

THE SQUARE

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PEDIATRIC GENERAL SURGERY AT THE MCH:

NEW CAPTAIN, NEW CREW, STEADY COURSE

On April 1st, 1996, soon after turning 65, Dr. Frank M. Guttman stepped down as Division Chief in Pediatric General Surgery, a position he filled with honor since 1981. When he

took over the service from Dr. Herb Owen, the other staff were Drs. Harvey Beardmore, David Murphy, Noelle Grace, Gary Mackie and Sami Youssef. (Dr. Karn died suddenly in 1981). Since

Pediatric General Surgery at the MCH

By Jean-Martin Laberge, M.D.

then, Dr. Grace moved to Toronto, Dr. Mackie to California, Dr. Owen died while still clinically active, and Drs. Murphy and Beardmore retired. Dr. Luong Nguyen started on staff in 1982, and I started in 1983. The service remained active clinically, adding programs in liver transplantation, ECMO and renal



(please see MCH, pg. 4)

The Montreal Children's Hospital

KNOT

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DEPARTMENT OF SURGERY

NEWSLETTER

McGILL UNIVERSITY

FALL 1996





Letters to The Editor

Letter from an alert reader, **Dr. Arthur N. Freedman**, who points out that the caption under the photo of the surgeons who re-implanted an arm in a patient on page 23 of the last issue should have read 1962 and not 1970.

Dear Editor

I wanted to thank you for including me on your alumni list for the Square Knot. Montreal General Hospital and the associated McGill Hospitals have meant so much to me over the years. It is an excellent publication and I thank you so much for your efforts.

If I can do anything for you on the West Coast in terms of contacting other McGill alumni or perform any administrative functions please do not hesitate to ask.

Once again, thanks. With best wishes and warmest personal regards.

*Howard W. Klein, M.D.,
Plastic & Reconstructive Surgery,
Sacramento, California.*

Dear Editor

Thank you for sending me a copy of The Square Knot winter 1996 edition. I was very glad to read it, and I was surprised to find news on myself which appeared on page 18. I guess that Dr. Chiu had told you the story. It is very nice to know what is going on in the McGill Surgery community.

I have been working in the field of Hand and Orthopaedic Surgery, and especially interested in peripheral nerve injury. I met with Dr. Williams at the annual meeting of the American Society for Peripheral Nerve in St. Louis. Hopefully, I will be able to start a clinical study of muscle stimulation with him in Japan.

I also would like to subscribe to coming Newsletters. I am enclosing a cheque of \$25 for McGill Surgery Alumni and Friends.

*Dr. Koichi Nemoto,
Assistant Professor of Orthopaedics,
National Defense Medical College, Japan.*

Dear Editor

Letter from **Dr. Stephen F. McCartney**, who did a Vascular Fellowship at the RVH from 1987 to 1988. He is currently doing Vascular Surgery in Santa Monica, California. He has been promoted to a four-ring Captain in the U.S. Naval Reserve and is Regimental Surgeon for the 23rd Marine Combat Team. In this capacity, he is responsible for the medical readiness of 3,000 U.S. marines.

Dear Editor

I really enjoy receiving the Square Knot. It always brings me back to 1970 when I started my urological residency by doing my first three months of General Surgery on the Blue Service. Coming from three years of pure bliss as an officer in the Canadian Army Medical Corp, I found myself in a situation worse than "boot camp" and it took me a while to adjust... but I survived!

I have been very busy with both practices and the politics of our societies. I was President of the Quebec Urological Association from 1990-1992; President of the Northeastern Section of the American Urological Association in 1993; and now President of the Canadian Urological Association since June 1996. Working closely with Professor M. Elhilali, Chairman of McGill Department of Urology and Dr. Luc Valiquette from St.-Luc Hospital. We will be hosting the Société d'Urologie in Montreal in September 1997.

I invite all my confreres urologists to join us at this international meeting. Thank you again for staying in touch. ♦

Normand Sullivan, M.D.

Upcoming Events

November 16, 1996

Associations des chirurgiens généraux du Québec Exercice d'auto-Évaluation, Hôtel Westin Mont-Royal, Montréal.

November 21, 1996

L. D. MacLean Visiting Professor—
Dr. Carlos A. Pellegrini will be the guest. He is Professor and Chairman of Surgery at the University of Washington in Seattle. McGill Alumni and Staff are invited to the day's events and banquet.

January 23, 1997

H. Rocke Roberston Trauma Visiting Professor— **Dr. Thomas A. Gennarelli**, a Neurosurgeon from Philadelphia will be the Visiting Professor.

February 13, 1997

McGill General Surgery Day—
Dr. Luc Deschênes will be the Visiting Professor. He is Chairman of the Department of Surgery of Laval University and is the President of the Royal College of Physicians and Surgeons of Canada. Both Staff and Alumni are once again invited to present their work.

February 13-15, 1997

Society of University Surgeons
Tampa, Florida.

March 6-9, 1997

Central Surgical Association
Chicago, Illinois.

April 2-3, 1997

The Edward J. Tabah Visiting Professor in Surgical Oncology - Cedars Cancer Institute— **Dr. Samuel A. Wells, Jr.**, Chairman of the Department of Surgery, Washington University School of Medicine.

April 6-8, 1997

American Association of Endocrine Surgeons, Baltimore, Maryland.



PERATIONS THAT ARE PASSÉ...

The light which experience gives us is a lantern on the stern which shines only on the waves behind us. The image is beautiful but the message misleading. Calvin Coolidge

Editorial

By E.D. Monaghan, M.D.

Radical Mastectomy? When is the last time one of these was done at McGill? Is it still indicated for male patients with carcinoma of the breast? We have gradually evolved through the phase of modified radical mastectomy to breast conservation surgery at the present. It is interesting to review **old** operations which have been abandoned as well as the almost complete disappearance of some operations of the **recent past** and consider how many **contemporary** operations we will still be doing in the future.

Regarding the **old** operations, consider the following: - Gastropexy for gastroptosis; gastrojejunostomy alone for peptic ulcer disease; nephropexy for "floating kidney"; thoracoplasty for pulmonary tuberculosis with cavitation; lumbar sympathectomy; and double barreled colostomy with restoration of continuity by means of the Devine or DeBakey-Oschsner enterotomy. These are only of historical interest.

There are an astonishing number of relatively recent operations which have been modified by current knowledge and technology. For starters, only rarely are paramedian incisions used. In the management of hiatus hernia, we used to argue whether the right crus should be repaired anterior or posterior to the vestibule of the esophagus and with absorbable or non-absorbable sutures! We now know, of course, that it is the competency of the gastroesophageal-sphincter which is the culprit in reflux esophagitis. Pilonidal sinuses (?fistulae) would be excised with a wide elliptical incision and allowed to granulate in by secondary intention. The latter healing process sometimes took months and was quite disabling to our patients. The treatment of the hairs in a pilonidal cyst now consists of removal of these under local anesthesia in an ambulatory setting. In the late sixties, it was not uncommon to perform bilateral adrenalectomies and oophorectomies for advanced carcinoma of the breast. Though there were definite indications for this major procedure at that time and though the response was about 25%, we now have better methods of hormone management. The Brunschwig total pancreatectomy for carcinoma of the pancreas has been abandoned because it left the patient with a difficult to manage labile diabetes mellitus. In cases of colonic bleeding, colonoscopy, scintigraphy and/or mesenteric arteriography have happily precluded us

from performing the multiple Turnbull colotomies. In trauma, there have been major strides. For example, when laparotomy is indicated for trauma, splenorrhaphy in many cases will be preferred to splenectomy. Cecostomy is rarely used nowadays because though it may decompress the large bowel it does not defunction and it is difficult to manage. In the management of epidermoid carcinoma of the anus, the more conservative Nigro procedure may be elected rather than abdomino-perineal resection.

Nowadays, the cause of abdominal pain can still be mysterious. However, after a careful history and physical examination, we are much aided by ultrasonography, x-rays including CT and MRI scans and even laparoscopy. This is so true that nowadays exploratory celiotomy is a rarity.

Surgery is a continually evolving discipline. By constantly reviewing our standards by means of Morbidity and Mortality Rounds; looking at our data and peer reviewed articles, we can continue to maintain high quality care by up-to-date methods of surgical treatment. With the explosion in technology, we can now do endoscopy and Minimally Invasive Surgery never dreamt of before. Witness the *stapler*! Every Resident now learns to use the EEA, the GIA, the TIA and even the roticulator. Whatever happened to the Von Petz clamp?

