

# THE SQUARE

# KNOT

It is with great sadness that I inform you that Dr. Lloyd Douglas MacLean passed away peacefully on the morning of January 14, 2015 at the age of 90.

## The Lloyd D. MacLean Era Remembered



Dr. Lloyd D. MacLean

“LD”, as he was affectionately known to colleagues and friends, was born on June 15, 1924 to Wilfred and Azilda MacLean in Calgary, Alberta. He graduated medical

school from the University of Alberta in 1949 and went on to complete his surgical training at the University of Minnesota, under the mentorship of Dr. Owen Wangenstein.

In 1962, he was appointed Surgeon-in Chief at the Royal Victoria Hospital in Montreal, Quebec; a post he held until 1988. He was Chairman of the McGill University Department of Surgery from 1968-1973, 1977-1982 and 1987-1988. He was the first Edward W. Archibald Professor, Department of Surgery, McGill University from 1987-1993.

Dr. MacLean made significant contributions to the study of shock, peritonitis, host resistance, transplantation and the development of surgery for obesity. Throughout his career he remained a passionate advocate for the advancement of patient care and the promotion of excellence in academic surgery.

He was a member of numerous surgical societies and held officer roles in many, including President of the American Surgical Association, the Central Surgical Association and the American College of Surgeons. He received many honors including The Gairdner Wightman Award for his outstanding contributions to Canadian medicine as a surgeon, scientist, teacher and administrator. He was appointed an Officer in the Order of Canada in 1985 in recognition of his considerable contributions to the field of Medicine.

Dr. MacLean was a wonderful ambassador for McGill and Canadian Surgery. We recognize his contributions each year with an annual LD MacLean Visiting Professorship in General Surgery. Through the generosity of Dr. MacLean, his family, friends and his patients, ▶

*(See continuation on page 9)*

By Gerald M. Fried, MD, FRCSC, FACS, FCAHS

DEPARTMENT OF SURGERY

NEWSLETTER

McGILL UNIVERSITY

WINTER 2015



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**Dear Editor,**

I hope you have been well. I just read the Fall issue of the Square Knot. Great work!



## Letters to The Editor

Thank you again for dedicating the issue to Global surgery. As you know, this is quite an important issue and it is great to see the enthusiastic participation of faculty, residents, students and nurses. This issue really represented the work being done quite nicely.

Thanks again for all of your support!

**Dan Deckelbaum, MD, CM, FRCS, MPH**  
*Co-director, Centre for Global Surgery*  
*Assistant Professor*  
*Divisions of trauma and*  
*General surgery*  
*Department of Critical Care, MUHC*  
[www.mcgill.ca/globalhealth/](http://www.mcgill.ca/globalhealth/)  
[www.cglobalsurgery.com](http://www.cglobalsurgery.com)

REPLY: Hi Dan. Thank you for your note. I thought it was a great issue (with a degree of prejudice).

Katia and Ildiko were amazing in how they put it together.

It had a very large number of hits which we were able to track.

Maxine and I spent a wonderful day with Arjun Rajagopalan (who contributed to the issue) and his wife Gita in Chennai in December and then had dinner at his home where we were joined by Madhu Pai who was in India for a TB conference. Arjun was Madhu's teacher and mentor and they are close friends. It was a wonderful evening.

**Dear Editor,**

As the move of the three hospitals approaches with frightening speed, there is mounting concern about the preservation of our collective past in those hospitals. Surgeons have been in their offices for between say five and forty-five years and will have things which have been there for the entire time. The Art and Heritage Centre of the MUHC is concerned about the preservation of surgical artefacts (instruments, catalogues), photos, archival material of historical interest, ephemera, etc. We have collected many things and transported them to our cataloguing and filing space at 5100 de Maisonneuve. The team is anxious to assist all parties in saving objects of value. This value is generally not monetary but historical as it relates to our collective heritage.

Surgeons at the RVH will have noticed that all of the brass and bronze plaques have been removed following the theft of the plaque over the time capsule celebrating the Vic's centennial. We are presently taking down, cataloguing, classifying the pictures that adorn the corridors and wards at the Vic. These will be rehung in the Glen or redistributed throughout the MUHC as a function of need and space. The Children's will be next. Time is a crunch but this project is going well.

At the Glen there are about 100 exhibition boxes into which the Art and Heritage Centre will be exhibiting the artefacts which we are in the process of collecting and cataloguing. Artefacts, photos and memorabilia already collected are being prepared for exhibition. All of us have collected objects of historical interest but they remain hidden in our homes unseen even by ourselves. Personally I have found around the house: a 19th century amputation knife, some 19th century scalpels, 18th century measures, clysters of different sizes of pewter and quite ancient, an early 20th century feeding dish, some ancient surgical instruments of uncertain use amongst others. As objects surface they will be collated and exhibited. The cardiac

surgeons for example have agreed to in due course provide the history of valve replacement with examples as well as that of mechanical heart replacement. The technological era is here and we should be able to tell our public its story.

It should be said that we are not a storage facility for things individuals wish to keep for personal reasons. These should go to surgeons' homes. We can catalogue important archival papers but would discard reprints as they are widely available electronically. We cannot take books. Those of historical interest will go to the Osler Library with whom we are working in a very effective manner.

The Square Knot published an article on the Centre in the [Spring 2013 edition](#). It outlines in considerable detail what we are trying to accomplish not only at the Glen but in all the MUHC hospitals.

**Jonathan Meakins, Director**  
*Art and Heritage Centre, MUHC*



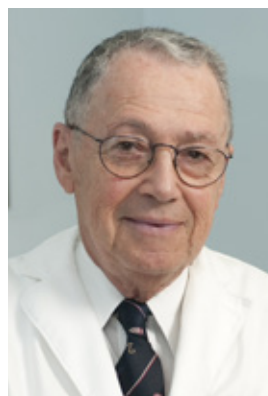
## Editor's Note

By Harvey Sigman, CD, MSc, MDCM, FRCS, FACS

**T**he Square Knot has dedicated this issue to Dr. Lloyd D. MacLean who passed away on January 14th, 2015.

L.D., as he was known to many was a leader amongst leaders in surgery at McGill, in Canada and internationally for many years. His teaching, his mentorship, and his guidance to achieve academic excellence had a major effect on the careers of a generation of residents and faculty who came under his influence. Some of those individuals have expressed their thoughts in this issue. I first met Dr. MacLean in early 1961 when I, as senior resident, was asked to escort him around the Vic where he was presenting himself as a candidate for the position of Surgeon in Chief. At the time my first thought was that he looked the age of my chief resident. It was months later when I was training in London England that I received a letter from Dr. Donald Webster, the retiring Chief that Dr. MacLean would be my new boss when I returned as Chief Resident. He and I met again in his office July 1, 1962. Piled on his desk were these massive texts of surgery, pathology, physiology, and anatomy. I asked what he planned to do with those books and he replied that seeing he was going to be at McGill that he was preparing to study for his Fellowship exams. I told him that I was certain that the College would award him an honorary fellowship. He had some doubts. A week later the books disappeared. I imagined he changed his mind.

I quickly learned that Dr. MacLean was very different than all the Chiefs I had encountered in my training. I will describe one anecdote that I related when he was honoured last year at the Lloyd MacLean dinner. The Chief Resident in those days organized Grand Rounds. These were the first Grand Rounds and I was determined to make them special and I was sure they were. Dr. MacLean and I left the amphitheatre together and he turned to me and said "Harvey, those rounds were terrible!". I was certain that I had misheard and looked up to him to see if he were joking. He was dead serious. I said "Why?". He replied, "the radiologist had not organized the X-Ray films, they were not in the right sequence or orientation. That is not the way to run Grand Rounds". I replied, "Sir, I had nothing to do with X-Rays, they were the responsibility of Radiology". He replied, "Harvey, do you want to run Grand Rounds or do you want me to run them?". I quickly responded, "I will run them", and immediately went to find my buddy Bob Fraser who was then junior staff in Radiology and who later became Head of the Department. I said "Bob, our new Boss was very unhappy with



Dr. Harvey Sigman

the organization of the X-Rays for our Grand Rounds". Bob replied, "You tell your Boss that he can \*^&#\*%# (expletive)". I said "Bob, do you want to organize the X-Rays or do you want me to do it?". Grand Rounds ran smoothly the rest of the year. That was my first of many learning experiences from the Boss. I have asked Dr Marvin Wexler to organize a tribute by some of his former residents.

The Square Knot has also taken note of the recent passing of Dr.

Norm Belliveau who many will remember as an excellent teacher, always supportive of residents and a good colleague. His son Paul, a colorectal surgeon at the RVH, played an important role in directing the student teaching program while he was at McGill. We extend our sympathies to him.

We wish to take this opportunity to congratulate Dr. Jonathan Meakins who recently received a Doctor of Science Honoris Causa from McGill University at the ceremony commemorating the opening of the new hospital. Joe has made major contributions to McGill and in particular to the Faculty of Medicine as well as to surgery internationally. This honour is well deserved.

We once again encourage you to send us feedback which will help us maintain the high quality of this publication. ♦

### **K**NOWLEDGE AND WISDOM

**"Knowledge and wisdom, far from being one,  
Have oftimes no connexion. Knowledge dwells  
In heads replete with thoughts of other men;  
Wisdom in minds attentive to their own.  
Knowledge, a rude unprofitable mass,  
The mere material with which Wisdom builds,  
Till smooth'd and squar'd, and fitted to its place,  
Does but encumber what it means to enrich.  
Knowledge is proud that he has learn'd so much,  
Wisdom is humble that he knows no more."  
and whose ideas must be your  
inspiration.**

—William Cowper (1731-1800),  
*The Task*



Spring is approaching after a long and cold winter and we look forward to this time of renewal. Much like the seasons of the calendar, the academic lifecycle must provide for renewal. The deaths of

## Words from the Chair

By Gerald M. Fried, MD, CM, FRCS(C), FACS, FCAHS

two prominent surgeons from the Royal Victoria Hospital site, **Dr. L.D.**

**MacLean** and **Normand Belliveau**, remind us that nothing is permanent, but their legacy and influence on the culture of the McGill Department of Surgery is long-lasting. We are proud to say that Drs. MacLean and Belliveau were members of our department and such wonderful ambassadors on our behalf.

This year also is a time to recognize the enormous contributions of **Drs. Marvin Wexler, Henry Shibata** and **Cathy Milne** who are retiring after many years of distinguished contributions to the RVH and McGill. We also want to recognize **Dr. Jacob Garzon**, who has been an outstanding and innovative surgeon at the JGH site. They have all had illustrious careers, providing dedicated patient care, excellent teaching and progressive approaches to surgical care. We thank them and wish them well in their retirement.

In the Division of Urology, **Drs. Samuel Aronson** and **Stephen Jacobsen** have retired from the JGH after long careers of dedicated service.

These departures provide us with an opportunity to recruit new young faculty members with fresh ideas and energy to help with patient care, teaching and research.

Last year we were delighted to welcome **Dr. Carmen Mueller** to the Division of General Surgery, based at St. Mary's. Carmen is an accomplished general surgeon with fellowship training in Minimally Invasive Surgery and a Master's degree in Education. **Dr. Raj Aggarwal** joined us in August 2014 from Imperial College, London and the University of Pennsylvania. Raj has been appointed Director of the Arnold and Blema Steinberg McGill Medical Simulation Centre, and his clinical practice will focus on bariatric and upper gastrointestinal surgery. We also welcome **Dr. Jean-Sébastien Pelletier** to the Jewish General Hospital Division of General Surgery and **Dr. Jeremy Grushka** to the MGH trauma, acute care surgery and critical care group.

We are also delighted to welcome **Dr. Heather Gill**, who has joined the Division of Vascular Surgery, **Dr. Lysanne Campeau** to Urology at the JGH, and **Dr. Krista Goulding**,



Dr. Gerald M. Fried

a musculoskeletal oncologist in the Division of Orthopedic Surgery at the MGH.

The Quebec healthcare system controls recruitment through a system of PEMs, or Plan des effectifs médicaux. Under the PEM system, each hospital is allocated a defined number of positions for each specialty. We are only allowed to recruit when a PEM position becomes available. For 2015-2020 our PEM numbers for the MUHC have been reduced, so

we will need to be particularly judicious about recruitment. It is exciting for us to see the talented people interested in working at McGill. They are our future and we know that it is in good hands. ♦

## Support the McGill Department of Surgery !



The McGill Department of Surgery is recognized nationally and internationally for its excellence in surgical education, research and innovation, and high quality patient care. Graduates of our surgical training programs have become our ambassadors around the world; many have risen to prominent leadership positions in their institutions.

