arlet, while maintaining his clinical base at Santa Cabrini Hospital. Dr. Jarzem is a McGill trainee and has in the past actually worked for a time at the JGH. While maintaining a busy spine practice in a suburb hospital, he remained active scientifically, working with companies in the development of artificial disk and new alloys and developing an expertise in degenerative disk disease.

Dr. Jordan Steinberg joined the McGill Division of Urology on July 1, 2005 and is based at the MGH. Upon completing his residency training at McGill in 2003, Dr. Steinberg did a two-year fellowship in Urologic Oncology at the M.D. Anderson Cancer Center in Houston, Texas. The fellowship consisted of one year of clinical training and one year of bench research focusing on the identification of genes involved in the development of bladder cancer.

Dr. Monika Volesky joined the staff of Orthopaedic Surgery at the Jewish General Hospital on October 1, 2005. Dr. Volesky completed her residency at McGill in 2003. Subsequently, she did a one-year Surgical Sports Medicine/Arthroscopy Fellowship in Ottawa at the Carleton Sports Medicine Clinic, followed by one year as a fellow in Foot and Ankle Surgery at the Hospital for Special Surgery in New York. Dr. Volesky's expertise will strengthen our Foot Service and help consolidate the foot surgery rotation of the Orthopaedic Residency Program.

Dr. Junjian Chen and Dr. Jacques Lapointe have joined the Urology staff at the MUHC as basic scientists and full-time Assistant Professors. The McGill Division of Urology established an endowment fund in 2002 with the mission of advancing research in prostate cancer by promoting the recruitment of two full-time scientists to join the Urologic Oncology Group. Dr. Chen joined the Urologic Oncology Group in January 2005. His research activity is in the area of prostate cancer.

Dr. Chen received his B.Sc. and M.Sc. in the People's Republic of China. He came to Canada in 1994 to pursue his Ph.D. in the Department of Zoology at the University of Guelph and received his degree in 1998. He then pursued a

Dr. Lapointe is to join the Group in April 2006. He is a native of Quebec and an M.D. He completed his residency in Family Medicine at Laval University in 1994 and practiced in the Beauce region for some years while working on a Ph.D. in Physiology-

Endocrinology which he obtained in 2001. Dr. Lapointe did his postdoctoral training at Stanford University in California. The main focus of his research has been the establishment of an improved molecular classification of prostate cancer using DNA microarray technology.

A good surgeon is a good with medical man who can cut.

– Martin H. Fischer (1879-1962)



Book Review



Book Title: The Knife Man:

The Extraordinary Life and Times of John Hunter, Father of Modern Surgery

Author: Wendy Moore

Published by: Bantam Press, 2005

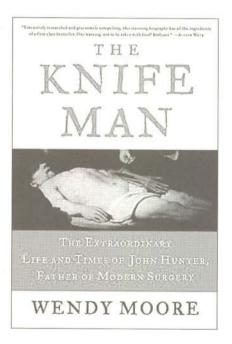
My daughter, a geriatrician at the MUHC, perhaps feeling a geriatric brain may benefit from some stimulation, has the habit over the

years of ordering thoughtful books as her Christmas gifts for me. Thus, I received recently from Amazon.com this amazing new book, which describes the life of John Hunter, a pioneer at the dawn of modern surgery. I realized how far we have come along in surgery since his time when I read, in the first chapter of this book, a quotation from John Hunter: "I have seen a man die almost immediately upon the loss of a testicle... The loss of a limb above the knee, is more than man can bear..." (J.H. A Treatise on the Blood, p.397).

Wendy Moore, a writer and journalist, has written extensively on medical history. In this meticulously researched book with many original illustrations and references, the author vividly described the "fascinating portrait of a remarkable pioneer and his determined struggle to haul surgery out of the realms of meaningless superstitious ritual and into the dawn of modern medicine... From a humble origin, John Hunter rose to become the most famous anatomist and surgeon of the eighteenth century. In an age when operations were crude, extremely painful and often fatal, he rejected medieval traditions to forge a revolution in surgery,

founded on pioneering scientific experiments. Using the knowledge gained from countless human dissections, he worked to improve surgical care for both the poorest and the better known characters of the time...".

For those who are interested in the root of what we do today as a surgeon, this book certainly is a fabulous source to explore.



By Ray Chiu, N

r. Jeffrey Barkun has been named Director of the Division of General Surgery at the MUHC and McGill University effective January 1, 2006. Dr.

KUDOS!!

Barkun had already taken charge of the Division as Interim Director since July 1, 2005.

Congratulations to **Dr. Renzo Cecere** and his wife on the birth of their daughter Isabella, born on August 30, 2005 weighing 7.5 pounds. Her siblings, 3 year old twins Adriano and Sofia, are enjoying the addition to the family.

