"MERGER MANIA": "FUSION FRENZY": "RAMPANT RESTRUCTURING"

Such dramatic phrases have become commonplace in the descriptions of organizations of every kind in this last decade of the century. Hospitals have not proven to be immune to this trend, be it in Canada, the United States or indeed around the so called developed world. It is in this context that the McGill University Health Centre came formally into existence as a distinct legal entity in the summer of 1997. At that time, in a strictly voluntary manner, each of the Montreal Children's Hospital, the Montreal Neurological Hospital, the Montreal General Hospital and the Royal Victoria Hospital (which five years earlier had incorporated the Montreal Chest Hospital) gave up their independent status to merge into a single, new entity. This was done in full collaboration with McGill and with the approval and sanction of the Quebec Minister of Health.

This kind of major upheaval in the corporate existence of five venerable institutions, dating back in one case (The MGH) more than 175 years, does not happen over night. Instead the process is one of evolution which begins long before the signing of documents and continues long after inside the organization. Equally, while mergers are commonplace, it is evident that no two are the same either in causes or in the form that eventually emerges. Thus the MUHC is still some twenty-six months later very much a work in progress - and this then is a progress report.

(please see Merger Mania, pg. 5)
Dear Editor,

I noted with regret the untimely passing of Dr. Allan Spanier. We were senior residents on the Trauma Service in 1976. I was the senior orthopedic resident, while Allan was the chief resident in General Surgery. There was a strike by the French nurses causing the closing of many of the French speaking hospitals in the Province of Quebec. The Trauma Service was extremely busy during that eight week period. Despite being the general surgery senior, Allan was always available to assist and operate on orthopedic trauma cases.

His devotion can be exemplified by a case that occurred during those very busy weeks in the summer of 1976. Allan was making rounds at 11:00 at night when he saw a flow of blood on the floor. One of the young trauma patients had undergone bypass surgery on a severely injured extremity. The anastomosis had failed, having the potential of producing exsanguination and the untimely death of the patient. He was able to control the bleeding and thereby save the patient's leg and life.

Unfortunately, I have not kept in contact with my contemporaries in Montreal as I am based in Albany, New York at the present time. His humor and hard work made a very difficult time in my training very bearable. My condolences to his family and the rest of the Royal Victoria Hospital family.

Bryan S. Bilfield, M.D. (RVH 1978)
Albany, New York

Dear Editor,

Enclosed is a cheque to the Department of Surgery. I still remember the Department paid my expenses and airfare to present a paper at the American College of Surgeons meeting in San Francisco. I have not forgotten and feel very obliged to Dr. Lloyd MacLean who offered me residency at the RVH at the recommendation of Dr. H.S. Mitchell whom I met in Nairobi, Kenya. He was a visiting professor in the Department of Medicine.

Last year, Dr. Tom Salerno (cardiac surgeon) visited my home in Fresno, CA. He was pleasantly surprised at my success in the practice of surgery and farming. He took a few cases of California wine home with him.

I hope to visit Montreal in the near future and hopefully will visit the Department of Surgery.

K.S. Dhillon, M.D.
Fresno, CA

Editor’s Note: Dr. Dhillon submitted a very generous cheque for which we are most grateful.

Dear Editor,

Thanks for your invitation to write a letter to The Square Knot, which I enjoy immensely. I particularly appreciate the letters, for I find I know most of the correspondents which adds greatly to the interest.

Jean and I moved to Calgary in May 1997. This was precipitated by the birth of triplet grandchildren in January '97. So we do a great deal of babysitting to help out the overworked parents. It's nice that we can go home and lie down after doing this, happy but tired.

In anticipation of a trip to Mexico next winter, I am taking Spanish at Berlitz and am almost at the stage of enjoying it. It is just beginning to gel to the extent that I may be able to speak by winter. I shall be able to ask questions, but probably will not understand the answers.

(please see Letters, pg. 25)
In recent years, the Canadian public health system has been suffering particularly in Quebec. It is time to seriously consider a private sector.

**Editorial**

This initiative need not hamper the most important of Canada's social programs, Universal Medicine. Before 1970, there was no system. When Mr. Claude Castonguay as Minister of Health for Quebec in the late sixties, was in the process of setting up Medicare, the Federations of Medical Specialists and General Practitioners predicted that in the long term, we would reach just such an impasse as now exists. Dr. Raymond Robillard, a Neurologist who was Head of the Specialists of Quebec at the time used to speak at public gatherings, and with the aid of charts, he foresaw that governments could not afford the totality of health care. In 1970, after the Régie de l'assurance maladie du Québec was set up, the Tariff of Fees was published and a General Surgeon was paid $65.00 for an appendectomy! Since then, a huge bureaucracy has evolved and despite heavy taxes, Quebec cannot afford to keep up with costs for hospitals, physicians, surgeons, residents, nurses and other health care workers. Regional Councils throughout the province and CLSC's cost more than predicted. The media has drawn attention to our plight and the Rochon treatment seems not to have worked.

**WHAT TO DO?**

Gradually, we have been witnessing "cracks" in the delivery of health care. Private Ophthalmology Centers have been established as have private lab and diagnostic imaging facilities. Patients who can afford to pay for their care are ready and willing to do so. Insurers, of course, are also ready. As long as we do not take away care for those who need it, why not permit a second tier? Germany, Sweden and Britain are examples of industrialized countries which have a parallel system. It is feasible. Consider that in the past, some patients used to prefer the Ross Pavilion at the RVH. Blue Shield in the US is a special Blue Cross program to pay the doctors. It would be important to reach agreements with the public health sector unions involved in health care and to ascertain that the system does not allow anyone to "jump the queue.

There are really only three options for a province to consider health care: 1) a totally private one. This seems incorrect. In the US, it is said that one third of the country's population has no insurance coverage and cannot afford to look after their sick ones; 2) a one-level Universal Medicare plan such as the Canadian one which has lofty ideals, but which, it seems, has proven to be unaffordable. Our emergency rooms are overburdened, understaffed and underfunded; 3) a mixture of both private and public care. We must be inventive, imaginative and innovative in pursuing the latter goal.

On September 22nd, a report by a commission headed by Mr. Roland Arpin was made public. This group, mandated by former Health Minister Jean Rochon, compiled a report of a study on private health care for the Provincial Ministry (Dr. Jean Morin of the RVH sat on this committee). It consulted widely with 28 groups beginning last fall. According to the Montreal Gazette, "though members of the Arpin Commission said they do not advocate a two-tier health system, their report strongly suggests the private sector must grow if the medicare system is to survive". Health Minister Pauline Marois avows that she is "open to private clinics".

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*"You must try not to worry. Dr Perry is doing everything humanly possible."

— The New Yorker*
The Canadian Association of General Surgeons held its Annual Meeting in Montreal at the same time as that of the Royal College from September 22 to 26.

News From CAGS

Dr. Eric Poulin of Toronto became President of C.A.G.S., taking over from outgoing President Bill Pollett of St. John's, Newfoundland.

The President-Elect (2000-2001) is Dr. John MacFarlane of Vancouver. He and his wife Marian were present at the meeting. Currently, John is President of the North Pacific Surgical Association. He is also President-Elect of the Pacific Coast Surgical Group - the first Canadian ever to hold this office.

The next Secretary of C.A.G.S. is to be Dr. Bill Fitzgerald of St. Anthony, Newfoundland. Recently, Bill has been Chairman of the Program Committee. He is due to replace Dr. Julius Stoller of Vancouver.

Dr. Jonathan L. Meakins gave the Langer Lecture on September 25. Meeting room 407C was well filled to applaud his address on General Surgeons: Technique and Technology.

