

THE SQUARE

"The McGill University Division of General Surgery Residency Program is alive, healthy and indeed flourishing. Although my opinion is likely biased, I can confidently say that the future of the Program is bright and sunny. On June 1st, I replaced **Dr. Judith Trudel** as the Program Director. Judith served from January '97 to May '01 and was able to secure full approval by the Royal College Accreditation Committee in April 2000. Although the next review is only in six years, I felt nevertheless that certain changes were in order which I will outline below.

McGill Division of General Surgery Residency Program

I. Current Structure of the Program

The Postgraduate Residency Committee is made up of 10 members: **Dr. Barry Stein** representing the Jewish General Hospital, **Dr. Jean Tchervenkov** representing the RVH, **Dr. Ken Shaw** representing the Children's, **Dr. Tarek Razek** representing the Montreal General, **Dr. Jose Mijangos** representing Community Hospitals, 3 resident representatives (**Dr. Jose Pascual**, **Drs. Sender and Moishe Liberman**), **Dr. Cynthia Weston** and myself as Chair. Dr. Cynthia Weston is a member of the Center for University Teaching and Learning and, if I'm not mistaken, the first bonafide educator and non-surgeon who has ever been a member of this Committee. In addition, the residents have their own committee which meets independently and reports their concerns and wishes to me or the Postgraduate Committee. Currently we have 43 residents in the Program including 8 RIs and 8 R5s. In their core years, R1s and R2s learn the Basics of Surgery in addition to completing a variety of electives. In their third year, residents can either enter into the Surgical-Scientist



Dr. Sarkis Meterissian

By Sarkis Meterissian, M.D., Program Director

(please see **Meterissian**, pg.7)

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DEPARTMENT OF SURGERY

NEWSLETTER

McGILL UNIVERSITY

WINTER 2002





Letters to The Editor

Dear Editor,

I have switched jobs. I work for a new tertiary care center in Saudi Arabia. I am the Chief of Surgery and The Deputy CMO. It is a very challenging job to start a new hospital. I can see a lot of the difficulties you folks are going through with the MUHC new center. Not all our programs are functioning yet, but they are coming slowly on line.

We are actively recruiting in every specialty, and if any are interested, please e mail me. Please note my new address and email, so I remain in touch and receive *The Square Knot*.

Sameh Barayan, MD, FRCSC, FRCSEd
Chief of Surgery and Deputy CMO
Saad Specialist Hospital

Dear Editor,

What a pleasure it is to read *The Square Knot* regularly. It is prepared in the most precise and tactful way, no doubt requiring hours of labor. I appreciate the effort and wish you and your collaborators an excellent new year for 2002.

Paul Belliveau, Associate Professor,
Department of Surgery,
Queen's University

Dear Editor:

Happy New Year to you, family and staff. Enclosed please find a group photograph of the Orthopedic Surgery Staff of St. Mary's Hospital with their wives on the occasion of our annual Christmas dinner held on December 12th, 2001. Missing from the picture were Drs. Larry Lincoln and Paul Stephenson who were involved elsewhere on orthopedic business. Their wives, however, were happily able to attend.

Jim Sullivan, M.D.

Dear Editor,

I do not know how I should start my first letter to one of my great teachers. My name is Faiz Felemban, an orthopedic surgeon who is proudly carrying the title of FRCSC, and I was one of the Saudi residents who did their residency program in our great McGill University, during the period of 1987-1993.

In the current global situation, we have to say and loudly, that we in Saudi Arabia, condemn that terrorist attack, which occurred on 11th, September; and with a lot of honest sourness and sadness, I would like to present my condolences to all who lost a relative, or a dear one in that brutal attack.

The medical community in Saudi Arabia recognizes how good those "Doctors" who

received their training in Canada are. We have many graduates from different parts of the world, however, the Canadian graduates at all times show the best Ethical and Scientific performance.

Dear Sir, please let all the girls and guys in all training programs to be "proud being in one of the best training programs in the world".

At the end, I would like to ask you and the editorial board if I can send to you some of our scientific and teaching activities in our 500-bed tertiary referral hospital in the cold "relative expression" area of Taif, Saudi Arabia..

Faiz Felemban FRCSC
Orthopedic surgeon, head of department,
Medical Director, and Chief of Staff.
Al-Hada Military Hospital
Taif, Saudi Arabia

Dear Editor,

All is well here. Thanks for inquiring about us after the "weather bomb" hit Nova Scotia. Where we live on the coast we only had about 5 inches of snow, but the wind was ferocious. Some of our trees lost a few branches, but the damage was minimal. It was much worse in Halifax and even worse in Cape Breton and the northern part of the Province as well as New Brunswick. For some reason, the various storms seem to miss our area every time.

The boat is nicely tucked in at the marina under a tarp and above ground. It was not the least disturbed by the wind. In fact, we only had a few centimeters of snow on the ground. We are going to Vancouver to celebrate the 40th birthday of our son Bert on the 2nd of February (his birthday is actually on the 31st of January). He and his wife Karen are moving in their brand new house on the ocean and Karen is arranging a surprise birthday party with 40 guests. He does not know that we are coming. It should be a lot of fun. We are also going to Provence at the end of March for 6 weeks. We have reserved a new car that should be waiting for us at the Paris airport.



Seated Lt. to Rt.: Janice Sullivan, Dr. Karen Kost Stephenson, Tammy Dimentberg, Dr. Lilian Seropian Lincoln
Standing Lt. to Rt.: Donna Coughlin, Gill Sutton, Dr. Jim Sullivan, Dr. Joyce Johansson,
Dr. Jack Sutton, Dr. Larry Coughlin, Dr. Ron Dimentberg

THE CASE FOR O.R. TECHNICIANS

As has been maintained in a past issue of *The Square Knot*, surgeons are dependent on many factors to get their patients through Operating Rooms. General Surgeons at their "Retreat" in January ranked the resources needed to carry out our mission. These were ranked in the following order:



- 1) Operating Room Time (General Anaesthesia)
- 2) In Hospital Beds
- 3) Support Staff
- 4) Operating Room Time (Local Anaesthesia)
- 5) Clinic Time
- 6) The physical plant

Editorial

By Dr. E.D. Monaghan, M.D.

Regarding Anaesthesia, **Dr. Franco Carli** is working very hard to recruit sufficient Staff as can be seen elsewhere in these pages. The hospital beds and the physical plant (operating rooms) seem to be there, but what we need the most are the Support Staff, i.e., Nurses. Everyone agrees that the quality of the nursing staff in the MUHC O.R.s is outstanding, but we don't seem to have enough of them to run as many operating rooms per day as required.

On the Internet, there are 93,700 web pages for the U.S. and Canada under "Nursing Shortages"! In the United States, the average age of nurses is 44 years. The Canadian Nurses Association predicts that by the year 2011, Canada will be short 100,000 practising nurses. "The MUHC nursing shortage remains critical," says **Valerie Shannon**, MUHC Director of Nursing. "But, it is important to note that this is not just an MUHC or Montreal/Quebec problem, it's a national crisis that also includes the challenge of retaining the nurses we have." In a manuscript last May, Ms. Shannon explained that Quebec currently employs 62,000 nurses, but health care institutions are scrambling to fill about 1,500 vacant nursing positions on the Island of Montreal alone. At the MUHC, 3,005 nurses are working across all five sites, but the need to recruit more is a top priority.

Quebec Federation of Nurses' President **Jennie Skene** affirms that this is a major problem for all of Quebec's 482 health establishments. In 1999, there were 1,200 nurses leaving the profession. It is predicted that 2,000 more will leave in 2006 and 2,400 in 2009. This means that we need 2,500 new nurses per year until 2015. Quebec must therefore recruit 32,500 nurses in the next 13 years (*Ordre des Infirmiers et Infirmières du Québec*).

So, what are we to do about our operating rooms? In the RVH main operating rooms, there are some 50 registered nurses. These include 2 supervisors, 15 junior nurses, and 33 working nurses, a good many of whom are part-time. When an attempt is made to have a regular schedule, the complexity of rotating part-

time nurses with full-time nurses and others under training leads to a spotty system.

We remember the halcyon days under **Ms. Mary Warnock** in which all operating rooms were running with regular nurses and some 30 student nurses. Not so long ago at the RVH, there were 10 operating room technicians, the last one left three years ago.

In some of the United States, such as California, LPNs (Licensed Practical Nurses) or LVNs (Licensed Vocational Nurses) have been trained as surgical technicians. The latter work under the aegis of regular nurses.

Perhaps it is time to look into the training of O.R. technicians as a partial solution to our problems. This plan does not solve everything as the technicians must be trained by the regular nurses and must be supervised by them. Nevertheless, the current shortage and the current fast turnover of our operating room staff needs to be addressed. The half-life of an O.R. nurse seems to be very temporary.

We well understand that O.R.s need to have a happy ambience in order to recruit and maintain O.R. staff, but it is illusory to pretend that such an environment can be maintained with shortages of staff and irregular openings and closings of operating rooms given the pressures to carry on. Why should it be harder on nurses to train O.R. technicians? They already must do this for junior nurses, and they had to do it in the past for student nurses. Some are reluctant to renew the Technician Program because it was too onerous and "too much trouble." However, it is predicted that a staff composed of willing volunteers who are well trained and who can work all shifts under the aegis of regular nurses would make "Happier Ships" than the ones we have now.

We checked with **Dr. Laurent Boisvert** of the Association of Hospitals of Quebec, and to his knowledge, none of the 125 hospitals affiliated with the A.H.Q. have training programs in place. At the Université du Québec at Three Rivers, they have a program to train nurses as First Assistants in the O.R. - some of whom now work at the Institut de Cardiologie.

Some budgetary issues might also be solved at the same time because O.R. technicians are less expensive than full-time nurses.

Do you remember when all flight attendants had to be nurses? ♦

Thanks to our Contributors

The Square Knot would like to recognize that the following surgeons donated \$100.00 or more to Surgery Alumni and Friends. Many Thanks

Dr. P.M. Feldman	Dr. John D.W. Hsu
Dr. Ramesh Lokanathan	Dr. Jonathan Meakins
Dr. Robert Midgley	Dr. Isabelle Morency
Dr. Lawrence Rosenberg	Dr. Humberto Sangiovanni
Dr. Robert R. Shepherd	Dr. Alan G. Thompson



"I hardly know how to say this, Mrs. Landecker, but what you've got there is pre-patellar bursitis, or - er - a bad case of housemaid's knee."



General Surgery

Mission Statement of the Department of Surgery McGill University

THE MISSION of the Department of Surgery is the pursuit of excellence in comprehensive, patient-centered surgical care, teaching, research and evaluation of technology. The Department's foremost responsibility is to its patients. To fulfill its larger role, the Department must also lead in the development of new knowledge and techniques, in the transmission of these to its communities of students, and in their application for the benefit of all society at large.

TO THIS END,

The Department will provide for its patients of all ages comprehensive care of the highest quality, in a timely, effective, and efficient manner. Clinical care will be evidence based wherever possible, and patient-centered outcomes will be monitored.

In fulfilling its educational mission, the Department will provide to its medical students, residents, fellows, as well as to its com-

munity of surgeons, the programs and learning environment to stimulate their curiosity and creativity, and to develop the professional skills and human qualities required to deliver specialized surgical care.

The Departmental research programs will encompass basic science, clinical investigation, health service studies, and evaluation of technology and clinical care delivery systems. The Department will train surgeon-scientists and surgeon-educators for its own renewal, as well as for the province, country, and the international community.