The future of The McGill Department of Surgery as a truly great department depends more than ever on gifts from private sources. Such donations can be made ONLINE by credit card via The Montreal General Hospital Foundation at :

[www.mghfoundation.com/donate/online-donation](http://www.mghfoundation.com/donate/online-donation)

Enter your donation amount and check the box "Other", and type in McGill Department of Surgery Alumni Fund. Fill in the "Donor information" as appropriate. Charitable receipts for Canadian tax purposes will be issued by the MGH Foundation. ♦

**Gerald M. Fried, MD**  
Chairman, McGill Department of Surgery

It is my great honor and privilege to write a piece in this publication about my new position at McGill, with specific regard to my role as the Director of the Arnold & Blema Steinberg Medical Simulation Centre.

## New Director of the Arnold & Blema Steinberg Medical Simulation Centre



*Dr. Rajesh Aggarwal*

By Rajesh Aggarwal, MBBS, MA, PhD, FRCS

But first, I think it appropriate to tell you a little about myself. I was born and raised in the English countryside, studied at the University of Cambridge, and followed this with completion of medical training in London teaching hospitals. I undertook my residency training in North-West London hospitals, spending most of my time at Imperial College London. It is about 12 years ago now that I took a break from my medical training to undertake my PhD in surgical simulation, with a focus upon training in basic and advanced laparoscopic skills using synthetic, virtual reality and animal-based simulation tools. We found that simulation-based training could reduce the early part of the learning curve by 40% for junior residents, and indeed was as, or more effective, than flight simulation.

My clinical practice is in upper GI surgery, and after 10 years of residency training, and a short stint as an attending in the UK, I took up a junior faculty position at the University of Pennsylvania. I spent two years there, and since July 2014 have been in the beautiful (but cold!) city of Montreal.

The Arnold & Blema Steinberg Medical Simulation Centre is a fantastic, state-of-the-art facility, with simulation activities broadly divided into three domains, i.e. technical skills, team-training, and communication skills. Since its opening in 2006, Dr. Lachapelle and colleagues have led to the development and implementation of a very high quality educational program, which is innovative and unusual in that it caters to learners across a wide variety of medical specialties and disciplines.

My vision is to continue this work, to build a world-class medical simulation program, and drive forward high quality healthcare for all. This is underpinned by a mission to lead, collaborate, and engage in the design, implementation and evaluation of high quality simulation-based medical education, within a distributed model of shared expertise, embodied through

the delivery of safe and effective healthcare, underpinned by world-class research and technological innovation.

To begin to attend to such lofty goals, I have four key priorities, i.e. :

- 1. The Education Mission** – to deliver high quality simulation-based medical education programs to all McGill healthcare staff. Whilst simulation-based medical education has been prevalent in clinical centres of excellence for over a decade, there has been minimal effort at translation of simulation-based activities to improvements in clinical care. Indeed, the focus has been upon delivery of simulation training, with negligible measurement of impact at the patient arena. The educational mission of the Arnold & Blema Steinberg Medical Simulation Centre should be firmly embedded within a process to improve clinical care. Simulation-based training programs must be linked to clinical outcome measures. Whilst this is considered to be challenging, especially with regard to the heterogeneity of clinical care processes, it is fundamental that McGill leads the way with respect to how this is done.
- 2. The Research Mission** – the current strengths of simulation-based research at McGill lie within discrete areas of expertise, e.g. Department of Surgery, Centre for Medical Education, etc. Whilst there is research within other arenas too, the Arnold & Blema Steinberg Medical Simulation Centre is not currently viewed as a venue for research activities. The research mission shall aim to develop world-class research in medical simulation, engage and promote a cadre of faculty scholars in simulation science, assist and encourage submission of grant proposals, provide research support in terms of study design, data analysis, and dissemination of findings, and to value research outputs and outcomes.
- 3. The Innovation Mission** – the present degree of medical innovation at the simulation centre is based upon educational processes. There is minimal interaction outside of the areas of clinical medicine with regard to innovation in simulation technologies, or of the use of simulation to assist in the progress of medical innovation. There needs to be a focus upon innovations in medical simulation, such as low-cost simulation, innovative training paradigms, e-learning and serious gaming initiatives. It is also an emerging theme that simulation of clinical activities can be used in the process to design, develop and implement medical innovations.
- 4. The Operations Mission** – the structure of the simulation centre comprises the immediate physical space, but extends beyond this to include allied McGill simulation sites, the equipment, personnel and learners who are engaged in medical ►

► simulation. There is a drive toward in-situ simulation at McGill, some of which has already commenced, and is only going to further increase with the opening of the new Glen site next month. There is a need for the simulation activities across the different McGill sites to exchange and share best practices, and learn from each other. This is a key facet of the distributed model of shared expertise across the McGill sites. The simulation centre is also a key site for the McGill community, and I intend to pursue public events, outreach activities, and open house opportunities for the local community.

I have met and interacted with many of you already, and wholeheartedly look forward to your comments, ideas, critique and engagement with the next wave of development, innovation

and ongoing successes with regard to the Arnold & Blema Steinberg Medical Simulation Centre.

It is my intention for the Education, Research and Innovation Missions to be embedded into the overall purpose of the Arnold & Blema Steinberg Medical Simulation Centre, and through support from a coordinated Operations Mission, lead to the desired Health Care Outcomes for McGill, and beyond. ♦

**Rajesh Aggarwal, MBBS, MA, PhD, FRCS**  
**Associate Professor of Surgery**  
**Director, Arnold & Blema Steinberg**  
**Medical Simulation Centre**  
**Faculty of Medicine, McGill University**

I am pleased and honored to have been asked to solicit, collate and edit this special tribute to Dr. Lloyd MacLean.

## A Tribute to LD MacLean

By Marvin Wexler, MD

Whether as a Teacher, Mentor, Role Model, Scientist, Editor or Administrator he had a significant impact on each and every one of the 150 plus surgeons who trained and/or worked under his tutelage during his remarkable tenure as Chief of Surgery at the RVH between 1963 and 1988.

His interests were diverse but intense: shock, sepsis, anergy, multiple organ failure, surgical nutrition, body composition, morbid obesity and transplantation. In each and every area, seminal contributions were made; contribution in which we all participated and benefited whether as residents, research fellows or young staff. We are all justifiably proud of his achievements and honors and his leadership role in the promotion of excellence in academic and clinical surgery.

He had an uncanny ability to read a manuscript or hear a presentation and summarize the salient points in a single sentence and recognize its potential. At Journal Club we (the residents) would present 1 or 2 articles from a Surgical Journal; he would review 6 or 7 articles from Nature, Science, or Scientific American in the same time! When presenting him



Dr. Lloyd D. MacLean

with a problem you learned to present it together with a thoughtful potential solution. A letter of support was dictated instantly.

At Service rounds or M&M conference LD was the first one there and the amphitheatre rapidly filled to capacity. If he didn't like your presentation analysis or answers, his sharp wit made you quickly realize you had better do better next time! But it was with an equally sharp sense of humor which matured over the years. In the OR he could be heard "introducing my opponents for this operation" or leaving with the comment: "I'll be in my office – just going to write a few papers – just kidding."

He often came to scrub in the surgical labs as we did our animal experiments (much to our dismay) and in my own case scrubbed with me in the radiology suite where we reopened and cannulated the umbilical vein to do splenoportography. Ultrasound, CT and percutaneous vascular access were yet to be described! One summer Dr. Joel Freeman and I, as research residents, were invited to his cottage at 16 Island Lake. We were both surprised and honored and got to see the "real" man – a father being overrun by his brood of 5. He certainly didn't need 2 residents to entertain!

When I came on staff my contract was a verbal agreement and a handshake. No 25 page "memorandum of agreement". You knew what was expected of you. I was proud to go to work every day and be part of the team he had assembled around him - John

(See continuation [on page 22](#)) ►

## Surgery, Heritage and the MUHC



Dr. Jonathan Meakins

By Jonathan L. Meakins, CD, MSc, MDcM, FRCS, FACS

**T**he MUHC is going through some tumultuous times when one considers the draconian budget difficulties, the demand for services, the building of the Glen site hospital and the planning

for the move of the Children's, the Chest and the Vic to the Glen. The Department of Surgery is caught up in these troubles as are all clinical services. There are not many good news stories about at the moment

but perhaps one of them is the establishment by Normand Rinfret of THE HERITAGE CENTRE at the MUHC.

One of the Oxford Dictionary's definitions of heritage is: a nation's historic buildings, monuments, countryside, etc, esp. when regarded as worthy of preservation. Substituting MUHC for nation, the objects worthy of preservation are inside the buildings and reflect the culture, whether historical, visual, or material, as well as the values of the institutions. These are incorporated in the

archives, professional equipment, artefacts, antiques, pictures and objects of the daily life in the constituent hospitals with history dating back to 1821. The move to the Glen site means that soon three hospitals will close their doors and the contents of those buildings at that moment will not be owned by the MUHC. In addition, some clinical units presently at the General will also move. On all sites, there are significant objects, papers, photos, medical and nursing equipment, furniture, pictures, portraits and memorabilia which represent our history and heritage. As the focus is naturally on other areas involved in the transition and move, the danger of losing our heritage and therefore some of our history is real. The move therefore presents a threat BUT also an opportunity to identify, catalogue, evaluate, and preserve that heritage which is regarded as worthy of preservation, crystallizing the need for an MUHC structure enabling the exposure of our culture and heritage after the move to the Glen.

In the past, several individuals had informally recognized that there was no formal structure within the MUHC which focussed on the preservation of our past. Nevine Fateen, manager of Volunteer Services at the MUHC, established in 1992 an Antiques and Archives Committee which met regularly and has collected artefacts, pictures, and professional equipment at the RVH, which were stored in the attic of the Hersey pavilion. At the MGH,

Herbert Bercovitz has amassed a large collection of archives, medical and nursing artefacts, brass plaques, memorabilia and photographs which are hidden away on the 21st floor of the General. Dr. Richard Fraser established a MUHC Physician and Nurses Heritage Committee. Prior to May of 2012, the only formal heritage activity at the MUHC was managed by Karine Raynor (Expert-advisor for MUHC heritage services) who has been creating an inventory of noteworthy MUHC objects, medical equipment, art and documents. Located in the Transition Support Office, to close in 2015, her role also involves the preservation of culture, future exhibition planning and strategically overseeing the integration of heritage and culture within the Glen site. The future move to the Glen entailed a risk of loss - loss of objects medical, surgical, nursing, antiques, photos and pictures - all of which reflected the heritage of the closing institutions. An inventory of the RVH, MCH and MCI ARTEFACTS AND ART remains work in progress. Karine is working collaboratively with these groups. The common objectives make the point that coordination and cross-fertilization are in the interest of all.

The Heritage and Art Committee was created as a component of the Legacy Committee, which was formed in May of 2012 to organize and coordinate the festivities around the opening of the Glen and the closing of the three hospitals. Thus a single structure integrating all of those actively interested in the preservation of our collective heritage was created. Three areas of activity were identified: the Scientific, Clinical and Social History collections, Art, and Archives. In February the committee was integrated into the formal organogram of the MUHC as the Heritage Center where it will assume responsibility for the preservation, exhibition and organization of heritage and art at the MUHC as well as contact with the outside world. In the letter appointing Dr. Jonathan Meakins, a volunteer, as the Director, Mr. Rinfret enunciated the Mission and Mandate of the centre.