Dr. Ray Chiu was an invited Keynote Lecturer at the National Congress of Biomedical Investigation at Monterey,

Mexico on October 28th,

2005. On November 10th, 2005, he chaired a session at the 3rd Annual Meeting of the Cardiac Bio-Assist Association and gave a lecture on Cellular Cardiomyoplasty at Fort Collins, Colorado. On November 12th, he chaired a session at the Joint Conference on Mechanical Cardiac Assist and Stem Cell Therapy for Myocardial Regeneration sponsored by the International Society for Heart and Lung Transplantation and the

American Heart Association which took place in Dallas, Texas. He was invited as a member of the International Advisory Board for the National Stem Cell Research Center in Taiwan.

Congratulations from the McGill Division of Urology and Dr. Armen Aprikian to **Dr. Mostafa Elhilali** who was presented with the Kidney Foundation of Canada 2005 Founder's Award for his contribution to urologic research. A special tribute was made to Dr. Elhilali at the closing gala for the Founder's Award Campaign held in Montreal last November.

Dr. Patrick Ergina received a M.Sc. award from Balliol College, Oxford University in Evidence Based Health Care. He is now enrolled in the Ph.D. program in Evidence Based Health Care. On December 3, 2005, he presented a paper at the International Society of Minimally Invasive Cardiothoracic Surgery (ISMICS) in Shanghai, China entitled Does OPCAB reduce mortality and morbidity in the elderly patient when compared to conventional CABG: A Meta-analysis.

Dr. François Fassier received "le Prix Laval-Leclerc" at the annual meeting of the Quebec Orthopaedic Association.

Dr. Reggie Hamdy was honored with the Teacher of the Year Award from the Division of Orthopaedic Surgery at McGill.

Dr. Jean - Martin
Laberge was appointed Chair of the American Pediatric
Surgical Association Fetal
Diagnosis and Treatment
Committee [2005-2007] as well as Co-Director of the Fetal Diagnosis and Treatment Educational Symposium.
On a personal note, Drs. Jean-Martin and Louise Laberge's highlight for 2005 was the wedding of their daughter Caroline to Louis-Gabriel Bouchard in September. They now live in Chicoutimi where Caroline has started practicing as a family physician.

Dr. Robin Poole received the Lifetime Achievement Award of Master of the American College of Rheumatology in November for his outstanding research contributions. This award was presented at the Annual Scientific Meeting in San Diego. Dr. Poole is the first non-MD awardee for this prize.

Dr. René St-Arnaud, basic scientist at the Shriners Hospital, was promoted to Full Professor on June 1, 2005.

Dr. Armand Zini was the John Collin's Lecturer at the ASRM [American Society for Reproductive Medicine] meeting held in Montreal from October 15-19, 2005. The plenary lecture was entitled *Sperm DNA Damage and Male Infertility*.

Achievements Residents & Fellows

Congratulations to our General Surgery Residents (**Sulaiman Al-Hadher** and **Yahya Al-Azri**) who were amongst the winners of the 2005 Stevens Norvell Award Winners awarded by the Canadian Association of General Surgeons.

Congratulations to **Gabriel Chan** (R5-General Surgery) and his wife Brigitte on their first born son Oliver Chan born on January 20, 2006.



Baby Oliver Chan

Congratulations to **Laura Fung** (R1-General Surgery) and her husband Stephen Tu. They are the proud parents of their first baby girl, Samantha

Sibylline Tu born on Wednesday, October 5th, 2005 at 12:27 a.m. at the Women's College Hospital in Toronto.

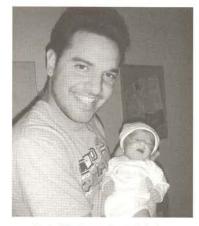


Baby Samantha and happy parents

Dr. Thomas Hui and his wife Sandy are now the proud parents of a beautiful baby girl, named Nicole. She was born on October 1, 2005.

Dr. Jamie Libman received a scholarship award from the Foundation of the Quebec Urological Association [QUA] recognizing his work and supporting his research on *Human Sperm DNA Damage*.

Gerry Polyhronopoulos (R3-General Surgery) and his wife Polyna are proud to announce the birth of their first son Nikolas, born September 25th, 2005 at 2:48 p.m. weighing 7 pounds, 7 ounces.



Baby Nikolas and proud dad

Congratulations to Drs. Jordan Steinberg, Wassim Kassouf and Nader Fahmy who were awarded prizes for

their research at this year's Quebec Urology Association scientific meeting in Quebec City.