Honorary Memberships were presented during the Annual Business Meeting to:

- Dr. Luc Deschenes, Quebec City
- Dr. Claude Fortin, Quebec City
- Dr. Edmond D. Monaghan, Montreal
- Dr. Marcel Rheault, Montreal

The new President-Elect of the Royal College is Dr. Bernard Langer of Toronto, who will assume the office as the 36th President of the College from Dr. Richard Baltzan during the Annual Meeting in September 2000, to be held in Edmonton.

The General Surgery Residents from McGill who were awarded the C.A.G.S./Merck Frosst Awards for Excellence in Teaching are:

- Dr. Mohammed Al-Sowaida
- Dr. Andrew Seely

Dr. Jeff Barkun has been appointed to the Research Committee of C.A.G.S.

Return to Sender Address Unknown

The Square Knot strives very hard to keep its Address List of Surgical Alumni, current Attending Staff, Residents and Fellows up-to-date. But after the mailing of every issue, some are returned to us ‘Address Unknown - Return to Sender’. When we look at the Canadian Medical Directory or the List of Fellows of the American College, the addresses given are the same as the ones we used.

If you are going to move or if you have already moved, please send us your new address. We are missing the addresses of some alumni who have actually written to us to tell us how much they enjoy reading The Square Knot. Please help us find the following:

Emma Lisi

Dr. Z. Arekat
Dr. Richard Berkowitz
Dr. Luis Bueno & Dr. Marlise Bueno
(last known address Brazil)

Dr. W.E. Collins
Dr. R.K. Dione
Dr. I.P. Enker
Dr. J. Espinosa-Sedda
Dr. C.T. Ho

Dr. F.H. Kavnofsky
Dr. Tom Konowalchuk
Dr. Robert S. Kurtz
Dr. Marc Lanser
Dr. Jacques Levignac

Dr. Ian Neilson
Dr. V.A. Piccione, Jr.
Dr. Franck Sajous
Dr. Baird Smith
Dr. D.C. Wood
It might be said that the roots of this merger go back over a century in that extensive negotiations were held in the 1880's prior to the construction of the Royal Victoria as to a possible amalgamation with the Montreal General on its then Worchester Street location. These obviously came to naught, but were restarted in the mid 1980's only to flounder once again in 1986 when a merger appeared imminent. But by 1992, discussions were once again undertaken in earnest, this time joined by representatives of the Chest, the Children's and the Neurological as well as the Faculty of Medicine. A feasibility study was undertaken to explore the relative merits of two different scenarios. The first (most comparable to what has since occurred elsewhere) was to continue the function of multiple sites with common management, some redistribution of services and an upgrading of physical facilities. The second considered the possibility of all of the hospitals being consolidated on a single new site.

On March 1, 1994, a final report was issued that recommended planning for a new facility and moving to a common governance in the interval. Subsequently in June of 1994, an order in Council was sought and obtained to carry out more detailed planning. This was obtained and the first phase of this planning was carried out in the period from 1995 – 1998 when a further report was submitted to the Minister of Health. This past spring, permission was obtained to proceed to the next step and that "functional planning" is now set to begin on what will be a truly daunting task – nothing less that the creation of a facility that will both preserve the traditions of excellence and service of the five parent institutions, but also be optimal to pursue the opportunities now emerging and that will emerge in the Medicine of the 21st century. For that is what is at stake.

Few, if any, would relish the requirement to undertake a surgical procedure today using the instruments and the technology of a century ago – yet the largest piece of technology that we use and that impacts on every aspect of our professional lives is the building in which we function. Inevitably, there are many who question the expense of major new construction in these times of financial restraint. Others (like me) have tremendous affection and nostalgia for these walls that hold so many memories. But despite repeated challenges, no one has identified a factory in Montreal the same age as the Royal Vic that is still serving in its original capacity. The time to move on has come as it has in so many other places. A magnificent site has been identified and acquired – the "Glen Yards" of the CPR, more than forty-three acres in the core of Montreal well served by two auto-routes, the Metro and bus lines.

That said, we are not moving on immediately and won’t be until the middle of the next decade. So, in a way, it might be said that we have implemented scenario one described above, at least on an interim basis, after all. In this respect, from an organizational point of view, we have developed a considerable degree of integration across the five existing sites, and more is occurring latterly every day. Thus, as noted for two years, there has been a single Board or Council of Administration. Starting in the Spring of 1998, searches were begun to identify single Chiefs for Clinical Departments so that, for example, Jonathan Meakins is completing his first year as the first MUHC Chief of Surgery and Director of Surgical Services as these lines are being written. At the same time, the McGill tradition of the Clinical Chief being also the University Chair continues so that the job is a challenging one indeed. Coincidently with this, a single Director of Professional Services and a single Director of Nursing have been named. This pattern has been repeated across the numerous non-clinical, but vital support services such as Finance, Technical Services, etc. of the organization – an entity of over 11,000 people, one of the largest employers in Montreal seeing more than 1 million ambulatory visits a year.

There are other forces at play that require us simultaneously to be looking to a greater coordination, indeed integration, on the research front. Something over $70 million in grants are obtained by researchers active within the MUHC. Each hospital had its own Research Institute which in turn interacted with the various clinical departments. This is destined to grow especially with the encouraging announcements surrounding the Canadian Institutes for Health Research, so that all Institutes have been combined into a single one with multiple axes identified that cross but respect departmental line. We are literally bursting at the seams – a nice problem to have, but yet another reason why a move and modern facilities are required (– were it not for the closure of the hospital nursing schools and the resultant freeing up of literally hundreds of thousands of square feet of residence space, it is not clear where we would be – and there are no more such windfalls to come).

In conclusion, the MUHC exists and is growing stronger every day. There is every reason to face the future with optimism and enthusiasm. But that should not be interpreted to mean that it has been or is easy. This has required the commitment, dedication and determination of hundreds indeed thousands of people within and without the organization. Probably the greatest challenge has been the necessary blending of multiple proud and distinct cultures. Everyone has had to make personal sacrifices, to put "water in their wine" repeatedly. There is a real sense of loss of what was for many. This has been going on against the backdrop of severe cut backs in hospital funding that have depleted all our institutions of both financial, physical and human resources. I came to the process relatively late in the game (March of 1998). I salute those who have brought us this far – and I look forward to seeing a dream realized one day on the Glen Yards!
Chairman's Message
— By Jonathan L. Meakins, M.D., D.Sc., F.R.C.S.C., F.A.C.S.

As noted briefly in the last Square Knot, 24 members of the Department were guests of the University of Toronto and University Health Network Department(s) of Surgery for a two day visit. They were exceptionally hospitable and very open in describing the growth and development of their Departments over the last 15 years. There will be many positive consequences of this visit and in this issue I shall address three: the Mission Statement, Principles of Governance, and the Memorandum of Agreement.

If someone had suggested 10 years ago that we might benefit from a Mission Statement, I would not have considered the idea and thought the proposer daft. Times have changed and we too are evolving. The Mission Statement will define our core values and be the skeleton upon which we craft the Principles of Governance. We have been through several drafts with significant input from the Executive. The ideas behind the statement must incorporate both the values of the University Department and those of the MUHC and its affiliated hospitals. It must incorporate these regarding patient-centered care as well as the legally defined missions of a university department: tertiary and quaternary clinical programs, teaching, research and evaluation of new technology.

The Principles of Governance will define, based upon the Mission Statement, how we wish to manage our resources and will apply principally to the hospital sector as that is where most of the key surgical resources are located, i.e., O.R. time, beds, day surgery time, clinics, offices, and intensive care beds. Recruitment priorities will be based upon these principles. While we would like every Division to be the best in the country, vision, with recruitment geared to our core values, will be the key to our future. It is expected that some major progress in prioritization of programs and their location will evolve from these important but sometimes painful processes.