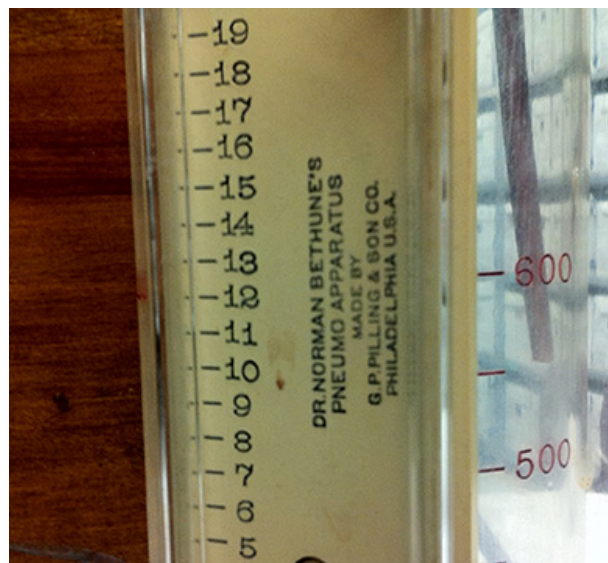
### THE MISSION

The Heritage Centre recognizes the significant social, artistic, medical and nursing histories of the MUHC hospitals since 1821 in the development of Montreal, and seeks to preserve and highlight existing artifacts and other visual objects from this rich heritage in dedicated exhibition spaces as an integral part of the leading edge healing environment designed for patients, their families, visitors and staff at the MUHC.

### THE MANDATE

Reporting to the CEO of the MUHC, the Heritage Centre of the MUHC is a dedicated entity mandated to:

- Centralize and manage all issues pertaining to the collection, preservation, cataloguing and promotion of heritage artefacts and medical/nursing objects in MUHC hospitals; ►



*Norman Bethune's Pneumothorax Apparatus*  
**Mixed Media, Montreal, c. 1932 © Art & Heritage Centre of the MUHC**



*Photo of Lister's antiseptic spray*  
**© Art & Heritage Centre of the MUHC**

- ▶ • Lead decision-making activities regarding all future acquisitions related to the MUHC's heritage, including collection development
- Recommend strategic objectives for the management of and public access to the MUHC heritage collection, including the Centre's dedicated annual budget, heritage volunteers, and promotional program development
- Work collaboratively with the Transition Support Office and continue to coordinate regularly with the Planning Office, the MUHC Legacy committee and its subcommittees and the Marketing Department
- Coordinate regularly with MUHC Communications and other departments and units, as the need arises, in order to ensure a unified, efficient and professional approach to the promotion

of the MUHC's social and artistic history for both internal and external stakeholders.

Surgery, perhaps more than any other clinical specialty, has an abundance of interesting instruments, many of which are in a state of constant evolution. With the vast technical changes which have taken place over the last 20 years, some interesting and classic instruments have fallen by the wayside. They nevertheless have historical interest and form a part of our history. One of the reasons to include the development of the [HERITAGE CENTRE](#) in this last print issue of the Square Knot is to encourage all surgeons with a connection to the MUHC Hospitals in the past to search their own archives to determine if they possess objects, photos, or MATERIA MEDICA ET CHIRURGICA which might enhance the collections presently being found, catalogued, stored and preserved for the future. An example of a wonderful artefact is Dr. Roddick's Carbolic acid sprayer with which Listerism was introduced into Montreal and Canada. It is seen below. The yellow tag is its catalogue and inventory number.

Another example is the set of photos of the Pneumothorax apparatus designed by and for Dr. Bethune for the treatment of tuberculosis in the 1930's. The various pictures show the apparatus, that it was for us in the OR's in the Ross Pavillion (private patients), and the side view that it was made for Dr. Bethune. While being treated for TB during the 1920's, Bethune read about new treatments involving collapsing or "resting" the lung. He insisted on being treated, and after his recovery, was inspired to pursue his medical career in thoracic surgery at the RVH.

► The case for the pneumothorax apparatus describes the creator and where this tool was used.

The Ross Pavilion once housed its own set of surgical departments apart from the 'Main' Royal Victoria Hospital.

The Heritage Centre, presently located within the Transition Support Office and linked to the Redevelopment office, has an executive group, with representation from all hospitals, which meets regularly and has since the summer of 2012. Our immediate goals are to deal with the issues of heritage preservation within the MUHC institutions that are closing and moving to the Glen. Networks within all institutions are being developed to ensure that we have the best chance to preserve significant objects that are in danger of being discarded for lack of interest, the pressure of time or not knowing what they represent. An example of which was the saving of a pastel portrait of Dr. Joe Stratford, distinguished neurosurgeon at the MGH, by Eva Prager, which was thrown away despite repairable damage to the image. It is in safe keeping. Much surgical instrumentation has been lost for the same reasons.

Long-term objectives include:

1. Ensuring the preservation of heritage and art on all sites;
2. Highlighting the history of medicine and healthcare at the MUHC;
3. Improving the hospital environment for staff and visitors;
4. Making our heritage accessible throughout the MUHC.

We look forward to any and all assistance which the readers of the Square Knot can provide. ♦

***Jonathan Meakins, Director  
Art and Heritage Centre, MUHC***

► we have established an annual traveling award to foster educational collaborations between our department and leading surgeons around the world. In 2013 we established another award in the name of Dr. MacLean to honour an individual for a lifetime of outstanding contributions to our

Department. We plan to celebrate the life and career of Dr. MacLean in the early autumn.

## **Dr. MacLean**

*Continued from [page 1](#)*

A loving husband and a devoted father, Lloyd shared generously of his broad interests in golf, tennis, skiing, hiking, gardening, cycling, and life-long learning. He will most be missed for his unbounded sense of humour. His lifelong documentation of his family in pictures earned him the moniker "Foto" from his grandchildren.

Lloyd MacLean is survived by his wife of 60 years, Dr. Eleanor Colle, his children Hugh (Martine MacLean), Charles (Susan Shane), Ian (Ingrid Kalacis), James (Julie Toll) and Martha (John Taylor) and by his loving grandchildren Laura, Elissa, Jessica, Graham, Erick, Leah, Emily, Emma, Henry and Rachel.

We would welcome letters from those of you who worked with LD with anecdotes that we can share with our alumni.

Please let us know if you would be interested in attending an event in Montreal in the fall commemorating Dr. MacLean's career or if you would like to contribute to the L.D. MacLean academic fund. ♦



PHOTO LASZLO

## Divisional News

### 20th Annual H.Rocke Robertson Trauma Day



On the 18th and 19th of February, the McGill University Department of Surgery hosted the 20th Annual H. Rocke Robertson Trauma day. This year, we were honoured to welcome our guest **Dr. Witaya Chadbunchachai** from Thailand who served in many prestigious positions both nationally and internationally. He currently holds the positions of Director of Trauma and Critical Care Center, Senior Deputy Director of Khon Kaen Regional Hospital, Director of the WHO Collaborating Center for Injury Prevention and Safety Promotion, Member of the WHO Trauma and Emergency Care Services Advisory Group and Member of the Emergency Medicine Service Committee.

This partnership was initiated by a meeting between the former Ambassador of Thailand in Canada, Ambassador **Pisan Manawapat** and **Dr. Dan Deckelbaum**. It was also an honour to host the representative of the Thai Embassy, **Dr. Supanai Sookmark**.

The visiting professorship in trauma was established in 1996 in recognition of **Dr. Robertson's** many accomplishments in the service of the Montreal General Hospital, the Department of Surgery and McGill University. We were honoured to have **Drs. Gerald Fried** and **David Mulder** participate in that day and as always support this McGill legacy.

During his stay, Dr. Witaya Chadbunchachai gave both the Rocke Robertson Lectureship and Surgical Grand Rounds. He discussed



(From left to right) Dr. Tarek Razek, Dr. Gerald Fried, Dr. Witaya Chadbunchachai, Dr. Dan Deckelbaum, Dr. Supanai Sookmark and Dr. David Mulder.

the significant burden of injury in Thailand and highlighted the high use of motorcycles as a major contributor to associated morbidity and mortality. He then proceeded to an elaborate description of their multilevel trauma system emphasizing on the importance of the measures taken over the last years to strengthen the emergency care system. He equally stressed the need for national and interdisciplinary coordination, strong advocacy strategies targeted towards key stakeholders. Dr. Witaya also presented Sustainable solutions in the development of the Thai injury surveillance system.



Dr. Witaya Chadbunchachai giving his lecture about the National Injury Surveillance system in Thailand during the Multidisciplinary Surgical Grand Rounds.

One of the highlights of the event was the surgical resident's research competition. A series of ten abstracts were presented by residents and students from a multidisciplinary background. They presented their local and international research projects on trauma to a panel of jury consisting of Dr. Witaya Chadbunchachai, **Dr. Dan Deckelbaum** and **Dr. Tarek Razek**. The winners of the competition were:

#### First Prize - DR. OLIVER LASRY

*On Traumatic Brain Injury in the Cree Communities of Eeyou Istchee: An Epidemiological Analysis with Insights for Prevention.*

#### Second Prize - DR. AHMED AL AZRI

*On Placement Accuracy of External Ventricular Drain Using Electromagnetic Stereotactic Navigation in Severe Traumatic Brain Injury: First Interim Analysis Report.*

#### Third Prize - PHILIPPE DUFRESNE

*On Impact of Trauma Center Designation Levels on Surgical Delay, Mortality, Complications and Length of Stay: a Multicenter Cohort Study.*



► Two certificates of recognition were also awarded to the following presenters:

**AMEE JOSIPHURA, SHAHRZAD TIGHNAVARDMOLLASARAEI, BRUNO BOIVIN and FABRICE LEBEAU**

SUBJECT: *Development of a Tablet Based Core Data Trauma Registry for Austere Environment.*

**ANNE-JULIE LABRECQUE**

SUBJECT: *Angiography for the Management of Trauma: The Experience of a Tertiary Center.*



*The three members of the jury: Dr. Tarek Razek, Dr. Witaya Chadbunchachai and Dr. Dan Deckelbaum*

The event was a success. Over the course of the two days, participants managed to explore key success factors contributing to a solid and efficient trauma care system. Attendees were also pleased to exchange thoughts and vision on relevant projects in the field of trauma. Finally, we look forward to continuing our collaboration with Thailand in Trauma system development through faculty, resident and student exchanges and other academic and research activities.



*(From left to right) Dr. Tarek Razek, Dr. Witaya Chadbunchachai, Dr. Dan Deckelbaum, and Dr. Kosar Khwaja*

We would like to congratulate and thank all who had a hand in making it all happen and we are looking forward to next year's conference! ♦

## Divisional News

### 2014 Flanders Family Visiting Professor in Medical Simulation

On Thursday October 23rd 2014, we had the honor of hosting Sir Liam Donaldson to McGill University. Sir Liam is an international champion of patient safety and public health; he was the



*(From left to right): Dr. Rajesh Aggarwal, Mrs. Kappy Flanders, Professor Sir Liam Donaldson, Dr. Gerald Fried.*

Foundation Chair of the World Health Organization World Alliance for Patient Safety, launched in 2004, past Vice-Chairman of the World Health Organization Executive Board, and Chair of the Global Polio Eradication Program.

Sir Liam commenced his official duties at McGill on Thursday morning, with delivery of combined Surgery and Anesthesia Grand Rounds in the Sir William Osler Amphitheatre. The lecture was titled 'Safer Health Care: Dispelling the shadows' and provided a wonderful overview of the current state of patient safety. Specifically, the talk addressed patient safety as a continual cycle of improvement. Sir Liam discussed the role of the patients and families in igniting a passion to improve, the interplay between technological solutions and people factors, and the need for a broader and deeper interface between simulation and safety.

This was followed by a workshop at the Arnold & Blema Steinberg Medical Simulation Centre, with the topic of 'How to find solutions to sustainable risk reduction'. Sir Liam described a ►

▶ number of actual patient safety alerts that had been reported to the UK's National Patient Safety Agency. For one particular event, Sir Liam showed a short video clip of a scenario based upon the occurrence of a real clinical error, which was extremely insightful. The over-riding question asked by Sir Liam, in counter play to the Monty Python quote of 'What have the Roman's ever done for us?' regarded 'What could simulation ever do to prevent such adverse events?' There was a wonderful degree of interactive discussion, and a great learning opportunity for all involved.



In the afternoon, we were privileged to hear from McGill students, researchers and faculty, with respect to their simulation-based research and poster presentations. These ranged from an analysis of discourses during medical school selection, validity evidence for laparoscopic suturing tasks, emotional states

during surgical skills training, and team communication in a large-scale disaster simulation. Sir Liam provided excellent commentary, followed by questions from the audience.

In the evening, an official dinner was held at the Mount Royal Club. Over 80 persons attended, including the **Dean Eidelman**, former **Deans Cruess** and **Fuks**, and other notable members of



the McGill leadership. It was a lighthearted affair, with speeches from **Mrs. Kappy Flanders** and **Dr. Rajesh Aggarwal**.