At the Canadian Association of Pediatric Surgeons 37th annual meeting in Quebec City held on September 22-25, 2005, **Dr. Wendy Su** had an abstract accepted for presentation entitled *Pediatric ATV-related Injures: Are Current Regulations Effective?"* – Authors: **W. Su, T. Hui** and **K.S. Shaw**.

Dr. Carolyn Teng (R5-Cardiac Surgery) presented a poster at the American Heart Association meeting in Dallas, Texas on November 14th, 2005, which was entitled Myocardial Cell Therapy: Massive Mechanical Loss Associated with Direct Intra-myocardial Implantation in the Beating Heart. The co-authors were Drs. Calvin Wan, Ray Chiu and Dominique Shum-Tim.

Computers & Autos

I think we can all relate to this, especially if you use computers.

For all of us who feel only the deepest love and affection for the way computers have enhanced our lives,

read on. At a recent computer expo (COMDEX), Bill Gates reportedly compared the computer industry with the auto industry and stated, "If GM had kept up with technology like the computer industry has, we would all be driving \$25.00 cars that got 1,000 miles to the gallon."

In response to Bill's comments, General Motors issued a press release stating: If GM had developed technology like Microsoft, we would all be driving cars with the following characteristics (and I just love this part):

- 1. For no reason whatsoever, your car would crash twice a day.
- Every time they repainted the lines in the road, you would have to buy a new car.
- Occasionally your car would die on the freeway for no reason. You would have to pull to the side of the road, close all of the windows, shut off the car, restart it, and reopen the windows before you could continue. For some reason you would simply accept this.

- 4. Occasionally, executing a maneuver such as a left turn would cause your car to shut down and refuse to restart, in which case you would have to reinstall the engine.
- Macintosh would make a car that was powered by the sun, was reliable, five times as fast and twice as easy to drive - but would run on only five percent of the roads.
- The oil, water temperature, and alternator warning lights would all be replaced by a single "This Car Has Performed An Illegal Operation" warning light.
- The airbag system would ask, "Are you sure?" before deploying.
- Occasionally, for no reason whatsoever, your car would lock you out and refuse to let you in until you simultaneously lifted the door handle, turned the key and grabbed hold of the radio antenna.
- Every time a new car was introduced car buyers would have to learn how to drive all over again because none of the controls would operate in the same manner as the old car.
- 10. You'd have to press the "Start" button to turn the engine

E.D. Monaghan, M.D.

From The McGill Division of Surgical Research

Lawrence Rosenberg, M.D., Ph.D., Director



The McGill Department of Surgery is in the business of developing and providing solutions to problems in the surgical domain, which may be of a clinical, educational, or research nature. Our activities also lead to the generation of new knowledge, discoveries and inventions, which benefit not only our patients and trainees, but also the university and the broader academic community. These activities contribute not only to the reputation of the university, but also lead to the awarding of operating grants, salary awards and other revenue streams through the licensing of intellectual property. This is a cyclical process in that an increase in innovative endeavors engenders greater recognition and further increases in the university's revenue streams. Additionally, the enhanced reputation enables the university to attract the best faculty members and students which in turn contributes to the cycle of innovation and revenue generation.

It was within this context that the Department held a surgical research retreat with the aim of discovering how we could perform more effectively by working more collaboratively and how we could make better use of current and future resources.

The Surgical Research Retreat was attended by 41 faculty members from all clinical divisions within the Department of Surgery except for Pediatric Surgery. Of those in attendance, fifteen individuals were basic scientists and ten individuals were from outside the MUHC, either from the Shriner's Hospital or JGH. In addition, there were five invited individuals from outside the Department, including the Chair of Medicine, the Scientific Director of the Research Institute, a bioengineer from the Université de Montréal, an investigator from Physio & Occupational Therapy (P&OT) and one of our residents from the lab. There were no graduate students present.

The retreat began with a brief summary of existing research programs (fundamental, clinical and education) and attendees were provided with a recently compiled list of all major and/or specialized equipment located within the Department of Surgery labs across the McGill network. This list is available

from Barbara Reney in the Office of the Research Programs Management (barbara.reney@mcgill.ca).

Next, the available data on the Department's research productivity was reviewed. The data for the presentation was taken from the last (2003) FRSQ site review of the MUHC Research Institute. This necessarily introduced two biases. First, not all members of the Department are members of the RI (i.e., holding peer-reviewed grants or having peer-reviewed salary support); and second, there was no data available from outside the MUHC. Several participants rightfully commented on this latter issue as an indication of the need for better information gathering across the Department. This would be a recurring theme throughout the morning.

