THE ROYAL COLLEGE CHANGES THE TRAINING PROGRAMS

In 1962, the Royal College established a combined qualification in Cardiovascular and Thoracic surgery. Recently, there have been pressures for change. The Executive of the Royal College mandated Dr. David S. Mulder to chair a Task Force relating to training in Cardiac and Thoracic surgery. Dr. Mulder consulted widely. Not only did he consult these Specialty Committees of the Royal College, but he also consulted the various Canadian and American Societies in these Specialties. He presented his work to the Credential Committee of the Royal College which considered his report at meetings on June 15th and June 16th, 1994. General Surgeons present at that meeting were Dr. Bryce Taylor of Toronto, Dr. Chris Heughan of St. John Newfoundland, Dr. Bernard Lefebvre of the Royal College and the undersigned. After some discussion, the following motions were passed.

• That both cardiac and thoracic surgery be considered primary specialties.
• That cardiac and thoracic surgery each be served by their own specialties committees.
• That the training requirements for cardiac surgery as well as those for thoracic surgery be those as recommended by the "Conjoint Task Force Training Requirements for Cardiac and Thoracic Surgery" - as chaired by Dr. Mulder.

This means that Thoracic Surgery is now defined as a specialty of the Royal College with the appropriate training requirements.
The above motions were, in turn, passed by the Committee on Specialties June 30th (Chairman - Dr. Bernard Langer of Toronto).

The implications for General Surgery are major. Vascular Surgery is now a subspecialty of General Surgery. There will no longer be any shared examinations. A favored route will still exist for cardiothoracic surgeons to become eligible for Vascular Surgery qualifications.

These modifications were also approved by the Specialty Committee in General Surgery at its meeting in Toronto on Sept. 16th. Finally, the Council of the Royal College approved these on that same day. See the block diagram.

M

May I extend my compliments on the superb quality of the McGill Surgery Newsletter. It is a welcome update on the events and developments at McGill.

Letters to the Editor

The logo reproduction on the official tie is most attractive, however I find myself quite ill-prepared to answer admirers' questions regarding the fleam! If you could kindly share with me the origin of this emblem and its significance to the history of surgery at McGill, I would be most grateful. Continued success with THE SQUARE KNOT.

W.B. Callaghan, M.D.; Nepean, Ontario

ED:
The fleam refers back to the old knives used in Egyptian times. It refers to the most old fashioned scalpel known to humanity. The Complete Guide to Heraldry, (AC Fox-Davies, Jack Red, London and Edinburgh, 1929) defines the fleam as "the ancient form and name of a surgeon's lancet". It is a symbol of Surgery. Thank you for the interest in our work.

Dr. Jack Oliver has just passed along his copy of The Square Knot and I was truly delighted to see so many references and photos of the good old MGH Department of Surgery. It brought back many happy memories of those wonderful years both as a resident and as a faculty member.

Please put my name on your mailing list for the next issue! I am sure that Dr. Fred Greenwood would like his name on your mailing list. Fred is still Head of the Orthopaedic Section at The Veterans Hospital here in Tucson, but I retired from the Faculty of Medicine here at the University of Arizona in May '91, but keep active with golf and tennis. We spend the summers in Kelowna to escape from the 111°F weather here in Tucson so have the best of both worlds.

E.C. (Ted) Percy, M.D.; Tucson Arizona

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Upcoming Events

March 29-30, 1995
E.J. Tabah Visiting Professor in Surgical Oncology
Dr. Michael Lotze

May 25, 1995
Dr. Fraser Gurd Day

ARtery:

Study of Paintings
S

URGEONS AND HEALTH CARE REFORM

FOR THE YEAR 2000.

Surgeons feel insecure today because of all the changes in Health Care. You ain't seen nothing yet! From coast to coast, hospitals are closing and others are merging. In Halifax, the Victoria General and the Cam- phill Medical (including the Halifax Infirmary), in conjunction with the Cancer Treatments and Research Foundation, are moving to a single administrative structure to be called the Queen Elizabeth II Health Sciences Center. At McGill, there are plans afoot to merge the RVH, the MGH, the MCH, the MNH and the Montreal Chest Hospital into a McGill University Hospital Center. In Victoria, the Victoria General and the Royal Jubilee have merged into the Greater Victoria Hospital Society.