Mrs. Linda Crelinstein was also thanked for her decade of service to the simulation centre, with a special gift. Sir Liam concluded the evening with an entertaining overview of his previous visits to Canada, and thanked everyone at McGill for their wonderful hospitality.

On behalf of the Simulation centre, and the Department of Surgery, we would very much like to thank the Flanders Family for their support of this event, and the invitation of our visitor, Professor Sir Liam Donaldson. ♦



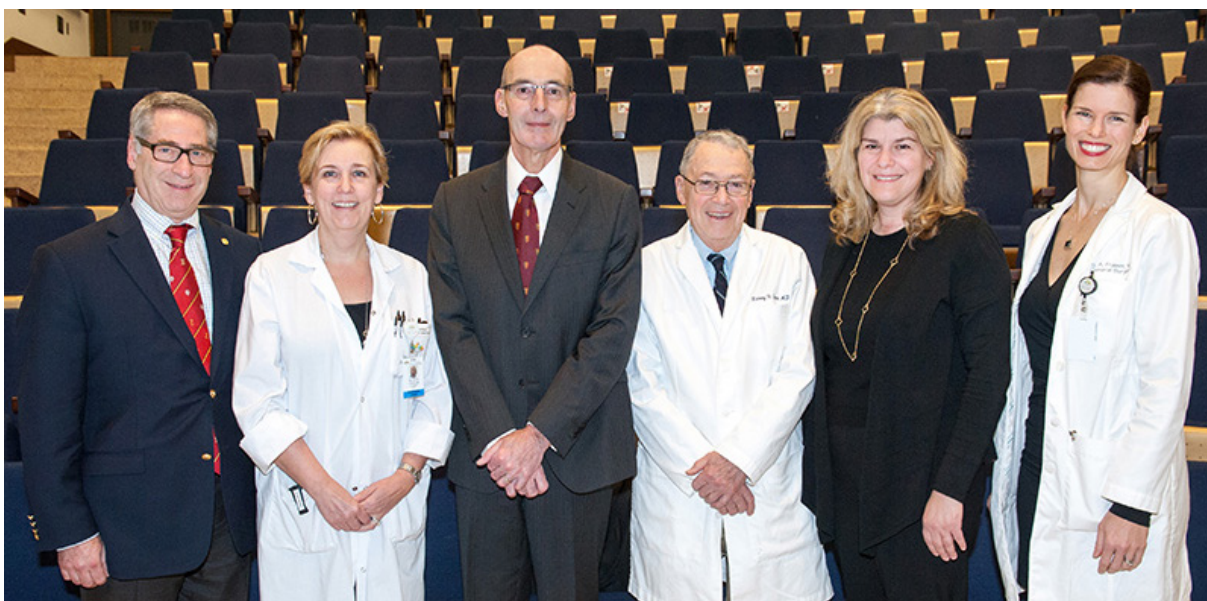
*In attendance from left to right: Dr. Jacqueline MacClaran, Dr. Jonathan Meakins, Dr. Rajesh Aggarwal, Mrs. Shilpee Aggarwal and Professor Sir Liam Donaldson.*

## Divisional News

### The 10th Annual Harvey H. Sigman Lecture in Surgical Education

**D**r. **Kenneth A. Harris** delivered the **Tenth Annual Harvey H. Sigman Lecture** at the Jewish General Hospital, November 20, 2014. Dr. Harris is Professor Emeritus of Surgery at the Schulich School of Medicine & Dentistry at Western

University and at present is the Executive Director of the Office of Specialty Education at the Royal College of Physicians and Surgeons of Canada. The title of his talk was "From Competence by Time to Competence by Design". He addressed residents and staff at Resident Academic Half-Day on the previous day. The talk was "Mind the Gap: Creating a Wish List of Additional Competencies to Achieve in Residency". This was followed by an active dialogue with the residents. ♦



(From left to right) Drs. Gerald Fried, Ruth Chaytor, Kenneth Harris, Harvey Sigman, Anna Derossis, Shannon Fraser.

## Divisional News

### The 12th Annual McGill University Hepatopancreatobiliary and Liver Transplant Surgery Symposium

**T**he 12th Annual McGill University Hepatopancreatobiliary and Liver Transplant Surgery Symposium which was held on November 5th and 6th, 2014. The 12th Annual Symposium has been established as part of the Hepatico Pancreatic Biliary and Transplant Surgery Program at McGill University.

The program pursued a multidisciplinary approach to numerous aspects related to the development, staging, and treatment of hepatobiliary disease.

Target audience was all physicians, surgeons, scientists, nurse clinicians and transplant coordinators with an interest in benign and malignant hepatic, pancreatic and biliary disease.

The goals and objectives of this Symposium were to provide physicians and nurse clinicians with the current data regarding diagnosis, treatment strategies, surgical techniques, and outcomes relevant to the management of patient.

The main speaker was **Dr. Réal Lapointe**, Professor of Surgery and Director of Division of General Surgery, Université de Montréal Roger Des Groseillers Chair en oncologie ►

► chirurgicale Hépatobiliaire et Pancréatique Director of HepatoBiliary, Pancreatic and Liver Transplant Surgery, Centre Hospitalier de l'Université de Montréal.

On November 6th he gave the lecture titled "History and Evolution of Liver Surgery through the Ages" during the Multidisciplinary Surgical Grand Rounds. ♦



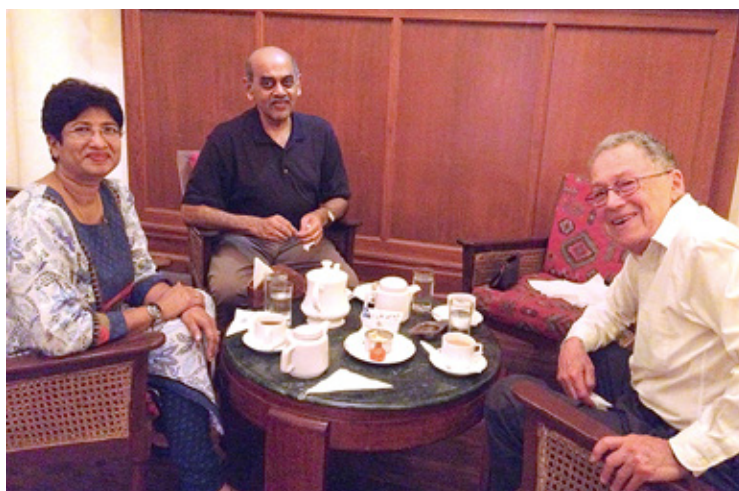
(From left to right): HPB and Transplant Fellow: Dr. Ashwin Kamath, Dr. Prosanto Chaudhury, Dr. Ronald Guttman, HPB and Transplant Fellow: Dr. Oz Yakir, Dr. Thierry Alcindor, Dr. Tatiana Cabrera, Dr. Giada Sebastiani, Dr. George Zogopoulos, Dr. Peter Siegel, Dr. Peter Metrakos, Dr. Andy Reynolds, Dr. Pnina Brodt.

## Divisional News

### Dr. Harvey Sigman in Chennai, India

**D**r. Harvey Sigman and his wife Maxine visited Chennai, India in December, 2014 where he met with **Dr. Arjun Rajagopalan** who was a recent contributor to the McGill Surgical Global Health Issue of the Square Knot. Pictured above is Dr. Sigman with Dr. Rajagopalan and his wife **Dr. Gita Arjun** at the historic Madras Club (founded in 1832). Dr. Rajagopalan is a Trustee and Medical Director of the Sundaram Medical Foundation which supports the hospital where he has recently retired as head of surgery. The hospital "provides end-to-end surgical service" and "is equipped with sophisticated technology and five state of the art operating rooms". The hospital has a medical staff that is mainly full time as well as residents. His wife Gita is a specialist in obstetrics and gynecology which she headed in a

different hospital but is now also retired. She is fully occupied in educational activities teaching safe obstetrical care to practitioners. Dr. Sigman learned much of the health system in India from his gracious hosts who then treated him and his wife to dinner at their home where they were joined by **Dr. Madhukar (Madhu) Pai**, who as the new Director of the McGill Global Health Program was also a contributor to the recent [Square Knot issue](#). Madhu was on his way to Bangalore for a TB conference. ♦



## Divisional News

### Welcome New Recruits



*Dr. Jean-Sébastien  
Pelletier*

This fall the JGH welcomed a new attending staff member: **Dr. Jean-Sébastien Pelletier**.

Dr. Pelletier received his medical degree from the University of Ottawa and completed his General Surgery residency at the University of Alberta, where he also completed a Master's degree in Experimental Surgery. He went on to pursue a fellowship in Hepatobiliary Surgery at the University of Pittsburgh under the supervision of Dr. Geller, an innovator in minimally invasive HPB techniques. We look forward to adding Dr. Pelletier's expertise to our Division.

Please join us in welcoming Dr. Jean-Sébastien Pelletier to the Division of General Surgery at the JGH and McGill.

After spending two years in fellowship at the Ryder Trauma Center at Jackson Memorial Hospital, University of Miami, **Dr. Jeremy Grushka** was recruited back to McGill and appointed Assistant Professor of Surgery and joins the Trauma, Acute Care Surgery and Critical Care team. As a graduate of the McGill University Medical



*Dr. Jeremy Grushka*

School and General Surgery residency this is a homecoming for Jeremy. His research interests focus on error producing conditions in trauma and patient safety. He is very excited to be back and join the McGill surgical family as staff.



*Dr. Carmen Mueller*

**Carmen Mueller**, BSc(Hons) MD FRCS C MEd, Assistant Professor of Surgery, McGill University has recently joined the staff of the Division of General Surgery, St. Mary Hospital.

Originally from Southern Ontario, Dr. Carmen Mueller completed Medical School and General Surgery residency training at the University of Toronto. She was the 2012-2013 McGill MIS fellow. In 2014, she completed a Masters of Education at McGill University, focusing on assessment of endoscopic proficiency. During her time at McGill, she has developed extensive clinical expertise in complex, minimally invasive and open luminal GI surgery, particularly benign and malignant foregut. Other clinical interests include advanced GI endoscopy and solid organ minimally invasive surgery. Her research interests focus on endoscopy training, motivation, curriculum development, clinical outcomes. ♦

## Divisional News Graduates

**DIVISION OF ORTHOPAEDIC SURGERY**  
PROGRAM DIRECTOR: **DR. THIERRY BENAROCHE**



**Dr. Sarantis Abatzoglou** graduated from McGill University medical preparatory program. An unprecedented leader, he has been an exemplary Chief-Resident for the McGill residency program during the past year and has represented the program with numerous national and international academic presentations. He has been exceptionally just and selfless in his management of the orthopaedic resident body and embodied what it means to be a McGill University Orthopaedic resident. During his residency, Sarantis became the undisputed McGill Orthopaedic Surgery eating contest champion, setting a new record in the Gyro category.

After graduation, Sarantis will pursue a fellowship in Adult Hip and Knee Reconstructive Surgery at Western Ontario University in London, ON. While not managing the 42 people roster of orthopaedic residents, he enjoys travel and playing sports such as basketball, squash and racquetball. He owes his success to the amazing support from his parents and sister.



**Dr. Fahad Abduljabbar** graduated from King Abdulaziz University in Jeddah and was awarded the academic excellence award by the Orthopaedic Department. During his time at McGill, he was awarded the Julie Prize, which is given every year to the orthopaedic resident who is the most attentive to the care of his patients. A remarkable and talented teacher, his lecture series currently serve as references to the junior residents in the residency program. ►

▶ Looking forward, Fahad will complete a fellowship in sports medicine and spine surgery at McGill. During his career he hopes to improve the quality of orthopaedic training in Saudi Arabia and to foster research collaborations between McGill and King Abdulaziz University.

When not in the operating room, Fahad enjoys photography, poetry and swimming. He is the proud father of his two sons: Yaseen and Haitham and owes all his success to his supportive wife and parents.



**Dr. Anthony Albers** graduated from McGill University medical preparatory program. The prototype of the student athlete, Anthony won a plethora of awards during his residency at McGill such as the Alexander Strachan Hartley award in sports and academic leadership and the Current Concepts in Joint Replacement scholarship. Anthony has set the standard for academic success for the residency program and is also the holder of the GQ award given by the nursing staff. An avid skier, Anthony will dominate anyone who dares to challenge him on the slopes, on a bike or on orthopaedic knowledge.