The mission of the Division of Surgical Research was reviewed and a new organizational structure was presented in order to enhance the visibility of research-related activities across the Department and to promote greater participation in all forms of research activity. The new divisional organogram is shown below:

- Director
- Assoc. Director, Graduate Program
- Graduate Student Coordinator
- Research Awards and Grants Manager
- Assoc. Director for Fundamental Research
- Assoc. Director for Evaluative & Clinical Research

- Surgical Research Council (representatives from all divisions)
- ◆ Graduate Program Committee & Curriculum Review Committee
- Knowledge Management & Translation Committee (to identify & new ideas; increase conversion of abstracts and presentations to papers; seek out new opportunities for collaboration and networking)

In the next segment of the retreat, several exciting on the horizon "hot topics" were presented. First: Dr. Elhilali officially unveiled an exciting new undertaking, the creation of a new endowed Chair In Surgical Excellence. He prefaced his remarks about surgical excellence and the new chair by introducing the concept of an annual performance evaluation of faculty members that would be based on clear objectives and expectations to be determined by the Division Chief. This would be a strictly confidential matter that would help us evaluate how well the Department is doing in meeting its objectives from the bottom up. The process is to be based on a memorandum of agreement (MOA), which until now has only been required of new recruits. To put this plan into effect, a new departmental Performance Evaluation

 Committee has been constituted by Dr. Elhilali, to be chaired by Gerry Fried.

Components of excellence that will be tracked include clinical performance, teaching (undergraduate, graduate and post-graduate), research (funding, awards, publications, presentations, etc.), participation in hospital and university activities, and national and international representations. To facilitate this program, a new software program under development in the division over the past 18 months will be gradually rolled out across the Department to enable efficient and timely data collection, analysis and reporting.

Dr. Elhilali then went on to formally introduce the new Chair in Surgical Excellence. He said that the chair was fully endowed and that the income generated will be assigned to the holder of the chair for a 5-year term with evaluation in the third year of tenure. After 5 years, the Chair will be reassigned, by competition, for another 5-year term, preferably to a different candidate. The chair will be formally announced in February or March 2006 and all full-time members of the Department will be eligible whether tenured or not. Excellence will be evaluated in any of the recognized categories of evaluation (Clinical Innovations, Teaching Innovations, Research Development: Basic, Clinical, Outcome Research, etc.). This exciting development was extremely well received by all those at the retreat and several individuals voiced the feeling that this was overdue and that it would provide needed motivation and tangible evidence of departmental support for a wide variety of activities.

Second: Nancy Mayo, a member of the School of P&OT presented the group with a summary of an innovative and exciting program called Fast-Track Surgery that she is spearheading in collaboration with Franco Carli (Anesthesia) and Gerry Fried's MIS group. The clinical research program is based on findings coming out of Europe that indicate that the patient's "surgical experience" in hospital can be expedited by paying equal attention to the pre-op and post-op periods with respect to optimization mobilization, nutrition, pain control, etc. This program has received support at the level of the Research Institute and will form one of the flagship programs of the proposed Center for Innovative Medicine at the Glen Yards.

Third: Kevin Lachapelle gave the group a brief introduction to the **McGill Skills Centre** that was going to be opening in the near future and he emphasized the opportunities that would be available for those interested in cross-disciplinary research in teaching and assessment of newly acquired surgical skills. He also made a point to stress that the Skills Center would be expecting all faculty to offer their services in relevant areas within its curriculum.

Fourth: Robin Poole of the Shriner's Hospital provided a brief introduction to the concept of **Regenerative Medicine** and indicated that this was going to be one of the clear growth areas in clinical medicine in the coming 5-10 years and that the Department of Surgery was well situated to play a leadership role at McGill to bring such a program into existence. He indicated that there were now at least four different organ systems groups working in the area at the present time (bone/cartilage; heart muscle; pancreas; urologic) and that the Department should prioritize this area for proactive collaborative development.

I then proceeded to provide an update on my ongoing activities at the level of the university to begin to formalize a working group to make this dream a reality. Meetings have already been held with individuals from Medicine (Hematology, Endocrinology), Dentistry, Pharmacology, Bioengineering, Materials Science and Surgery and anticipate that a McGill Regenerative Medicine Group directed by Surgery will come into being this year.

Finally: Pnina Brodt made an excellent presentation on the evolving field of **Angiogenesis Research and Cancer Metastases** indicating that there were several individuals in the Department at different locations who would benefit from beginning to work together to develop a multi-disciplinary group with a view to securing increased amounts of grant funding to pursue collaborative multi-disciplinary research in this area. She also pointed out that much of the work in this field would necessarily complement that being performed by those in regenerative medicine (e.g., vascular biology, matrix biology, growth factors). She looks forward to forming a focus group in this area that would begin to meet early in the new year to develop an operative plan to integrate activity with a view to casting a wider net in seeking operating funds.