The Memorandum of Agreement (MOA) is a contractual definition of the obligations of the recruit in terms of academic objectives over the first three years of activity in the Department, but as importantly delineates the Department's obligations in terms of academic support, salary, O.R. time and clinical opportunities. The MOA is being refined at this moment by the Recruitment and Retention Committee, Chaired by Mostafa Elhilali, Head of Urology. Each recruit will have annual or semi-annual reviews to ensure that the agreed upon milestones are achieved and, if not, how the Department can provide the help required. A permanent position with the potential for tenure is the outcome of a successful three year evaluation. In the past, the onus was exclusively upon the recruit to achieve, the MOA defines the Department's obligations and provides new department members the leverage to make us meet our obligations.

Each of these concepts and draft versions of the Mission Statement, The Principles of Governance and the Memorandum of Agreement will be presented to the Department on November 25, 1999 at L.D. MacLean Day. Please join us.

The inauguration of the Polytrauma Centre for the Outaouais Region at the Hull Pavilion of the Centre Hospitalier des Vallées de l'Outaouais took place on Tuesday, September 28, 1999

New Trauma Centre Outaouais

The day consisted of visits to various areas of the hospital that are directly involved with the care of polytrauma patients (emergency room, radiology, newly renovated operating rooms, etc.). These visits were in the presence of representatives of the various medical services involved in trauma care as well as paramedical staff and hospital administrators. Dr. Pierre Lapointe, President of the Québec Trauma Committee was also present. A press conference was held. In the evening, there was a dinner and conference for vascular surgeons from CHVO and the University of Ottawa Hospitals.

Patrice Nault, M.D.
Vascular Surgeon
T

ONY DOBELL RECEIVES THE ALUMNI ACHIEVEMENT AWARD FROM JEFFERSON MEDICAL COLLEGE

Three alumni, including Dr. Anthony R.C. Dobell, were honored at a recent annual banquet with the Alumni Association’s highest accolade, The Alumni Achievement Award. Tony is the first postgraduate alumnus to receive this award. After graduating from McGill University Medical School in 1951, he interned at the MGH and then journeyed to Jefferson to become a thoracic surgeon. He spent the years 1952 to 1956 as a resident in general and thoracic surgery on the service of John H. Gibbon Jr., where he excelled both on the clinical side and in the experimental surgical laboratories. Following completion of his residency, he returned to Canada where his career flourished. Amongst many honors was that of President of the Society of Thoracic Surgeons. His presidency of this major North American academic organization confirms the high regard in which Dr. Dobell is held by his fellow surgeons in the U.S. and Canada.

When questioned about this, Tony wrote the following note:

Dear Ed,

Jefferson is a couple of years older than McGill and has long been looked on as one of the venerable U.S. institutions with which many famous physicians and surgeons have been attached, one of these greats being the surgeon, Samuel Gross, who founded the American Surgical Association and whose physician son was the first husband of Lady Osler. Gross of course is depicted in the famous painting by Eakins entitled The Gross Clinic.

When I had been at Jefferson a few months in 1952, Cynthia and I were invited to dinner at the home of Peter Herbut, the Professor of Pathology. There we met five other senior faculty members including Garfield Duncan, Professor of Medicine and Dr. Friedman, Professor of Pathology. The others, too, as I recall were full professors. Each of them was a McGill graduate and it was an inspiration to meet them and realize that I could consult them if problems arose. I took this grand gesture as an indication of the debt they felt they owed McGill. ♦

Tony Dobell
September 25, 1999

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LETTER TO THE CHAIRMAN FROM THE FRASER GURD VISITING PROFESSOR

Dear Jackie and Jonathan,

What an absolutely delightful visit. We were welcomed at the airport by Nancy Morin, an energetic and articulate resident who was excited and enthusiastic about her surgical training. On the day itself, I was impressed at the heterogeneity and commitment of your residents as they interrogated a wide variety of general, urologic, neurosurgical, and transplantation issues. I thoroughly enjoyed your M&M Conference. I really believe we surgeons are unique in our ability to criticize ourselves.

Laurie and I were both impressed with the camaraderie of the Fraser Gurd dinner. The residents seemed to be having a good time and I think they have a lot of which to be proud. I thought you ran a superb Awards banquet - recognizing each of the separate services in a fashion that made them feel that they were integral parts of the department.

On Friday morning, Laurie and I were able to squeak in a visit to the Art Museum before going to the airport. This was a pleasant conclusion to a delightful and memorable visit to your department.

Thank you both again for a stimulating and exceedingly comfortable visit. ♦

Alden H. Harken, M.D.
On September 14, we had the pleasure of speaking with Dr. Mason Couper. We contacted him at Central Park Lodge where he has been living for some time. At age 94, he announced that he is well, although his wife Dorothy passed away in November 1998 at the age of 90 after 58 years of marriage. They have a daughter, Beverley.

**News About Dr. Mason Couper**

He retired from the RVH Department of Surgery in 1976 at the age of 71. He has many fond memories of his years at McGill, at the RVH and at the Queen Mary Veteran's Hospital.

Dr. Couper had a very successful surgical career as a clinician and as an academician, and he distinguished himself in the army during the Second World War. He served in the military from 1940 to 1945. He was the Medical Officer for the McGill C.O.T.C. (Canadian Officer's Training Corps). He then went overseas with the No. 14 Canadian General Hospital Group which consisted mainly of doctors and nurses from the RVH and MGH.

Later, they were in a ship that was torpedoed and sunk in the Mediterranean.

The records show that about 140 members of the medical staff enlisted in the Canadian Armed Forces came from McGill. The "Colonel" worked with prominent Canadian surgeons, such as Colonel "Buck" Keenan, an RVH surgeon who won the Victoria Cross at Ypres during World War I. Dr. Couper also served with a former RVH surgeon-in-chief, Colonel F.A. Scrimger (1935-1937, after Archibald) who was awarded the D.S.O.

At the end of the war, the "Colonel" moved from No. 14 General Hospital Group to the No. 1 Canadian General Hospital Group which was situated on the Holland/German border and which consisted mainly of doctors and nurses of the MGH.

It is to be noted that Dr. Couper was mentioned in Dispatches. He would be pleased to hear from old friends.

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*Members of the No. 14 Canadian General Hospital, mostly from the Staff of the M.G.H. and R.V.H. were torpedoed on their way to Italy on November 6, 1943. This picture (circa 1956) shows some of the nurses and doctors celebrating one of their famous “sinking parties” held on the anniversary date of their torpedoing. That April to celebrate the 30th Anniversary (plus six months) over 40 members of the former staff flew to Italy to re-visit the sites of No. 14 Canadian General Hospital.*
McGILL SURGEONS PARTICIPATE IN THE MEETING OF THE ROYAL COLLEGE AND OF THE CANADIAN ASSOCIATION OF GENERAL SURGEONS
Montreal, September 23-26, 1999

Royal College and CAGS

The following is a list of the participation by McGill surgeons at the meeting.

Small Bowel Obstruction Resulting From Malignancy - An 11 Year Audit, G. Miller, J. Boman, I. Shrier, P.H. Gordon, JGH; Cancer and Metastases, P. Brodt, MUHC; After Reversible Fetal Tracheal Occlusion in Diaphragmatic Hernia, I. Bratu, H. Flageole, J.M. Laberge, S. Kay, B. Piedboeuf, MUHC.

CAGS/Peizer Fellowship - Soluble L-Selectin Diminishes Leukocyte-Endothelial Interactions In Vivo, L. Ferri; Dr. G.M. Fried presided a Video Session; Laparoscopic Appendectomy, L.S. Feldman, MUHC; Probe Guided Parathyroidectomy, R.J. Tabah, MUHC; Transplantation Training - What, Where, Whom, J.I. Tchervenkov, MUHC.