After graduation from residency, Anthony will be attending the University of British Columbia to complete an Adult Hip and Knee Reconstruction fellowship. He plans to have an epic wedding in the spring of 2015 with his lovely fiancée.



**Dr. Abdulaziz Aljurayyan** obtained his medical degree from King Saud University in Riyadh, Saudi Arabia. During his training at the McGill Orthopaedic Residency program, Abdulaziz's cheerful and enthusiastic demeanor was exemplary for his colleagues. His enthusiasm was contagious amongst his co-residents who enjoyed his leadership.

After graduation, Abdulaziz will pursue a fellowship in Lower limb reconstruction along with a Master degree in experimental surgery at Western Ontario University in London, ON. He will further his training with a second fellowship in trauma and lower limb reconstruction at the Sunnybrook Health Sciences Centre in Toronto.

Abdulaziz plans to join the The King Khalid University Hospital in Riyadh as an Assistant Professor in Surgery. When not busy at work, he enjoys his two boys and the company of his supportive wife.



**Dr. Saad AlQahtani** completed his medical education at King Faisal University in Dammam, Saudi Arabia. During his training at McGill, he completed a Master's degree in Experimental Surgery, focusing on Bone regeneration. Saad is an avid and bright researcher whose publications are frequently quoted in the literature. Saad won multiple awards during his residency at McGill such as the Rocke Robertson, GREAT, FRSQ, MEDTEQ, the Graduate student international Travel Award and the AANA scholarship.

After graduation, Saad will pursue a fellowship in upper extremity reconstruction at Queens University in Kingston, Ontario. He will further his training with a second fellowship in trauma and lower extremity reconstruction at the Sunnybrook Health Sciences Centre in Toronto.

Saad will return to Saudi Arabia to join the academic staff at The King Fahd University Hospital in Dammam to fulfill his surgical and research endeavors. He is a proud father of his two sons: Mohammed and Aziz and owes all his success to his supportive wife and parents.



**Dr. Christopher de Jesus** completed his undergraduate and medical studies at the University of Ottawa. The living incarnation of Mr. Nice Guy, Christopher won the Julie award during residency, which is given to the orthopaedic resident who is the most compassionate and attentive to the care of his patients. Beyond the exemplary care of patients, Christopher is a relentless listener and he is the most reliable and available resident McGill has seen in years. The fittest resident across McGill, Christopher has been spotted reciting poetry while running Spartan and Tough Mudder races.

After residency, Christopher will be heading back to the University of Ottawa for a comprehensive knee Sports & Arthroplasty fellowship. When not running up the Mount Royal or working in the clinic, he cherishes his time with his two ortho babies and lovely wife Emmeline.



**Dr. Abhishek Kumar** was born in Edmonton, Alberta under the shadow of the Rocky Mountains. He first discovered his superpowers at the tender age of 7 when he solved his first rubix cube before his older brother by peeling and sticking the right colors together. During his residency at the McGill orthopaedic program, Abe's insight and candid approach to teaching complex orthopaedic problems made him a gifted

► teacher and leader for his peers. Currently the strongest resident pound-for-pound, Abe enjoys staying fit with various workouts when not operating.

After completing his orthopaedic residency, he will be heading to New York to pursue a Spine Fellowship at Mount Sinai Hospital. Abe looks forward to having a busy, rewarding practice and aims to be the first surgeon to perform zero-G surgery in space. Good luck Abe!



**Dr. Hans Van Lancker**, McGill Ortho's token Belgian-American, graduated from Brown University for both undergraduate and medical school. Orthopaedic surgeon by day, classic car restorer by night, and inventor on the weekends, Hans has excelled at wearing many hats during his residency. From designing new orthopaedic tools currently used in McGill's operating rooms, to bringing technology such as Google Glass to the forefront of patient care, Hans has been one of the most ingenious and creative residents at McGill.

Early on in residency, as an R1 Hans won the prestigious Chivas award for the "most intriguing" resident research presentation. He continued his research endeavours resulting in multiple publications, national and international presentations during his residency. In R4 he became the first orthopaedic resident to be elected site chief of the Montreal General Hospital. During his tenure as chief Hans developed and implemented numerous multidisciplinary collaborations and teaching relationships between specialties.

After graduating, Hans will do a fellowship in Trauma at Harvard University and get back into racing sailboats. Hans has a serious interest in bringing technology to orthopaedic surgery and secretly has plans to become the next Elon Musk.

**DIVISION OF GENERAL SURGERY—  
TRAUMA FELLOWSHIP GRADUATES**  
PROGRAM DIRECTOR: **DR. TAREK RAZEK**



**Dr. Badar Alhadhrami** comes from Muscat, Oman where he completed his Medical Degree in Sultan Qaboos University and internship in Royal Hospital and University Hospital in 2005. He finished his general surgery residency program at Oman Medical Specialty Board in 2011. He did one year of clinical fellowship in Tokyo, Japan in upper GI. He is also interested in Trauma and did one year of Trauma clinical fellowship in the McGill University Health Center.

Badar is a member of different international societies Like SAGES, Royal College of Surgeon in Ireland and International Federation Society of Obesity. He achieved excellent experience in his training that enabled him to become a competent surgeon to serve his country. ♦

## KUDOS !!

# D

**R. H. BRUCE WILLIAMS**

has been appointed as a Member to the Order of Canada.



*Standing: Dr. Gerald Fried Surgeon-in-Chief, MUHC, Dr. Roland Charbonneau, Dr. Jorge Schwarz, Dr. Tassos Dionisopoulos, Dr. Bill Papanastasiou, Dr. Mirko Gilardino, Dr. Omar Fouda-Neel. Seated: H. Bruce Williams MD, Dr. Lucie Lessard Chief, Division of Plastic & Reconstructive Surgery MUHC-McGill University, Dr. Gaston Schwarz.*



Dr. Armen Parsyan

► **DR. ARMEN PARSYAN, MD, PhD, MPH** is the McGill general surgery R4 resident and a cancer-scientist who recently served as a chief editor for a large publication (hardcover book) on protein synthesis and cancer by a world renown publisher in biomedical publishing Springer - "Translation and Its Regulation in Cancer Biology and Medicine".



The 700-page tome represents a two-year project. For the first time anywhere, it assembles decades of information gleaned from research into the role of dysregulated protein synthesis, translation, in the development and progression of cancer. It uncovers fundamental biological mechanisms of cancer and discusses existing and novel strategies to diagnose and treat cancer. Various clinical aspects of cancer in relation to dysregulated protein synthesis and its control by signal transduction pathways are covered extensively as well.

You can read the interview with Dr. Armen Parsyan on the [McGill Med E-News web page](#).

**DR. AMIN MADANI, R3** General Surgery, McGill University, is an advocate for FUSE around the world.

With the help of his supervisor and mentor, Dr. Liane Feldman (co-chair of the FUSE committee at the time), he helped develop a hands-on course on FUSE that is geared toward residency programs throughout the world. In addition to teaching in the Learning Center, Dr. Madani has traveled to several universities and hospitals throughout the United States, Canada, United Kingdom and Japan, teaching the FUSE course to attendings and residents: "Workshop on Electrosurgical Safety" Japanese Society for Endoscopic Surgery Annual Meeting, Morioka, Japan, October 1, 2014. "Safe Use of Electrosurgery: A Curriculum for Surgeons" Travelling Tour:



Dr. Amin Madani

- Inova Fairfax, Falls Church, VA (July 30, 2014)
- Université de Montréal, Montreal, QC (August 8, 2014)
- Duke University, Durham, NC (August 13, 2014)
- University of Alberta, Edmonton, AB (August 20, 2014)
- Queen's University, Kingston, ON (August 27, 2014)
- Imperial College London, London, UK (September 5, 2014)
- Northern Ontario School of Medicine, Thunder Bay, ON (September 9, 2014)
- Hokkaido University, Sapporo, Japan (September 29, 2014)
- Okayama University, Okayama, Japan (October 4, 2014)

Dr. Madani also presented the results of his research "Does Simulation Improve



- McGill University, Montreal, QC (August 14, 2013)
- University of Colorado, Denver, CO (June 19-20, 2014)
- McMaster University, Hamilton, ON (July 9, 2014)
- Dalhousie University, Halifax, NS (July 21, 2014)
- Harvard University, Boston, MA (July 23, 2014)

Learning of the Fundamental Use of Surgical Energy™ (FUSE) curriculum? A Randomized-Controlled Trial in Surgical Trainees" at the Combined World Congress of Endoscopic Surgery and European Association for Endoscopic Surgery Meeting, World Cup Paper Session for International Societies, Paris, France, June 28, 2014.

► You can read more on the FUSE program and Dr. Madani's research in "The Fundamental Use of Surgical Energy (FUSE) Program: Promoting Operating Room Safety" by Bariatric Times, October 2014. ♦



Dr. Amin Madani running a FUSE hands-on session at the Université de Montréal, Québec



Dr. Amin Madani giving a FUSE lecture to surgical residents at Inova Fairfax, Virginia.

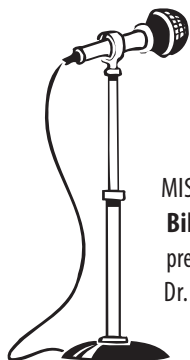


Dr. Amin Madani running a FUSE hands-on session at the Université de Montréal, Québec

## Achievements Researchers, Residents, and Students

**W**e congratulate **Dr. Yusuke Watanabe** on his abstract *Surgeons Have Knowledge Gaps in the Safe Use of Energy Devices: a Multicenter Cross-Sectional Study* which has been selected as one of the top ranking "Best International Abstract" at this year's SAGES Surgical Spring Week, April 15-18, 2015, in Nashville, Tennessee.

We are pleased to announce that the MIS team undergraduate student **Elif Bilgic** has been invited for paper oral presentation of her research (supervisor is Dr. Melina Vassiliou) at the [Association for Surgical Education](#) to be held



April 23-25, 2015 in Seattle, WA. The title of her presentation is *Reliable Assessment of Operative Performance*.

**Dr. Frank Guttman**, Emeritus Professor of Surgery is pursuing his career in Quebec history.

In October 2014 he launched the French version of his book in the City Hall of Saint-Hyacinthe - 'Le diable de Saint-Hyacinthe - Téléphone-Damien Bouchard' (Éditions Hurtubise, Montréal).

In November he presented a paper at the Congress of the Institut d'Histoire d'Amérique Française, in Quebec City entitled 'Honoré Beaugrand était-t-il vraiment un 'rouge radical?'

On March 27th as part of the celebration around the opening of the new hospital,

**James Hogg** and **Dr. Jonathan Meakins** Director, Art and Heritage Centre, MUHC, received Honorary degrees, Doctor of Science, Honoris Causa. You can read more details on the McGill Medicine webpage - [Two Giants of Medicine to Receive Honorary Degrees](#).

**Dr. Jonathan Meakins**, Director, Art and Heritage Centre, MUHC, was the Robert Zhong visiting professor at the University of Western Ontario giving the Keynote lecture at the Surgical Research Day on June 13th, 2014, that was his last surgical talk.

Congratulations to **Mohammed Shaheen** (PGY 4) and his wife on the birth of their baby girl Basma! ♦



**A**fter 50 years of exemplary practice, Dr. Jacob Garzon has retired. It seems incongruous that he has decided to retire from surgical practice, as his energy seems to be limitless

## Dr. Jacob Garzon Retires



Dr. Jacob Garzon

By Shannon Fraser, MD

both professionally and recreationally. He did manage to fit in one more week of ACS call the last week he worked, as he acknowledged that he loved the direct interaction with junior residents on the wards and in the operating room and was going to miss it. However, he has a tremendously active life outside the hospital, having a love of cultural and fitness pursuits.

As a former national team rugby player, he continued to stay active; participating in several marathons, skiing and this summer will be leading Team Scrubs Extreme for the third year of the ride to Conquer Cancer. He also loves spending time with his grandchildren, and can often be seen on the NDG soccer field sidelines or in the hockey arena cheering the youngest ones on.