Following these presentations, the attendees divided up into four groups to discuss the issues that had been raised during the morning sessions with the intent to arrive at a prioritized list of suggestions for moving forward. Remarkably, each group developed virtually the same ideas that involved enhancing communication, better data collection and analysis with respect to performance and productivity, enhancing collaboration, and improving the research "environment", including having access to medical writers. A detailed list of suggestions is contained in the full retreat report that can be obtained from Barbara Reney.

At the end of the morning, there was a common appreciation by the attendees that in the final analysis, knowledge sharing is about people, relationships and communication; and that this is where the Department should begin to invest its resources.

URGERY IS LIKE ART: fluid, the dexterous surgeon's hands paint the knot they tie onto a canvass of the human form, supine beneath. Musical, the anethetist's

machines tap the patient's heartbeat like distant drumming on a beach in the afternoon; any change and the heart catches in me until the rhythm is back in step with my breath.

Surgery is Like Art

In the ICU I lean at the foot of the bed watching rapt as sunlight streams onto the blank page ahead of me; the patient's abdomen open and ready for the surgeon's thread to piece it back together like a long-scattered puzzle. They gown up with ease, a dance of sterility as they cover every inch of skin and prepare to approach the man lying before us. One on either side they prepare their instruments as I assist from my position at the patient's feet. Needles poised they begin to sew, and like an old dress being refitted the skin begins to take back it's once anatomic position. Soft concerto plays in the sunlit room with soft conversation over the guiet form of the man we are trying to heal. My mind takes it in and my heart feels something like a butterfly stirring from its cocoon, pulsing, pushing to fly free. In another day I find myself back by this man's bedside, and it is I who holds the needle while my resident holds his, and together we stitch the remainder of my patient's fragile skin. A first glimmer of a new world, I have now sewn my first sutures that will hold a man's body together. Awestruck I feel the sun on me and hear my own words in conversation with concerto and sterile procedure and surgeon's tools in my hands - I hold the needle, I thread the suture.

In the trauma room they wheel him in quiet; he says not a word as we inspect the stab wound to his side. I take the history, I get his consent for surgery, he is my patient. In the OR he goes under the knife with ease, anesthesia a gift, and when we are done he comes to agitated, fighting the tube. Nurses try to hold him down, orderlies call for restraints, and I push through to the head of his bed. Calmly I take his hand, use my other hand to grasp his chin and firmly turn his head towards me. I tell him to look at me, look in my eyes, calm down, you were stabbed and now you've had surgery, you're in the operating room, remember me? Relaxing he lies back quiet and the nurses can't believe it; but they know all it takes is compassion! Later I go to his room to check on him, and he asks me "where have you been? I've been waiting for you!" Two days ago, healed, we parted ways and he went home to recuperate.

Another night, another young man stabbed. In good shape with no need to operate, instead we must suture his long slash wound to the flank. With instruction from my resident, I set up, prep, drape the patient and begin to sew. Outside the trauma bay his friends gape through the windows, to them it's like ER, it's like Grey's Anatomy, they watch me suture their friend. But I don't see them; I am lost in the art of the needle, the skin, the blood and the knots. I am watching the future scar under my hands take shape, the close approximation of the tissue, the tiny holes my needle makes as it glides in and out smoothly. My hands dance with each other like swans intertwining their long necks; out of their waltz comes beauty and elegance, little square knots millimeters apart.

Surgery is like art; unknowing I have become part of the canvass yet also one of the painters. I am a fresh white page waiting to be written, as is the patient I tend, as are the stories yet untold. There are now some doodles on my self-portrait, and so much more yet to be drawn. Surgery is magic, surgery is beauty, surgery steals your soul in months of sleepless call that is so wonderful somehow that you almost forget you ever needed to rest. And when you do rest - sleep is heaven and my bed is a cloud. But surgery - it beckons again before sunrise and with no reluctance whatsoever I walk to the hospital with a skip in my step and a pale moon above.

Sara Ahronheim McGill Medicine, Class of 2007



The Surgical Scientist Program of the McGill Department of Surgery

- E. John Hinchey, M.D., Director



n the early 1980's, Mrs. Simone Fast a friend and neighbor of mine, following the death of her husband. set up a foundation the income from which was used to support the research of Dr. Carl Goresky and myself at the Montreal General Hospital. When Dr. Goresky died, all of the funds were channeled to me in the Department of Surgery. In the summer of 1998, Dr. Jonathan Meakins approached me because of a serious problem the Division of General Surgery was having funding residents in their Surgical Scientist Program. Simone Fast's daughter, Louise, controlled disposition of funds from the foundation and Dr. Meakins wondered if upon my semi-retirement in July 1999 she might consider funding a surgical scientist program under my direction. She generously agreed to do this, so the McGill Department of Surgery - Surgical Scientist Program embracing all surgical specialties was set up.