At the recent meeting of the Royal College and CAGS in Halifax in September, we heard about the experience in laparoscopic cholecystectomy, Nissen fundoplication, adrenalectomy, splenectomy and bowel resection in Crohn's disease. There are so many open operative methods to cure inguinal hernias that entire textbooks have been written on this subject. Currently, this can be relatively simply managed by laparoscopic herniorrhaphy.

What next? To maintain that we must keep abreast seems trite and simplistic and yet a Surgeon in his or her career must always be on the lookout for methods to improve the surgical treatment of our patients. ♦

► Upcoming Events (Cont'd)

May 12-14, 1997

The Society for Surgery of the Alimentary Tract. The Annual Meeting will be held in Washington in conjunction with Digestive Disease Week.

September 25-28, 1997

Royal College of Physicians and Surgeons of Canada
Vancouver, British Columbia.

► transplantation. Teaching activities increased with involvement in several CME courses and significant contributions to the development of an Advanced Pediatric Life Support course. Basic science research continued in the fields of organ

MCH

(continued from pg. 1)

transplantation and preservation, and in fetal surgery. After years of being understaffed (including thirteen months with only three surgeons), Dr. Kenneth Shaw joined us in July 1994, followed by Dr. Hélène Flageole this past July, and we are awaiting Dr. Annie Fecteau's return next July. A tribute to Dr. Guttman's enthusiasm and multiple qualities is the influence he had on young residents. No less than ten McGill Surgery residents decided to pursue a career in Pediatric Surgery (Jean Laberge, Rick Superina, Ian Neilson, Dickens St-Vil, Baird Smith, Sandeep Mayer, Hélène Flageole, Annie Fecteau, Sarah Bouchard, Dan Poenaru). We can add at least two McGill medical students to that list (Ken Shaw and Harold Brem), and there are more who are seriously considering it at present (Andrew Zigman, Mona Beaunoyer to name a few).

In June, we honored Dr. Guttman by having a homecoming. Most of the pediatric surgeons who trained under his direship returned to the MCH for this special two-day event. Not only did the former fellows show their gratitude to "Uncle Frank" by their presence and kind words, but they helped establish the "Frank M. Guttman Visiting Professorship Fund". This Fund will allow our service to invite a pediatric surgeon every year in June, to continue a tradition started by Dr. Guttman when he was Chief. The plaque made to commemorate this event bears Dr. Guttman's picture and the following inscription: "Frank M. Guttman Visiting Professorship, established in his honor by his former fellows and his friends. Founding member of the Canadian Association of Pediatric Surgeons. More than a clinician, a warm individual appreciated by his patients, their families and his colleagues. A dedicated researcher and leader in the field of organ preservation and transplantation. Above all, a great teacher who has molded with a fatherly approach generations of pediatric surgeons". Below this text, the name of the visiting professors will be engraved each year.

Dr. Guttman not only stepped down as Division Chief in April, but decided to retire from clinical activities in August. We are grateful that he continues to attend rounds, to give advice and that he will maintain some research activities. He is also spending time to write a book on a subject he has been researching for years: A biography on Senator Têléphone-Damien Bouchard, "un rouge féroce".

The new blood on the service will help maintain the tradition of excellence in patient care that has been the hallmark of the MCH. In addition, it will help us better organize some of the

clinical activities, as well as expand teaching, research and administrative activities at all levels (MCH, MUHC, McGill, Royal College, Canadian Association of Pediatric Surgeons and others). Luong Nguyen remains Director of the Surgical Emergency Room, and I am the Trauma Program Co-ordinator. I also was recently appointed Surgical Co-Principal Investigator for the Pediatric Oncology Group, while Lou remains the Co-chair of the Tumour Board. With Ken Shaw's research in fetal nutrition well under way, he will gradually take over some of the responsibilities for the Trauma Program. Hélène Flageole will be our surgical representative on the Pediatric and Neonatal Intensive Care Units' Committees and will be especially involved in ECMO. Upon her return from Cincinnati after a transplantation fellowship, Annie Fecteau will greatly help us in liver and kidney transplantation, and will be ready to set up a small bowel transplant program when this becomes indicated.

Most of the readers of the Square Know know me and Lou Nguyen, so I will talk a bit more about our recent additions to the service (even those who don't know Lou must have heard from the junior residents something about his charming personality: "to know him is to love him", stated his most recent evaluation; or something about his great humility "I'm just a lucky surgeon"; or something about his famous post-op protocol "Feed, send home!").

Ken Shaw attended medical school at McGill, did his General Surgery Residency in Ottawa, then spent two years in the laboratory under Dr. Fonkalsrud at UCLA, working on trans-amniotic fetal feeding (TAFF) as a method to prevent or correct IUGR (intra-uterine growth retardation, for those who have forgotten all about obstetrics and neonatology). After this, Ken returned to Montreal and completed a two year Pediatric Surgery Fellowship program at Ste Justine Hospital. Ken has been awarded funds from the Montreal Children's Hospital Research Institute to initiate a project on TAFF in fetal rabbits, and he hopes this will become a clinical tool to treat human IUGR with a few years.

Hélène Flageole went through McGill as well and completed all her General Surgery and Pediatric Surgery training here. During her research year as an R-3, she obtained her M.Sc. in Experimental Surgery under Dr. Judith Trudel. After finishing her clinical training, she was awarded the McLaughlin Scholarship in order to spend a year in experimental fetal surgery in Leuven, Belgium. Her experience in fetoscopy will add a new dimension to our ongoing research project involving the temporary occlusion of the trachea to reverse the pulmonary hypoplasia associated with diaphragmatic hernia in fetal lambs. This involves open fetal surgery to create the DH, fetoscopy to place an occlusion device in the fetal ►



Hélène Flageole



Ken Shaw



L.T. Nguyen



Jean-Martin Laberge

► trachea, ultrasound monitoring during gestation, neonatal resuscitation and lung compliance studies, and detailed morphometric analysis of the lungs. Her experience with some cases of human fetal intervention in Leuven will also give the necessary boost to form a "McGill Fetal Centre" with our colleagues in Obstetrics, Genetics, Neonatology, and other pediatric medical and surgical subspecialties. We hope to act as a consultation and referral centre for fetal anomalies for obstetricians, family physicians and parents from all areas of the Province and beyond.

Annie Fecteau was Hélène's classmate at McGill. She also completed General Surgery and Pediatric Surgery at McGill. Since we can only take one resident per year in our program, we were fortunate that Annie decided to spend two years in the laboratory instead of one after her junior residency. This enabled her to obtain her M.Sc. in Experimental Surgery under Dr. Guttman and Dr. Jean Tchervenkov, working on the induction of tolerance by donor-specific transfusions in the rat small

bowel transplantation model. Annie is pursuing her interest in transplantation by spending one year in clinical transplantation in Cincinnati. Her recruitment will strengthen our research and clinical endeavors in transplantation, both at the Montreal Children's Hospital and McGill.

With such a team in place, we are in a good position to improve the quality and quantity of our three major products: Research, Teaching and Patient Care. In order to carry these tasks into the next century, we have the "man"-power but need better facilities and a closer relationship with our colleagues from the adult specialties at McGill. Therefore, we strongly support the MUHC with a new building on a new site.

If this article is boring to read, I am sorry. It is not a true reflection of what goes on here. The fact is that we are having a lot of fun at the MCH, just ask the residents who have rotated here! ♦



Harvey C. Brown

Appointment

Dr. Harvey C. Brown has been appointed new Chief of Division of Plastic Surgery at McGill University effective September 1st, 1996. Dr. Brown has been a staff member at The Montreal General Hospital for over twenty-six years, and became Director of the MGH Division of Plastic Surgery in July, 1993. ♦

EKL

Sign

in a restaurant:

"Customers who
think our waiters
are impolite should
see the manager."

—unknown

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ARTICIPATION OF MCGILL SURGEONS AT THE MEETING OF THE ROYAL COLLEGE AND THAT OF CLINICAL AND INVESTIGATIVE MEDICINE - HALIFAX, SEPTEMBER 26-29, 1996

—**Dr. Paul Belliveau** chaired a Postgraduate Course in Anorectal Surgery. He presented his worked entitled *Surgery for Fecal*

Royal College Meeting

Incontinence: Something New? At this same session, Dr. Phil Gordon addressed the subject of *Anal Fistulas: How Much to Cut?* Dr. Belliveau was also the moderator for the very popular *Self Assessment Examination* in which members of the audience answered questions by means of a push-button responder.