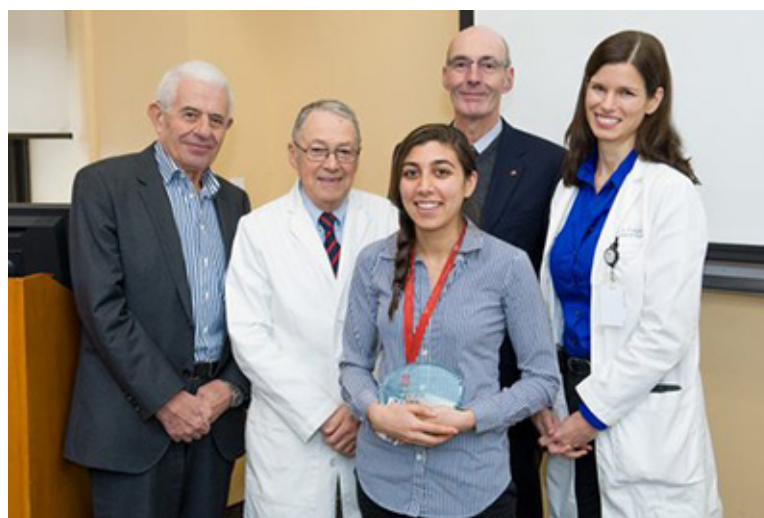
In 1964 Dr. Jacob Garzon immigrated to Montreal with his wife Ruby and his 2 small sons. Although he had already completed his medical and surgical training in France and Morocco, he had to repeat his residency when he arrived in Montreal. He was welcomed at the JGH to “complete” his training, occasionally educating his attending staff about diseases which were rare here, but which he often treated in Morocco. Not many had seen tuberculosis of the spine! In the early 1990’s Dr. Jacob Garzon and Dr. Harvey Sigman were among the first surgeons to learn and subsequently teach laparoscopy to other surgeons at McGill, running courses on the weekends and after hours. Dr. Garzon continued to work on the cutting edge of surgery, participating in research studies on learning curves in laparoscopy, and getting console training for the Da Vinci Robot. For this and his many other contributions, Dr. Garzon was awarded the Médaille de l’Assemblée Nationale du Québec in 2007.

For those who know Jacob, we know that he is a passionate man who gave himself fully to

the care of his patients: practicing in Moroccan leper colonies and transfusing his own blood to his patient when none was available. Throughout his illustrious career he also expected excellence and commitment from those around him: pushing forward surgical innovations at McGill, and mentoring residents, students and colleagues. He is immensely proud of his trainees and has advocated for many of us as we sought to join the McGill surgical community. He always made himself available, even in the middle of the night, to rush in for a colleague who had called him for help with a difficult case. His colleagues from all Departments and professions of the JGH had the opportunity to pay tribute to him at the dinner, as well as in our JGH in-house Department of Surgery publication “Aspire”.



Deciding how best to honour Dr. Jacob Garzon was a challenge. We wanted to recognize how much he has taught us about the elegant Art and Science of surgery. Thus we created a teaching award in his name for the best junior resident teacher. This award will be given annually at the Sigman Education Day, so at least we’ll be able to solicit his expert advice on difficult cases



once a year! This year the inaugural award was presented to **Dr. Maria Abou Khalil**, a junior resident nominated by Dr. Garzon.

We wish for Jacob that he live his retirement, his time with his wife, children, and grandchildren, his continued pursuit of

travel, sports, and hobbies, with as much passion and dedication which he has demonstrated as a JGH surgeon for so many years. And we will be keeping him on speed-dial, just in case... ♦



## A Monthly Digest of News and Hot Topics on Surgical Education... Join the Blog

Follow the blog ["A Monthly Digest of News and Hot Topics on Surgical Education"](#) run by General Surgery staff. [To register for the blog, click here.](#) It's open for any comments and discussions, make sure you subscribe to its newsletters.



► Gutelius, John Duff, Peter McLean, Fred Inglis, Ed Monaghan, Henry Shibata, Harry Shizgal, Tony Dobell (Cardiac), Richard Cruess (Ortho). All became surgical leaders nationally and internationally.

## Tribute

Continued from [page 6](#)

Lloyd taught me to always tie a proper 2 handed square knot; how to care for the whole patient; how to be a “complete” surgeon from the nose to the knees and how to critically appraise and contribute to literature. He also sponsored and supported my MRC Fellowships which sent me to Boston and England for several years.

Thank you, Lloyd!

**Marvin Wexler**  
**Professor Surgery-Oncology (Retired!)**

\* \* \*

### TRIBUTE TO THE CHIEF

Dr. Lloyd D. Maclean had a profound influence on my career and I will be forever grateful for the inspiration and guidance given to me by the Chief. In his honor, I present here some of the most significant interactions I had with him that shaped my career.

#### April 2nd, 1973 – The first meeting with the Chief

I first met the Chief face to face on April 2nd, 1973 during a small class surgery teaching session in the Archibald on 10E at the RVH. His session was so inspiring I remember it to this date:

1. Do not let the sun set on a bowel obstruction.
2. Do not anastomose dilated bowel.
3. Do not anastomose bowel in a pool of pus or stool.

This session had a major impact on my decision to go into surgery.

#### April 3rd, 1973 – My first day in the OR with the Chief

I showed up at 7:30 am, got into my scrubs and waited outside theatre 12 at the RVH. I was told showing up late for the Chief's OR was not a good idea. At 7:50 am, Lance, the Chief Resident on Red said “Scrub in”. I did so till my hands were raw and fumbled to put on my gown. The case was a left thoracotomy for a leiomyoma of the lower esophagus. As were draping, the Chief walked in and started to put on his gown. “Make sure he does not send you to broken bones, Nebraska” Lance mumbled under his breath. Then the ballet started. The ease with which Lance opened the chest with the Chief's guidance, the dissection, opening the esophageal seromuscular fibers and removing this golf ball sized tumor was amazing. “That's it, I said to myself, I want to be a surgeon”.

#### March 5th, 1975 – The Chief's office

Dr. Harry HIMAL, program director of surgery at the RVH had sent me to see the chief. I was looking for a straight surgical internship for July 1, and had an appointment with Harry's counterpart at the MGH. The chief said firmly – “No need to do anything else, you will be starting your surgical internship here with us July 1. Now go see Ms. McConnell.” And that was it.

#### April 6th, 1977 – The Chief's office

I came under the influence of Dr. ARC Dobell who convinced me to go into the CVT program after my surgical residency. I was called to the Chief's office about 2 weeks later. “What's this about you going into cardiac surgery. You will do no such thing. You will work with Joe (Meakins) in the lab over the next 2 years to get your PhD and finish your general surgery and come on staff at the RVH as an assistant professor GFTY when you finish. Now go see Joe.” And that was it.

#### October 19th, 1979 – The worst day in my life

I received an embarrassing handshake from Dr. J. Hinchey and an envelope, after my Royal College surgery exams, containing the failure notice of my oral exam. That Monday I was in the Chief's office to personally tell him. He said, “Don't worry about it. Make sure you pass the Quebec exams in three weeks. Go talk to Shorty Long.” With some coaching from senior surgeons at the RVH (Dr. R.C. Long, Dr. H. Shibata, Dr. E.J. Tabah) on proper oral exam responses, I breezed through the Quebec exams.

#### December 5th, 1979 – The Hiring

I was called into the Chief's office again. “Nick, you have more than enough surgery training and your Quebec Boards,” he said to me. “Harry HIMAL is leaving to go to Toronto. You will start on Red Service as of January 1 1980 at the rank of assistant professor GFTU...salary through the McConnell foundation. Now go see Mrs. Feist.” I was so pleasantly overwhelmed I could not say a word. While I started to leave he was already dictating a letter on my behalf to the Dean and to the McConnell foundation outlining the terms. That was the power of the Chief at that time.

#### January 1981 to October 1993

During these years when my career was developing, I had more support, encouragement, and fatherly love I could ever have hoped from the Chief. He supported me (as he did with all his “boys”) in all aspects of my clinical, academic and personal life.

#### Bariatric Surgery and the Chief

The only surgical procedure the Chief did not give to me to do during my surgical training (or any of the chief residents on RED) was bariatric surgery. Dr. AR Force who was helping with bariatric surgery up to 1988 left to go to Boston. The ►

► ef retired in 1993. On September 4th 1995 Dr. Carl Nohr came to see me as head of the Division of General Surgery to inform me that he was leaving in 4 weeks to go to Medicine Hat, Alberta. My problem was to find a replacement to help Dr. APH MacLean, the only remaining bariatric surgeon who was threatening to retire any moment.

The Chief, as always, had succinct advice when I asked for his thought. "Bring Carl back to show how to do 2-3 cases and then you take over. You can do this." I said that Carl could not come except on October 25th." Make sure you get him out to vote at the end of the day" he responded. It was referendum day. Given the results, every vote counted.

The Chief stayed around in the bariatric clinic to make sure that the transition he put in motion went smoothly. He followed with great interest the development of laparoscopic bariatric surgery at McGill. He continued to follow his patient's diligently as part of ongoing research protocols he had started in the 80's to the point where he put his own personal funds into the projects to ensure completion. I know he was proud of the accomplishments of the team when he came into the operating room in 2004 to see how we did the laparoscopic gastric bypass and when we presented our longevity studies after the bariatric surgery to the plenary session of the American Surgery Association in April 2004 there was a glint in his eye!

### Epilogue

I had several influential people in my life and career who guided me to where I am today. Dr. LD MacLean had a very profound influence for which I will be forever grateful.

Thank you, Chief!

*Nicolas Christou MD, PhD  
Emeritus Professor of Surgery, McGill*

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### VIGNETTE FROM DR. JOHN DUFF

I was a third year resident 52 years ago when Dr. MacLean arrived at McGill and the Vic. If ever there was a "turning point" for a department of surgery, this surely was one of them. Within three years, the senior and chief residency experience at the Vic became the best in Canada. We rotated as chief residents in four-month blocks to General Surgery, Cardiovascular thoracic surgery, and Trauma surgery. Four of us passed the FRCS exams while chief residents (Wiegand, Chughtai, Cole and Duff).

I was one of Dr. MacLean's first research residents. We measured CVP and cardiac at the bedside of patients in shock. I'll never

forget one patient who was pale, hypertensive with gurgling breath sounds. Two prominent internists diagnosed terminal pulmonary edema. We measured low CVP and cardiac output and transfused 2 units of blood. Within an hour, the patient was normotensive and able to cough up retained secretions. He recovered. We made other observations about the shock patients we studied. They had respiratory symptoms and abnormal breath sounds. Dr. MacLean suggested we collect all the chest X-rays and show them to one of the radiologists. The radiologists said they were not typical for pneumonia or heart failure. In September 1964, Dr. MacLean and I went to a National Academy of Science meeting in Washington DC where he presented our findings. The Vietnam War was on. Military surgeons said they had observed similar findings in soldiers who recovered from hypovolemic shock. Dr. MacLean's intuition that the lung was involved in shock was dead on. "Shock lung" later became well known as ARDS.

I kept in touch with Dr. MacLean through meetings, visits and letters at Christmas. I am fortunate and forever grateful to have had him as my mentor, colleague and friend.

*Dr. John Duff  
Past Chairman Department of Surgery  
University of Western Ontario*

\* \* \*

### DEAR DR. MACLEAN,

I write to remember and thank you for the many improvements in our surgical training, and the example you set of an academic surgeon. Your insistence on a reasoned approach to the surgical care of the patient and the encouragement to seek solutions to medical problems through clinical or pure research were guiding principles.

Our first meeting in 1962 seems like only yesterday. I was a junior assistant resident in surgery at the time. Needless to say, we were all awed by our new Chief, a trainee of Dr. O. Wangenstein. It was the beginning of a 25 year journey of interest, and activity, at times exhaustive, culminating in mutual respect and friendship in your post retirement years.

We were indoctrinated with the idea of the "complete" care of the surgical patient, and became well versed in the ability to manage all aspects of their care. Journal club and the importance of the medical literature was emphasized. Ward rounds took on a new importance and academic tone. Questions were asked, reasoned answers prevailed. We were strongly encouraged to participate in an additional year of clinical investigation or pure research in the surgical labs. ►

► By the time I finished clinical surgical training; the surgical research lab had been established and included a hyperbaric chamber. Under your tutelage, the predictive value of arterial lactate, a marker of tissue oxygen deprivation, had been studied and reported. Markedly increasing the blood oxygen tension under hyperbaric conditions had not been found to alter the course of persistent shock. The stage was set for the clinical investigation into the septic shock state. A "shock team" was formed with the goals of recognition, hemodynamics, and effective treatment. Drs, John Duff, Bill Mulligan, and I, with the assistance of Bob Wigmore (the retired hard-hat diver in charge of the hyperbaric chamber) and Bhami Kerpada (our lab technician) made up the team. It was a 24hr-on-call service for the surgical department, with bedside investigative capability.