Dr. Gerry Fried chaired a session entitled Avoiding Pitfalls Of Laparoscopic Cholecystectomy. At this session, he himself addressed the issue of Pitfalls/Traps.

In a seminar entitled Controversies In Surgery, Dr. Roger Tabah chaired a debate on the following matter: Be It Resolved That Well Differentiated Thyroid Cancer Warrants An Aggressive Initial Therapeutic Management. For this position was Dr. Noelle Davis of Vancouver and Dr. Marvin Wexler defended a conservative approach. The audience rallied on Dr. Wexler's side 70% to 30%.

There was an opportunity to have breakfast with Professor Roger Tabah to discuss Head and Neck Surgery.

Another opportunity was to have breakfast with Professor Gerry Fried and discuss Avoiding Bile Duct Injuries.

At the Colorectal Surgery Paper Session, the following papers were well received: The Biofragmentable Anastomotic Ring in Colonic Surgery: Is It Safe?, G. Ghitelescu, P. Belliveau, MUHC; Three Novel Germline Mutations Of hMLH1 and hMSH2 In Montreal Families With Hereditary Nonpolyposis Colorectal Cancer, Z.Q. Yuan, M. Trifiro, N. Wong, D. Lasko, W.D. Foulkes, L. Pinsky, E. Khandjian, F. Rousseau, P.H. Gordon, JGH; Investigative Modalities For Massive Lower GI Bleeding, A.R. Qahtani, R. Satin, Stern, P.H. Gordon, JGH; Raised Dysplasia (RD) And Inflammatory Bowel Disease (IBD), E. Lamoureux, L.C. Alpert, A.H. Spanier, M. Lichten, B. Stein, C.A. Vasilievsky, P.H. Gordon, JGH.

On Saturday afternoon, a symposium was held on Unexpected Findings At Surgery. This was chaired by Dr. Roger Tabah. Later, a symposium on Evidence Based Surgery included Dr. Jeff Barkun as a panelist.

Dr. Jonathan L. Meakins delivered the Langer Lecture - General Surgeons: Techniques And Technology.

On Sunday, a very well attended paper session entitled Minimally Invasive Surgery was held and the following paper which won the CAGS Davis+Geck Award on Clinical Science was presented: Patient-Centered Outcomes Of Laparoscopic Nissen Fundoplication For Gastroesophageal Reflux Disease, L.S. Feldman, S. Mayrand, M. Antoniuk, G.M. Fried, MUHC; Other papers included Structured Scoring Of Laparoscopic Cholecystectomy: A Pilot Study, E.J. Keyser, D.C. Evans, L.S. Feldman, H.H. Sigman, A.M. Derossis, G.M. Fried, MUHC; Complications Of Laparoscopic Cholecystectomy For Acute Cholecystitis: A Prospective Study, L.S. Feldman, H.H. Sigman, J.S. Barkun, J. Garzon, M. Antoniuk, G.M. Fried, MUHC.

Dr. Marvin Wexler at a symposium for Continuing Professional Development for the General Surgeon presented a work entitled Inguinal Hernia Repair - Anatomy And Technique. ED

THE GENERAL SURGICAL ONCOLOGY FELLOWSHIP PROGRAM
received a full approval in the recent internal review which was mandated by the Royal College. Reviewers included:

DR. ED MONAGHAN
DR. MICHAEL THIRLWELL
DR. MARC PELLETIER

The program is doing quite well with both the first and second year fellows, and will be having fellows in July 2000.
S. SHEILA WAUGH TO RETIRE AS HEAD OF THE ROYAL COLLEGE CREDENTIALS SECTION IN DECEMBER

It is the end of an era! Since 1975, Ms. Sheila Louise (Duff) Waugh has been Head of the Credentials Section, Office of Postgraduate Medical Education and Coordinator of the Credentials Committee of the Royal College. This means that most of the Active Surgeons practicing throughout Canada right now have been credentialed by Sheila and her Committee!

She is the daughter of the late, distinguished Pathologist at McGill, Dr. Lyman Duff. As a matter of fact, it might be said that she actually began her services with the Royal College by helping her father decipher the illegible handwriting of candidates whose exam papers he was trying to mark. This included the Pathology papers for surgical candidates. Accordingly, she developed a knack for reading impenetrable writing which has stood her in good stead in all her years at the Royal College. Further, she developed a major interest in Education.

Ms. Sheila Waugh obtained a Bachelor of Science from McGill University in 1960 and a Master of Science from Dalhousie University in 1962. Before coming to the Royal College, she was the secretary of the Association of Canadian Medical Colleges in Ottawa.

From the Collège de médecins du Québec


At the present time, the Collège des médecins du Québec (CMQ) allows candidates in the above-mentioned specialties to sit for the written parts of the examination in the second-last year of training. Please note that candidates may exercise this prerogative for the last time in the spring of the year 2000 for general surgery, and in the autumn of the year 2000 for anesthesia-resuscitation, internal medicine, pediatrics and psychiatry.

As of the year 2001, the written and oral parts of the examination in the above-mentioned specialties will be merged into one “condensed” final examination which will take place in the spring of the last year of training. Also beginning in the year 2001, candidates deemed eligible for the “condensed” final examination must register for both parts of one same examination session.

Candidates who sat for the written examination in the three years prior to the “condensed” examination will not have to sit again for this part of the “condensed” examination in 2001. Those who fail the written examination may sit for the entire “condensed” examination once they are deemed eligible. Candidates who fail the “condensed” examination will have to sit again for all parts.

Beginning in 2001, the condensed examination will represent part of the CMQ certification examination, which will keep its own oral and clinical component.

Sonia Morin
Public Affairs and Communications Department
HISTORIC SIGNING OF AGREEMENT WITH HIROMA FACULTY OF MEDICINE AND MCGILL FACULTY OF MEDICINE

In May 1998, there was a ceremony at Montreal City Hall celebrating the establishment of sister city status between Montreal and Hiroshima. This was an historic event that made the two cities partners in cultural, political and business endeavours. As part of this agreement, Mayor Pierre Bourque asked the universities in Montreal to forge relationships with universities in Hiroshima. Due to the fact that I was a graduate of the Faculty of Medicine at Hiroshima University, I was able to persuade the Principal of Hiroshima University, Dr. Yasuo Harada, and the Dean of Medicine, Dr. Yuichiro Matsuura, to sign an agreement making the faculties of medicine partners in future endeavours. This endeavour would include exchange of medical students, exchange of clinical, as well as basic research, and other activities of mutual interest that could be of great importance in the coming millennium.

So, on March 31, 1999, Principal Bernard Shapiro and Dean Abraham Fuks, representing McGill University, signed an agreement together with Principal Harada and Dean Matsuura, cementing this historic relationship between the two faculties of medicine. This ceremony took place in the office of Principal Shapiro, witnessed by a few guests, including myself and my wife. The ceremony was also recorded by CFCF television, and broadcast that evening for the interest of the general public.

As part of this agreement, students from Hiroshima University will be welcome here to take part in electives. As well, students from McGill can travel to Hiroshima to gain experience in the way medical students are taught at Hiroshima University. Arrangements have been made for such students from McGill to stay at the homes of medical students in Hiroshima so that they can experience not only scientific exchanges, but also cultural exchanges.

So if there are any people interested in forging future relationships with the students or staff at the Faculty of Medicine at Hiroshima University, they can feel free to contact myself, or the Associate Dean for Undergraduate Education in the Faculty of Medicine, Dr. Don Boudreau.