—**Dr. Roger Tabah** was the co-ordinator for a Postgraduate Course in Head and Neck Surgery and gave a talk on *Differential Diagnosis of a Parotid Mass*. Later in the day, he chaired a session on Pitfalls, Complications and Caveats in Head and Neck Surgery. He was also a participant in a symposium entitled *Unexpected Findings at Surgery*.

—**Dr. Gerald M. Fried** was the moderator of a symposium on Current Issues in Gastric and Colorectal Tumours. At this session, **Dr. Harvey Sigman** addressed the issue of *Surgical Management of Gastric Epithelial Neoplasms*.

—**Drs. M. Pelletier and P. Belliveau** at a session entitled *Frontiers in Surgery*, gave a paper entitled *Role of Surgical Residents in Undergraduate Surgical Education*. Afterwards, **Drs. S. Paraskevas, D. Maysinger, L. Feldman, W.P. Duguid, L. Rosenberg** talked about *Apoptosis: A Potential Cause of Cell Loss in Purified Human Islets of Langerhans*.

—**Dr. J.L. Meakins** chaired the meeting of the Surgical Biology Club (see elsewhere in this issue).

—**Dr. Carol-Ann Vasilevsky** gave an address entitled *Techniques, Traps and Tips in Reoperative Abdomino-Pelvic Surgery*.

—**Dr. E.D. Monaghan** introduced and thanked Dr. Gary Dunnington of USC at Los Angeles who gave the Langer Lecture. His topic was *Do It Yourself Medical Education*.

—**Dr. D. Fleiszer** gave an address entitled *A New Device for Sterotatic Excisional Breast Biopsy*.

—**Drs. Ron T. Lewis, Joe Mamazza, D. Tataryn, W. Lloyd-Smith and F.M. Wiegand** spoke about *The Value of Oral Vs Systemic Antibiotics in Elective Colon Surgery*.

The following important papers were also presented:

- ◆ **Drs. S.A. Tahta, A.J. Tector, D. Cohen, N. Elias D. Eshelby, R.D.C. Forbes, C.I. Tchervenkov, J.I. Tchervenkov** - *Delayed Xenograft Rejection: Characterization of Mechanism and Effect of T- and B-Cell immunosuppression in a Discor-*

dant Model.

- ◆ **Drs. V. Badhwar, R.K. Badhwar, J.-H. Oh, R.C.-J. Chiu** - *Power Generation from Four Skeletal Muscle Configurations: Design Implications for a Muscle-Powered Cardiac Assist Device.*
- ◆ **Drs. C.A. Vasilevsky, P. Belliveau, J. Trudel, B.L. Stein, P.H. Gordon** - *Fistulas Complicating Diverticulitis.*
- ◆ **Drs. S. Bouchard, P. Belliveau, J. Trudel** - *Factors Affecting Outcomes with an Ileoanal Reservoir.*
- ◆ **Drs. A.M. Derossis, G.M. Fried, H.H. Sigman, J.S. Barkun, J.L. Meakins** - *Evaluation of Laparoscopic Skills: Effects of Experience and Depth Perception.*
- ◆ **Drs. J. Bothwell, H.H. Sigman, J. Garzon, G.M. Fried** - *The Outcome of Laparoscopic Cholecystectomy in High-Risk Patients.*
- ◆ **Drs. A.M. Derossis, G.M. Fried, M. Abrahamowicz, H.H. Sigman, J.S. Barkun, J.L. Meakins** - *A Model for Evaluation and Training in Laparoscopy.*
- ◆ **Drs. A.B. Hill, P.E. Blundell** - *An Unusual Case of Surgically Correctible Hypertension Confused for Takayasu's Disease: A Case Report.*
- ◆ **Drs. Andrew J.E. Seely, S.M. Ahmed, R.A. Brown** - *Pelvic Packing for the Control of Life Threatening Pelvic Hemorrhage in Trauma and Pelvic Surgery - A Case from The Montreal General Hospital.*
- ◆ **Dr. N. Ahmed and N. Christou** - *Uncoupling of Neutrophil Functions in the Systemic Inflammatory Response Syndrome.*
- ◆ **Drs. John Yee and Nick Christou** - *The Effector Function of Circulating and Exudative Human Neutrophils.*
- ◆ **Drs. Tarek S.A. Razek, Christopher M. Oung, John E. Hinchey** - *The Hemodynamic Significance of Increased Intraabdominal Pressure: A Comparison of CO₂ Insufflation Versus Gasless Laparolift in a Clinical Setting.* ◆

EDM

American College of Surgeons

**82nd ANNUAL CLINICAL CONGRESS -
SAN FRANCISCO - OCTOBER 6-11, 1996**

The following are some of the papers presented by McGill surgeons or surgical alumni.

- ◆ *Guidelines for the Management of SIRS and Septic Shock* - **Dr. John C. Marshall**, Toronto.
- ◆ *Pancreatic Pseudocysts: Observation versus Laparoscopic or Conventional Surgery?* - **Dr. Michel Gagner**, Cleveland, Ohio.
- ◆ *Nonductal Tumors of the Pancreas: Diagnostic and Therapeutic Dilemmas* - **Dr. Jack R. Pickleman**, Maywood, ▶

- Illinois.
- ◆ *DCIS and LCIS: Current Management* - **Dr. Richard G. Margolese**, Montreal.
- ◆ *Laparoscopic Pancreatectomy* - **Dr. Michel Gagner**, Cleveland.
- ◆ *Reflux Esophagitis* - **Dr. Gerald M. Fried**, Montreal.
- ◆ *Adjuvant and Neoadjuvant Therapy for Colorectal Cancer* - **Dr. Norman Wolmark**, Pittsburgh.

- ◆ *The Data on Aggressive Procedures* - **Dr. Michel Gagner**, Cleveland.
- ◆ *General Session: Endoscopic Surgery: What's Proven, What's Not* - Moderator: **Dr. Jonathan L. Meakins**, Montreal.
- ◆ *General Session: Management of Thoracic Trauma* - Moderator: **Dr. David S. Mulder**, Montreal. ◆

The History of Urology at McGill

By Yosh Taguchi, M.D.

Urology always has had a respectable presence at McGill and anecdotes abound about swashbuckling chiefs plucking out diseased organs at lightening speed. This account, however, will concentrate on the growth of the specialty in the past half a century to become an outstanding academic discipline. At the outset, let me point

out that this is a personal account, and there may be detractors who disagree with my spin on events.

Willem Kolff invented the artificial kidney in the early 1940's, in Holland (as the country was then known), and when he had four machines available for outside trials, he sent one to New York City, another to London, England, a third to Poland, and the fourth to the Royal Victoria Hospital (RVH), Montreal, Quebec. Thus, McGill and the RVH has had a long and distinguished history of addressing the problem of renal failure. In 1958, the first kidney transplantation in Canada; in fact, the first in the Commonwealth took place at the RVH. This was an isogeneic transplant from one identical twin to another. Dr. Joe Luke was the vascular surgeon, Dr. Ken MacKinnon the urologist, and Dr. John Dossetor the physician involved in the endeavor. It was a milestone and, indeed, a turning point in evolution of Urology at McGill.

Before that time there were eminent Urologic Chiefs, like Drs. Mackenzie, Smith, and Hawthorne, but their reputation lay more in their ability to get a patient quickly and safely through surgery - no mean task in the days before antibiotics, fiberoptic light source and microlens optics.

Kenneth J. MacKinnon was the first Chief to establish Urology at McGill as an academic specialty. He encouraged Jacques Susset to pursue his interest in neurogenic bladder and Urodynamics, then in its infancy. Dr. Susset is widely recognized today as one of the founders of Urodynamics, a subspecialty

within Urology. Dr. MacKinnon recruited John Oliver to come on staff, then Doug Morehouse after a MacLaughlin fellowship spent acquiring skills in the correction of urethral stricture. He appointed John Dossetor, a physician, as Research Director. I became the first full-time appointment, after having obtained a Ph.D. in Experimental Medicine in addition to the specialty training. For years, I had an operating grant from the MRC (Medical Research Council) to explore renal allograft rejection in the rat. The Department also received generous funding from the McConnell Foundation and the Kidney Disease Foundation to explore the management of end-stage kidney failure. The RVH became a pioneering and leading centre for cadaver source kidney transplantation.