The Department will promote the development of new techniques and technologies, evaluate them for safety and efficacy, and define the methodology for their introduction into clinical practice. ♦

Priorities of the Division of General Surgery

The Sections of Excellence (expertise) for the Division were established as follows at a "Retreat" held on January 16th, 2002.

1. A comprehensive spectrum of General Surgery Services to the community. We must not feel defensive about cholecystectomies, herniorrhaphies and appendectomies. At times, these can tax the ingenuity of the most experienced surgeon. It follows that it is important that we keep our liaison with Val d'Or.
2. Bariatric Surgery
3. Colorectal Surgery
4. Hepatobiliary Pancreatic Surgery
5. Minimally Invasive Surgery
6. Paediatric General Surgery
7. Surgical Oncology
8. Transplantation
9. Trauma/ICU
10. Teaching
11. Research

The above list is not necessarily in the order of rank importance. Surgery of the Foregut may be included in the future.

At this time, it is necessary to define the components that would characterize each of the above "sections". The following is a compendium of the criteria.

- Specialized Patient Care
- Surgeons who have an experience and expertise in that discipline and who will act as role models
- Sufficient volume of patients (Critical Mass)
- Satisfactory referral base
- Specialized team of co-workers
- Recognition of the quality of the endeavor
- Be able to attract resources

Regarding Surgery of the Head and Neck and Endocrine Surgery, it was agreed by both **Drs. Antoine Loutfi** and **Roger Tabah** that these be included under "Surgical Oncology".

Towards the end of the year 2002, it will be important to carry out an **evaluation** of the above and **Dr. Christou** affirmed that he would arrange this. ♦

Guidelines for OR Time Allocation

DIVISION OF GENERAL SURGERY MUHC

Division of General Surgery OR time allocation at the RVH and MGH sites of the MUHC and La Salle should follow the following guidelines.

1. Cancers take priority with no cancer patient to wait longer than 4 weeks (from the time the decision is made) for their operation.
2. La Salle time (co-ordinated by **Dr. Marvin Wexler**) will be allocated to individual surgeons six months ahead of time. We will keep records on the time offered, who used it, to what extent, etc.
3. Elective OR time will be allocated based on each surgeon's contribution to the academic and clinical missions of the Division
4. Surgeons who fully participate in the affairs of the Division including remuneration mixte, capable and willing to work in the ICU, should not, and will not, be penalized at OR distribution time. However, if a surgeon is on duty in the ICU, he/she does not operate on elective cases during the same week, unless there are special circumstances. OR time due a staff member for the week he/she is in the ICU goes to the pool of the Division of General Surgery OR time, else it defaults to the generic OR time pool. ♦

CTUs MUHC as of July 1, 2002

RVH Site:

RVH-Transplant/Hepato-Pancreatico-Biliary CTU

- Solid Organ Transplants
- Living Related Kidney Transplants
- Hepato-Pancreatico-biliary (malignant and non-malignant conditions)
- General Surgery

Attending Surgeons:

Barkun (Surgeon-in-charge of CTU)

Metrakos

Paraskevas

Tchervenkov

RVH-General Surgery CTU

- Surgical Oncology (Breast, melanoma, rectal cancers, gastric cancers)
- Bariatric Surgery
- Access surgery, All types
- General Surgery

Attending Surgeons:

Loutfi (Surgeon-in-charge of CTU)

Christou

Fleischer

McLean (special privileges)

Meakins

Meterissian

Milne

Tremblay

Wexler

MGH Site:

MGH-General Surgery CTU

- Advanced Laparoscopic Surgery
- Colorectal/Inflammatory Bowel Disease Surgery

- Pancreatic Surgery
- Endocrine Surgery
- Head and Neck Surgery
- General Surgery

Attending Surgeons:

Fried (Surgeon-in-charge of CTU)

Feldman

Meakins

Pearl

Rosenberg

Tabah (Division Site Director)

Owen

Colorectal Surgeon (to be hired)

MGH-Trauma-CTU

•Trauma

•ICU

Attending Surgeons:

Evans (Surgeon-in-charge of CTU)

Fleischer

Razek

Salasidis

Trauma Surgeon (to be hired)

RVH/MGH

Junior Resident Cases (at MUHC or "partnered" hospitals e.g. LaSalle)

•Open Hernias

•Simple Lap Cholecystectomy

•Anorectal Procedures

•Surgical Oncology Cases with hospital stay < 48 hrs.

McGill Division...

(continued from pg. 1)

- Program to obtain a Master's Degree in Experimental Surgery or complete a 6 month Research program either independently or as part of the requirements for a Diploma in Epidemiology. As R4s and R5s, rotations are available in all the major teaching hospitals as well as the community. Community hospitals presently in the program include Val D'Or, Joliette, Ormstown and Gatineau-Hull specifically for vascular surgery. Every Wednesday afternoon is our Academic Half-Day set aside for teaching. All general surgery residents receive 2 hours of teaching from 1-3 pm followed by Morbidity and Mortality Rounds. From 4-6 pm, the senior and junior residents go their separate ways for either senior teaching (mock orals for

R3s, R4s and R5s) or Core Surgery Lectures/Junior Teaching for R1s and R2s. Indeed things have been going quite well, but in order to improve and ensure that our residents are happy, some changes are in the offing for the future.

II. Changes Contemplated for the General Surgery Program

a) Core rotations:

Almost all the General Surgery Programs in Canada have integrated the Core Years. I have carefully reviewed the Toronto Program and have come away impressed. It is my firm belief that General Surgery should no longer be the bridesmaid to the other specialties, such as Urology, Orthopedics, Cardiac Surgery and Plastics. We should be proud of

what we know and what we do. We are a specialty unto ourselves and as such should handle ourselves accordingly. From the moment the resident enters the General Surgery Program, he or she should feel a sense of belonging, he or she should feel important and looked after. Previously, as I remember well from my own residency days, the general surgery staff didn't know our names and were unaware that we were in the General Surgery Program. We floated through the R1 and R2 years with the residents from other Programs, and it was only as R4s (after our research year) that the General Surgery Staff took us under their wing and developed an interest in our training (this was my personal experience and I vowed back then

(continued on, pg. 8)

McGill Division...

(continued from pg. 7)

- that I would not let this happen if I ever became Program Director). As a result, we have a dedicated mentorship program at McGill where the residents choose staff to be their mentors to help them ease into the residency. This mentorship program sets us apart from other programs in Quebec and Canada since it makes us friendlier, easier to approach and integrates the resident earlier. In September of this academic year, we held a Welcome Dinner for the Incoming R1s. My goal for this event, which to their credit was wholeheartedly supported by the General Surgery Executive, was to make the R1s feel welcome and introduce them to other staff and particularly residents in the higher years. I believe that this dinner was a major success and will be repeated annually. For the first time for July 2002, the Postgraduate Committee will choose the rotations for our junior residents. In this way, we will ensure that our residents receive all the necessary rotations in a timely and appropriate fashion.

b) New rotations being considered

- (i) A rotation on the Cardiology Consult Service or CCU is being considered for our juniors since one of the requirements of core is to gain a thorough grasp of the management of cardiac emergencies.
- (ii) A rotation in orthopedics at St. Mary's Hospital. St. Mary's Hospital has always offered a great experience in General Surgery, thus it is likely that a similar experience can be offered to our residents who are interested in a career as a Community Surgeon.
- (iii) To increase rotations in general surgery to as much as 12 months. This is in keeping with my philosophy that our residents should concentrate on their specialty early on. I don't want to see residents entering their R2 year without a single

general surgery rotation under their belt or even worse an R4 who hasn't done enough hernias or laparoscopic cholecystectomies.

- (iv) To allow R4s to complete out-of-town electives especially at Centers where they would like to go for fellowship. In the U.S., fellowship positions are hard to come by. Thus by allowing our residents to go away and be known by these centers will only increase their chances of being accepted.

c) Teaching: Academic Half Day

I have introduced 3 new teaching modalities: Ciné Clinic, Who Wants to be Millionaire? (for R1s and R2s) and Senior Faceoff (for R4s and R5s). Ciné Clinic involves the showing of an ACS video on an operation of interest to the residents by a staff person with a special expertise in that operation. So far this Clinic has received rave reviews and I think should be repeated yearly. Who Wants to be a Millionaire? pits R1s against R2s in a format similar to the popular game show on a particular topic. The juniors can ask a friend, poll the audience or get a 50/50 and the winning team at the end of the academic session will receive \$500. I thought about this approach since I felt it would spark the residents' interest and involve the juniors who sometimes feel neglected during the teaching sessions. Senior Faceoff pits teams of R4s/R5s against each other and they must answer a clinical question in 5 minutes and present their answers to the audience. The winning team of this academic session will also receive \$500. Whether or not these approaches work, the point is that I would like to spark and maintain the residents' interest. Didactic teaching is passé and this is the wave of the future. If both these approaches fail to gain support, there always is the "Weakest Link".

d) Surgical skills

Dr. Tarek Razek and **Dr. Gabriela Ghitelescu** under Dr. Fried's guidance are leading the way in this area. Dr. Razek is organizing a surgical skills course for all residents to be performed on cadavers during eight consecutive weekends. Different instructors will teach surgical approaches, dissection techniques, instruments and sutures on cadavers at the Strathcona Building. Dr. Weston is helping immensely with this endeavor as she has provided Tarek with the necessary guidance in Instructional Design. Tarek will be submitting a grant to procure funding for this project from the Royal Bank Center for Teaching and Learning. Gabriela has taken the initiative of organizing a laparoscopic course for our residents with didactic lectures, a dry and wet lab. So far her plans look excellent and with **Dr. Fried** and **Dr. Feldman's** help, we should have a top-notch course for the program.

III. Future of the General Surgery Program

The future is indeed bright at McGill. Teaching is improving every year, the residents feel that they belong and the incoming candidates should be top-notch. The McGill Program had 95 applications, and we will interview 42 candidates for only 4 spots. I hope that the number of spots will increase in the future since we have a wonderful, dynamic and integrated program to offer. ♦

*An
honest man
is the
noblest work
of God*

Alexander Pope

Betty-Lou is very busy with playing the string bass in various bands. I am taking a rest from my Spanish courses this year now that I have passed by diploma in Spanish, but I still read Spanish every day. I keep busy with various other hobbies, such as smoking salmon (I smoked 50 pounds yesterday), and wood carving (I carved the crest of the Royal College and it is now at the College).

All is well here. Cheers.

Betty-Lou & Bernard Perey
21 Tidewater Lane
Head of St. Margaret's Bay
Tantallon, Nova Scotia

Editor's Note:

Bernard's and Betty Lou's son, Dr. Bertrand Perey, is an orthopedic surgeon in Vancouver who devotes most of his practice to hand and upper limb surgery. He is very involved with work related injuries.

Dear Editor,

Thank you for your telephone call last week. Your voice sounded exactly the same as 40 years ago. Your forty year run as

friend to medical students, mentor to surgical residents, and Vice Dean reflects well the quiet, thoughtful, steady man of my remembrances. And, your call prompted recollections of my own nurturing years at McGill.

My current profession associations remain unchanged since my move to New York City following completion of residency training at the Royal Victoria Hospital and McGill. I am still on the faculty at SUNY, Brooklyn, and I still practice cardiothoracic and vascular surgery. I direct the vascular surgery section at St. Vincent's Medical Center of Richmond and perform my open heart procedures at University Hospital in Brooklyn. A CV is enclosed.