The changes in the Health Care System involve regionalization and funding cuts. We are becoming accustomed to a new jargon: consumer involvement, quality assessment based on the monitoring of outcome analysis and evidence based medicine. Even the Canadian Council on Hospital Accreditation has changed it's name to the Canadian Council on Health Facilities Accreditation (the President is M.S. Lorine Bessel, Vice-President Nursing Affairs RVH). Though we will never get used to our patients being called "clients", it will be necessary for us to modify our behavior in line with the strategic directions taken by our governments in planning towards the year 2000. Though we all once studied medicine, we will now have to prepare "clinical guidelines". The Canadian Hospital Association has a National Health Policy Reform Project entitled An Open Future: A Shared Vision. The Delivery of Health Services is a Dynamic Process Taking Place in a Changing Environment.

The provinces are developing Regional Health Boards like Quebec. In British Columbia, 21 Regional Boards are expected to be implemented in the fall of '94 and it is anticipated that approximately one hundred Community Health Councils will be established over the next few years.

Canadian Health Minister, Diane Marleau, has released plans for the launching of a National Forum on health with the initial meeting to be held in October. This forum, chaired by Prime Minister Jean Chrétien with Minister Marleau as Vice-Chair, will be made up of twenty citizen volunteers, professionals and consumers knowledgeable about health. Over the course of its mandate, the National Forum will be asked to develop a new vision for Canada's Health Care System for the 21st Century. In doing so, it will engage the Canadian public in a dialogue with Forum members, Provincial and Territorial Governments and the Health Community. The Executive Director is Marie E. Fortier.

An issue of The Economist, dated March 19th, 1994, focused on six major future changes affecting health care:

1. Cure is no longer enough: Surgeons will have to prove to Health Care Insurers that their work is "cost effective".
2. The Health Information Highway: Increasingly, computers will disseminate medical information to physicians (telemedicine) and to the public.
3. Technology will revolutionize Surgery: Robotics and more advanced medical imaging will facilitate common surgical procedures.
4. Biotech R & D Labs will produce more sophisticated and potent new drugs.
5. Patient Power: the consumer in the future will drive the system, not doctors.
6. The Hospitals of the future will require fewer Surgeons. In 1993, one of three United States Hospital beds was empty each day. If an overnight stay is really necessary, a local "Health Motel" may provide nursing and transport. It is possible that patients who belong to a Family Physician will have a combined admission for Surgery to a hospital under that Family Physician and the Surgeon.

So as Surgeons, we will have to adapt to this system reform and address the funding pressures. Marketing strategies will become a major focus and we will have to recognize the role of outcomes/evidence based medicine. We will have to reassess the role of the consumer and perhaps even accommodate the broader providers of Health Care. "There is no security on this earth - only opportunity" (Douglas MacArthur). •

McGill Quarter Century Club

The following surgeons are members of the McGill Quarter Century Club: Dr. Stephen Jacobson, Dr. Michael Laplante, Dr. Carroll A. Laurin, Dr. Jean E. Morin, Dr. David S. Mulder, and Dr. Eugene W. Outerbridge. •
Four McGill Surgeons Receive Meritorious Awards

Internationally known Montreal surgeon, Dr. Ray Chu-Jeng Chiu received the 1994 MEDEC Award for Medical Achievement at a banquet in the Toronto Airport Marriot Hotel on May 31, 1994. Medical Devices Canada (MEDEC) is a national voluntary association of manufacturers and distributors of medical devices in Canada.

The annual award is to a Canadian researcher who has made an important, globally-recognized contribution to health care. Dr. Chiu was honoured for his pioneering work in the field of dynamic cardiomyoplasty and for his key role in the development of cardiomyostimulation.