Urological training was hospital based in the 1950's and early 60's and gradually became more and more university based. This change coincided with the implementation of a universal Medicare program across Canada in the late 1960's. About this time, Everett Reid was appointed Chief of Urology at The Montreal General Hospital (MGH), and the fresh recruits there were Duke McLissac, Mike Laplante and Doug Ackman. At the RVH, John Foote, Bal Mount, Dale McClure, and John Trachtenberg became staffmen. At the Jewish General Hospital (JGH), Steve Jacobsen succeeded Clarence Schneiderman as Chief. Others on staff there included Norm Halpern, Alex Brezinski, and Sam Aronson. The Montreal Children's Hospital (MCH) was staffed by a number of urologists, including Gary Mackie, Hy Rabinovitch, Tom Nearing, and Ivan DeDomenico in the early years, and more recently, Yves Homsy, Ivan Laberge, and Anne Marie Houle. From this long list, only Dr. Houle remains there today.

The MacKinnon era ended with Ken moving on to administration and stints in Kenya. Doug Morehouse became Acting Chief until Dr. A.W. Bruce, the Chairman at Queen's took over as Professor and Chief in 1981. Dr. Bruce's tenure was less than a year as an opportunity opened up for him in Toronto. Dr. Bruce tried to convert the entire staff to a geographical full-time status and succeeded, in part. The appointment of Mostafa M. Elhilali as Professor and Chief, in 1982, brought Andy's dream to fruition and launched a new era for McGill Urology.

► Among the staff, there were departures and new appointments. Drs. Foote, McClure, and McLissac departed for the USA. Bal Mount left Urology to launch Palliative Care at McGill. John Trachtenberg left Montreal with Dr. Bruce for Toronto. Magde Hassouna, who had come with Dr. Elhilali from Sherbrooke University, worked at McGill for over a decade and then accepted an offer from Toronto. Howard Winfield came on staff after a fellowship in shock-wave lithotripsy and laparoscopic surgery in Minnesota, but was lured away to Iowa after a few years here. Michel Bazinet joined the staff after a fellowship at Sloan Kettering Memorial Hospital in New York. Armen Aprikian also did his fellowship at Memorial, while Simon Tanguay did his fellowship at MD Anderson, and the two joined the staff to strengthen Urologic Oncology. Gerald Brock, did his fellowship in San Francisco, and returned to provide expertise in Andrology and Impotence. Denise Arseneault did her fellowship with Frederick Coe in Chicago and John Denstedt in London, Ontario and will return to McGill to provide expertise in the investigation and management of urinary calculi. Jacques Corcos, originally from France, accepted the position as Chief at the JGH, and Joao Luiz Pippi Salle, from Brazil, has just been appointed Chief at the MCH. Anne Marie Houle and Alex Brezinski are the other staffers there. I assumed the role of Program Director for McGill Urology in 1990. Doug Morehouse was named Clinical Director at the RVH and Mike Laplante Clinical Director at the MGH. Dr. Effat Macramella joined the staff after many years of busy clinical practice at the Queen Elizabeth Hospital.

The urologists at the RVH, MGH, JGH, and the MCH are all part of one group practice. This arrangement is unique to McGill University and a credit to the managerial skills of the Chief, Mostafa M. Elhilali. In this ever changing world where strange political and economic forces control our destiny, Dr. Elhilali has managed to retain the loyalty of old staff, replace those who have retired or departed, and recruit new young blood to take on the challenges of the future.

The past decade or two has been a time of spectacular changes in the practice of Urology. Shock-wave lithotripsy, developed in Germany, was brought to McGill in 1982. Dr. Elhilali led the effort to raise the funds convincing both government and hospital authorities the shock-wave machine had to be installed at the RVH. Trans-rectal ultrasound examination of the prostate gland and ultrasound guided biopsies could have precipitated a turf war between Urology and Radiology. Instead, the two disciplines co-operate in the effort, a lead followed by the rest of the country. Percutaneous probes into the kidney for the extraction of stones or correction of obstruction, ureteroscopy and the manipulation of stones and tumors in the ureter and renal pelvis, the use of laser energy, ultrasonic energy, and different electro-magnetic energy are all recent innovations and have ne-

cessitated elaborate and expensive instruments at a time of fiscal constraint. McGill Urology is competitive in this new technological age; there may be shortages in the numbers of new instruments, but not in the variety. Laparoscopic surgery and microsurgery have become routine, and innovations in assisted pregnancy like in-vitro fertilization and intracytoplasmic sperm injection, wherein pregnancy is created with one immotile sperm are being developed in conjunction with the Department of Obstetrics and Gynecology.

Dr. Elhilali's crowning achievement has been the development of an outstanding research arm encompassing both basic science and clinical research. Dr. Claude Gagnon is the Director and over 60 people participate in various projects located in laboratories at the RVH, MGH, and JGH. The basic scientists have been very successful in competing for grants from the Medical Research Council of Canada, les Fonds de la Recherche en Santé du Québec, the Canadian Kidney Foundation, the Cancer Research Society Inc., the Canadian Urological Scholarship Foundation, the Heart and Stroke Foundation of Quebec, the Faculty of Medicine, McGill University, and the RVH, MGH, and JGH Foundations.

The 5500 square feet lab at the RVH was opened in 1984. Here, Dr. Gagnon's research is in male infertility, specifically in factors that control sperm motility and fertilizing capacity. Dr. Teruko Taketo's work is in sexual differentiation, why and what genes in the XX or XY chromosome become expressed at a particular time. Dr. Orest Blaschuk's area is cadherins, a family of calcium dependent cell adhesion molecules that regulate morphogenesis and epithelial cell state. Dr. Elhilali (with Magde Hassouna until his departure) is working on neurostimulation of the bladder. He is involved as well in the study of impotence in diabetes.

At the JGH, the lab was opened in 1993. Here, Dr. Adrian Sculptoreanu's area of research is how the sympathetic and parasympathetic neurons are switched on and off. Dr. Gerald Brock has been very productive investigating the neurovascular basis of erection. Dr. Jacques Corcos is involved in the study of incontinence. Dr. Stephane Dion is involved with neuropeptides and bladder instability.

At the MGH, the lab was opened in 1994. Here, the concentration is on prostate cancer: Dr. Simone Chevalier on growth factors, Dr. Mario Chevrete on suppressor genes, Dr. Michel Bazinet on prognostic indicators, and Dr. Armen Aprikian on the role of neuropeptides. Dr. Simon Tanguay's area is the immunobiology of renal cell carcinoma.

Urology is thriving at McGill, the training program attracts exceptional applicants from across the country, the practice is sound, and the basic and clinical research activities are at

Canadian Surgical Biology Club

The fledgling Canadian Surgical Biology Club which was inaugurated last year and co-founded by Dr. Jonathan L. Meakins and Dr. Ori Rotstein, Professor of Surgery

at the University of Toronto held its second meeting in Halifax during the meeting of the Royal College on September 27, 1996. Sponsored by the Canadian Association of General Surgeons, the Club offers an informal dialogue once a year for those wishing to share original research information. It is open to all Faculty Surgeons and Residents keen on sharing research interests with like minded colleagues. Academic Surgeons are invited to submit any title of interest to the club for discussion at next year's meeting. This club encourages collaboration between Centres and provides a role model for surgical trainees. It gives Surgeons from different disciplines a chance to interact in a forum where they normally would not meet.

HERE WAS THE PROGRAM~

8:30 am **Vivian McAlister:**

Overcoming Barriers to Xenotransplantation

Joseph Tector:

Characterization of a Discordant Liver Xenograft in a Large Animal Model

Jean Tchervenkov:

Successful Prevention of HBV Recurrence After Liver Transplantation with Interferon and HBIg

9:30am **Hartley Stern:**

Influence of Genetics on Medium Risk Colon Cancer Patients

Noelle L. Davis:

The Efficacy of Tissue Fluorescence in Detection of Squamous Neoplasia

Lawrence Rosenberg:

Non-linearity, Complexity and the Islet of Langerhans at the Close of the Century

10:30am **John Marshall:**

Dysregulation of Neutrophil Apoptosis in the Systemic Inflammation Response Syndrome (SIRS)

Nicholas Christou:

Is there Genetic Heterogeneity in the Host Response to Bacteria?