Looking back, Ed, I must tell you as a Vice Dean that the experience in another country was the singular broadening experience in forming many of my own personal perspectives. McGill has long been an international center of study, and you should always encourage and promote that tradition whatever the difficulties. McGill's unique position relative to the North American professional education, the exposure to Canada's own independent views, and the proximity to the French difference, gave a

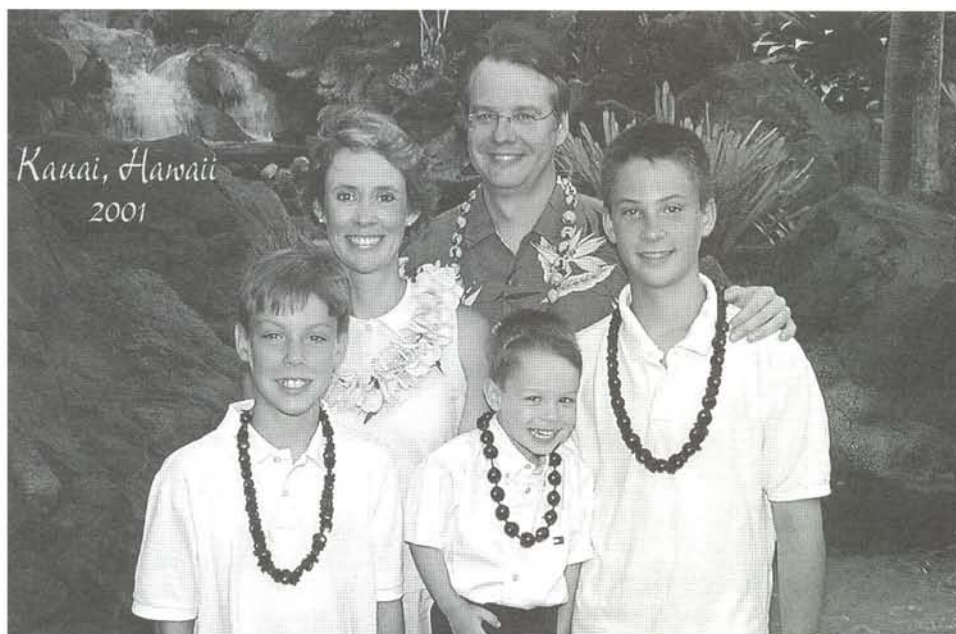
young American an experience that was provoking, rich, and steeped in enduring values.

I was saddened by the passing of John Gutelius. John created a legacy of inciteful/insightful clinical review even as a resident. His retrospective comparison of femoral endarterectomy patency and vein graft patency (Gutelius JR, Kreindler S & Luke JC - Surgery 57:28,1965) is still referenced in textbooks and certainly was one of the first papers to define the generally accepted difference in late patency. The surgical profession is lessened by our loss of John.

Please give mine and Colleen's personal regards to our friends at McGill. We remember them well, and we will always hold them in our highest regard.

Vincent A. Piccone, Jr., M.D.
Cardiothoracic and
Vascular Surgery
Staten Island, New York

DR. MICHEL GAGNER SENDS GREETINGS



Michel, France, Xavier, Guillaume & Maxime



Surgery at St. Mary's Hospital Centre

By Carl Emond, M.D.

Surgery is alive and well at St. Mary's Hospital Centre. The Hospital has met the challenge of manpower shortage in several key areas with vigorous recruitment that has allowed for steady growth. The volume and variety of the surgical caseload provides ideal clinical exposure to medical students and residents at all levels.

St. Mary's is proud of its linkage with McGill University: in its evolving relationship with the emerging University Health Centre. St. Mary's is confident that its current partnership will be renewed and strengthened.

Major rejuvenation has occurred throughout the Department of Surgery over the past few years involving all surgical divisions, not the least General Surgery. Four new general surgeons have been added to the group of three mid-career surgeons and four senior surgeons, already in place.

Two out of the four senior surgeons have opted for focused practices. **Dr. R. Moralejo** has a flourishing breast practice with a

major emphasis on breast cancer, while **Dr. J. Rodriguez** devotes all his surgical expertise to the repair of anterior abdominal wall hernias of all types and sizes. **Dr. M.S. Chughtai** has retired from major thoracic surgery, but maintains his general surgical practice as does **Dr. M.B. Sossoyan**. **Dr. M. Orfaly** retired from active practice in October 2000.

The three mid-career surgeons have well-established clinical practices that provide breadth and depth to the trainees working with them. **Dr. J.R. Keyserlingk**, Director of the Division of General Surgery, with the help of his oncology colleagues, has built up the downtown Ville Marie Medical and Women's Health Center dedicated to women's health issues, with a particular interest in oncology related issues. **Dr. D. Tataryn** has a varied general surgical practice including advanced laparoscopic cases. **Dr. C. Emond** maintains a busy practice in General and Vascular Surgery.

Among the four newly arrived surgeons, two have had a few years of clinical practice before re-locating to St. Mary's, **Drs. Brian Buchler** and **Dawn Anderson**. Dr. Buchler, a graduate of the University of Toronto

General Surgery Residency Program with a Fellowship in Trauma and Critical Care, worked in the Hull-Gatineau region before joining the general surgical group in October 2000. Dr. Anderson, after practicing General Surgery in British Columbia, has just completed a two year Surgical Oncology Fellowship at McGill University, and, has become the new Teaching Program Director. **Dr. Gabriela Ghitulescu**, a graduate of the McGill Residency Program in General Surgery, finished two years of Fellowship training in June 2001 in Colo-Rectal Surgery and Laparoscopic Surgery. She is currently completing a Master's in Epidemiology. **Dr. Erica Patocskai**, a graduate of the University of Montreal General Surgical Residency Program is just back from a two year Fellowship in Surgical Oncology at the Royal Marsden Hospital in the United Kingdom. She shares her time between St. Mary's Hospital Centre and Notre Dame Hospital.

The Department of Surgery at St. Mary's Hospital is strongly committed to excellence in patient care and excellence in **teaching** patient care. With the current roster of experienced, well-trained, and dedicated clinicians, these objectives will be met. ♦

St. Mary's Hospital Centre (Division of Orthopaedics)

By James D. Sullivan, M.D.

The Orthopaedic Division at St. Mary's Hospital continues to function as an effective and driving force in the surgical management of musculoskeletal conditions. At 2001 year's end, close to 2000 surgical cases had been recorded resulting from ER trauma, Surgical Day and elective sources.

Dr. Jack Sutton is currently completing his 3rd term of office as Director of the Division. **Dr. Ron Dimentberg** acts as our liaison with McGill's Orthopaedic Division and is in charge of in-house resident training. **Dr. Paul Stephenson** has carved a niche in artificial-replacement at the hip and knee, and **Dr. Larry Lincoln** has developed a side interest in the surgical treatment of the injured shoulder, including the repair of rotator cuff tears. **Dr. Joyce Johansson** not only carries a heavy patient load, but also has been monitoring its progress during the rehab and

convalescent periods. **Dr. Larry Coughlin** diligently pursues his sports medicine clientele and remains as orthopaedist to the Montreal Expos. **Dr. Jim Sullivan** has developed an expertise in independent medical orthopaedic evaluations. Orthopaedic Rounds are held every Wednesday morning in the Department of Physiotherapy. All surgeons are actively involved in orthopaedic teaching of 2nd and 3rd year medical students and work closely with sports medical physiotherapy clinics, such as Concordia and Action Sport.

St. Mary's Hospital is proud of its significant participation in the McGill Orthopaedic Teaching Program and continues to strive to maintain the excellent reputation it has earned over the years. ♦



Welcome aboard

by Madeleine Beaulieu

Dr. Dawn Anderson in July 2001 joined the McGill Division of General Surgery and the staff at St. Mary's Hospital. Dr. Anderson obtained her

M.D. at the University of Manitoba and completed her residency in General Surgery at UBC in 1994.

She practiced General Surgery at various centres in British Columbia before coming to McGill for a two-year Fellowship in Surgical Oncology with Dr. Meterissian. At St. Mary's, Dr. Anderson is the local director of the Resident Teaching Program.



Dr. Peter Chan, who trained at McGill, will join the Department of Urology February 2002, and will specialize in the area of infertility and erectile dysfunction.

Dr. Anna Derossis in October 2001 joined McGill and the staff at the Jewish General Hospital in General Surgery, Oncology and Surgical Education. After completing her residency at McGill in 1997, Dr. Derossis did a Fellowship in Minimally Invasive Surgery at McGill with Dr. Fried, followed by a Fellowship in Surgical Education and a Masters of Health Professions Education at the University of Illinois in Chicago. She then completed a one-year Breast Surgery Fellowship at the Memorial Sloan-Kettering Cancer Center in New York. At the JGH, Dr. Derossis will devote much of her time to research and surgical education.

Dr. Julio Faria joined the Division of Colon and Rectal Surgery at the Jewish General Hospital in July 2001. Dr. Faria completed his General Surgery residency at McGill during which he devoted four years to basic science research towards earning a Ph.D. He subsequently completed a two-year fellowship in Colorectal Surgery at Creighton University in Omaha. At the JGH, he is the Director of the Anorectal Physiology Laboratory. His special interest is anal incontinence.

Dr. Gabriela Ghitulescu joined the Division of General Surgery at McGill and St. Mary's Hospital in July 2001. In the year following completion of the McGill Residency Program in General Surgery (1998), Dr. Ghitulescu did locums in Nova Scotia, Newfoundland and Maniwaki before embarking on a Fellowship in Colon and Rectal Surgery at Lehigh Valley Hospital in Allentown, PA, followed by one year as a Fellow in Laparoscopic Surgery at McGill with Dr. Gerald Fried. She is currently completing a Master's in Epidemiology.

Dr. Kent MacKenzie joined the Division of Vascular Surgery at McGill and the MUHC as of July 1, 2001. Upon completing his General Surgery Residency training at McGill in 1999, Dr.

MacKenzie completed two-years of training in Vascular Surgery at the University of Chicago with Dr. Bruce Gewertz. During this period he also completed a six-month fellowship in Interventional Radiology and Endovascular Therapy. Dr. MacKenzie considers himself a general vascular surgeon with a focus on

endovascular treatment of aortic pathology. He has research experience in epidemiology and biostatistics. His research emphasis at McGill is on outcomes and quality of life in vascular surgery as well as the endovascular treatment of complex suprarenal aneurysms.

Dr. Jean Ouellet joined the Division of Orthopaedic Surgery at McGill and the MUHC as of July 1, 2001. As a spine surgeon with special focus on the paediatric spine, his main hospital base is the Montreal Children's Hospital and the Shriner's Hospital. Dr. Ouellet is a member of the McGill Orthopaedic Spine Group and in this capacity covers spine surgery in the whole McGill system, including the MUHC and Jewish General Hospital where he holds office and surgical sessions on a regular base. Dr. Ouellet obtained his M.D. at the University of Ottawa (1994) and completed his residency in Orthopaedic Surgery at McGill in 1999. He went on to a Paediatric Orthopaedic Fellowship at the Texas Scottish Rite Hospital in Dallas under Dr. J.A. Herring, where he already focused on paediatric spine, followed by a Spine Fellowship under Mr. J.K. Webb at the Centre for Spinal Studies and Surgery at Queen's Medical Centre, University of Nottingham, U.K, one of the major spine centres in Europe. Jean Ouellet covers orthopaedic paediatric and spine calls.