GENERAL SURGEON APPOINTED TO HIGH ADMINISTRATIVE ROLE AT MINISTRY OF HEALTH AND SOCIAL AFFAIRS

Dr. Luc Deschenes of Quebec City has been appointed Director of the newly created "Direction Générale des Affaires médicales et universitaires" of the M.S.S.S. At last, physicians and surgeons have a voice in the Ministry. In future, important issues which impact on the Quebec Health system will be shown to this new group for its consideration and action.

The creation of this new entity comes at a strategic time when some difficult matters are on the agenda to be addressed by the M.S.S.S. It is felt that such a distinguished surgeon will be able to make the bureaucrats understand the medical dimensions when deciding about Doctors' affairs.

Dr. Deschenes has practiced as a surgeon at l'hôpital du St. Sacrement in Quebec City since 1965. His interests were mainly in Surgical Oncology of the breast and melanoma. He became Chairman of the Laval University Department of Surgery following the term of Dr. Jean Couture. He has been an examiner in General Surgery for the Quebec College of Surgeons and recently was the President of the Royal College of Physicians and Surgeons of Canada. "The Square Knot" wishes him well.
On Wednesday, September 23rd in the Founders Room of the University Club, Dr. Harry Stafford Morton was made a Patron of the Court by the Royal College of Surgeons of England. This was in recognition of Dr. Morton's philanthropy. He has recently made a bequest to them in order to promote exchanges of Research Fellows between the U.K. and Canada. In the past, because of his efforts, some Canadians went to do part of their training in London - Drs. Doug Ackman, Peter Capello, Gray Goodall, Fred Inglis and Edmond Monaghan.

During the delightful reception, an imposing ceremony took place. The officials wore the full regalia of the Royal Colleges to provide the appropriate pomp and circumstance. Dr. Bernard Perey, on behalf of the Canadian Royal College (along with Dr. Nadia Mikhael), presented Dr. Morton to Mr. Barry Jackson, President of the Royal College of Surgeons of England and to Mr. Martyn Coomer, Secretary of the Research Board. Amongst other biographical details, he pointed out that, after the 2nd World War, Surgeon Captain Morton O.B.E. was instrumental in the preservation as a museum piece, to this day in Halifax Harbour, of the Royal Canadian Navy Corvette, H.M.C.S. Sackville. Also, Rachel (age 90) and Harry (age 95) now 62 years married, have bequeathed their home estate near Lunenburg, N.S. to Acadia University. It was good to see the "old timers" trading barbs and memories. ♦

Among Those Present to Honour Dr. Morton

Dr. W. Mason Couper (age 94)
Dr. Joe L. Meakins
Dr. Harry Scott
Dr. Larry Hampson
Dr. Normand Belliveau
Dr. Martin Entin
Dr. David Stubbington
Dr. Stanley Skoryna
Dr. Doug Ackman
Mrs. Ariane and Dr. Peter McLean
Mrs. Betty-Lou Perey
Dr. Bernard Perey

Dr. E.D. Monaghan with Dr. Morton
Dr. Morton during the Presentation along with Mr. Barry Jackson, President of the R.S.C.Eng.
Dr. Harry Morton and Dr. Jonathan L. Meakins

Dr. Mason Couper and Dr. Morton (Dr. David Stubbington and Dr. N. Belliveau in the background)

Dr. Bernard Perey and wife Betty Lou chatting with Dr. Nadia Mikhael representing the Royal College of Canada

Dr. J.L. Meakins and Dr. Harry Scott

Mr. Martyn Coomer and Dr. Normand Belliveau

Dr. Larry Hampson, Mrs. Rachel Morton and Mr. John Morton (Dr. Morton's nephew)
Dr. Vincent Arlet was promoted to Associate Professor of Orthopedic Surgery effective January 1st, 1999.

KUDOS!!

Dr. Jeffrey Barkun was the visiting lecturer or has given invited symposia presentations in Kuwait, at the Vancouver "Gastro'99" in September, two presentations at the Royal College, at the AGA meeting in Phoenix in November as well as in Madrid. He has received an MRC Clinical Trials Grants to study biliary stents in inoperable pancreatic cancer patients, and is a Co-Principal Investigator on another MRC grant and an NIH grant.

Dr. Rea Brown's 65th birthday was heralded at the retirement dinner for Hinchee and Hrano on September 23rd. He was served a very large birthday cake, during which time some 160 guests sang "Happy Birthday".

Dr. Ray Chiu attended a conference, in the form of a video forum, which was held in Florence and organized by the Italian Trade Commission. Representatives of the medical-device industry and leading researchers and medical professionals from McGill University and the University of Florence discussed how Canada and Italy could work together to develop cardiac medical devices.

Dr. Philip Gordon was elected President of the American Board of Colon and Rectal Surgeons. This is the first time a non-American has been elected to this office. He was also elected Honorary Member of the Piedmont Society of Colon and Rectal Surgeons.

Dr. Lucie Lessard has been promoted to Associate Professor of Surgery effective June 1st, 1999.

Dr. Dante Marchesi has been promoted to Associate Professor of Surgery with tenure.

Dr. Jonathan L. Meakins has been appointed President-Elect of the International Federation of Surgical Colleges. As mentioned elsewhere in this issue, Joe gave the keynote Langer Lecture entitled General Surgeons: Techniques and Technologies during the meeting of the Canadian Association of General Surgeons.

Dr. Sarkis Meterissian was the senior author of a paper presented at the Surgical Forum of the American College of Surgeons meeting in San Francisco. His paper was entitled 'The Usefulness of Molecular Markers in Early Breast Cancer' and it was very well received with a press release as well as a scheduled press conference. In addition, Sarkis was a member of a guest faculty at a University of Toronto Interdepartmental Division of Oncology and Cancer Care Ontario Continuing Education Meeting entitled Surgical Oncology Network Symposium, which was held on October 29th. He presented a talk entitled Sentinel Lymph Node Biopsy.

Dr. Peter Metrangos has been made a fellow of the American College of Surgeons.

Dr. David Mulder was named for a second term as an RCPSC representative on the American College of Surgeons' Board of Governors, for the period October 1999 to October 2002.

Dr. Oren Steinmetz has been very busy. At the annual meeting of the Canadian Society for Vascular Surgery held in Quebec City, September 17th and 18th, he and other members of the McGill Division of Vascular Surgery presented the following papers: Quality of Life in Survivors of Ruptured Abdominal Aortic Aneurysm Repair, L.P. Palerme*, A.B. Hill, T. Brandy, R. Lewis, O.K. Steinmetz; Treatment of Femoral Artery Pseudoaneurysms with Percutaneous Thrombin Injection, S.L. Morrison*, B. Montreuil, D. Obrand, O.K. Steinmetz; Endovascular Repair of Aortic and Iliac Artery Aneurysms; First Year Results, D. Obrand, O.K. Steinmetz. (*presenter)

Dr. Roger Tabah was promoted to Associate Professor of Surgery as of June 1st, 1999. 

EDM

MUHC BOARD OF DIRECTORS TAKES SHAPE

Chairman: David Laidley
Alex Paterson: Arthur Lau
Donat J. Taddeo: Eric Molson
Peter Abraham: John D. Morgan
Ronald Rudden: Peter O'Brien
Ronald Carey: John Peacock
J. Robert Doyle: Derek Price
Brian Drummond: Ronald T. Riley
Ronald Rudden: Glenn Rourke
Dr. Abraham Fuchs: Dr. Hugh Scott
Dr. Abraham Fuchs: Dr. Larry Stein
Joan Ivory: H. Arnold Steinberg
Norman Webster: Claude Taylor
Stanley Vinocelli: Jane Webber
Dr. Nancy Morin presented a paper entitled *Donor-specific Portal Transfusion Augments Chimerism in a Preclinical Model of Small Bowel Transplantation* at the VI International Small Bowel Transplant Symposium, October 7, 1999 in Omaha, Nebraska.