The techniques of the investigation were mastered in the lab with experimentally induced endotoxic shock. At times you were humorously referred to as "L.D. 50". The intricacies of the dye dilution cardiac output determination, using an analog computer, were endured and mastered. We went on to report these studies in the medical literature. Shock research went on for another 4 to 5 years. In subsequent years, with Dr. Alan Groves, clinical investigation of oxygen consumption (measured by collecting expired gas from ill patients along with arterial and mixed-venous oxygen content) was carried out.

As an outcome of the need for specialized care, the Surgical Intensive Care Unit was born. Surgical residents and nurses were specially trained and became proficient in the management of the critically ill patient. Analysis of each clinical case provided ideas for further investigative efforts. One such case stood out and caught your attention. A young patient with acute appendicitis, who eventually died of recurring sepsis, despite repeated abscess drainage, focused your attention on his immunological status. Dr. Julius Gordon identified the patient's immunological deficits. This initiated an absorbing interest in the immune competence of the surgical patient.

Over the past 20-30 years, you have brought about a many and varied approach to the support of patients with system dysfunction.

**Peter McLean**  
**Retired, Surgical Staff (RVH-MUHC) 1966-2005**

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### **ODE TO THE CHIEF**

In July 1962 when I returned from training at the London Hospital, Lloyd MacLean as the new Chief of Surgery at the RVH asked to meet me for lunch at the Ross Coffee Shop, as I was to be his

Chief Resident starting January 1st. At the counter, sitting on the stools, he explained that Rock Piffare would be the Chief Resident in CVT and that I was to be the Chief Resident only in General Surgery, as he was separating the services. Well, this was fine by me.

From then on, I spent my career with L.D. Here are some of the things he did for me – he took me on staff, gave me an office on the 10th floor and to initiate my career, obtained two grants: The Hosmer Fellowship and The Canadian Insurance Scholarship. He also got me an appointment as Medical Director of the Queen Elizabeth Hotel.

In 1966, L.D. and John Gutelius sent me for a 6 week course in Medical Education at the O.R.M.E of the University of Illinois under Dr. George Miller.

In the following years, I participated in the Renal Transplant program, the new SICU on 8 West, the 3 general surgery services (Green, Red, and Blue) and the elaboration of an Emergency Medical Residency Training Program for both the Quebec and Royal Colleges.

In our very busy academic and hospital roles, there was never a dull moment; Journal Club, M&M Rounds, Grand Rounds were active and fully attended. The best were the McGill Inter-Hospital Surgery Grand Rounds.

Lloyd was a positive leader with a cheerful attitude and most of the time was in good humour. You could never answer a question with "I don't know!" You had to say "I'll find out!" Along with the other fine surgeons of the Department, we made a good team.

Our patients benefited from his character as leader and friend. He touched our lives greatly and we mourn him sincerely.

**E.D. Monaghan, MD**  
**The Square Knot, Ex-Editor**

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### **DR. LLOYD D. MACLEAN,**

LD had an effect on all his residents. He was particularly interested in supporting their careers and provided a model of the clinical surgeon as well as an academic surgeon. At one time in the late 70's and early 80's more than half of the Canadian contributions to the ACS Surgical Forum came from his department. He was able to think laterally and incorporate disparate trains of thought into new insights helping to advance clinical practice and approaches to difficult

► problems. Examples include but are not limited to transplantation, shock, infection and immunity, and bariatric surgery.

When I think of LD, his ability to crystalize a situation into a simple sentence, often funny, surfaces immediately. When I was Chief on red Service and unhappy with the Head Nurse's relations with the residents, he said: "Look, Head Nurses are harder to find than Chief Residents!" In a particularly difficult situation in the OR: "For God's sakes don't help me!". In the OR one day, when things were not perfect and visitors arrived, he said in tempo: "... a bit of difficulty, we're slow but stupid." The tension dissipated and the case went well. When I asked for advice about where to do my Surgical Infection Fellowship, given a choice between an outstanding Boston medical unit or the Surgical program in Cincinnati, he said: "Are you going to be a surgeon?" finalizing the conversation. In the early 70's, residents were complaining about work hours, which conflicted at the time with his expectations. After some discussion, the meeting was terminated with: "Look -----, this is not a democracy!"

A key characteristic surfaced in Morbidity and Mortality rounds. It was his ability to be chair one minute, and a regular surgeon with a complication the next. When, as it happens to all of us, he had a complication, he could relinquish the chair, be quizzed about the case, accepting that there might have been a better approach as we all had to do from time to time. When it was time to move on to the next case, he resumed the chair. Thus a level playing field was there for everyone.

His many qualities and examples of leadership remain and form an important part of the department's culture.

**Dr. Jonathan L. Meakins**  
**Professor and Past Chairman of Department of Surgery**  
**Director, Art and Heritage Centre, MUHC**

\* \* \*

I had the privilege to join the Department of Surgery in July 1968. The process for appointment in those days was much simpler than currently. After spending a day at the Royal Vic in the spring, to meet Drs. MacLean, Dobell, Monaghan and a few others, I went back home. Within two weeks, I received a telephone call: "Hi Jean. This is Lloyd MacLean speaking. We will be glad to have you join the department. You can start July 1st. Mrs. Feist will take care of the details." When I informed Dr. W.W.L. Glen, my former chairman at Yale University, of my appointment, he answered: "Congratulations! Lloyd is a fine man." That said it all. Dr. MacLean's reputation was already well-established throughout the United States. At the Royal Vic,

with the other young recruits at the time, I benefited from his influence and as a role model. He showed us how to become scientists as well as practicing surgeons.

He had a passion for measuring clinical parameters, providing critical assessment, reporting at meeting, and writing papers. He helped me more than once to write manuscripts to present to the American Association for Thoracic Surgery (AATS), the Royal College of Physicians and Surgeons of Canada, and at many scientific meetings. At the beginning of my career, coronary artery bypass was in its infancy. Dr. MacLean made arrangements for me to spend time with Dr. Dudley Johnson in Milwaukee to perfect the technique. Dr. Johnson was the undisputed guru of coronary bypass surgery at the time.

He was the chief but, on a day to day basis, he had an open door policy: always available to discuss issues, solve problems, and provide encouragement.

His interests in surgery were broad. He was personally involved in general surgery, cardiac surgery, thoracic surgery, bariatric surgery, and septic shock treatment. The list was endless. Every time he pursued a study, he would involve junior attending and resident staff. He drew our interest, our cooperation and our respect.

He was warm and jovial. We could not have had a better after-dinner speaker for our social or academic reunions. He remembered anecdotes related to each of our careers. He could recall them with great detail and humour.

In the latter part of his life, he never put aside his attachment to the Department of Surgery. On every occasion, he would participate in our reunions and provided critical commentary on the work that was being carried out. He would enquire about our personal development, our progress, and our lives.

He will be remembered as a 'fine man', an individual who cared for others, who helped everyone, and who was generous with his time. He was a giant among his contemporaries. Although well aware of his accomplishments, he remained modest throughout his career. He believed in others and trusted their loyalty.

Farewell,

**Dr. Jean E. Morin**  
**Clinical Director, Surgery (RVH)**  
**Department of Surgery, MUHC - Adult Sites (RVH and MGH)**

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► **REFLECTIONS ON MY CHIEF, LLOYD D MACLEAN**

In 1962, during my residency in General Surgery at the Royal Victoria Hospital, L.D. MacLean replaced Donald Webster as the youngest Chairman of a Department of Surgery in Canada. He was the product of the superb training program established by Owen Wangensteen at the University of Minnesota in Minneapolis, who is reputed to have turned out more chairmen of surgery than any other person in the United States during that era.

Likewise, many of the chairmen of the university departments of surgery in Canada, in the ensuing years, were products of LD's visionary training program at McGill. These surgeons came from who he recruited as full-time members of his new Department.

On a personal note, I am deeply indebted to LD for asking me to stay on and furthering my academic career for which I remain eternally grateful.

**1. Radioactive Microspheres**

Soon after his arrival, to gain knowledge about radioactive microspheres for the treatment of Cancer that he had used in the US, he sent me to Oak Ridge Tennessee to take a course in Nuclear Medicine. With this knowledge, I proceeded to inject the substance into the feeding arteries of patients with large cancers in an attempt to shrink their tumours through internal radiation, but to no avail. However, the technique was used to map out the circulation in tumours and found that the periphery of tumours was rich in blood vessels, but the central areas had little or no blood flow.

This research project was the basis for my thesis leading to a Master's Degree in Experimental Surgery at McGill.

Another project where I put these microspheres to good use was for the diagnosis of pulmonary embolism. I used this technique on LD himself when he developed this complication soon after he broke a leg falling off a bicycle in front of his home in Westmount. Prompt treatment resulted in a live patient!

**2. Bariatric Surgery**

The other area of collaboration was the use of intestinal bypass for the treatment of Morbid Obesity. As a Chief Resident, I started performing ileo-colic bypasses on overweight patients and performed about a hundred operations before being joined by LD who took over as I had decided to make Surgical Oncology my main career goal. He made tremendous scientific progress in this field making the stomach the main target in bypass procedures that have been highly successful in the morbidly obese.

**3. Hyperbaric Chamber**

Another of LD's interesting projects was to use hyperbaric oxygen in managing patients in shock, in treating infections and ischemic limbs etc. I managed to treat about 10 patients with cancers giving them chemotherapy in the chamber to increase blood flow to their tumours but to no avail.

**4. Surgical Oncology**

With his consent, in 1972 I co-founded the Melanoma Clinic for Immunotherapy, the first in Canada. In 1974, I joined the National Surgical Adjuvant Breast and Bowel Project a cooperative Clinical trials group as the principal investigator at the RVH. He participated in accruing his Breast Cancer patients to the milestone mastectomy protocol, B-06 and willingly performed lumpectomies on those patients so randomized.

In 1988, when I began the first Canadian Surgical Oncology Fellowship training program at McGill with his approval, he designated me as the Director of this Program, which later was recognized by the Royal College for accreditation for certification in 1994.

Soon after his arrival, we quickly learned that LD was a fearless but capable surgeon who could manage almost any procedure. He instilled in all of us the concept of making contributions in both basic and clinical research. This was a major thrust in his endeavour to make his Department the best in North America! For his vision, leadership and perseverance he earned our respect and trust, and was recognized and honoured by all the major surgical organizations in the US and Canada.

As is the norm, he mellowed with age. I enjoyed playing golf with him with clubs we bought him when he was honoured with an Order of Canada and reminiscing about the good old days in his Condo overlooking the St Lawrence.

So in his memory, I wish to dedicate this short reflection on my personal journey in the shadow of this great leader of men. May he rest in peace!

**Henry R Shibata MD MSc FACS FRCSC  
Professor Emeritus McGill University  
Senior Surgical Oncologist MUHC  
Chairman Emeritus Cedars Cancer Institute**

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**REMEMBERING "LD"**

He had recently arrived at the "Vic" – a disciple of Minnesota's famed Owen Wangensteen – a larger than life persona who would rapidly establish his own following.



► Applying for residency in those days was far less complicated than today. It was during my rotating internship that I first met the “Chief”, applied for a position, and had my interview all in the time it took to ride up the elevator after a chance encounter. “You are Turnbull – you chose surgery – you are doing it HERE (i.e. NOT in General)?” – “Yes, sir!” – “Fine!” he said and that was it!

After a less than stellar presentation at rounds, he reminded me I was no longer a student and he was “not here to make friends”. But friends he made – followers for whom the initials “L.D.” stood for “loyalty” and “devotion” for many as they climbed their career ladders.

An observation during my M.Sc. lab work led to a memorable “ride” with him (and a dog) in the Hyperbaric Chamber. This was followed by warm encouragement, published papers and a resultant thesis.