Dr. Chiu was born in Tokyo, Japan and graduated MD from the National Taiwan University in 1959. Following internship in Baltimore, Maryland he held a residency (1962-68) in general surgery and cardiovascular and thoracic surgery in New York. In 1968, he moved to Montreal where he was a research fellow in surgery at McGill obtaining PhD and FRSC in 1970. He is now Professor and Chairman, Division of Cardiovascular and Thoracic Surgery at McGill and Director, Division of Cardiovascular and Thoracic Surgery at The Montreal General Hospital.

A prolific writer, Dr. Chiu has published over 200 scientific papers and chapters, and authored or edited five books. His research interests range from myocardial protection during open heart surgery to cardiomyoplasty and, more recently, to the regeneration of damaged myocardium by satellite cell implantation.

Dr. Chiu is married to pediatrician Dr. Jan Chiu and has two children. When not involved in his medical activities, Dr. Chiu indulges his hobby of reading about 'far-fetched' subjects, such as cosmology and the chaos theory.

Dr. Carroll A. Laurin is the recipient of the Prize for Excellence of the Quebec Association of Orthopaedic Surgeons. Dr. Laurin has his office at the Royal Victoria Hospital and is Professor of Surgery at McGill. He is an honorary member of numerous international associations including the American Academy of Orthopaedic Surgery and the "Société Française de Chirurgie et Traumatologie". It is noteworthy that he was Chief of the program in Orthopaedic Surgery at Université de Montréal from 1974 to 1981 and he was Director of the Medical Services provided during the 20th Olympic Games held in Montreal in 1976. Carroll has a very imposing curriculum vitae and he has been an Invited Participant to the majority of orthopaedic associations in the United States and Europe. He has distinguished himself particularly in his research work on the ligaments of the ankle and in surgery of the foot. He is the author of 87 papers and co-author of an Atlas of Orthopaedic Surgery which is in three volumes in three languages published by Masson in 1989 and in 1992. He has an international reputation amongst orthopaedic surgeons throughout the world which has brought honor to his colleagues at McGill and in Quebec.

At the 127th Annual Meeting of the Canadian Medical Association in Montreal in August, Dr. Stratford was presented with a Senior Membership in the Canadian Medical Association.

This senior membership honours service to the next generations of Canada's physicians.

Joseph Stratford earned his medical degree at McGill University in 1947. He completed residency training at the Montreal Neurological Institute and in London, England. In 1955, he started neurosurgical practice at The Montreal General Hospital. A move took him then to Saskatchewan, where he was Chief of Neurosurgery at the University Hospital in Saskatoon. At home again in Montreal, he was Medical Director of the Pain Centre at The Montreal General Hospital and a Consultant in Neurosurgery at several Quebec hospitals.

Dr. Stratford's career in teaching began in 1952, when he was a demonstrator at McGill University. He lectured in neurosurgery before his departure to join the new University Hospital at the University of Saskatchewan as Assistant Professor of Surgery, specifically in neurosurgery. Induced to return to his academic roots in 1962, Dr. Stratford joined the staff and faculty at The Montreal General Hospital and McGill in 1962. In 1972, he became Professor of Neurosurgery. He has fulfilled academic responsibilities at universities in Saskatoon, Calgary, Vermont and Ethiopia. At the University of Saskatchewan and McGill University he served on library committees.

Dr. Stratford was a grantee of the Medical Research Council of Canada, President of the Canadian Neurosurgical Society, President of the 9th Canadian Congress on Neurological Sciences, and a member of the Board of Directors of the Victorian Order of Nurses.

In 1992, Dr. Stratford retired from his post as Director of Neurosurgery at The Montreal General Hospital. He declines to retire completely, though, and still sees patients.
Eddie Tabah was elected to Honorary Membership of the Canadian Association of General Surgeons.

Text of Introduction by Dr. Henry R. Shibata:

It is indeed a great pleasure and a singular honour for me to pay tribute to an outstanding Canadian surgeon, Dr. Edward John Tabah of Montreal.