At the Canadian Infectious Disease Society (CIDS) Annual Meeting in Edmonton, Alberta on October 31, 1999, Dr. Andrew Seely was awarded the PMAC/CIDS/MRC Research Fellowship in Infectious Disease. This award is jointly provided by the Pharmaceutical Manufacturers Association of Canada, The CIDS, and the Medical Research Council of Canada. Dr. Lorenzo Ferri, the 1998 recipient of the PMAC/CIDS/MRC Fellowship, was awarded the 1999 CIDS Trainee Award for Best Abstract, for his presentation at the meeting entitled *Diminished Leukocyte-Endothelial Cell Interactions at Remote Sites in Intra-abdominal Sepsis: A Role for Soluble L-Selectin*. Both Andrew and Lorenzo are working in Dr. Nicolas Christou's Laboratory investigating the role of the neutrophils in altered host defense secondary to sepsis.

Kayvan Taghipour-Khiabani, currently the chief resident in the Division of Plastic and Reconstructive Surgery, was granted the degree of Master of Science in Experimental Surgery. The title of his thesis was *The Role on Nitric Oxide in Ischemia Reperfusion Injury in Surgical Flaps*. The experimental work was done at the McGill Microsurgical Laboratories under the co-supervision of Drs. Carolyn Kerrigan and Jonathan Meakins.

The Canadian Network for International Surgery (CNIS) celebrated its fourth birthday this August. In a difficult economic climate, the CNIS has grown from an fledgling with a first year budget of 65,000 dollars to one that is more than ten times that sum. The objective of the CNIS is to reduce death and disability from surgical disorders in the underprivileged of low income countries. The means of achieving the objectives are through the training of general practitioners in essential surgical skills, an injury prevention program and a continuing education project. In the four years, more than 1000 GPs in Ethiopia, Uganda, Mozambique and Malawi have taken the CNIS Essential Surgical Skills program. The Injury Control Center Uganda has been established as has the Injury Prevention Initiative for Africa which is active in Uganda, Egypt, Ethiopia, Kenya, Zambia, Zimbabwe and South Africa. The continuing education project supports surgical libraries and surgical associations in eastern and southern Africa.

The success of the CNIS is in no small part due to the support of the McGill Department of Surgery. In particular, Drs. J. Meakins, P. McLean and A. Loutfi have been active supporters and contributors since its incorporation, and in many ways the CNIS is a product of their work in Ethiopia. Dr. McLean was a founding director of the CNIS, has participated in workshops in Ethiopia, and held numerous executive positions. Dr. Loutfi chairs the annual scientific meetings of the CNIS held each November in the capital region and recently was lobbying on the behalf of the CNIS in Uganda. The president of the CNIS, Ronald Lett is an adjunct Professor of Surgery at McGill and in that capacity spoke at a Vienna symposium conducted by the International Federation of Surgical Colleges on the subject of surgical outreach to developing countries. That session in Vienna was co-chaired by Dr. Meakins.

The CNIS is proud of its McGill connection and grateful for the continued contributions of its Department of Surgery.
n Thursday evening, September 23rd, 168 friends, relatives and guests gathered at the Omni Hotel to fete John (June 30) and Andy (December 31) on the occasion of their retirements from active surgical practice at The Montreal General Hospital.

On entering the reception hall for cocktails, we signed the guest registries and then enjoyed the delightful evening ably organized by Dr. Roger Tabah who also acted as M.C. with wit and facility. The timing of the dinner coincided with the annual meeting of the Royal College in Montreal.

Most will remember this evening as a time when fond memories of our contacts with John and Andy were recalled with humour and nostalgia. They were both members of the 1959 Graduating Class at Queen's.

Amongst the speakers after a delightful dinner were Dr. Joe Meakins, Dr. Gerry Fries, Dr. Judith Trudel, Dr. Roger Keith of Saskatoon, Dr. Issie Weisgus and Dr. John Wee. A hilarious routine was performed by former residents Wayne Tanner and Howard Klein.

Daughters Dawn and Debbie Hinchey and son Jason Hreno then gave testimonials about their Dads.

At the end, Andy and John responded, rebutted and thanked everyone. In riposte, John put on a face to look like Roger Tabah. Both Andy and John thanked their families for their continued support during their careers and they also paid tribute to their long-time loyal secretaries Marlene Lakatos (Andy) and Barbara Guido (John). The evening ended by a standing ovation for each one of them. This was a fitting tribute to these outstanding surgeons who cared for their patients during their illustrious and scholarly careers, and whose wise counsel trained others to do the same. Our Canadian patients are the better for it. ♦
THE SQUARE
The intensive care units of The Montreal General Hospital (MGH) merged recently, and the newly appointed director is Dr. A. Gursahaney. "The units are merging," says Dr. Gursahaney, "because philosophically, things have changed. Critical Care has become a specialty during the last 10 to 15 years. Increasingly, it is clear that no matter what critical illness patients may have, or what particular intensive care unit they are in, ultimately the problems are the same. The effects on their organs are similar, and managing these problems has become a specialty in itself."

Intensive Care Units Merge at the MGH

Dr. Gursahaney explains that the merger involves many different areas such as Anesthesia, Medicine, Surgery, Neurosurgery and others. "What we are really trying to do is bring all of these areas of expertise together to be coordinated by an M.D. with subspecialty training in intensive care. These "intensivists" are usually M.D.s who do specialty training in Surgery, Anesthesia, Medicine, or another specialty, along with further subspecialty training in critical care."

Says Dr. Gursahaney, "One of our major limitations at the present time is that the intensive care units are still separated physically. Our goal is to have all patients looked after by intensivists in collaboration with the admitting specialist in one critical care unit. This project is now approved, and should be underway soon, since money has been set aside to build a new ICU on the 9th floor of the MGH. We hope to have a project manager working on this in September. One intensive care area will ultimately be much more efficient, more cost effective, and provide improved nursing and medical care. We hope to have state-of-the-art equipment in the brand new unit. This can't be built soon enough."

Reprinted with permission from the MUHC "Ensemble"  

SECOND ANNUAL ANTHONY R.C. DOBELL VISITING PROFESSOR OF CONGENITAL CARDIAC SURGERY  
MONDAY, OCTOBER 4, 1999

Visiting Professor  

Dr. Frank L Hanley, who is Professor of Surgery and Chief of Cardiothoracic Surgery at the University of California, San Francisco, was the A.R.C. Dobell Visiting Professor for 1999. The academic day began at 7:45 A.M. at Surgical Grand Rounds in the Forbes-Cushing Amphitheater of the Montreal Children's Hospital, where Dr. Hanley talked about Unifocalization for Complex Tetralogy of Fallot. During the course of the day, there were a number of presentations by residents and staff. At 5:00 P.M., Dr. Hanley presented Complex Neonatal Aortic Arch Surgery Without Circulatory Arrest at the McGill University CVT Rounds. That evening, a banquet was held in his honor at the Mount Stephen Club.
Prior to 1965 the mechanism of allograft rejection, in fact, the response of the body to any foreign antigen was believed to be solely due to the direct proliferation of lymphocytes. The destruction of the invading antigen was thought to be a direct call to cell interaction. This is still true but the process is not as simple as it sounds. The suggestion that the mechanism was hormonal in nature first appeared from two laboratories at the Royal Victoria Hospital. Shinpei Kasakura and Louis Lowenstein and, independently, J. Gordon and L. D. MacLean published papers in Nature which showed that culture media contained an unidentified substance that explained lymphocyte growth and proliferation when antigen and lymphocytes were present together in culture.