Ori Rotstein:

Novel Inflammatory Agents for ARDS

A congenial dinner was held that evening for those present. ♦

EDM

Canadian Journal of Surgery

By E.D. Monaghan, Montreal
and William Mackie, Edmonton

The *Canadian Journal of Surgery* is owned and published by the Canadian Medical Association which also publishes the *CMAJ* and several other medical journals. *CJS* was subsidized by the Royal College of Physicians and Surgeons of Canada until 1990/91 when the subsidy was withdrawn; the Council

of the College said that henceforth they would support the *Annals of the College* only.

At that time, through the good offices of **Dr. Jean Couture** and the Canadian Association of General Surgeons, the Canadian Orthopedic Association and the Societies for Vascular Surgery, Cardiovascular and Thoracic Surgery and Surgical Oncology agreed to help finance the *CJS*. The CAGS dues were raised \$25 per year to achieve this goal and for the last five years it has made an annual grant for about \$35,000 to the *CJS*. The cost to each member equates to \$4.17 per is-

sue - an incredibly good value.

The *CJS* has been recognized since the early 1960's as an Indexed Journal with the National Library of Medicine in Washington and this is an invaluable asset. Unless the Journal is indexed, the visibility of published articles is greatly diminished. Indexing would be lost irrevocably if there was any interruption of publication and this was emphasized in the editorial of the April 1996 issue of *CJS*.

Unfortunately, for the past two years the *CJS* balance sheet has shown a deficit. Publication costs have risen, and despite every effort, advertising revenue has been insufficient and competition for medical advertising is intense. Last year, the Canadian Medical Association Council resolved to cease publication of Journals that show a deficit.

The CAGS Board of Directors considered this dilemma during its February 1996 meeting. They unanimously agreed that *CJS* must be retained in its present form because of its importance to practicing Canadian surgeons. At the Annual Business Meeting in Halifax in September 1996, the membership voted to increase the contribution by CAGS members by \$25. ►

► This will double the level of support by CAGS and amounts to a cost of \$8.34 per issue to members. Still a very good value. The Board, in its recommendation, recognizes the financial constraints of the times, but it is emphasized that these dues remain moderate compared with similar Societies.

Dr. Roger Keith of Saskatoon has just stepped down as Co-Editor of the Canadian Journal of Surgery and an invitation has been extended to **Dr. James P. Waddell** of Toronto, the incoming President of the Canadian Orthopedic Association and

a constant supporter of this Journal, to join **Dr. Jonathan L. Meakins** as Co-Editor. He has happily accepted.

The continued publication of the CJS is of paramount importance to Canadian General Surgeons and indeed to Canadian Surgery as a whole.

The editorial board is being restructured to reflect the articles published and work done in all Canadian hospitals and will be on the masthead of the December issue. ♦

CENTRE OF EXCELLENCE IN LAPAROSCOPIC SURGERY AT MCGILL

An agreement has been signed with the United States Surgical Corporation (AutoSuture Company, Canada) to develop a Centre of Excellence in Laparoscopic Surgery at McGill University, to be located at The Montreal General Hospital.

McGill Laparoscopic Surgery

By Gerald M. Fried, M.D.

This will be the first such centre in Canada, and will work in collaboration with a number of similar centres in the United States and one in Europe. This agreement will provide for three years of research funding in laparoscopic education and evaluation of laparoscopic techniques. It will also provide financial support for a Fellowship in Laparoscopic Surgery for McGill University.

Furthermore, a curriculum will be implemented for surgical residents to include training in basic and complex surgical skills in both open

and laparoscopic surgery. This will incorporate the use of surgical instruments, sutures, and staples in the performance of technical tasks and operative procedures utilizing a number of specially designed in-vitro and in-vivo models. ♦



Auto Suture Company, Canada

A Subsidiary of United States Surgical Corporation



Mr. Eugene Starr, VP AutoSuture Canada; Dr. Gerald Fried; and Dr. David Mulder

N

EW DIVISION OF VASCULAR SURGERY AT MCGILL UNIVERSITY

McGill Vascular Surgery

By Andrew B. Hill, M.D.

After a long period of committee meetings and planning, a new Division of Vascular Surgery at McGill University is about to become a reality. The Division will be autonomous from the new Division of Cardiothoracic Surgery and will concern itself with vascular disease (arterial, venous, lymphatic) of the chest, abdomen, extremities and cerebrovascular circulation.

We are very pleased and excited to have been able to recruit Dr. Ronald Lewis, the Chief of Surgery from the Queen Elizabeth Hospital, as the new Division Chief. He was unanimously endorsed for this position by the recent McGill University Selection Committee chaired by Dr. J. Meakins.

The creation of the new division comes at an opportune time when the recommendations of the recent committee on the amalgamation of the Vascular Service (chaired by Dr. Elhilali) for the Royal Victoria Hospital and The Montreal General Hospital are becoming a reality. The Vascular Surgery Service has become one across both hospitals and consists of Dr. Peter Blundell, Dr. Andrew B. Hill, Dr. Ronald Lewis and Dr. Oren K. Steinmetz. Although Dr. Hill and Dr. Blundell are still geographically located at the MGH site, they will be moving very soon to a new vascular centre that is under plan at the RVH site. The service will

continue to cover both hospitals for all elective, emergency and trauma consultation, as well as clinic work. A new vascular hotline pager has been instituted for direct access to the vascular surgeon-on-call to eliminate any difficulty obtaining immediate vascular consultation.

With creation of the new division, the vascular laboratories of the Queen Elizabeth Hospital, The Montreal General Hospital and the Royal Victoria Hospital have merged at the RVH site. This has resulted in a very impressive diagnostic unit based on physiologic examination. The laboratory will be under the direction of the new Division of Vascular Surgery and will be administered by Dr. Oren K. Steinmetz. The unit now has 3 duplex scanners and has colour scanning capability. The Division plans to exploit this excellent resource for clinical and physiologic research as well as im-



Ron Lewis

proving the already excellent standard of patient care. The lab itself has moved to its new home on the 10th Floor of the Surgical Pavilion at the RVH (the site of the new Vascular Centre).

Dr. Kent MacKenzie is the first research resident to become associated with the new division and will concentrate on a project of minimally invasive vascular surgery as well as epidemiologic studies in vascular surgery.

Dr. Daniel Obrand, who recently completed a fellowship in Vascular Surgery at McGill University, is currently doing further training in endovascular surgery in California and will return to McGill University at the Jewish General Hospital in the new year. He will represent an excellent addition to the already strong service at the JGH and to McGill University. ♦

F

LORENZ STEINBERG BERNSTEIN & DAVID BERNSTEIN CENTRE FOR LAPAROSCOPIC SURGERY

Laparoscopic Surgery

By Gerald M. Fried, M.D.

A very generous endowment fund was established through the MGH Foundation by a grateful patient to develop the Florenz Steinberg Bernstein and David Bernstein Centre for Laparoscopic Surgery. The goals of this centre are 1) to develop models for training surgeons and surgical residents in laparoscopic skills; and 2) to establish a state of the art facility for the performance of minimally invasive surgery. I have been offered the opportunity to direct this centre. ♦



"There's been some sort of mistake.
He came to clean the windows."

MGH Celebrates 175th Anniversary at New Molson Centre



On June 16th, 1996, as part of the 175th anniversary celebrations of The Montreal General Hospital, over 11,000 people including employees and doctors, along with their families and friends, gathered at the Molson Centre for an afternoon of skating and activities. The highlight of the day's events was a hockey game between the MGH Super Champs



The Team

Front Row From Left:

Dr. Cindy Chan, Dr. Judith Trudel,
Dr. Doug Kinnear (and grandson),
Dr. David Hornstein, Dr. Rea Brown.

Back Row From Left:

Dr. John Little, Dr. Blair Whittemore,
Dr. Mila Oh, Dr. Geoff Blake,
Dr. Liane Feldman, Dr. Peter McLeod,
Dr. David Mulder, Dr. Eric Lenczner,
Dr. Michael Churchill-Smith.



and the MGH Mighty Docs. As outstanding as this group is in the field of medicine, the Docs were outclassed on the ice by a great team of employees. However, they gave it their best shot and a great time was had by all.

EKL

Summer Roast

Drs. Jacqueline McClaran and Jonathan L. Meakins hosted a Lamb Roast at their orchard in Covey Hill (near Hemmingford) on Saturday, June 22, 1996 for the McGill Division of General Surgery.