The program is competitive and all candidates must register with the Division of Surgical Research in the Faculty of Graduate Studies and Research. They may register either for a Master of Science Degree (MSc) or PhD. Candidates must also register with the Clinical Investigator Program (CIP) of the Royal College of Physicians and Surgeons of Canada.

Applications are made on CIHR modules. Current members of the Surgical Scientist Committee are: Dr. A. Aprikian, Dr. N. Christou, Dr. E. Harvey, Dr. S. Meterissian, Dr. L. Rosenberg and Dr. M. Trifiro of the Department of Medicine. Candidates' applications are rank ordered by the committee and scholarships awarded. The current value of this scholarship is \$48,000.00 per annum. "A letter of Comfort" was received following negotiations between Revenue Quebec and Stikeman Elliot accepting the income tax free status of the scholarship which considerably increases its value.

During the past six years, 16 residents have registered for Master of Science degrees and 8 for PhD degrees. We have dispersed \$1,162,503.00 from the Foundation and \$93,955.00 from other sources for a total of \$1,256,458.00. After finishing between one and a half and three years in research, the residents return to senior years in the clinical residency program. Their maturity, knowledge and experience add significantly to the academic strength of the residency program. Those who have graduated have assumed positions on the staff of the McGill Department of Surgery, as well as other Canadian universities. Many of our scholars have worked in the laboratories of basic scientists and one did her Master of Education Degree in the Department of Education. We would like to acknowledge the strong support of both the former Chairman of the Department of Surgery. Dr. Jonathan Meakins, and the current Chairman of the Department, Dr. Mostafa Elhilali. We are also very grateful for the administrative help of Mr. Ron Collett, President of the Montreal General Hospital Foundation, Ms. Madeleine Beaulne, Administrative Assistant of the Department of Surgery and Dr. Hinchey's secretary, Ms. Barbara Guido.

Knot-Tying Competition

On December 14, 2005, Core Surgery held its inaugural Knot-Tying Competition with all Core residents invited to participate. Three knots (One-handed, Two-handed, and



Instrument) were performed for time with severe penalties for looseness, air gaps, or other irregularities as objectively judged by the Core Director, **Dr. Pat Ergina** and Co-Director, **Dr. Ken Shaw**. The times were combined to produce this year's top three residents:

First Place: Dr. Fahad Al-Tuwaijri (Cardiac) 213 seconds Second Place: Dr. Wael Hanna (General Surgery) 218 seconds

Third Place: Dr. Talal Al-Khatib (ENT) 228 seconds

The directors also participated at the end and both posted times better than the resident winners (despite harsh judging by Core residents) with Dr. Ergina edging Dr. Shaw 191 to 193 seconds. This is just one part of a comprehensive Skills Program initiated by Core Surgery this year in anticipation of the Simulation Centre due to open in mid-2006. ◆

By Ken Shaw, M.D.



5th Annual Welcome Dinner Division of General Surgery

The Division of General Surgery held its 5th Annual Welcome Dinner on Wednesday, September 14th, 2005 at Restaurant Al-Kanater. The evening started with a cordial welcome by **Dr. Jeff Barkun** followed by **Dr. Sarkis Meterissian** introducing the R1's by revealing intriguing information on

each of them. The Chief Residents were also acknowledged. This evening was filled with fun and entertainment. It was well attended by staff and residents. Thanks to all who participated in making this event an exciting event and special thanks to **Rita Piccioni** for organizing a successful evening.

Pictures courtesy of Sonia Bustillo and Rita Piccioni.















Left to right: J. Gruskha, A. Al-Qahtani, N. Vinson, S. Al-Abbad, M. Bourque, Dr. S. Meterissian, A. Neville, W. Hanna, J. Al-Abbad, Y. Al-Sawafi.

20th Annual Eugene Rogala Visiting Professor in Pediatric Orthopaedic Surgery October 20-21, 2005 - Dr. Scott Murbarak, visiting professor



3rd Annual McGill University Hepatopancreaticobiliary and Liver Transplant Surgery Symposium



The 3rd Annual McGill University Hepatopancreaticobiliary and Liver Transplant Surgery Symposium was held on November 9th and 10th 2005. The Symposium had three Visiting Professors this year, each with his own interest.