Dr. Steven Paraskevas joined the Division of General Surgery at McGill and the MUHC as of January 1, 2002 in the Section of Transplantation to complement our solid organ transplantation program. Dr. Paraskevas completed his General Surgery training at McGill in 1999 during which time he spent three years doing research with Dr. Lawrence Rosenberg. He then went on to additional training in transplantation at the University of Minnesota (July 1999-December 2001) under Dr. David Sutherland, all the while conducting additional research which he will apply to our own McGill islet program. Dr. Paraskevas is currently in the final stages of earning his Ph.D. and plans to continue his investigations under the auspices of the recently funded JDRF Diabetes Research Centre. Dr. Paraskevas' wife, Dr. Line Vautour, has also returned to McGill, in the Division of Endocrinology where she worked from 1998-2000. While in Minnesota, she was a Visiting Scientist at the Mayo Clinic and did research in post-transplant bone disease. ♦

Dr. Judith Trudel Bound for the University of Minnesota



Judith L. Trudel, M.D.

by David C. Enns, M.D.
Director, Adult Trauma, MUHC

and Vincent are bound for Minneapolis - St. Paul where Judith has accepted a post with the Division of Colon and Rectal Surgery at the University of Minnesota.

Following her M.D. at Laval University and her General Surgery Residency at the M.G.H., Dr. Trudel pursued fellowship training in Colorectal Surgery at the Cleveland Clinic Foundation in Cleveland, Ohio, and then served as a visiting instructor in the Department of Surgery at the University of Texas Medical Branch in Galveston, Texas. She returned to McGill with a staff appointment at the M.G.H. in 1988, and embarked upon a multi-faceted career which expanded well beyond her exceptional clinical expertise in colorectal surgery to basic science research and surgical education. She earned several independent grants and supervised a number of successful trainees toward post-graduate degrees, two of whom now hold McGill staff positions

It was with heartfelt sadness that the Division of General Surgery bid farewell in January to Dr. Judith Trudel who leaves the M.U.H.C. and McGill University after 13 years of service at the Montreal General Hospital. A gathering was held recently in Dr. Trudel's honour where staff, past and present, were on hand for a reluctant send-off. Dr. Trudel, her husband, Francois Bédard, and their two boys Nicolas

in surgery. Additionally, Dr. Trudel served as Director of the General Surgery Residency Training Program from 1997-2001, and masterfully marshaled that program through considerable reformation during a difficult period. At the same time, as if there wasn't enough to be done, she completed a 3-year Master's degree in Health Professional Education. The fact that she did this through the University of Illinois in Chicago is incontrovertible testimony to her immeasurable capacity for self-discipline, organization and focus. The only thing I thought she'd never be able to do well was tell complicated off-colour jokes to an unruly crowd in English, but she even conquered that, too.

Breaking ground as the first woman to join ranks with the M.G.H. general surgeons, Dr. Trudel quickly established her own space and her own rule. She is admirably considered by her colleagues, both surgical and otherwise, to be not just an astute clinician, but also a straight-shooting professional and a loyal friend. She is furthermore held in irrefutably high regard by nursing staff of every walk, and this in itself speaks clearly of her very special qualities. The only people who could possibly miss her more will be the scores of saddened patients she leaves behind to whom she offered a rare mix of surgical skill and great humanity.

We all wish Dr. Trudel well in her new venture. We thank her for her enormous contribution to the M.U.H.C. and the Division of General Surgery, and we look forward to her visits home. Watch out Minnesota....

McGill Surgery Alumni Eminent in C.A.G.S.

Dr. John MacFarlane

of Vancouver is immediate Past President and now serves as Chair of the Nominating Committee.

Dr. Carol-Ann Vaselevsky

has just stepped down as Chair of the Colorectal Committee. In addition, she represented the Canadian Association of Colorectal Surgeons on the C.A.G.S. board. She will be replaced by **Dr. Wes Stephen** of New Brunswick.

Dr. Roger Tabah

of the MGH is Chairman of the Head and Neck Committee.

Dr. Gerald Fried

of the MGH is Chairman of the Information Technology Committee.

Dr. David Evans

is Chairman of the Committee on Critical Care, Trauma, Infectious Diseases and Surgical Nutrition. ♦

EDM

New 5-digit locals for the MUHC

For the
Montreal Children's Hospital,
add 2 before
all existing extensions
(i.e. ext. 2000 becomes 22000)

For the
Royal Victoria Hospital,
add 3 before
all existing extensions
(i.e. ext. 2000 becomes 32000)

For the
Montreal General Hospital,
add 4 before
all existing extensions
(i.e. ext. 2000 becomes 42000)

Everyone is reminded to modify programming of speed dials in telephones, cellular telephones, faxes and others.

EXCEPTIONS:
MUHC EMERGENCIES:
5555 becomes 55555 (five x five)

Aliens Land in Minnesota to Perform Operations on Humans

Steven Paraskevas, M.D.

I had arrived in Minnesota only 24 hours when I realized I was truly in a strange new world. Standing in line at K-Mart, waiting to buy a hammer, garbage can and file folders, I heard a faint voice behind me chirp, "Did they win?" I turned to see a frail, elderly woman, who seemed to be in her nineties, looking at me expectantly. "Did the Vikings win today?" she repeated, louder, as if I were hard of hearing, seeing my puzzled look. "I haven't the foggiest idea!" I replied, adding that I didn't really follow football. Seemed like a perfectly good answer. The woman and the checkout clerk gave a look of horror, as if someone with three heads and green skin was standing before them. Here, no doubt, was an alien. They had no need to read my visa papers, on which it was clearly printed "Alien Physician." You didn't have to say much to give yourself away in Minnesota. Alien Found Shopping at Local K-Mart.

I had arrived for two years as a transplant fellow in the storied Department of Surgery at the University of Minnesota. This was a department that achieved prominence in the 50's and 60's under the chairmanship of Dr. Owen Wangenstein. Transplantation began here in the 60's, then flourished in the 70's under the leadership of his successor, Dr. John Najarian. Notable achievements at this time included the development of pancreas transplantation, routine use of living donors for kidney transplants, and the development of antilymphocyte antibodies for the treatment of rejection. By the 90's, Minnesota had the largest living donor kidney transplant series and the largest pancreas transplant series in the world. Now in his seventies, Dr. Najarian continues to practice, and operate two days a week, and many of the principles and practices he developed, including the structured fellowship itself, are still active today. A former football player with a towering stature and a booming voice, his presence is widely felt and heads turn when he makes an appearance on the transplant floor. Having trained every transplant surgeon in the Division, and many more around the country, he introduces even the most senior among them as "one of my fellows." There was a clear and undeniable apprehension mixed with excitement when I greeted him that first week. Somehow, I feared, I would be exposed as incompetent and thrown out, with no job and no future. Alien Physician Rejected From University — Doesn't Measure Up to Our Standards.

The fellowship was simple in organization. Four fellows ran the service, following six-month rotations for donor surgery, kidney, liver and pancreas transplants. As donor fellow, I would be called to perform all cadaveric procurements, with the assistance of the senior fellow. I would also perform live donor surgery with the staff and be in charge of access surgery. Apprehension quickly turned to relief and the realization that my years of res-



Dr. Steven Paraskevas

idency at McGill had more than prepared me for the task at hand. The donor rotation was a sort of proving ground for the junior fellow, and successful completion of the rotation was a milestone establishing them on the service. Alien Snatching Organs in Midnight Raids — Purpose Unknown.

By the end of the rotation, with summer in full swing, the transplant team was in high gear, working almost every night. My wife joined me in Minneapolis, and we officially left Montreal. A new donor fellow arrived to take my place and I moved on to the kidney rotation. Here, the fellow's task expanded to include the acceptance of offers, and placement of kidneys with recipients. Every step from the first phone call, to the OR, to the patient's discharge was under our jurisdiction, with the staff backing us up and scrubbing in only for the critical part of the case. By the end of the year, with over 100 kidney transplants under my belt, I was ready to tackle the liver service, and cases of increasing complexity.

Continuing the tradition of living donor transplants, Minnesota has developed a strong program for livers, including adult-to-adult right lobe grafts, as well as adult-to-child left lobe grafts. Both of these required the co-operation of multiple staff, as well as medical consultants. On such a large team, my role as fellow diminished somewhat, and time was available for writing and preparing abstracts and presentations for meetings in Chicago and Innsbruck.

By summer, the tempo was again increased as I reached the final and most demanding rotation — the pancreas. At roughly 150 transplants per year, this is the true "Minnesota operation" having been first performed here in 1966, and later refined by the division's innovative and enigmatic leader, Dr. David Sutherland. Dr. Sutherland, a sort of guru for diabetics, has developed a cult following in the world of pancreas and islet transplantation, and foreign physicians were a common sight in the OR and on the floor. It was not unusual to perform a late night transplant, with the room crowded with surgeons from Japan, China, South America or Europe, all leaning over the table, clicking away with digital cameras (much to the nurses' dismay), while Dr. Sutherland rambled on in a monologue that covered topics from Abraham Lincoln's speeches to the treatment of graft pancreatitis. Several living donor operations were also on the schedule here, and the advent of laparoscopic techniques for the donor hemipancreatectomy has once again focused interest on this unusual procedure. Few donors report any major problems, and only one early case in the 1980's manifested abnormal glucose tolerance following donation. Most are combined hemipancreas and kidney donations, and long-term graft survival over 10 years is common. On rounds the pancreas team ►

(continued on, pg. 14)

What distinguishes the Department of Surgery at McGill from other departments in the province and the country are the research training opportunities we provide and the research activities that our faculty members conduct. As in clinical areas, the research arena is in the midst of a true revolution that is challenging us to reinvent ourselves in order to compete.

News from the Division of Surgical Research

by Dr. Lawrence Rosenberg

Future leadership in academic surgery will be determined by four factors: (1) the capacity to build and manage coalitions; (2) success in building core competencies; (3) the ability to rapidly accumulate new learning; and (4) the ability to shape the regulatory environment, influence the emergence of technical standards and control intellectual property.

To preserve and strengthen our leadership position in academic surgery, we must understand our current strengths and weaknesses; identify the competitive forces that are impacting us, and then understand how we can respond to the opportunities and threats that are being presented to us in this environment. To begin this process, we must conduct a technology and research audit of our existing capabilities, and identify our current core competencies.

The "core" of the department is not just the services we offer. Rather it is what we know and what we can do—our knowledge and capabilities. Core competence is often confused with capabilities. Capabilities are often prerequisites for "being in business", but they do not provide any specific differential competitive advantage. Core compe-

tence is a bundle of skills and technologies rather than a single discrete skill or technology. It represents the sum of learning across individual skill sets and individual organizational units. Moreover, it includes a governance process and collective learning. Thus, a core competence is very unlikely to reside in its entirety in a single individual or small team! The department needs to be viewed as a portfolio of competencies rather than a portfolio of "businesses", i.e., the clinical divisions.

A key challenge in competing for the future is to pre-emptively build the competencies that provide gateways to tomorrow's opportunities (as well as to find novel applications of current core competencies). To begin this process, the Division of Surgical Research held the first of two planned retreats on January 29th. The clinical divisions were well represented by their scientists and clinician-scientists. A half-day of thoughtful and intense discussion was devoted to the Graduate Program in Experimental Surgery; the role of research in the department, and the role of

the Division of Surgical Research within the department. A detailed discussion paper summarizing the key aspects of the retreat will appear in a forthcoming issue of *The Square Knot*.