First, I would like to introduce to you, Eddie Tabah's academic and professional achievements and then conclude by presenting a more personal glimpse of this extraordinary individual.

Eddie received his B.Sc. in 1940 and his MD CM degree from McGill University in 1942, during the tumultuous years of the Second World War. After a year of internship at The Montreal General Hospital, he joined the Royal Canadian Medical Corp and served as captain from 1943 to 1946.

After returning to Montreal in 1946, he worked as a surgical resident at the RVH for 2 years. He then went south of the border to New York City, where he did a year of fellowship in Surgical Pathology at the Presbyterian Hospital. The next year, in 1949, he was accepted as a surgical fellow at the then world-renowned mecca for cancer surgery, the Memorial-Sloan Kettering Cancer Center. After 4 years of specialized training in radical operations for all kinds of cancers, he returned in 1953 to become a staff member at the Royal Victoria Hospital, as the first fully trained cancer surgeon or surgical oncologist, as the specialty is called today.

During the 36 year period from 1953 to his semi-retirement in 1989, he served as Senior Surgeon at the RVH and Associate professor of Surgery at McGill University. He also served as Director of the Central Tumour Registry, Chief Surgeon of the Green General Surgical Service, Chairman of the Cancer Committee, a member of the Commission on Cancer of the American College of Surgeons, and numerous other national and international committees.

It was during this period that Eddie truly distinguished himself as a highly skilled and, I might add, a fearless surgeon, who was able to perform the most difficult and radical operations on, notably, patients with advanced head and neck cancers, but also in other anatomical sites. For this he was highly esteemed by his peers and by impressionable surgical residents, a number of whom have gone into the subspecialty of Surgical Oncology due to his influence. In this respect, I personally consider Eddie as one of my mentors. He has authored chapters in surgical textbooks as well as written 26 scientific papers during his academic career.

In 1965 one of his patients, a young Canadian of Lebanese ancestry, died in his twenties of gastric cancer. As a result of this, together with this young man's father and others of the Lebanese Community of Montreal, Eddie became a founding father of the Cedars Cancer Fund, now known as the Cedars Cancer Institute of the Royal Victoria Hospital. Eddie, as Chairman of the Medical Advisory Committee, is the guiding light of this organization and has been highly instrumental in raising more than 8 million dollars to support various cancer related projects and activities at the Royal Victoria Hospital. I can honestly say that if it were not for Eddie and the Cedars Cancer Institute, the Oncology Program at our hospital would be woefully inadequate one today.

To honour this remarkable achievement, the Oncology Day Centre, which Eddie founded in 1967 was named the Edward J. Tabah Oncology Day Centre. Also, a visiting professorship in Surgical Oncology was established in his honour 6 years ago.

In 1987, in recognition of Eddie's contributions to the Royal Victoria Hospital, he was awarded the Distinguished Service Award "for his accomplishments and devotion to his patients and their families".

A further honour was bestowed upon Eddie Tabah by the Federal Government of Canada in October of 1993 when he was made a member of the Order of Canada, a truly well-deserved accolade for Eddie.

Now there is a more personal side to this remarkable individual.

Eddie was born in Montreal as the third son of four boys to Fahed and Adel Tabah, both of whom emigrated to North American from Lebanon. During his McGill school days, Eddie distinguished himself as a football player and was a member of the McGill inter-collegiate championship football team when they won the title in 1938. One of his proudest accomplishments as a member of this team came in 1988 when he and other living members, at their 50th reunion, established an academic-athletic scholarship of over $50,000 for their alma mater in memory of those members of the team who died in the Second World War.

After returning from this war in April 1946, he married Pauline Sophia Stiles, and thereby fathered two sons, Edward F. Tabah and Roger J. Tabah, the latter, as you all know, has followed in his remarkable father's footsteps, to become a surgical oncologist with special interest in head and neck surgery. Through these two sons, Eddie has become the proud grandfather to five grandchildren. He is truly a devoted family man in more ways than one.