Lt. to Rt.: Talat Chughtai, Louis-Philippe Palerme, Dr. Peter McLean, Dan Rosenstein, Gabriela Ghitulescu



Lt. to Rt.: Dr. Jacqueline McClaran, Sarah Bouchard (behind D. Rosenstein) and Dan Rosenstein



Lt. to Rt.: Back Row: Atif Khan, Sandra Kay, Archana Ramaswamy, Felicia Huang, Louis-Philippe Palerme, Mohammed Al-Sowaidi, Talat Chughtai, Felix Ma, Robert Salasidis
Front Row: Carlos Cordoba, Nancy Morin, Dan Rosenstein, Gabriela Ghitulescu, Sarah Bouchard



Lt. to Rt.: Dr. Gerry Fried, Dan Swartz, Dr. Antoine Loutfi, Louis-Philippe Palerme, Felicia Huang, Kent MacKenzie

Were You There? - 1965

Miss Marianne Strub and Mr. Karl Hilzinger were injured in motor accidents which caused severe burns. On the case of Mr. Hilzinger, high tension wires caused such extensive injuries that both legs were amputated. In the photo can be seen the members of the Accident Team. He later recovered enough to resume skiing at Mont-Tremblant.

Left to Right: Karl Hilzinger, Miss Ernestine McLeod, Head Nurse, Dr. Richard Cruess, Dr. Frank Celis, Dr. Hamilton Baxter and, in Circo Electric Bed, Marianne Strub. ♦



The document entitled *Proposal - McGill University Health Center - Major Principles and Guidelines for a Unified Governance Structure and the creation of the MUHC as a Legal*

Entity was circulated to Clinical Department/Service/Division Chiefs in July with a request that comments and concerns be submitted before the Board Meeting of August 16, 1996. The Proposal was reviewed and discussed at this meeting and was approved on August 30, 1996. Approval was reached by all partner hospitals and submitted to the Interim Board Meeting of September 13, 1996. At the latter meeting, there was a formal agreement among the partner hospitals to proceed to a legal merger. "It is on track," said Elizabeth Hirst, Director of Communications, McGill University Health Center, which aims to put the RVH, MGH, MCH and MNH all under the same roof. "In the meantime, we're planning and integrating. We hope to

have a legal merger structure by the end of the year."

Gaining legal status would replace the four hospital boards with one unified board and speed up integration of hospital services and administration.

A final report on the nuts and bolts of the proposed health center will be submitted to the provincial government in about one year and the MUHC is setting its sights on a new building for the year 2004.

The proposed English-language super hospital (to be located downtown) would house about 1,600 beds.

Mr. A. Steinberg and Mr. C. Forget met with the Minister recently. The Minister expressed concern about the number of Foundation members proposed for the Board of the MUHC. The Minister is also rethinking tertiary care CHU status in relation to paediatric and adolescent function. Another meeting has been requested with the Minister. ♦

EDM



The McGill University Health Centre

Welcome Aboard



Pat Ergina

Aloha! Dr. Pat Ergina has returned to the RVH and McGill after a leave of absence to continue as a member of the Cardiothoracic Division with Dr. Benoit DeVarennes and Dr. Jean-E. Morin. He and his family spent the time in Hawaii where he was in private practice. Dr. Ergina found that the life-style advantages of university practice at McGill far exceeded the economic benefit of remaining there. His wife, Dr. Susan Gold, returns to her position as Assistant Director of Geriatrics at the Jewish General Hospital. Their three children, Malaea, Sophia and Samuel, will be beginning school in Montreal West.

Dr. Kevin Lachapelle also joined the staff of the RVH Cardiothoracic Division as of November 1996. He has been appointed Assistant Professor in Cardiothoracic Surgery at McGill. Kevin graduated from the McGill Training Program in Cardiothoracic Surgery in 1995 and subsequently spent some time in London,



Kevin Lachapelle

England with Dr. M. Yacoub at the British Heart Institute, acquiring expertise in transplantation as well as valvuloplasty and valve replacement with aortic homograft and pulmonary autograft.

Dr. Dao Nguyen joined the staff of the MGH Cardiothoracic Division effective July 1st, 1996. Dao graduated in 1994 from the McGill Program in Cardiothoracic Surgery

and has spent the last two years at the MD Anderson Cancer Centre of the University of Texas pursuing a fellowship in research and clinical training in thoracic surgery oncology. He also has been appointed as an Assistant Professor at McGill in Cardiothoracic Surgery. ♦



Dao Nguyen

D

r. Ray Chiu was an Invited Lecturer at the Cardiomyopathy and Heart Failure Summit at the University of Toronto on June 15th, and co-chairman of

KUDOS !!

a Cardiomyoplasty Symposium during the Cardiosim meeting in Nice, France on June 21st, 1996. He was also a Visiting Professor and Invited Lecturer at the East Tennessee State University in Johnson City, Tennessee on Sept. 27th.

Dr. Richard Cruess along with **Dr. Joseph Hanaway**, Professor of Neurology at Washington University, have published Volume I of their book entitled *McGill Medicine*. This historical account synthesizes academic trends in medicine for the period 1829-1885. It is published by the McGill-Queen's Press.

Dr. Roberto Estrada was a Visiting Professor in the Department of Radiology at Stanford University School of Medicine on Oct. 9th, 1996. He spoke at Grand Rounds on *Introduction to Diagnosis of Congenital Abnormalities of the G.I. Tract*.

Dr. Gerald Fried has been elected to be the Canadian Delegate to The College Internationale de Chirurgie Digestivae. He has also been nominated as Chairman of the Laparoscopy and Endoscopy Committee of the Canadian Association of General Surgeons. Dr. Fried spoke at the American College of Surgeons Meeting in San Francisco at the Postgraduate Course on *Minimal Access Surgery on Surgery for Reflux Esophagitis (Open or Laparoscopic)*, and on a panel chaired by **Dr. Meakins** on *Laparoscopic Biliary Surgery: What's Proven and What's Not*. As a member of the Society for Surgery of the Alimentary Tract's Patient Care Committee, he has prepared the *Guidelines for Management of Gastroesophageal Reflux Disease*.

Dr. Frank M. Guttman was keynote speaker at the 33rd Annual Conference of Cryobiology in Indianapolis, August 16-19, 1996. The topic was *Organ Preservation*.

Dr. Andrew Hill was an invited speaker at the first International Multidisciplinary Vascular Disease Symposium sponsored by the University of Manitoba in May 1996. He gave two presentations titled *Graft Surveillance: What is it and Why do it?* and *Graft Surveillance: Is it necessary or cost effective?*. Dr. Hill gave three presentations at the Royal College of Physicians and Surgeons annual meeting in Halifax, September 1996 to the Canadian Society for Vascular Surgery. These included papers on *Abdominal Aortic Coarctation* (with Dr. Blundell as a co-author), *Quality Control in Vascular Surgery*, and *the Role of Screening for Asymptomatic Carotid Stenosis* as part of a panel discussion on current controversies in carotid surgery. He also had a paper accepted at the Surgical Forum of the American College of Surgeons meeting in Chicago 1996. The paper was titled *Patient Oriented Outcomes for Quality Control in Vascular Surgery: A pilot Study of the Canadian Society for Vascular Surgery*.

Lloyd D. MacLean gave the Fourth Annual Charles Eckert Lecture in Albany, NY. He also presented a paper to the International Surgical Group in Manchester, England and to the Tenth International Symposium on Obesity Surgery in Prague, Czech Republic during September.

Dr. Jonathan L. Meakins is one of the co-editors of a two volume loose leaf text entitled *Scientific American Surgery* sponsored by the American College of Surgeons. It is noteworthy that **Drs. John C. Marshall, Nicholas V. Christou, Carl Nohr, Ronald T. Lewis, Peter McLean, Gerald M. Fried** and **Marvin Wexler** are also contributors to this comprehensive practitioner guide to quality surgical care. It is also available on CD-ROM.

Dr. Normand Miller presented a paper at the very prestigious combined meeting of the Society for Vascular Surgery and the International Society for Cardiovascular Surgery in Chicago in June 1996. The paper was entitled *Venous Duplex Scanning for Unilateral Symptoms: When Do We Need a Contra Lateral Evaluation*. Co-authors included Dr. Daniel Obrand among others.

Dr. David S. Mulder has been appointed Chairman of the Royal College Credentials Committee.