Before the holiday break, the Division held its 4th annual reception. The invited lecture this year was given by **Liliana Attisano**, Associate Professor of Anatomy and Cell Biology, at University of Toronto, who spoke on "The TGF-Beta Signaling Pathway in Human Disease". The talk was very well received and our a well deserved thank-you goes to **Dr. Anie Philip** who invited Dr. Attisano and co-ordinated the day.

Finally, on behalf of the Division of Surgical Research, I want to extend a warm welcome to two new division members—**Eric Chevet, Ph.D.** who recently joined the Molecular Oncology Group and **Steve Paraskevas, M.D.**, who has returned from his transplant fellowship at the University of Minnesota and who will join the Pancreatic Islet Research Group. ♦



Dr. Anie Philip & Dr. Liliana Attisano

Division of Orthopedic Surgery

OTTO AUFRANC HIP SOCIETY AWARD FOR 2002

The Division of Orthopedic Surgery is the recipient of the Otto Aufranc Hip Society Award for 2002. This is based on some of **Adam Hacking's** Ph.D. thesis work describing the relative contributions of surface chemistry and topography to osseointegration of HA-coated implants. The results are very interesting: 80% of the bone response is due to topography alone, with only 20% actually attributable to the chemistry of hydroxyapatite. This finding will turn many thoughts upside down! Needless to say we're very pleased - this is the 5th Hip Society Award for the lab since 1990.

Dr. Dennis Bobyn, Orthopedic Research Lab
MGH



Montreal Children Hospital Division of Pediatric General Surgery

Dr. Pramod Puligandla, chief surgical resident at the Montreal Children's Hospital, is enrolled in both the Pediatric Critical Care and Pediatric General Surgery Programs, the latter being his primary program. This is an excellent opportunity for Pramod who will, in fact, be training as a pediatric surgeon and intensivist; a remarkable program combination.

Division of Pediatric General Surgery will be hosting its 6th Frank M. Guttman Visiting Professor from June 20-21. **Dr. Steven**

Rothenberg, well renowned surgeon in the field pediatric Minimally Invasive Surgery, will be the invited guest speaker. He comes to us from Presbyterian-St. Luke's Hospital, Denver, CO. Look for more details about this event in the next *The Square Knot* issue. ♦

by **Dr. Jean-Martin Laberge, M.D.**

Division of Vascular Surgery

by **Dr. Oren Steinmetz**

A) The following 5 abstracts from the Division of Vascular Surgery were presented at the Canadian Society for Vascular Surgery annual meeting in Ottawa October 19-21, 2001. The presenting resident is printed in **bold**.

1. Modular Aorto-uniiliac Grafts for Endovascular Repair of Aortoiliac Aneurysms with Complex Iliac Artery Anatomy. **Faizer R**, Obrand DI, Montreuil B, MacKenzie K, Steinmetz OK.
2. Evaluation of retroperitoneal laparoscopic techniques for support of endovascular abdominal aneurysm repair : an animal model. **Faizer R**, Lewis RT, Al Jabri B, Steinmetz OK, MacKenzie KS.
3. Early experience with endovascular repair of descending thoracic aortic lesions. **Guimond MF**, Obrand DI, Montreuil B, MacKenzie KS, Steinmetz OK.

4. The value of duplex ultrasound vs contrast enhanced CT scan in follow-up of patients with endoluminally repaired aortic aneurysms: a blinded comparison. **Kamal D**, Obrand DI, Meshefedjian G, Roy A, Stein LS, Bloom C, Reid ME, MacKenzie KS, Montreuil B, Steinmetz OK.

5. Elective aortic aneurysm repair : Is training in open aneurysm repair compromised by an endoluminal aneurysm treatment program? **Mackenzie KS**, Steinmetz OK, Obrand DI, Montreuil B, Sheiner N, Lewis R.

B) I was one of the invited faculty and moderators at the TEAMS 2001 Symposium (Transfemoral Endovascular Aneurysm Management Symposium) held the day before the Canadian vascular meeting (Oct18). ♦

► outnumbered all others, with nurse clinicians, PAs and pharmacists joining me to manage these very complex patients. At this time, the Islet Transplant Program, under world-renowned researcher Dr. Bernhard Hering also began to progress, and eight select patients received cellular grafts and cutting edge immunosuppression, with impressive results — all but two became insulin independent. A glimpse of the future, perhaps? Immersed as never before, I had found my element. Alien Reported Missing — Assimilated?

Aliens...

(continued from pg. 12)

As we rang in the New Year at the Sutherland's home, fellows, staff, researchers and their families gathered to wish Line and myself luck on our return to Montreal. Our lives at work have been enhanced by many close friendships, for me at the University and for Line at the Mayo Clinic. Most of our friends, like us, return to their homes in other countries and around the US, bringing the most valuable of possessions: the experiences and perspectives of this dynamic and exceptional place. Alien Returns Home, Taking Piece of Minnesota. ♦

MUHC Development Corporation

The McGill University Health Centre Development Corporation (DC), the legal entity created to oversee all activities related to the planning and construction of the new health centre at the Glen Site, has regular monthly meetings. The members of the Corporation are:

David Culver, Chairman
Dr. Michel Bureau
Claude Chamberland
Philip O'Brien
Dr. Hugh Scott
Bernard Shapiro
Philip Webster
Kathleen Weil

Dr. Mostafa Elhilali Awarded Order of Canada

by Yosh Taguchi, M.D.

It is fitting that the country's highest honour, the Order of Canada, should be awarded to Mostafa M. Elhilali, the nation's most respected urologist. Mostafa is the Professor and Chairman, Division of Urology, McGill University; the Secretary General of the International Society of Urology; Chairman of the Canadian Prostate Health Council; and a member of the Executive Committee of the Canadian Urological Association. He is a past President of the Canadian Urological Association, and a past President of the Northeastern Section of the American Urological Association. He has published 160 papers in peer reviewed journals and has written 15 chapters in books on varying subjects such as the neurostimulation of the bladder, prostate cancer, benign prostatic hyperplasia and erectile dysfunction. He is the recipient of a Lifetime Achievement Award from the Canadian Urological Association, the Gold Medal Award from the Egyptian Urological Association, and the Jean Charbonneau Award from the Quebec Urological Association.



That is quite a remarkable career for someone who came to Montreal, in 1965, ostensibly for a year or possibly two to round out his training after completing his medical studies and urological training in his native Egypt. He stayed on to earn a doctorate from McGill in Experimental Surgery with his studies on the iso-enzymes of prostate tissue, then accepted an academic appointment at the newly opened Sherbrooke University, took over as its Chairman of Urology, and was persuaded to assume the McGill position in 1982. He is responsible for running a surgical discipline within the McGill network that is widely regarded as the model to emulate - fifteen distinct personalities at four teaching hospitals with different expertise working together in a group practice for the common good of the community.

Friends, colleagues and associates take pride in Mostafa's accomplishments and extend to him warmest congratulations! Mostafa is the father of five grown children and shares his life with his loving wife, Glenna. ♦

McGILL SURGEONS WHO HAVE BEEN AWARDED THE ORDER OF CANADA

Dr. A.R.C. Dobell
Dr. R.L. Cruess
Dr. M. Elhilali
Dr. C. Laurin
Dr. David Lin
Dr. R. Margolese
Dr. L.D. MacLean



Dr. J.L. Meakins
Dr. Balfour Mount
Dr. D.S. Mulder
Dr. H.R. Robertson
Dr. E.J. Tabah
Dr. Arthur Vineberg

Division of Urology

by Mostafa Elhilali, M.D.

The past year for the Department of Urology has been a very busy year. Two surgeons, **Dr. Simon Tanguay** and **Dr. Maurice Anidjar** have been successfully developing techniques for laproscopic prostatectomy and laproscopic radical nephrectomy.

We are expecting **Dr. Peter Chan** to join the Department February 1st. Peter is a McGill graduate and has just completed a fellowship in male fertility and erectile dysfunction with Dr. Peter Schlgel at Cornell University. During this fellowship, he developed some new microsurgical techniques in the area of epididymovasostomy and vasectomy reversal. Dr. Chan will also join the team in the Fertility Centre.

In November 2001, **Dr. Yosh Taguchi** launched the French version of his new popular book "La Prostate". The book is now published in three languages. His previous book "Private Parts" has

been published in six languages and over 25,000 copies have been sold to date.

During the past year, a group of friends of the Department started a fundraising project under the name of the McGill Prostate Cancer Centre of Excellence and to date have raised over three million dollars. The income of this endowed fund will be used to strengthen the team of uro-oncology at the Montreal General Hospital and will allow the recruiting of two new basic scientists. The group is now embarking on a much larger, ambitious project involving the four Quebec universities by creating the Montreal International Prostate Cancer Foundation. This foundation will have as an objective the strengthening of research endeavors among the Prostate Cancer Network, including researchers from the MUHC, Lady Davis Institute, Université de Montreal and Université de Laval. ♦

HONORS AND AWARDS

Dr. Mostafa Elhilali — Jean Charbonneau Award for Lifetime Achievement presented by the Quebec Urological Association at their Annual Meeting, November 2001.

Dr. Armen Aprikian — Named the William Dawson Scholar by McGill University, December 2001

Dr. Simon Tanguay - Promoted to Associate Professor with Tenure

News from Anesthesia

Dr. Franco Carli recently made the following announcements:



Dr. Karen Brown

Dr. Karen Brown has been appointed as the new Division Chief in Pediatric Anesthesia at the Montreal Children's Hospital as of November 1st, 2001.

Dr. Francisco Asenjo has been appointed Clinical Director of Anesthesia at the Montreal General Hospital beginning January 1st, 2002.

Dr. Gilles Plourde, Associate Professor in Anesthesia, has accepted the Directorship of the McGill Department of Anesthesia's Clinical Fellowship Program as of November 1st, 2001.

The McGill Anesthesia Residents/Graduates Research Day has been renamed the Philip R. Bromage Anesthesia Research Day. The Deidre Gillies Award for Excellence in the Teaching of Anesthesia was established in September of 1996 and the John W. Sandison Award for Outstanding Resident was established in April of 2001.

Dr. Alain Deschamps joined the RVH Department of Anesthesia in July of 2001 and **Dr. Chantal Frigon** joined the Montreal Children's Hospital in October of last year. Also, **Dr. Claude Abdallah** was appointed to the Montreal Children's Hospital on July 1st, 2001 and **Dr. Mahest Arora** to the MCH on December 1st, 2001.

Dr. Angela Truong was appointed Assistant Professor in Anesthesia at McGill and is based at the MGH since August 2001.

Dr. Pedro Ruiz Neto who has a special interest in respiratory physiology and pulmonary function has joined the MGH staff.

Dr. Richard Wahba is the new Director of the Association of McGill Anesthesia Alumni and Friends.

Dr. Albert Koomson has been appointed at the MCH as a Clinical Fellow in Pediatric Anesthesia.

Dr. Maud Frot is the Department's first "Sir Gordon Robson Fellow".

Dr. Lolade Adewale resigned from the MCH in September and

Dr. Marie-Reine Losser returned to France in October last year.