Eddie is still only semi-retired from his professional career, as he keeps himself almost fully occupied by seeing some patients who only want to be seen by him, and of course his busy role as Chairman of the Medical Advisory Committee of the Cedars Cancer Institute, a fund-raising group par excellence.

In closing my tribute to my good friend and mentor, I wish to reiterate that I am truly grateful to have been assigned this task of presenting to you today Dr. Edward J. Tabah, a great Canadian surgeon for an honorary membership in our association.
I read the recent article entitled "Where are the generalists" (Ontario Medicine, July) with interest.

Opinion

By Dr. Ciaran Kealy

Undoubtedly, there are fewer people going into general surgery and sub-specialties have become a much more attractive alternative. However, the demise of general surgery is premature.

It is true that smaller communities, when their general surgeons either retire or die, find it impossible to get a replacement. However, there are many communities in the province where solo and general surgeons have provided broad surgical coverage and continue to do so.

General surgeons - of all the surgical specialties - tend to be the most widely trained, provide a multiplicity of services, cross cover other specialties, are practically on continuous call and are the most poorly remunerated.

The Section on general surgery surveyed its membership in 1992 and we had a response rate of 37.8 per cent. The average age of the respondents was 52 years; 36.6 per cent (75) were over the age of 60; 25.3 per cent (62) were between the ages of 50 and 49; 20.8 per cent were between 40 and 49 (51); and 22 per cent (54) were under 40 years old.

We were interested in the amount of on-call provided by general surgeons. The average was 10.2 per cent, or one in three. Seventy percent of surgeons had to cover their own surgical patients even when not on emergency call.

With respect to emergency urgent admissions needing surgery, twice as many of these were operated on in evenings and weekends than normal operating hours - in other words, a two-to-one ratio. I suspect that now with so-called Rae days the numbers are even higher.

Many general surgeons provide cross coverage to other specialties - an arrangement that is not reciprocal. Because of the nature of general surgery, they have to respond to emergencies within 15 minutes, something that is not required of other surgical specialties.

The nature of general surgery is such that it tends to support other specialties' lifestyles at the expense of its own.

The vast majority of trauma services in the province are provided by general surgeons. The management of trauma can be very satisfying, but it is also difficult, time consuming, very disruptive of already busy surgical practices and, because it is based on fee-for-service, very poorly remunerated.

Many of our members provide true general surgical coverage. Some of these have gone over income caps imposed by government but only one general surgeon was exempted from the cap compared to 20 ophthalmologists, 19 cardiac surgeons and 8 cardiologists - to name but a few other specialties.

Other specialties have been designated as provincial resources and exempted from income caps but what could be more of a provincial resource than a well-trained general surgeon on-call one in three, who provides a multiplicity of services and, in particular, trauma services to a community?

Is it any wonder that the average age of general surgeons in the province is 52 years and that fewer and fewer young surgeons want to go into the specialty?

We have an impending crisis in general surgery that has not hit us yet which says a lot for the general surgeons of the province who are getting older and fewer as each year passes.

If the Ministry of Health, community hospitals and our own Ontario Medical Association continue to keep their heads in the sand, Dr. Jean Desmarais' statement that general surgeons do not seem to exist will become a reality quite soon.

Maybe that is the long term goal these days where, given present government policies, hard working general surgeons appear to be more of a liability than an asset to hospitals.

Dr. Ciaran Kealy, MB, FRCSC,
Chair, Section of General Surgery,
Ontario Medical Association.
Dr. Blake Cady - Visitor in Surgical Oncology
On Oct. 5th, Dr. Blake Cady, Professor of Surgery at Harvard Medical School and Chief of Surgical Oncology at the New England Deaconess Hospital in Boston Massachusetts was the Visiting Professor in Oncology. The title of one of his talks at Oncology Grand Rounds was Future Directions in Primary Breast Cancer - Surgery for Early Disease.