Dr. Dao Nguyen was an invited speaker at the Cancer Gene Therapy meeting in London, England at the Hammersmith Hospital, Royal Postgraduate Medical School on June 17th, 1996. He spoke on *Gene Replacement Therapy for Lung Cancer*. He attended the VIth World Congress of the International Society of Cardio-Thoracic Surgeons (ISCTS) and the IXth Annual Meeting of the ISCTS - Japan Chapter in Hiroshima from July 21-24 and gave an invited lecture on *p53 Gene Therapy for Lung Cancer*. In August, he attended the Gene Therapy Workshop, 2nd Scientific Congress of the University Surgeons of Asia in Singapore and spoke on *Gene Replacement Therapy for Lung Cancer*. Dr. Nguyen attended the Tumor Satellite Symposium of the American Association of Neurological Surgeons in Montreal on October 4th and gave a talk on *Viral Vectors in Gene Therapy for Cancer*.

At the Royal College Convocation Ceremony on September 27, **Dr. Bernard J. F. Perey**, a past-president of the College was present when his son **Dr. Bertrand Henry Perey** received his Fellowship Diploma from **President Dinsdale**. Young Dr. Perey has trained in Orthopedic Surgery and will be practicing in British Columbia.

Dr. Anie Philip of the Division of Plastic Surgery received a three year MRC grant on *Characterization of Transforming Growth Factor- β Action in Skin Cells*. ▶

► **Dr. Lawrence Rosenberg** received funding from the MRC (1996-99) for investigation of the *Role of Cell-Cell and Cell-Matrix Interactions in Islet Cell Survival* as well as funding from the Canadian Diabetes Association for the investigation of the *Natural History of Islet Cell Survival*. He was a co-investigator on another C.D.A. funded grant entitled *Growth Factors and Beta Cell Neoplasia*. At the combined meeting of the European Pancreas Club and the International Association of Pancreatology, he was an invited Plenary Speaker on *The Problems With Islet Transplantation*. Dr. Rosenberg recently finished a book entitled *Cellular Interrelationships in the Pancreas - Implications for Islet Transplantation* (co-edited with Dr. W.P. Duguid).

Dr. Marvin J. Wexler has been appointed to the Executive Committee of the Central Surgical Association and will serve as a councillor for three years. ♦

Residents and Fellows

Dr. **Vinay Badhwar** was awarded a prize for the best paper by a cardiac surgery resident given at the Canadian Association of Cardiovascular and Thoracic Surgeons meeting as part of the 65th Annual Meeting of the Royal College of Physicians and Surgeons of Canada.



Dr. Wadi Bin Saddiq

Dr. Wadi Bin Saddiq, who is doing his year in the laboratory under **Dr. Jean-Martin Laberge's** supervision, was awarded the Canadian Association of Pediatric Surgeons' research prize at the Annual Meeting in Halifax in August. He presented on *The Effect of Tracheal Occlusion and Release of Type II Pneumocytes in Fetal Lambs*.

Congratulations to **Dr. Stephen Burnett**, who is an R-I in Orthopedics, and **Dr. Susan Stakiw** who were married on October 12, 1996 in Vancouver.

Dr. Carlos Li was the recipient of a Heart and Stroke Foundation of Canada Research Fellowship.

Dr. Ramesh Lokanathan was the recipient of the Merck-Frost Award presented by the Canadian Association of General Surgeons on September 27, 1996. Each medical school nominates a recipient for excellence in teaching.

Our sincere condolences go out to **Dr. Marc Pelletier** and his family whose sister Danie died tragically at the age of 23 on September 12, 1996.

Dr. Andrew Seely (R-III General Surgery) became engaged to be married to Kathy Patterson on October 5, 1996.

On October 13, 1996, **Dr. Andrew Steinberg** (R-I Urology) wed Mandy Ephraim in Montreal. ♦

The J. Hardcap Society Dinner - 1961



Back Row (L to R)

Don Ruddick, Bob Estrada, Richard Long, Cam Dickison, John Moore, Don Webster, Alan Thompson, Tony Dobell

Front Row (L to R)

Ray Lawson, Fraser Gurd, Eddie Tabah, Arnold Jones, Rocke Robertson, Harry Scott, Larry Hampson, Jim McCorriston, John Palmer, Dag Munro

McGill Surgical Oncology Teaching Rounds ...

organized by Dr. S. Meterissian and Dr. G. Ghitulescu began on July 1st, 1996 and convenes on the 2nd Tuesday of every month from 7-9 P.M. in the Archibald Amphitheatre at the RVH. Each session covers a topic in Surgical Oncology. Participation is keen. ♦



SURGICAL ONCOLOGY COURSE Department of Surgery, McGill University

Dates	Topic	Sponsor
July 9, 1996	Breast Cancer - DCIS, LCIS Presenter: Dr. S. Meterissian	S. Michaluk Pharmacia
Aug. 20, 1996	Breast Cancer - Stages I & II Presenter: Dr. A. Loutfi	A. Bonneau Rhône-Poulenc Rorer
Sept. 17, 1996	Breast Cancer - Stages III & IV Presenter: Dr. H. Shibata	S. Michaluk Pharmacia
Oct. 8, 1996	Melanoma - Surgical Management Presenter: Dr. S. Meterissian	J.-F. Raymond Schering
Nov. 12, 1996	Melanoma - Adjuvant Therapy Presenter: Dr. A. Loutfi	J.-F. Raymond Schering
Dec. 10, 1996	Gastrointestinal - Esophagogastric Cancers Presenter: Dr. J. Meakins	C. Sansregret SIMS
Jan. 14, 1997	Gastrointestinal - Pancreatic Carcinoma Presenter: Dr. L. Rosenberg	A. Bonneau Rhône-Poulenc Rorer
Feb. 11, 1997	Gastrointestinal - Hepatobiliary Presenter: Dr. M. Wexler	S. Bolanis Purdue Frederick
March 11, 1997	Gastrointestinal - Colorectal Presenter: Dr. S. Meterissian	S. Michaluk Pharmacia
April 8, 1997	Thyroid/Parotid/Adrenal Presenter: Dr. R. Tabah	S. Atiyeh Lederle
May 13, 1997	Soft Tissue Sarcomas Presenter: Dr. S. Meterissian	J.-F. Raymond Schering
June 10, 1997	Oncologic Emergencies Presenter: Dr. A. Loutfi	S. Bolanis Purdue Frederick

All sessions will be held at 7:00 - 9:00 P.M. Royal Victoria Hospital, S-10 East Amphitheatre

Following a retreat in the spring of 1996, the McGill Division of General Surgery identified over the summer four Specialty Sections. These Sections and their respective directors are:

Specialty Sections in General Surgery

By J.L. Meakins, M.D.

Colorectal

Laparoscopy

Transplantation

Trauma and Critical Care

Dr. Philip Gordon

Dr. Gerald Fried

Dr. Lawrence Rosenberg

Dr. Rea Brown

The directors are appointed for a five year term and report to their Division Head, Dr. Jonathan L. Meakins.

Sections will enhance collaboration among sub-specialists for

the advancement of clinical, academic and educational activities in their field. They will also draw new patients and clinical material to the Division and facilitate the development of expertise that will ultimately be recognized regionally and internationally. The development of Sections is one more step towards the integration of activities across the McGill orbit for the provision of optimal clinical services.

An example is in Transplantation. By November 1, 1996, the Renal Transplant Clinic will be transferred to the Royal Victoria Hospital and thereafter the transplant operations. The Pancreas Program will also be transferred at that time. Both kidney and pancreas transplants will be clinically managed by the same team of surgeons, but on one site. This means that McGill now has the largest single site General Surgery Multi-organ Transplant Program in the Province and is in a position to be the largest in the country.