This unidentified substance (which we called blastogenic factor) is now called Interleukin-2 or IL-2 and plays a key role in the response to antigen. It is now known that antigens must be ingested by macrophages and short segments of the antigen are displayed on the macrophage surface. Most T-cells in the body do not recognize the presented antigen and they move quietly through the bloodstream and lymphatic system. A few T cells have receptors that correspond to those fragments presented, thereby stimulating the cells. The response consists of two activities; the production of IL-2 and division and proliferation of additional lymphocytes with the same receptors. The IL-2 in turn stimulates two subsets of T-cells, (1) helper T-cells or CD-4 + cells which produce more IL-2 and other cytokines; and (2) cytotoxic T-cells or CD-8 + cells make direct contact with infected cells of the cells of transplanted organs and by secreting toxic substances, kill the cells and the microbes they contain.

Why did two labs at the RVH first describe IL-2. It was a case of being at the right place at the right time. Barbara Bain in 1964, then a technician in hematology, had observed that when human peripheral blood leucocytes from two unrelated individuals were placed in culture, large immature (dividing cells) appeared. This reaction did not occur if the lymphocytes from identical twins were mixed. This appeared to have the potential to measure quantitatively the allograft response in a test tube.

The papers in Nature showed that (1) the supernatant from mixed cultures stimulated blastogenesis; (2) medium from unmixed cultures was inactive when added to autologous cells (antigen specific), (3) the mitogenic factor, IL-2, was produced in vitro and not present before culture; and (4) inhibitors of protein and nucleic acid synthesis (immuno-suppressants) eliminated mitogenic activity in the cultures.

The previous work of Barbara Bain was obviously key to the success of this project, but also our keen interest in transplantation (described by E. D. Monaghan in these pages) and the availability of a generous grant from the John A. Hartford Foundation contributed to its success. 😊

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**Were You There?**
**Meeting of the London Hospital Group - 1989**

*Lt. to Rt.*
David Stubbington, Peter Capello, Ed Monaghan, Gray Goodall, Doug Ackman

*Seated*
Dr. H.S. Morton

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Transplantation: The Early Days

By E.D. Monaghan, M.D.

The first kidney transplant between living related donors (identical twins) in Canada was done by Drs. Joseph C. Luke (Vascular Surgeon) and Kenneth MacKinnon (Urologist) in 1958 at the Royal Victoria Hospital. This followed the work of Dr. Joseph Murray at the Peter Bent Brigham in Boston.

Then in the early 1960's, transplant surgeons demonstrated that immunosuppressive drugs could frequently prolong allograft (not identical twins) function and extend useful life. A program was begun at the RVH by Drs. John Dossetor, Nephrologist, L.D. MacLean, Surgeon-in-Chief, and Ken MacKinnon, Urologist. The ideal recipient would be a young adult with end-stage renal failure and no urinary tract abnormalities. Most of them had chronic glomerulonephritis and were already on dialysis.

The ideal donor would be family related but, as these were infrequent, like Hamburger in Paris, we elected to use mainly cadaver donors. A good many of the latter were young men who had been involved in motorcycle accidents and were considered to be "brain dead".

The group formed an "Ethics Committee" and plans were made to accurately identify brain death. This required the potential donor to have the following criteria:

- a flat E.E.G. for more than 48 hours;
- to be respirator dependent;
- to have no reflexes;
- to be certified as having no cerebral activity by two non-treating neurologists or neurosurgeons.

Great care was taken to discuss the risk both with the family of the donor as with that of the recipient.

Most recipients had pre-transplant bilateral nephrectomy. This was to remove the sources of infections possible in pyelonephritic or polycystic kidneys. Splenectomy was advocated by some groups but we, at the RVH, did not adopt this procedure.

TISSUE TYPING AND CROSSMATCHING

Tissue type of donor and recipient was done routinely and the A, B, O blood groups had to match. Dr. Jung Oh was our specialist in anti-lymphocyte serum and the immunosuppressive drugs mostly used were the antimetabolite 6-mercaptopurine and later its derivative azathioprine (Imuran) plus steroids.

The donor kidney was placed in the recipient pelvis and we practiced the arterial, venous, and ureteric anastomoses in dogs. The usual vascular anastomosis was the end of the transplant renal artery to the proximal end of the recipient's divided internal iliac artery and the end of the transplant renal vein to the side of the recipient's external iliac vein. There were many variations of this but Dr. Douglas Morehouse, Urologist, usually in charge of organ procurement, always provided cuffs or tailored vessels for the recipient team to work with.

The transplant team was always pleased to see immediate diuresis after the vascular clamps were released. The General Surgeons involved were Drs. L.D. MacLean, Fred Inglis, Edmond Monaghan, and later Jean-Guy Beaudoin and "Taffy" Slapak.

Next came the second stage of the operation, the construction of the ureteroneocystostomy, that is, the restoration of urinary tract continuity by connecting the ureter to the urinary bladder by a "tunneling method". This was done by the Urologists Drs. MacKinnon, Yoshinari Taguchi, and John Oliver.

Great attention was directed to the "ischemic" time, that is, the period during which the kidney is in transit from the donor to the recipient. The idea was to give it a maximum chance of survival. To preserve it, therefore, it was perfused with cold physiological saline followed by storage at 4 to 10°C. The ideal time was and still is one hour. Additives to the solutions included glucose, sucrose, mannitol and bicarbonate. We even experimented at one time with preserving the kidneys in small hyperbaric chambers (about the size of a hat box) at 3 atmospheres of pressure. This was to "increase oxygen absorption".

...a gynecologist has a burning desire to become an auto mechanic, so she signs up for a class. When the time comes for her practical exam, she prepares carefully, and performs the test with tremendous skill. When the results come back, she sees that she's scored 150%. Fearing there's been an error, she asks her instructor how she could have scored better than perfect. The teacher replies: "During the exam, you took the engine apart perfectly, which was worth 50%. You put the engine back together perfectly, which was worth another 50%." "So how does that make 150%?" The instructor answers, "I gave you an extra 50% because you did it all through the muffler..."
The first kidney transplant between unrelated persons was done at the RVH in November 1963. The head of the RVH transplant team, Dr. Lloyd D. MacLean, directed the procedure and Dr. John Dossetor, Director of the Hospital's Renal and Urological Research Department, coordinated the pre- and post-op management. When we came out of the operating room at 6:30 a.m., the Executive Director, Dr. J. Gilbert Turner, not only had coffee and sandwiches for us, but he had also managed for members of the Montreal press to be present.

Subsequently, we did about 15 kidney transplants per year. To avoid interfering with operations scheduled on the Elective List, Dr. Dossetor always planned transplants to occur at nights, week-ends, or holidays such as Labour Day, Christmas Day, or Easter.

By May 31 of 1968, 91 transplants had been done at the RVH and a memorable event took place. This was the first of a coordinated effort by the RVH (Dr. L.D. MacLean) and the Institut de Cardiologie (Dr. Pierre Groudin and Dr. Gilles Lepage). A lady died and her heart was transplanted at the Institute and the two kidneys were sent to the RVH in a police car and were transplanted (nos. 92 and 93) into two prepared recipients. Mr. Albert Murphy, the 58 year old retired butcher who underwent the heart transplant was the 18th to have this done in the world. The first heart transplant in a human was done by Dr. Christian Barnaard on a Mr. Louis Washkaresky on December 3, 1967 in Cape Town, South Africa. The patient died on December 21st. Dr. Anthony Dobell performed the heart transplantation at the RVH on Mr. Parkinson in 1968. At the same time, in two other operating theaters on the 5th floor, two kidneys were transplanted in two recipients simultaneously. Please note that this monopolized four operating rooms — one for the heart transplant, two for each kidney transplant and one in which the donor procurement was done.