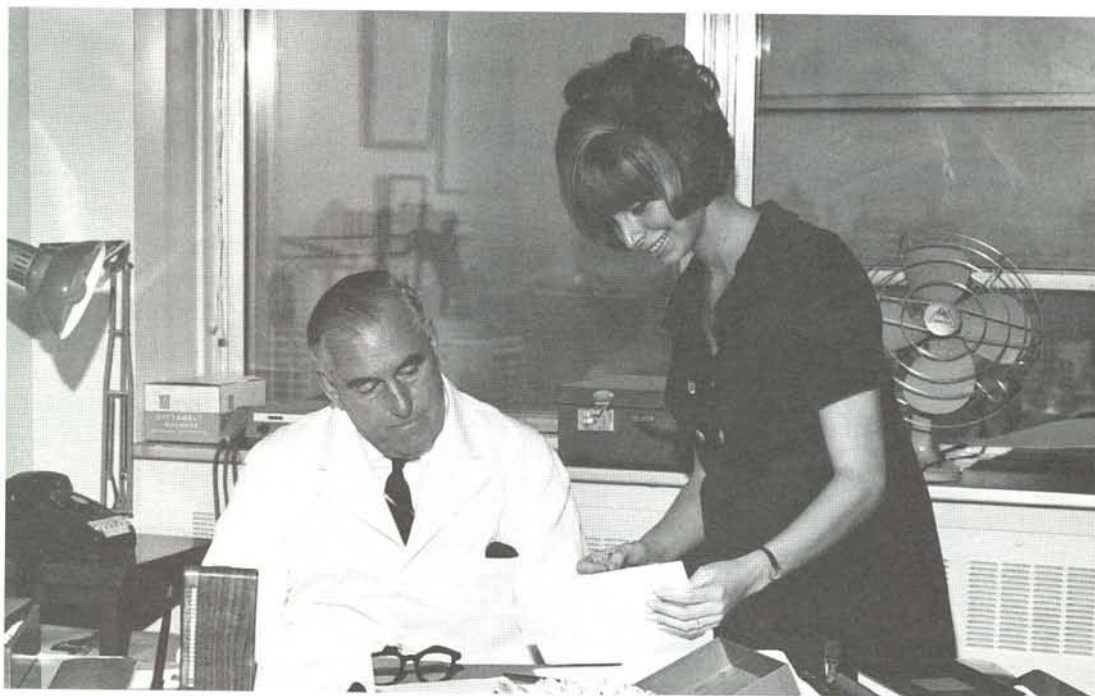
Dr. Jason Hayes completed his Pediatric Anesthesia Fellowship at the MCH in September and has returned to Toronto.

Dr. Serge Lenis is on leave from his position as Anesthetist-in-Chief at St. Mary's Hospital and has taken up the position as Chief at the Centre Hospitalier Université de Montréal.

Dr. Andrew Scott has transferred from the MGH to St. Mary's Hospital. ♦

Were you there?

RVH 1966



The late Dr. H.F. Moseley – 9-East office Accident Service [submitted by Dr. L.D. MacLean]

Should We Get Rid of the Managers of the Health Systems?

In a recent letter (La Presse, November 19, 2001), Mr. Claude Castonguay recalled again that the reforms in Health Care which he guided in the years 1967 to 1968 had obtained excellent results. He complains, however, that



by Jacques Genest, M.D.

the Health Care establishments were held by the technocrats of the Ministry to a "centralization of decision making and a fussy bureaucratic regimentation", and that

the method of financing was "transformed into an additional instrument of control".

As was so well expressed by La Rochefoucauld in his tenets, "It does not render a service to dupe anyone when they are otherwise pre-occupied by their own merits". Despite all the praises which can be attributed by Mr. Castonguay, of which certain of them are justly merited, he recognizes "that over the years, there have accumulated too many examples in which the State is an inefficient producer of services". From 1967 to 1968, whilst I was the Director of the Department of Medicine at the Université de Montréal, Professor John Beck who had the equivalent position at McGill University and myself, elaborated in numerous articles the grave weaknesses in that report following long experiences that we had in the delivery of health care and an already established regimens particularly in Europe. We have demonstrated since then and this on a number of occasions that the system proposed by Mr. Castonguay had early on cast aside in a deliberate fashion the experts and professionals in the field of Health. To have delegated to technocrats, without experience in the ultra-complex field of Health the management of the system, the formulation of strategies, the evaluation and allocation of resources was foolhardy, especially since these aspects had been administered with a narrow spirit

of accountability by these bureaucratic subalterns who did not know any better, but who had to become very mindful of their power, control and who were impressed particularly by the social aspects of disease at the expense of tertiary care hospitals and of the real needs of the patient. This has, therefore, led to the grave crisis in the Health Care System which has lasted these past decades, and which is responsible for the fact that numerous patients now suffer unduly and for many months and even years, or die in the interval because of the length of waiting lists. This is without counting the weeks and months of delays whilst awaiting the results of various tests. Let us not forget the intolerable congestion in the emergency rooms in the city's large hospitals.

The comments formulated by Mr. Castonguay concerning the Clair Commission Report which might be "on the road to oblivion" will add very little to the necessary reforms in the system. Anyhow, the solutions which I have proposed on numerous occasions to render our system more human and more efficient were not

considered either and they were "tabled" without consideration by the intolerant bureaucracy for any criticism which might be less competent. Some day, it will be necessary to realize that a Health Care System is an extremely complex affair because of the delicate relationships between finance, administration, the professional personnel, the quality of the expected care, and the compassionate elements which are so important for the patient. Such a system requires the role of real experts and the establishment of a semi-independent commission by the government in which the excellence of the members will be at the level of their expectations. ♦

Editor's Note:

Dr. Jacques Genest, former Head of Medicine at the University of Montreal, is well known internationally for his work in arterial hypertension. He is the Founder of the Research Institute at the Université de Montréal, and in 1959, was one of the first to give his support to a free and universal system of Hospital Insurance.

Were you there?

RVH - SICU - 8-West 1966



Drs. Tony Rabbat and George Fraser [submitted by Dr. L.D. MacLean - Dr. Rabbat is a Vascular Surgeon at hôpital St. Luc in Montreal and Dr. George Fraser is a Cardiologist at the MUHC]

General Surgery Day

Wednesday, February 27, 2002

The Visiting Professor is **Dr. Layton F. Rikkers**, who is the A.R. Curreri Professor and Chairman of the Department of Surgery at the University of Wisconsin - Madison Medical School. The day program was held at the Osler Amphitheatre at the MUHC/MGH Site from 8:00 a.m. to 4:00 p.m., followed by the General Surgery Banquet at the Ritz Carleton Hotel (Grey Room) at 6:30 p.m.

PROGRAM

Wednesday, February 27, 2002

Osler Amphitheatre

Montreal General Hospital Site - MUHC

- | | |
|-------------------|--|
| 8:00 a.m. | <p>Introduction and Welcoming Remarks
 Dr. Nicolas V. Christou
 Head, Division of General Surgery, McGill University</p> |
| 8:30 - 10:30 a.m. | <p>What's New in the Division of General Surgery, McGill University</p> <ul style="list-style-type: none"> • Surgical Oncology – Dr. A. Loutfi • Minimally Invasive Surgery – Dr. G. Fried • Colorectal Surgery – Dr. P. Gordon • Hepaticopancreatobiliary – Dr. P. Metrakos • Transplantation – Dr. J.I. Tchervakov • Bariatric Surgery – Dr. N.V. Christou • Trauma - Dr. D.C. Evans • Pediatric Surgery Dr. J-M. Laberge |
| 10:30 am | B R E A K |
| 11:00 am | <p>Interesting Cases / Video Clinic
 Dr. S. Meterissian</p> |
| 12:00 Noon | L U N C H |
| 1:00 –2:15 p.m. | <p>Debate #1
 Given that candidates with portal hypertension should be treated with transjugular insertion of portal-systemic shunts
 Pro: Dr. A. DiCarlo
 Con: Dr. K. Khwaja
 Coach: Dr. H. Hayati
 Moderator: Dr. J.I. Tchervakov</p> |
| 2:15 – 2:45 | BREAK |
| 3:00 –4:15 p.m. | <p>Debate #2
 Given that patients with colorectal metastasis who do not satisfy the "classical" criteria for surgical resection should be treated aggressively with combined local ablation and surgical resection techniques
 Pro: Dr. M. Tan
 Con: Dr. N. Ordas
 Coach: Dr. G. Tzimas
 Moderator: Dr. P. Metrakos</p> |

6:30 for 7:15 p.m. General Surgery Day Banquet

Surgeons and Residents of the McGill Division of General Surgery are cordially invited to the

General Surgery Day Banquet
Ritz-Carlton Montreal
1228 Sherbrooke Street West

RSVP by February 15th (Rita Piccioni at 843-1532)

6:30 p.m. Cocktails
 Ritz-Carlton (Grey Room)

7:15 p.m. Dinner (Gold Room)
 Ritz Carlton (Gold Room)

Business Attire

Announcement of Debate Winners
 Announcement of Teaching Awards

Thursday, February 28, 2002

Osler Amphitheatre
Montreal General Hospital Site - MUHC

7:30-8:30 a.m. Surgical Grand Rounds
 "Definitive Treatment of Variceal Bleeding"
Layton F. Rikkers, M.D.
 A.R. Curreri Professor of Surgery and Chairman,
 Department of Surgery,
 University of Wisconsin



Were you there? **RVH 1986**

Back Row: Antoine Loutfi,
 Joel Morris, Roger Tabah,
 Richard Novick,
 Harry Shizgal

Middle Row: Peter McLean,
 Joe Meakins, Normal Belliveau,
 Henry Shibata, Paul Belliveau,
 Gilles Hedderich, Henry Stefaniszyn,
 Alan Roza, Armour Forse

Front Row: Eddie Tabah,
 Lloyd MacLean, Ed Monaghan,
 Geoff Lehman
 [submitted by Dr. L.D. MacLean]

Trauma News

by David C. Evans, M.D.,
Director, Adult Trauma, MUHC

The Adult Trauma Program has just completed an action plan to consolidate an integrated and more programmatic approach to actualizing the full MUHC trauma mission. This addresses key issues highlighted through the provincial accreditation process and presently awaits endorsement by the Ministry of Health. The task of providing top-level trauma care to a growing number of injured patients in combination with accomplished educational

and research programs is a difficult challenge crucial to the public well-being and to surgical training which is faced by all major Canadian university centres at present. Our own program continues to strengthen. Weekly Trauma Rounds are now routinely attended by over 30 participants from several specialties, a number of major research projects are in progress, and a recruiting effort is underway to bring in new talent. Regrettably, **Caterina Staltari**,

Trauma Program Manager, will take a leave of absence this month. Happily, this is in order to expand her family. We all wish the very best, thank her for her invaluable contribution, and eagerly await her return.

Last word. **The Trauma Association of Canada** meeting to be held in Whistler, B.C. on April 18-21 promises to be exceptional. **Dr. Tarek Razek** will present on *Damage Control Surgery*. I, for one, can't wait. ♦

The 7th Annual H. Rocke Robertson Visiting Professor January 23-24, 2002



Dr. Guy Clifton

by David C. Evans, M.D.,
The M.U.H.C. Trauma Program held the 7th **Annual H. Rocke Robertson Trauma Day** at the Montreal General Hospital on January 23-24, 2002. **Dr. Guy L. Clifton** from the Department of Neurosurgery at the University of Texas, Houston joined us as this year's Visiting Professor in Trauma. Dr. Clifton is internationally recognized for his expansive

scientific contribution to improving the care of the head-injured patient, his important role as lead investigator on a recently completed multi-centre clinical study evaluating the role of hypothermia in acute brain trauma, and his valued leadership in many national organizations dedicated to brain injury. The resident's competition, featuring 15 presentations from 7 surgical specialties, was of exceptional quality and showcased well the great breadth of clinical material managed in our institution as a regionally-designated trauma referral centre. The 1st place award went to **Dr. Jose Pascual** for his presentation entitled *Persistent advantage of hypertonic saline in a double-hit inflammatory model*. His original basic science research used intra-vital microscopy to evaluate the microvascular response to a delayed inflammatory stimulus following

resuscitation from hemorrhagic shock. Other winners were: 2nd place **Dr. Eric Roger** (Neurosurgery); 3rd place (tie) **Dr. Talat Chughtai** (General Surgery/Critical Care) and **Dr. Donald Fitzpatrick** (Plastic Surgery); and honorable mention **N. Farooki**. Dr. Clifton returned to Texas following a visit and presentation to the M.N.H. and his Surgical Grand Rounds presentation entitled *Hypothermia treatment of brain injury*. This year's event was considered immensely successful by all and we greatly enjoyed the privilege of Dr. Clifton's company. This Visiting Lectureship in Trauma was established by **Dr. Rea Brown** and **Dr. David Mulder** in 1995 in honour of **H. Rocke Robertson, MD**, who served as former M.G.H. Chief of Surgery, McGill Chairman of Surgery (1959), and McGill University Principal (1962). ♦

Irony

A police officer pulled over a driver and informed him that, because he was wearing his seat belt, he had just won \$5,000 in a safety competition.