In Liver Transplantation, **Dr. Peter Stock**, Professor of Surgery from University of California, San Francisco presented his experience with *Liver Transplants in HIV +ve Patients*. **Dr. Marina Klein** from McGill University spoke on *The Implications for the Clinical Care of HIV-HCV Co-Infection*. We also had **Dr. Antonio Di Carlo**, now at University of Vermont, talk on *Liver Transplantation from Donation after Cardiac Death*.

After lunch, **Dr. Joseph Buell**, the Director of Multi-Organ Transplantation Fellowship of the University of Cincinnati, presented on *Laparoscopic Liver Resections*, and **Dr. David lannitti** of Brown University spoke on his *Experience With Ablative Technologies*. As well, **Dr. V. Derbekyan** from Nuclear Medicine presented on *PET-Scanning in HPB Malignancies*. **Dr. Petr Kavan** then spoke on *The Role of Avastin in Colorectal Cancer*.

A banquet was held at BICE Restaurant that evening and on Thursday morning, Dr. David lannitti presented at Multidisciplinary Surgical Grand Rounds on the Management of Hepatocellular Carcinoma.

Dr. Peter Metrakos, Symposium Chairman and Director of Hepatic, Pancreatic Biliary and Liver Transplantation, McGill University



Drs. Dan Deckelbaum, Moishe Lieberman, Anthony McCluney, Caroline Rochon, Gabriel Chan, Shahriar Shahrokhi, Suad Gholoum, Abdullah Al-Harthy, Salman Al-Sabah



Drs. Shahriar Shahrokhi, Amy Neville, Wael Hanna, Marjolaine Bourque, Mazen Hassainen, Lisa Mark, Salman Al-Sabah, Lakho Sandau, Mathieu Rousseau, Christian "Ghost" Zalai, Sarkis Meterissian and Petr Kavan

Visiting Professors

11th Annual H. Rocke Robertson Visiting Professor

January 25-26, 2006

Dr. Samir M. Fakhry was this year's H. Rocke Robertson Visiting Professor. Dr. Fakhry is a graduate of the American University of Beirut and completed his residency in General Surgery and Fellowship in Critical Care and Trauma at the University of North Carolina at Chapel Hill and North Carolina Memorial Hospital in 1987. From 1988 to 1991, he led the Trauma Program as Director for Trauma Services at George Washington University Medical Center, and in 1991 he accepted a position as Director of the Surgical Intensive Care Unit

and Associate Director of Trauma Services at UNC Hospitals in Chapel Hill. Since 1997, Dr. Fakhry has held the position of Chief of Trauma Services and Director of Trauma Critical Care at the Inova Regional Trauma Center.

On Wednesday, January 25th, after a luncheon with the surgical residents, Dr. Fakhry gave a Special Lecture entitled *Blunt Small Bowel Injury: Nemesis or No Big Deal*. This was followed by academic program presentations.

The next day, Dr. Fakhry gave Surgical Grand Rounds and the title of his talk was *Crash Injury Reconstruction and Engineering Network (CIREN) and Trauma Care.*

It was a distinct honour to welcome Dr. Fakhry as this year's H. Rocke Robertson Visiting Professor in Trauma at McGill. ◆

FKL

H. ROCKE ROBERTSON WINNERS

First Prize Winner - Dr. Sebastien Demyttenaere

Presentation entitled: Trauma Team Skills Training in Tanzania

Second Prize Winner - Dr. Peter Midgley

Presentation entitled: Blunt Thoracic Aortic Injury: A Single Institution Comparison of Open and Endovascular Management

Third Prize Winner - Dr. Corey Richards

Presentation entitled: Biomechanical Analysis of Short Divergent Spinal Fixation for Unstable Thoracolumbar Spine Fractures

Best Case Presentation - Dr. Carol Chahine

Presentation entitled: Management of Pediatric Condylar Fractures

Consequence of Mismanagement



L to R: Dr. Rea Brown, Dr. Tarek Razek, Dr. Paola Fata, Dr. Samir M. Fakhry, Dr. David Mulder

8th Annual Anthony R.C. Dobell Visiting Professor of Congenital Cardiac Surgery

December 5th, 2005

On December 5th, 2005, The Division of Cardiovascular Surgery at the Montreal Children's Hospital hosted the A.R.C. Dobell Visiting Professorship. The Visiting Professor was **Dr. Ross M. Ungerleider**, Professor and Chief, Cardiothoracic Surgery at the Oregon Health and Sciences University, and John C. Hush Chair of Pediatric Cardiac Surgery at Doernbecher Children's Hospital in Portland, Oregon. The day commenced with Dr. Ungerleider giving Surgical Grand Rounds at the MCH. His talk was entitled *Leading from the Inside Out*. This was followed by presentations by residents and staff. After lunch, Dr. Ungerleider



Dr. Ross M. Ungerleider

met informally with the cardiac residents, followed by CVT/Cardiology Conference of case presentations. At the McGill CVT University Grand Rounds, Dr. Ungerleider gave a second talk entitled A Sensible Approach to Neonatal CPG.