But the RVH has a long history of interest in organ transplantation. The first transplant of a cornea was done at the RVH by Dr. William Turnbull in 1949. The tissue typing lab was established in 1965. Dr. D.D. Munro performed the first lung transplantation with Dr. Lloyd MacLean in 1966.

The immunosuppressive properties of the new drug cyclosporine were discovered by Borel in 1972, used by him in animal studies in 1974, and utilized clinically by Dr. Roy Calne of Cambridge University in kidney transplantation trials in 1978. This drug has revolutionized the post-transplant care such that survival rates now surpass the 80% range.

In 1970, Dr. Ronald D. Guttmann was recruited to replace Dr. Dossetor as Director, but with expanded duties as being in charge of the multi-departmental Transplantation Service. He was also mandated to direct research projects in immunology and transplantation.

The first liver transplant was done at Notre Dame Hospital by Dr. Pierre Daloz in 1971. This followed the work of Dr. Thomas Starzl in Denver and that of Dr. William Wall in London, Ontario. The first liver transplants at the RVH were done in 1971 by a team that included Jean-Guy Beaudoin.

In the 1980s, heart and lung transplants were re-initiated and liver transplantation gained momentum in the 1990s. Since the beginning and until September 15, 1999, 905 kidney transplants have been done at McGill. Recently, a Pancreas Transplant Program has been initiated. The current MUHC Surgical Transplant Team consists of Drs. Jean Tchervenkov, Jeff Barkun, Peter Metakos, Laurence Rosenberg, Benoit de Varennes, and Patrick Ergina.

Old MGH Orthopaedic Traction
As well, I recently took a refresher course in motorcycle riding and passed the test for my license. There is no boating around, so I am sublimating in that way.

Letters

We are both very well, and we are looking forward to spending some time in Naples, FL during the winter. I am in regular contact with Frank Coughlin, who lives in New Canaan, CT, and who now practises law, having graduated from law school at the University of Bridgeport at the age of fifty-eight in the top third of his class and on the Dean's list.

Best wishes to you and your family, and to all my pals at the Vic whom I miss very much.

Geoff Lehman,
Calgary, Alberta

Dear Editor,

Thank you for your letter of thanks in “The Fund” dated July 7, 1999. Succinctly, news re myself is as follows:

1. Retired from surgery December 1995 to pursue second career as a fine art photographer.
2. Travel to Ottawa every week from Toronto, accompanying my wife Vivienne, who was appointed a Senator last September.
3. I was a recipient of The Order of Canada as an Officer of The Order last October 21st for “health care”.
4. Appointed to the Medical Advisory Board of the Faculty of Medicine, McGill University this year.
5. Appointed as Special Advisor to The Genome Sequencing Centre of the British Columbia Cancer Agency.

Our three sons are successfully pursuing diverse careers, and they will have given us our third grandchild by December. Please say hello to all my contemporaries, and teachers (1960-1967) at wonderful M.G.H.!

Neville G. Poy, O.C.
Toronto, Ontario

Editor’s Note: Dr. Poy is the brother of the newly appointed Governor-General of Canada, Adrienne Clarkson.

Dear Editor,

It has always been a pleasure receiving and reading the Square Knot. The quality and contents of the Square Knot have always been excellent.

It has been more than a year since I left McGill to join the surgical staff at the National Cancer Institute/National Institutes of Health here in Bethesda, MD yet I am quite current on what has been happening at McGill. Included is my contribution to the Square Knot.

Thanks for a job well done. Please send my regards to Emma.

Dao Nguyen, M.DCM, MSc, FRCS
Senior Investigator,
Surgery Branch, NCI/NIH

Editor’s Note: Thanks to Dr. Nguyen for his very generous cheque.

Dear Editor,

Enclosed please find my contribution for the McGill Surgery Alumni. It is a real pleasure to receive the Square Knot periodically. It has been ten years since I left Montreal. Day after day I continue to reminisce with great happiness and nostalgia those years as a surgical resident. I have great feelings of gratitude and admiration for those at the “Vic”, MGH, St. Mary’s, and Children’s who contributed to my education. Thank you again.

Juan Carlos Puyana, M.D.
Boston Massachussetts

Editor’s Note: The Square Knot thanks Dr. Puyana for his very generous contribution.

Dear Editor,

Salutations. Without fail, The Square Knot is digested cover to cover within 24 hours of being placed on my desk. I consider it a vital source of information for McGill surgical graduates who are curious about the evolution of the program and are maybe a little homesick for McGill. How strange that we can reflect fondly on six laborious, demanding and often sleep deprived years, yet we do.

The operating room lounges here in Moncton are often buzzing with talk of McGill. Just today, Alban Hache (Orthopedics), Dan De Yturralde (Orthopedics), Robert Dysart (General Surgery), and Edmund Jones (ENT) were discussing McGill colleagues and mentors.

Finally, I was greatly saddened to hear of Dr. AI Spanier’s recent death. It is hard to believe that such a force has departed the Jewish General Hospital. I considered him a dedicated surgeon and a friend. He was a source of much good advice, in his own characteristic way. Even distanced by time and place, I miss him. I am sure McGill will feel his loss quite acutely.

Susan Skanes, M.D.
Dieppe, New Brunswick
APPOINTMENTS
Drs. Adel Armanious, Ramez Khairy, André Martel and Lynne Pugsley, who are on staff at St. Mary's Hospital, have been appointed Assistant Professors in McGill Anesthesia effective June 1, 1999.

News From Anesthesia

Dr. Thierry Daloze joined the Departments of Anesthesia of the Royal Victoria Hospital and McGill as an Assistant Professor on September 1, 1999.

RE-APPOINTMENTS
Dr. Franco Carli received confirmation from Dr. T.H. Chan, Vice-Principal (Academic) that he has been re-appointed Chair of McGill Anesthesia from June 1, 1999 to May 31, 2004.

PROMOTIONS
Congratulations to Dr. Steven Backman on being promoted to the rank of Associate Professor with tenure as of June 1, 1999.

CLINICAL/RESEARCH FELLOWS
We welcome Drs. Abdullah Halawani (Pediatric Fellow at MCH) and Morris Feinberg (Clinical Fellow MGH/RVH) who started their fellowships with us on July 1, 1999. Dr. Halawani completed his medical degree at the King Abdul Aziz University in Jeddah, Saudi Arabia and finished his residency training in Anesthesia at the University of British Columbia. Dr. Feinberg spent his earlier years in Montreal and moved to the United States where he completed his medical degree at the University of Medicine and Dentistry in New Jersey. In 1997, he completed his residency at Brookdale University Hospital.

POSTDOCTORAL FELLOW
Dr. Chantal Villemure has been appointed as a Postdoctoral Fellow in Anesthesia from September 1, 1999 to August 31, 2002. She is funded by the Medical Research Council of Canada and will study the modulation of pain perception by olfactory stimuli under the co-supervision of Dr. Catherine Bushnell and Dr. Serge Marchand who is a faculty member at UQAT.

DEPARTURES
Dr. Fiona Railey resigned from her staff position at the Royal Victoria Hospital and her faculty appointment at McGill effective June 30, 1999. Dr. Railey accepted a position at the University of Western Ontario. We wish Fiona, her husband, Tim Bell, and their children the very best.

Drs. Tim Haywood and Lisa Isaac completed their clinical fellowships in Anesthesia at the Montreal Children's Hospital. Dr. Haywood has returned to St. Thomas' Hospital in London, England. Dr. Isaac has accepted a staff position at The Hospital for Sick Children beginning September 1, 1999.

The new R-1's in the McGill Postgraduate Training Program in Anesthesia are:

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Obituary

Dr. Juergen Knaack passed away on August 9, 1999 in his 74th year. He was a retired Pathologist from the Royal Victoria Hospital and Professor at McGill University. He is survived by his two sons and grandson. ◆