"What are you going to do with the prize money?" the officer asked. The man responded, "I guess I'll go to driving school and get my license." At that moment, his wife, who was seated next to him, chimed in, "Officer, don't listen to him. He's a smart aleck when he's drunk."

The woke up the guy in the back seat, who, when he saw the cop, blurted out, "I knew we wouldn't get far in this stolen car."

At that moment, there was a knock from the trunk and a voice asked "Are we over the border yet?" ♦

General Schwartzkopf

In a recent interview, General Norman Schwartzkopf was asked if he didn't think there was room for forgiveness toward the people who have harbored and abetted the terrorists who perpetrated the 11 September attacks on America.

His answer was classic Schwartzkopf. He said, "I believe that forgiving them is God's function. Our job is simply to arrange the meeting."

Surgery Christmas Reception

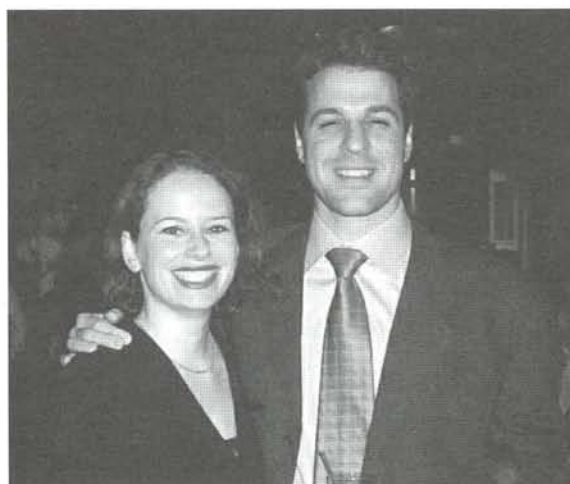
December 11, 2001



Dr. J.L. Meakins and Dr. Mostafa Elhilali



Junior Residents and Friends



Dr. Lorenzo Ferri and his wife Alison Breen



Mrs. Marcelle and Dr. Sarkis Meterissian



*Lt. to Rt.: Nancy Snyitar, Betty Biannis, Dr. Kosar Khwaja, Mary Bouldadakis,
Dr. José Pascual, Dr. Prosanto Chaudhury (kneeling)*



Dr. Sarah Hagarty – R-V General Surgery

2001 Awards Dinner of the MUHC Research Institute

On November 20th, 2001, the Research Institute of the McGill University Health Centre held its much anticipated Award's Dinner. The evening was chaired by **Mr. Tom Burpee** and joining him as co-chairs were **Gail Merilees Jarislowsky** and **John Morgan**, Chairs respectively of the MGH and RVH Foundations.

Others present included the distinguished scientist, **Dr. Emil Skamene**, the Head of the Institute; **Dr. Hugh Scott**, the Executive Director of the MUHC; and **Mr. David Culver**, Chairman of the Board.

A record number of the brightest researchers were presented with awards totalling over one million dollars. Amongst these, here are those of interest to the Department of Surgery:

The **175th Anniversary Fellowships** were presented by **Mr. David Culver** to **Dr. Mark Burman** of Orthopedic Surgery, and to **Dr. Mark Martin** of Plastic Surgery.

The **Auxiliary Research Fellowship** Award was presented by **Karen Fried**, of the MGH Auxiliary to **Dr. Mario Chevette**, scientist in Urology.

The **Simone and Morris Fast Awards for Oncology** supported by their daughter, Louise Fast, were presented by **Dr.**

Carolyn Freeman to **Dr. Eric Chevet** of General Surgery, and **Dr. Maurice Anidjar** of Urology.

The **Alan B. Hawthorne Memorial Fund** in Urology Research was presented by **Mr. & Mrs. Robert Rodger**, relatives of the late **Willem J. Klaassen** whose generous bequest to the RVH endowed the Fund to **Dr. Catherine Dreanno**.

The **Michael Cohen Liver Transplant Fellowship** was presented by **Mrs. Cohen** to **Dr. George Tzimas**. He also was the recipient of the **Lois and Byron Dolgin Liver Transplant Fellowship** which was presented by **Mr. Burpee**.

Dr. Jonathan Meakins made a special announcement about the establishment of the **Florenz Steinberg Bernstein and David Bernstein Chair** in the field of Minimal Invasive Surgery, and this was presented to **Dr. Gerald Fried**.

The **Frank McGill Travel Fellowship** was presented by his granddaughter, **Dr. Sandra McGill** to **Dr. Steven Paraskevas**.

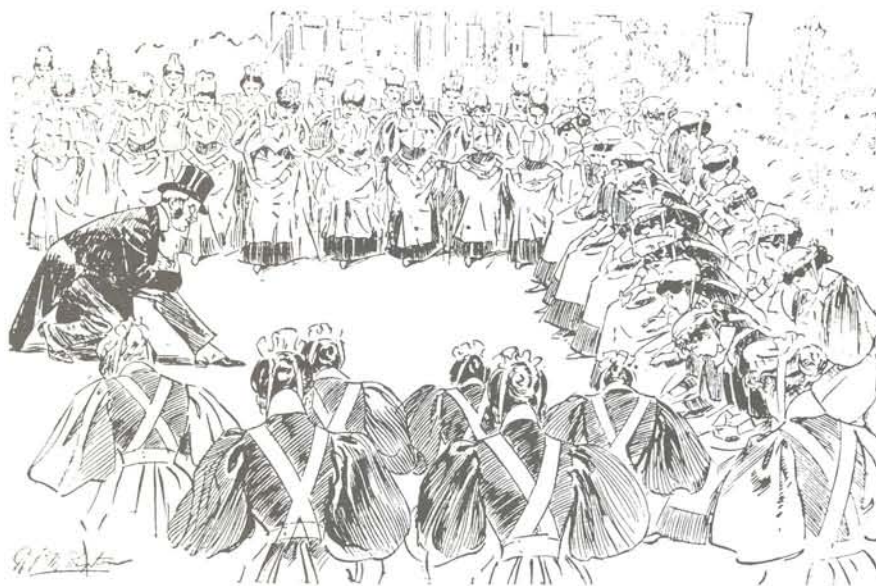
The **Herbert S. Lang Award** in Oncology and Surgery was presented to **Dr. Christian Sirois**.

The first holder of the **Dr. Alan Thompson Chair** was presented by **Dr. Thompson** himself to **Dr. Lawrence Rosenberg**. This recognizes the outstanding achievements of Dr. Thompson as a surgeon, healer, teacher, sympathetic caregiver as well as a strong ongoing support for research at the MUHC.

◆

EDM

So you think you have too many "non-medical administrative duties"?



Sir James Reid personal physician to Queen Victoria teaching the nurses to curtsy. He found himself burdened with "so many things to do quite apart from medical work".

Reference: "Ask Sir James" by Michaela Reid; Hodder & Stoughton, London 1987.

Dr. Vincent Arlet of the Adult and Pediatric McGill Orthopaedic Spine Center, was invited to Beijing in November as a guest speaker for the 3rd International Peking Union Medical College Spinal Symposium. He gave the following well attended lectures: 1) *Selection of Levels in Idiopathic Scoliosis*, 2) *Lumbosacral Fixation*, 3) *Neuromuscular Scoliosis*, and 4) *Cervical Spine Injuries*.

KUDOS!!

Dr. Philip Gordon of the JGH was an Invited Panelist during the annual meeting of the ACS last October in New Orleans at the Subject Oriented Symposium II Colon and Rectal Surgery Motion Pictures. He was appointed reviewer for *Archives of Surgery* and it is noteworthy that he was cited in Marquis Who's Who in Medicine and Healthcare 4th 2002-2003 edition. Since the last issue of TSK, he co-authored 2 articles in *Diseases of the Colon and Rectum* and wrote a chapter in *Operative Techniques in General Surgery*, edited by van Heerden JA and Farley DR and published by WB Saunders.

Dr. Alan M. Graham (son-in-law of Dr. & Mrs. Henry R. Shibata) has been made a Full Professor of Surgery and named the Norman Rosenberg Chair of Vascular Surgery at the Robert Wood Johnson Medical School in New Brunswick, New Jersey. Alan graduated from Queen's University and did his post-graduate training at McGill.

Dr. Jean-Martin Laberge accompanied his wife **Dr. Louise Caouette-Laberge** on a mission with Operation Smile in Zhongshan, China from November 17th to December 2nd. He participated in the screening of about 400 patients in 2 days, 160 of whom were operated in the following week by the international team of plastic surgeons. Dr. Laberge gave lectures and video presentations, participated at rounds with

the Chinese surgeons and pediatricians; performed an endorectal pullthrough in a neonate with Hirschsprung's disease (it's not the same without pediatric anesthetists and pathologists!).

Friends and family celebrated **Dr. Adolphe "Al" Legaré's** 75th birthday on February 8th at the West Island Tennis Club in Beaconsfield. Al graduated from the University of Ottawa in 1955 and took his training in Plastic Surgery at the RVH. On the staff of the Lakeshore General Hospital, he has been active in Sports Medicine for most of his career. He has looked after athletes at the John Abbott College and has been a leading member of the Loyola High School Sports Committee. Married to Paddy for 31 years, they have a 27 year old son, Michael. A significant feature of the birthday celebration is the fact that Al had a heart transplant 15 years ago. This transplant was performed by **Dr. Albert Guerraty** at the RVH. Dr. Guerraty is presently in Philadelphia. TSK sends its fondest wishes to Dr. Legaré.

Our roving reporter asked **Dr. L.D. MacLean** about his publications. He said he averaged 7 papers in peer reviewed journals each year over the last 50 years, that is, 1952 to 2002. Only the last paper to come out in 2002 in *Surgery* was accepted without revision. He said "I had almost given up".

Dr. David Mulder, Chief Physician of the Montreal Canadiens Hockey Team, has been named the President of the N.H.L. Team Physicians Society. This group includes doctors from all the N.H.L. Teams and they meet twice each season to exchange information.

Dr. Richard J. Novick (Professor and Chair, Division of Cardiac Surgery, University of Western Ontario and City-Wide Chief of Cardiac Surgery, London Health Sciences Centre) presented a paper entitled *Assessing the Learning Curve in Innovative Cardiac Surgical Procedures via CUSUM Failure Analysis* at the 1st International Symposium on Cardiovascular Sciences: From Bench to

Bedsides in Hong Kong in late November. Recently, he has published two papers on this topic in *The Annals of Thoracic Surgery*.