Later that evening, a reception dinner was held at the Mount Stephen Club where Dr. Ungerleider was the honored guest. It was a pleasure to welcome Dr. Ungerleider to McGill University as the A.R.C. Dobell Visiting

Professor of Congenital Heart Surgery at the Montreal Children's Hospital.



DR. ROSS OGILVIE HILL,



Dr. Ross O. Hill

on January 15, 2006 at the age of 82 in Ottawa. He is survived by his wife of 55 years, Tess, daughter Patricia, sons Bruce and John and their children. He will be greatly missed by his brothers Leslie and David and their respective families. Dr. Hill graduated in Medicine from McGill University in 1948 and specialized in Radiology. He began his career in Halet, Quebec, served a number of hospitals and retired from the Montreal General Hospital in 1994. He served on McGill's Board of Governors and was their most avid varsity football fan.

EKL

ALICE HOPE McARDLE (1930-2005),



Dr. A.H. McCardle

on November 24th, 2005 in Brador, Nova Scotia. Hope was born in Montreal where she received her primary education and then attended McGill University. She received her B.Sc in Biochemistry in 1952 and then spent three years at the Vanderbilt University School of Medicine in Nashville prior to obtaining her M.Sc. at McGill. She continued her post-graduate studies at the University of Glasgow where she concentrated on a technique incorporating tritiated thymidine into DNA. This was followed by a year in

the Fibiger Laboratory in Copenhagen prior to returning to McGill to complete her Ph.D in Biochemistry (1961) under the supervision of Dr. J.H. Quastel. She continued to use techniques mastered in Glasgow and Copenhagen to study the biosynthesis of nucleoproteins in regenerating rat liver.

While a research fellow with N.C.I. of Canada (1961-1964), she was approached by Dr. F.N. Gurd to join the McGill University Surgical Clinic to provide the basic science support to a growing group of researchers initially recruited by H. Rocke Robertson (William Mersereau and Gus Bounous). This was the beginning of a very productive team who studied the basics of low flow states induced by hemorrhage or sepsis.

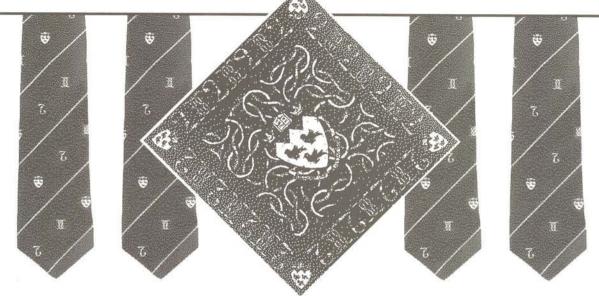
Bounous, McArdle and Ray Chiu were leaders in studying the intestinal changes in hemorrhagic shock. This led to observations by Bounous, McArdle and R.A. Brown on the importance of trypsin in the hemorrhagic enteritis following periods of hypotension. Hope then prepared a protective predigested diet (elemental), which prevented the intestinal changes in hemorrhagic shock. This diet was first evaluated in animals and subsequently in clinical studies by Mc Ardle and her surgical nutrition team on the M.G.H. wards. This diet was also shown to protect the gut from radiation injury. There is no doubt that Hope's basic studies demonstrated the importance of enteral nutrition in the actuely ill surgical patient. A commercial enteral diet followed and variations of this concept are used today.

Hope's role in the U.S.C. was more than a scientist. She served as a guidance councilor for generations of surgical residents who rotated through their basic science year in Surgery. She established a credible biochemistry laboratory and trained several technicians who provided a high level of service to the entire staff of investigators in the U.S.C. Hope supervised many graduate students at the M.Sc. and Ph.D. levels in both Biochemistry and Experimental Surgery. Hope also fostered and "esprit de corps" in the University Surgical Clinic. She organized social functions, helped out administratively and provided moral support at every level. She was the epitome of a basic scientist multiplying the efforts of a surgical research team at the M.G.H. Her contribution to science, education as a team buillder will long be remembered. Our sympathies go out to her entire family at this time.

D.S. Mulder, M.D.

"While change is the law, certain great ideas flow fresh through the ages, and control us effectually as in the days of Pericles. Mankind, it has been said, is always advancing, man is always the same. The love, hope, fear and faith that make humanity, and the elemental passions of the human heart, remain unchanged, and the secret of inspiration in any literature is the capacity to touch the cord that vibrates in a sympathy that knows not time nor place".

Sir William Osler (1849-1919)



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