As we progress, other Sections in General Surgery will develop and reflect the evolution of clinical and academic areas of expertise. ♦

For ten years, the Montreal Amateur Athletic Association (M.A.A.A.) has organized the Mount Royal Classic as a fundraising vehicle for a chosen charity. In

Mount Royal Classic

By Emma K. Lisi

1996, the M.A.A.A. continues its efforts to raise awareness and to support funding for the fight against breast cancer. On September 15th, 1996 in collaboration with the Montreal Breast Cancer Foundation, the annual 5 km run/walk and 10 km run was held. Thanks to the members of the organizing committee who are all volunteers and who share their expertise in aid of the fight against breast cancer, this event was

very successful. On behalf of The Montreal General Hospital Breast Diagnostic Centre, Dr. David Fleischer received a cheque in the amount of \$132,764.96 which will greatly benefit the Centre. Congratulations to all who participated in this worthwhile cause! ♦



FAUTEUX, Jean Panet, M.D., FRCS

In Montreal on October 5, 1996 at the age of 73. He devoted his career to Montreal's Hôtel Dieu Hospital, most notably as Chief of the Department of Surgery from 1970-1979. He also served as Director of the Department of Surgery of the University of Montreal from 1978-1986 and was also a Professor at the University of Montreal. From 1983-1984, he was President of the Canadian Association of General Surgeons. He was the much loved husband of Suzanne Moisan, father of Michel (Denise Bélanger), Nicole (Guillaume Filion) and Jean A. (Nathalie Dottore). He was the brother of the Honourable Judge André Fauteux.



GAMMIE, William (Bill)

in Clymping England in July 1996. He came to the RVH in the exchange program with the London Hospital in 1960. He leaves to mourn his wife, Vren. Friend of Drs. Fred Inglis, Ed Monaghan, John R. Moore and Harry Morton.

HUTCHISON, George Arthur, M.D.

Died in his sleep, at the age of 85, August 11, 1996. Beloved husband of his current wife Desiree Seale and before that the late Margaret, and father of Rosemary, David and Geordie. He was active until the day he died. He was a physician in the Royal Canadian Air Force who served his country in World War II. He was a surgeon at the Reddy Memorial Hospital for over fifty years. He lived his life the way he wanted, which was

dedicated to his family and his patients.

LAWSON, Ray Newton, M.D.

Died on August 5th, 1996 in Big Harbour, Cape Breton at the age of 82. Dr. Lawson graduated from the University of Western Ontario School of Medicine. During the second World War, he served in the Royal Canadian Air Force for four and a half years and after the war, he obtained his fellowship in surgery and taught at McGill. He was a general surgeon at the Royal Victoria Hospital for thirty years and took a special interest in breast cancer, studying the use of exquisitely sensitive thermal detectors to diagnose malignant lumps in the breast. Medical practice for Dr. Lawson was much more than the treatment of a disease or even research on its cause. First and foremost, it was a window on the life of each patient. The last twenty years of his life were spent in Bras d'Or, Cape Breton. He is survived by his wife, Dr. Anne Richardson, his daughters Mary Corcoran of Kleinburg, Ontario and Wendy Nowlan of New Haven, Conn., his sons Ray of Montreal, Joseph of Toronto and Peter of Cambridge, England and his many grandchildren.

PROVAN, John Lloyd, M.S., F.R.C.S.C., F.A.C.S.

It is with great sadness that The Square Knot has learnt that John lost his courageous battle with cancer on July 25, 1996 surrounded by his wife Judy and children Joanna, Frances, Richard, David and Jennifer and his grandchildren Kyle, William, Amie and Mariel in Toronto in his 65th year. John was a well known Canadian Vascular Surgeon and until recently was Associate Dean of Postgraduate Education at the University of Toronto. ♦

T

he Cedars Cancer Institute at the Royal Victoria Hospital
The Vivian Saykaly Visiting Professor in Oncology

Dr. Larry Norton

October 15 - 16, 1996

McGill University

Cedars Visiting Professor

Dr. Larry Norton is the Chief of the Breast Cancer Medicine Service at Memorial Sloan-Kettering Cancer Center and Director of Medical Breast Oncology at Memorial's Evelyn H. Lauder Breast Center. He is a graduate of the University of Rochester and Columbia University's College of Physicians and Surgeons. He trained in medicine at Albert Einstein Medical Center in New York and in medical oncology at the National Cancer Institute in Bethesda, Maryland. He returned to New York City in 1977.



Larry Norton

For the last ten years he has concentrated his efforts on the prevention, detection, and treatment of breast cancer. He has chaired the Consensus Development Conference that in 1990 judged lumpectomy a preferable alternative to mastectomy for many patients. He is currently the first incumbent of the Norma S.

Sarofim Chair in Clinical Oncology at Memorial Sloan-Kettering Cancer Center.

At the MGH, his topic was entitled *Current Status of Adjuvant Chemotherapy of Breast Cancer*. He also spoke at the JGH and at the RVH, his lecture was on *Evolving Thoughts on the Biology of Breast Cancer*. ♦

EDM

Department of Experimental Surgery - 1968



Front Row: Drs. G.K. Wlodek, L.D. MacLean, F.N. Gurd, S. Skoryna, H. Farfan.

Second Row: Drs. W. Saleh, M. Sossoyan, J. Guilbert, F. Merino, A. Khalessi, R. Laizerowicz, E. Jomm, H. Zahiri, P. Poncelet, N. Poirier.

Back Row: Drs. J. Rivilis, A. Rabbat, E. Farkouh, G. Daniel, A. Groves, S. Wren, R. Hurley, C. Brooks.

A

TERNATIVE MODES OF PAYMENT FROM QUEBEC ASSOCIATION OF GENERAL SURGEONS

Fee for service, even though it was the best agreement between the physician and his patients under free medicine, seems to be

Alternate Methods of Payment

By Michel Talbot, M.D., president

Now, at the turn of the millennium, we have a totally different perspective. Our education, our earnings, our goods, our health, even our diseases were taken under the custody of the state's providential wing. Hiding behind a mediocre appearance of quality, the state pretends to offer the best health care there is while, in fact, it can hardly follow the trends of modern technology and the costs related to it. The government alleges sound management, and drags us into a whirl of budgetary cuts, hospital closures, fusions, capping of our activities, ceiling of our revenues, quotas, bed and operating suite closures, all disguised under the ambulatory and outpatient adventure.

I cannot believe that fee for service will safeguard my freedom. It has been a long time since we have lost that freedom, buried under closed monetary masses, earning targets, adjusted mean income, negative claw backs, unilateral interpretation by the Régie, claw back measures for our collective exceeding.

I believe that the time has come to look at alternate modes of payment for our professional activities in order to be closer to our health system and our social surroundings.

Queen's University in Kingston, as well as the Sick Children's in Toronto, have already undertaken a major reform of funding for health services in teaching hospitals with advantages and disadvantages. It appears possible to learn from their experience and to adapt and improve such a system of payment and moreover, apply it to all general surgeons in Quebec and even other specialties who would wish so.

The main disadvantages, as were noticed after almost two years, are the lack of possibility for eventual recruitment secondary to the closed global funding and also the need for an incentive to productivity.

an obsolete mode of payment nowadays and, in the context of the surgical practice in Quebec, an **illusion of freedom**.

The great advantages are the insurance of a more stable revenue, the payment and recognition of fundamental aspects of surgical activities: teaching, research, administration and clinical work. From the Queen's experience, another advantage is the definite shift of clinical practice towards secondary and tertiary levels of surgical care, diminishing follow-up visits, leaving space for new consultations and follow-up of more critically ill patients, including cancer cases. The relief of obligation of performance, for teachers, enhances the quality and dedication of teaching. The amount of surgical procedures remaining approximately the same shows that clearly, surgeons were not performing unnecessary procedures, as is commonly believed by certain civil servants and finally, that laziness is not a characteristic of health professionals.

The general surgery project, presented at the annual meeting of the Association is open to discussion. It consists of a basic lump sum covering teaching, research, administration tasks and committee as well as availability for on call periods. We add to this a percentage of the actual fee for service for procedures done during regular working hours "to be redefined", full payment, plus an already existing increase for evening, night, week-end and holidays.

The FMSQ has agreed to work with us to fine-tune this document like they have done for cardiac and neurosurgery, introducing an additional lump sum to the fee for service, allowing cardiac surgeons to exceed their ceiling.

With this project we wish to adapt different modes of payment to our daily workload, taking into account the steady decreases in resources, insuring and maintaining us a fair revenue, and mostly taking into account what is truly a modern surgeon of the twenty-first century: a teacher; a scientific fundamental and clinical researcher; a health administrator; a clinician and mostly a caring surgeon. ♦



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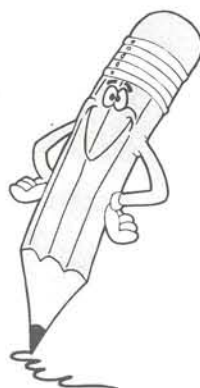
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