Dr. Lawrence Rosenberg was an invited keynote speaker at the Annual Meeting of the Quebec Association of Endocrinologists, where he gave an address on *Stem Cell Therapy for Diabetes*. The Rosenberg lab has been funded as an integral part of the Stem Cell Network of Canada, a newly funded network of centers of excellence. He is the Director of the recently awarded McGill-Montreal J.D.R.F. Center for Beta-Cell Replacement. Dr. Rosenberg is also the Recipient of the first MUHC named Chair, the A.G. Thompson Chair of Surgical Research. INGAP Peptide, derived from discoveries made by Dr. Rosenberg, the late **Dr. Bill Duguid** and **Dr. Arthur Vinik** (Eastern Virginia Medical School), entered the first clinical trial for the treatment of patients with diabetes mellitus. Drs. Rosenberg and Vinik found that administration of INGAP Peptide to certain species of diabetic animals increases insulin levels and lowers blood glucose levels. INGAP Peptide represents a potentially novel anti-diabetic therapy directed at the basis of the disease.

Dr. Maria Petropavlovskaja presented a paper together with Dr. Rosenberg at a recent NIH workshop on Pancreatic Development, Proliferation and Stem Cells. The paper was entitled *Identification of Small Cells in Pancreas*.

Carin Wittnich, DVM, M.Sc. in Experimental Surgery, well remembered by those who worked with her in the University Surgical Clinic of the MGH in the late 1980's and early 1990's, has been doing well at the University of Toronto. In 1996, she received the Northrop-Frye Award, University of Toronto for excellence in linking teaching and research. In 2000, she was awarded the University of Toronto Department of Surgery Lister Prize for outstanding research of international acclaim. In 2001, she became Full Professor of Surgery, University of Toronto, and was awarded the Order of Ontario in December 2001. ♦

by Christine Pagé, Patient Care Co-ordinator,
Cardiac Surgery – RVH

Path to Home Guide

Clinical Pathway for Cardiac Bypass Surgery Patients

On Surgical 8-East, at the RVH site, we developed a clinical pathway for our cardiac bypass surgery patients. We also developed a patient and family version of that clinical pathway named "Path to Home Guide." A generous donator financed the framing of our "Path to Home Guide." This one page document is given to the patients and their family upon their arrival on Surgical 8-East and was created to help them understand the course of their hospitalization and to encourage them to participate to their own care and recovery. This tool refers to the activities, breathing exercises, pain control, nutrition, tubes and lines for the day of surgery, and for the 5 post-operative days following the surgery. We hung the laminated colourful poster on a wall in the corridor on Surgical 8-East so the patients and their family could easily refer to it. ♦



MCGILL UNIVERSITY, FACULTY OF MEDICINE HONOURING

NEW FULL PROFESSORS AND RECIPIENTS OF CAREER AWARDS



March 14, 2001

Did you know that the Roddick Gates at the main entrance to the McGill University campus on Sherbrooke Street are named after a surgeon?

At the top of McGill College Avenue are the two imposing pillars of the Roddick Gates given to McGill by Lady Roddick, the widow of Sir Thomas Roddick and the niece of one of McGill's greatest benefactress, Peter Redpath.

Born in Newfoundland in 1846, Roddick came to McGill Medical School in 1864. He did his postgraduate training as a resident at The Montreal General Hospital. In 1874, he taught anatomy at McGill and was a teacher to Sir William Osler. He was made a Professor of Clinical Surgery at The Montreal General in 1876. In 1877, he went to Edinburgh to learn about antiseptic methods from Dr. Joseph Lister.

Later, he became the first Chief Surgeon at the Royal Victoria Hospital and from 1901 to 1908, he was the Dean of McGill's Faculty of Medicine. He founded the Canadian Medical Council and entered parliament in 1886 at the request of Sir Charles Tupper, one of the fathers of Confederation.



Sir Thomas Roddick

Dr. Roddick retired in 1908 and was later knighted by King George V so as to become Sir Thomas Roddick. ♦ EDM

The Roddick Gates



The clock Tower

As the airports fill up and the inevitable weather delays start, it's important to maintain a sense of humour if you're planning to join in this annual pilgrimage. There are going to be plenty of angry, red-faced travellers out there making life miserable for everyone else; there's no point in adding to the melee.

"Angry People"

And if things get hairy, have a heart and be kind to the airline staff. They don't like the hassles any more than you do. And besides, some of them can be pretty sharp on the uptake if you push them too hard.

My old pal and colleague Helga Loverseed used to be an airline hostess. In fact, this was so long ago - and I don't mean to be ungal-

lant here - that British Airways was still called BOAC, Air Canada was still TCA and the women who helped passengers were still called stewardesses.

She has all sorts of good airline stories - some of them printable in a family newspaper.

Her favourite is about the United Airlines gate agent in Denver who had to deal with a passenger who probably deserved to fly cargo. A crowded United flight had been cancelled, and the agent, working alone, was rebooking a long line of inconvenienced travellers.

Suddenly an angry passenger pushed his way to the front of the line, slapped his ticket down on the counter and snapped, "I *have* to be on this flight and it has to be first class."

The agent replied that she'd be happy to help him as soon as she had taken care of the passengers who had been bumped off their flight.

The passenger was unimpressed. "Do you have any idea who I am?" he asked loudly, so the passengers behind him could hear.

Without hesitating, the gate agent smiled and grabbed her public-address microphone.

"May I have your attention please?" she began, her voice bellowing throughout the terminal. "We have a passenger here at the gate who does not know who he is. If anyone can help him find his identity, please come to the gate."

When the people behind him began laughing the man gritted his teeth and glared at the United agent.

"(Well-known glottal word meaning sexual congress) you!" he shouted.

Without flinching, she smiled and said, "I'm sorry, sir, but you'll have to wait in line for that, too." ♦

Obituaries

Robert Gourlay, MDCM'42, MSc'49, at New Westminster, B.C. on March 16, 2001.

Harry Stafford Morton, O.B.E., C.D., L.L.D., B.A., M.Sc., B.S., M.D., L.M.C.C., F.R.C.S., F.R.C.S.C., F.A.C.S., F.R.C.O.G. died at the age of 96 on December 7th, 2001 in Halifax, Nova Scotia. He received his medical training at the Royal London Hospital Medical School in 1930 and had a long and distinguished medical career. He served as a medical officer in the Royal Canadian Navy during the Second World War, retiring as a Surgeon Captain in 1945. He was always very proud of his naval career. Later, he received the Order of the British Empire. In 1954, he was appointed Hunarian Professor of Surgery by the Royal College of Surgeons of England. From 1960 to 1969, he was Chief Surgeon of the Queen Mary Veterans Hospital in Montreal. He arranged a rotation of residents between the Royal Victoria Hospital and the London Hospital. He received the very distinguished honour of being made a Patron of the Royal College of Surgeons in 1999 which was reported in *The Square Knot*.



Dr. Morton

He received an Honorary Doctorate of Law Degree from Mount Allison University in recognition of his leadership between 1964 and 1983 as a member of the Board of Regents. He established

the Mount Allison University Morton Library Fund, which supports studies in history and biology. He was made a life member of the Lunenburg Yacht Club.

He left the Royal Victoria Hospital and McGill in 1970 to live on Heckman's Island near Lunenburg where he and his wife Rachel Perot Wainwright lived until they moved to Halifax recently. He willed his property as a gift to Acadia University so that it could be maintained in perpetuity as an Environmental Studies Center.

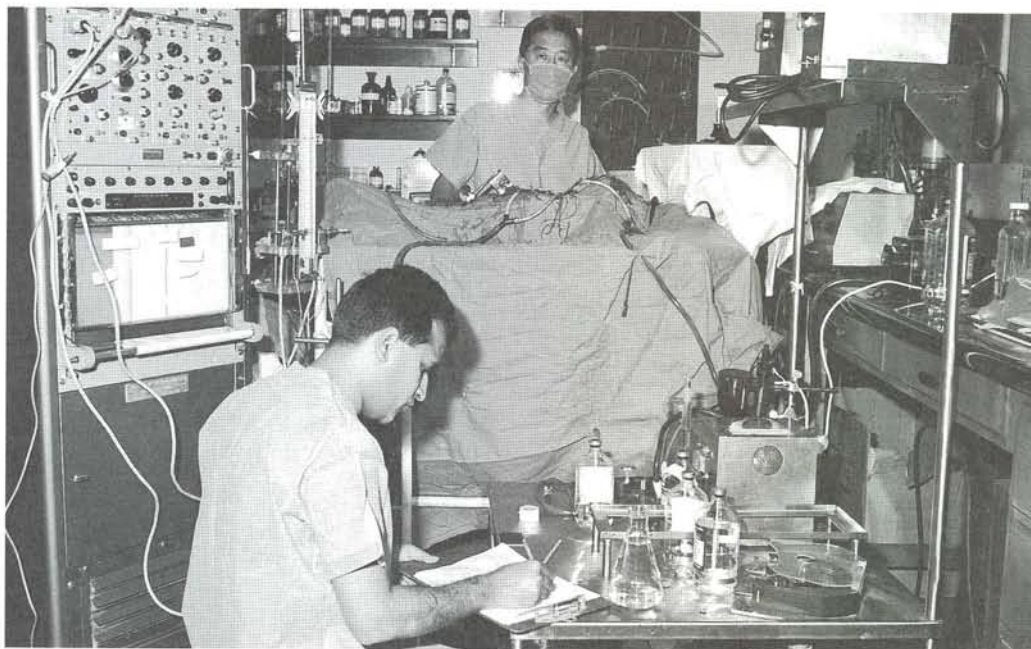
He will be mourned by his family, his former patients and colleagues.

Dr. Theodore B. Rasmussen on Wednesday, January 23rd, 2002 at the age of 92. Predeceased by his beloved wife Catherine Archibald. Born in Provo, Utah, he obtained his medical degree at the University of Minnesota and trained in Neurosurgery at the Montreal Neurological Institute and at the Mayo Clinic. He served in World War II as a Lieutenant-Colonel in the U.S. Army Medical Corps and in 1954 returned to the MNI and McGill University where he succeeded Dr. Wilder Penfield as Director of the MNI in 1960. Ted will be best remembered for his outstanding and meticulous work in the surgical treatment of epilepsy.

Dame Sheila Sherlock in London at the age of 83. She established the study of liver disease as a special discipline and became Professor of Hepatology at University College of London. As one of the world's leading authorities on the subject, her book *Diseases of the Liver and Biliary System* was first published in 1955. She came to visit McGill in the early seventies. ♦

EDM

Were you there? RVH 1966



Dr. S. Agrawal at work in the Surgical Lab [submitted by Dr. L.D. MacLean — Dr. Agrawal is in Poughkeepsie, N.Y.]

E.D. Monaghan, M.D.
Editor

Emma Lisi
Assistant Editor

Marie M. Cimon
Copy Editor

*All photographs
courtesy of The McGill
Surgery Department*

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without you !**



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McGILL SURGERY ALUMNI & FRIENDS

Contributions of \$50.00 are appreciated in ensuring the continued publication of "The Square Knot" and supporting McGill Surgery Alumni activities. Please make cheque payable to the McGill Department of Surgery and forward to Maria Bikas, McGill Surgery Alumni & Friends, The Montreal General Hospital, 1650 Cedar Avenue, Room: D6-136, Montreal (Quebec) Canada H3G 1A4
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