After completing General and Thoracic Oncology Fellowships at Memorial Sloan Kettering Cancer Centre (NYC) I was appointed Attending Surgeon and Director of the Institute’s first Multidisciplinary Intensive Care Unit. This was largely from lessons learned from Lloyd, Peter and John, pioneers in the early years of Critical Care Medicine. This interest was also prompted by my having incurred L.D.’s wrath as a junior resident (unwise at best) by calling a medical consult on a patient he thought I should have known how to manage! He was always candid and more than capable of defending his convictions if one dared to challenge him!

Early on, a request for him to come to MKSCC as a Visiting Professor was responded to with a curt “of course”. We have been honored by similar visits from several of his “disciples” over the years. His early support was gratefully acknowledged by dedicating my book on “Surgical Emergencies in the Cancer Patient” to him.

At annual department functions one could count on a warm reception with his mention of “the little things” from prior moments shared. Recalling an occasion in his honor, he wrote “they told a lot of stories about me and many of them were true”. I am sure he is up there somewhere, laughing at those now being told as we celebrate his life.

I remember Dr. MacLean as a complete physician who was a technically superb surgeon, teacher, scientist and statesman for our profession. The Department is indeed fortunate that those who have worn his shoes of leadership after he “stepped down but not away”, have filled them with distinction.

**Alan D.M. Turnbull, MD,  
MSc, FRCS(C), FACS, FCCP**

## **A TRIBUTE TO L.D. MACLEAN**

I started to work for Dr. Lloyd MacLean in Expo year 1967. On the first day of my job I knew that I was going to work for an unusual person. Mrs. Brenda Cornell, administrative assistant of Dr. Turner, the executive director, had called me into her office and mentioned that Dr. MacLean had a secretary he simply could not get on with. She thought that I would be right for this opening. I went for an interview and decided that this was a person I could and would like to work for. He seemed so determined and competent with a great sense of humour and booming voice.

What I found in the secretary’s office was a disaster. Heaps of unfiled letters were scattered all over the floor, I had no idea what I should do with them. I asked “The Chief”. His answer was plain. “Look, I use the scalpel and you look after papers. Do with them what you like. We are not here to make friends. We are here to get things done.” I threw the papers out. It was he who taught me how to make a difficult decision. “You decide what to do. Then come and tell me what you have decided and I shall say yes or no.” When I come across a difficult decision now I think of him and make it.

In the first few years I looked after his patients. I loved that. He was a real doctor who cared for his patients in a way that made me stand in awe. He was making house calls. In those days there was no Medicare, and he wouldn’t charge patients who couldn’t afford it. I found a whole box of unpaid bills and without his knowledge began to collect what was owed to him. He really didn’t like the idea but I am sure many people took advantage of his good and kind nature.

He hated to go to meetings. All he wanted was to be in the OR. But he did have to attend the executive meetings, which he hated the most! On one occasion he got back to the office, threw the folder on the floor, told me to file it, and said, “I have made enough enemies for one day, I’m going home. If you have finished your work, you can go home too.” There was a lot of laughter in the office that day. His one-liners were priceless.

LD – as I called him – was a great man. He was a force. His patients loved him and he had something to say people listened. He also had a temper. I heard him on the phone to the Admitting Office one day insisted there was no bed at that moment to admit his patient. He blew his top. He sent me to go “down there” and not come back without having a bed. I wouldn’t have dared to return without getting that done.

When I was promoted to be his administrative



▶ assistant my life changed. I didn't see much of him but worked for him at the McGill Department of Surgery for close to 20 years. To be his administrative assistant was a challenge because it included budget control and appointment forms which I hated but I didn't want to fail him.

Because he hated bureaucracy he wouldn't fill in an evaluation form for me. He just explained that I had worked for him satisfactorily for years and deserved a raise. He signed it in

large letters with a big grin.

It shook me when he died. I spent a big chunk of my life with him and will never forget this colourful and world famous surgeon who taught me so much and supported me so patiently for many years. ♦

**Ursula Feist**  
**Administrative Assistant to the Chief of Surgery, RVH**  
**Holocaust survivor**

## Obituary

### **NORMAND JOSEPH BELLIVEAU, M.D.** **APRIL 9, 1922 - JANUARY 29, 2015**

By Gerald M. Fried, MD, FRCSC, FACS, FCAHS

It is with profound sadness that we share with you the passing of Dr. Normand Belliveau on January 29th, 2015. Dr. Belliveau was a loving and caring husband, father, colleague, mentor and friend who passed away with his wife by his side.

Normand was born in Belliveau Cove, Nova Scotia, to Eulalie Comeau and Ulysse Belliveau. In 1942 he graduated Summa Cum Laude with a B.A. from Collège Sainte-Anne, Church Point, N.S. From 1944-46 he served in the Royal Canadian Army Medical Corps, whilst studying medicine at Université Laval in Quebec City. He was the first francophone to practice at the Royal Victoria Hospital, with which he continued his association for 50 years as senior surgeon and associate professor of surgery at McGill University. He had many interests and associations both political and professional. He was offered a senate position by the late Honourable Lester B. Pearson, which he declined.

Some of the highlights of Dr. Belliveau's career:

- 1958: He was one of the seven doctors who launched the Canadian Medical RSP Fund, now known as MD Financial Management.
- 1965-'66: He was president of the Quebec Medical Association.
- 1967-'68: As the 100th president of the Canadian Medical Association in its centennial year, he was delegated to be Queen Elizabeth II's surgeon during her visit to Montreal for Expo 67. He accompanied Prince Philip, as his deputy, to inaugurate the Pan Am Games in Winnipeg.
- 1970-1990: Internationally, he represented the Medic Alert Association for the Americas.

- 1988-1995: He was president of the Canadian Medical Protective Association.
- 1964: He received an Honorary Doctorate of Science at Collège Sainte-Anne, N.S.
- 1967: He received an Honorary Doctorate of Law from Dalhousie University, in Halifax, Nova Scotia, along with the Queen Mother and the late Honourable Lester B. Pearson.
- He was the proud recipient of the Centennial Medal of Canada in 1967, the Queen Elizabeth II Silver Jubilee Medal in 1977, the Queen Elizabeth II Golden Jubilee Medal in 2003 and the CMA Medal of Service in 2004.

His keen interest in the area of breast cancer led him to the far North and throughout Europe and South America to research & exchange ideas along with his colleague, Dr. Ray Lawson. In 1969, he opened his own breast center, abandoning radical mastectomies and advocating lumpectomies as the treatment of choice for breast cancer.

He was captain of the Canadian team at the International Tuna Tournament in Wedgeport, N.S. in 1966 and later director of the International Tuna Cup Matches. He enjoyed spending time in the Maritimes aboard his boat the MIRABEL.

Normand was the loving husband of Karen Hettel, and the late Berthe Lamontagne, and a proud father of eight sons - Normand (Suzanne Magnan), Michel (Marianne Saulnier), Paul (José Létourneau), Jean (Louise Sarrasin), Guy (Josée Charbonneau), Marc (Christine Fraser), Nicholas and Sébastien - 13 grandchildren and 11 great-grandchildren. His son, Dr. Paul Belliveau, was also a respected member of the McGill/RVH Surgical Faculty before moving to Queen's University, where he now works. Predeceased by his sister Anita, he is survived by his sisters Ella (Louis Compte, deceased), Aline (Sheldon Johnson, deceased), and Odette (Charles Lafontaine). He will be dearly missed by his brother's-in-law- Laurence Hettel (Elaine Beïque), Christopher Hettel (Joy Chaif), and numerous nieces and nephews. ♦



**T**he McGill University Health Centre (MUHC) is undergoing a transformation this year with the opening of its new Glen site, which will impact health care for generations.

## McGill Homecoming and Medical Symposium

THREE DAYS OF EVENTS INCLUDING EXCLUSIVE GUIDED TOURS OF THE GLEN SITE

To celebrate the medical heritage of both the MUHC and McGill University, the two institutions have joined forces to host three days of events, including homecoming celebrations, a medical symposium and guided tours of the new Glen site for current and former physicians, nurses, health professionals, researchers and residents.

The event kicked off on Thursday, March 26 with a Homecoming dinner at Le Centre Mont-Royal. It was a unique opportunity to mingle in an intimate setting with McGill University Principal and Vice-Chancellor Suzanne Fortier.

Those responsible for organizing this event included: Dr. David Goltzman, Chair of the Homecoming & Medical Symposium; Dr. Phil Gold, Chair of the MUHC Alumni Association; Drs. Richard



and Sylvia Cruess, Co-chairs of the MUHC Legacy Committee; Dr. David Eidelman, Dean of the Faculty of Medicine and Vice-Principal (Health Affairs) at McGill University; Suzanne Fortier, Principal and Vice-Chancellor at McGill University; Normand Rinfret, Director General and CEO of the MUHC.

A full-day Medical Symposium followed on Friday, March 27 at

Le Centre Mont-Royal where honorary degrees were conferred upon two exceptional leaders: Dr. James Hogg and Dr. Jonathan Meakins.

Dr. Hogg is widely recognized as the world's leading authority on the pathology of chronic obstructive lung disease. It was under his leadership that the Pulmonary Research Laboratory at St. Paul's Hospital in British Columbia developed into the foremost laboratory for clinicopathological lung research in the world.

Dr. Meakins, former chair of McGill's Department of Surgery and surgeon-in-chief of the MUHC, has been a world leader in general surgery, widely known for his pioneering work on infection and immunobiology. He also held the position of Nuffield Professor of Surgery at the University of Oxford, considered one of the most prestigious positions in surgery internationally. To learn more about these two outstanding recipients please see [this article from the McGill Reporter](#).

The symposium was free but participants needed to register online. You can [see the program here](#).

Some of the MUHC's and McGill's foremost experts in their respective fields offered insight into the future of health care and science through a variety of topics:

- Memory and the brain: Looking back and looking forward  
**Brenda Milner**, CC, GOQ, FRS, FRSC, PhD, DSc
- Both in Health Sciences and Health Institutions Change is Inevitable: Celebrating the Past, Embracing the Future  
**Henry Friesen**, CC, OM, MD, FRSC, FRCPC
- Genomics pave the way in pediatric brain tumours  
**Nada Jabado**, MD, PhD
- Teaching Old Drugs New Tricks (with Genomics)  
**George Thanassoulis**, MD, MSc, FRCPC
- Tuberculin and the origins of cell-mediated immunity  
**Marcel Behr**, MD, MSc, FRCPC
- Advancing Health Care  
**James Hogg**, OC, OBC, MD, FRSC, PhD
- The evolution of organ transplantation  
**Jean Tchervenkov**, MDCM, FRCSC, FACS
- The Quebec Regional Trauma System - the role of the MUHC - Past, Present and Future  
**Tarek Razek**, MDCM, FRCSC, FACS
- Building bridges from knowledge to action: It takes a team  
**Annette Majnemer**, OT, PhD, FCAHS
- Patient and family partnership: A central aspect of quality nursing care  
**Andréanne Saucier**, RN, MSc, CON(C)
- Telehealth, redefining the social contract

► between the patient and the caregiver in a new environment

**Johanne Desrochers**, RN, MSc Health Adm

- Improving patient safety through simulation  
**Kevin Lachapelle**, MDCM, MSc, FRCSC
- A Medical Student's Reflections on the New MDCM Curriculum  
**Nebras M. Warsi**, President, McGill Medical Student Society.

The events concluded on Saturday, March 28 with exclusive guided tours of the new Glen site hospital and research facilities.

"We're proud to present this timely celebration of our alumni's accomplishments and dedication," said Dr. David Goltzman, Chair of the Homecoming & Medical Symposium.

"It will also be a chance for all of us to reflect on the future of medicine alongside some of today's greatest physicians, nurses, health professionals, researchers and residents."

It was an excellent opportunity to reconnect with former colleagues and to be part of history!

For more information you can visit [muhclovesmtl.ca](http://muhclovesmtl.ca)

The events would not have been possible without the generous support of the following presenting sponsors: BLG and RBC Royal Bank, as well as gold sponsors Canadian Medical Association, Monit, Paladin Labs and Raymond Chabot Grant Thornton. ♦

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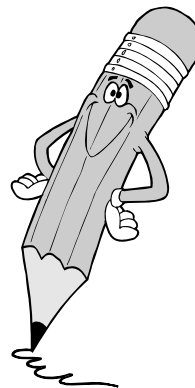
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