Dr. Cady discussed his extensive experience in surgery of the thyroid gland both at the Leahy Clinic years ago and more recently at the New England Deaconess Hospital. His position is rather conservative and different from that of Dr. John M. Loré of Buffalo, New York, who was the Edward J. Tabah Visiting Professor in Surgical Oncology in March of 1993. For diagnosis, Dr. Cady depends mainly on Fine Needle Aspiration. In his opinion, 1131 radioactive uptake scanning gives the same number of "hot" and "cold" readings and is therefore not helpful. Neither are Thyroid Function Tests, Ultrasound, nor CT scans useful. He believes in conservative surgical treatments for both papillary and follicular well differentiated carcinoma. Regarding risk assessment, he referred again to his well published AMES. This acronym refers to increased risk with Age, Metastasis, Extent and Sex.

Dr. Keith A. Kelly
On September 29th, Dr. Keith Kelly, Professor of Surgery of the Mayo Medical School and Surgeon-in-Chief at the Mayo Clinic in Scottsdale Arizona, visited the Division of General Surgery at McGill. In the morning, at the MGH, his address was on the topic of Motility Disorders after Roux-Y-Anastomosis. In the afternoon, he met with the Surgical Residents and his topic for Surgical Grand Rounds at the RVH related to the experience at the Mayo Clinic with the ileo-anal-pouch for Chronic Ulcerative Colitis. He and his group have performed over 1500 operations for Chronic Ulcerative Colitis and Familial Adeno-Polypsis. After the total colectomy, a "J" shaped ileo-anal pouch is fashioned. The operation is done in two stages: the first includes the colectomy, the pouch and a loop ileostomy; the second stage, two months later, consists of restoring bowel continuity. They are very happy with their success. The three disadvantages are as follows: a) five bowel motions a day; b) spotting particularly in the evening in 55% of their patients; c) "pouchitis" in 25% of their patients. The latter is treated with metronidazole 250 mg q.i.d.

"If we understood the pathogenesis of 'pouchitis', we would understand the pathogenesis of ulcerative colitis!".

That evening there was a dinner for McGill General Surgeons and their Wives at the University Club.

Dr. John MacFarlane - Queen Elizabeth Hospital Visiting Surgeon 1994.
Dr. John MacFarlane was the 1994 Visiting Surgeon at the Queen Elizabeth Hospital on November 2nd, 1994. He presented two talks. The first talk was on the Strategies for Early Diagnosis of Colorectal Ca - an Update, and the second talk was Surgical Techniques in Rectal Cancer: What's all this Talk about the Mesorectum.

McGILL WELCOMES NEW CHAIRMAN OF ANAESTHESIA
Introducing Dr. Franco Carli
Born in Italy, Dr. Franco Carli obtained his MD at the University of Turin. In the past, he worked for two years at the University of Liberia, West Africa in Tropical Medicine and Surgery, for one year at the University of Turin, San Giovanni Teaching Hospital in anaesthesia and at the Centre Hopitalo-Universitaire Henri Mondor, Creteil, Paris, in emergency medicine and neurolepto-anaesthesia before moving to England where he obtained his fellowship in Anaesthesia. There he worked at the Royal Postgraduate Medical School and lately at the Clinical Research Centre at Northwick Park Hospital. His interests in clinical anaesthesia are obstetrics, regional blockade and acute pain management. His research fields are protein metabolism and metabolic modulation of the stress response, thermoregulation and obstetrics.

Dr. Carli has published over 50 papers, lectured widely in Europe and other countries and is a member of many societies.

Dr. Carli is married and has two children. He is a keen gardener and likes modern art and music. He has a degree in structural anthropology and would like to retire early so he could
Dr. Mauro Alini has a Ph.D. in Biochemistry. He joins the Division of Orthopedic Surgery and is appointed as an Assistant Professor. Dr. Alini is a basic researcher who has worked with Dr. R. Poole for the past 6 years at the Shriner's Hospital. He currently holds an appointment in the Department of Experimental Surgery.

Dr. Tassos Dionisopoulos has been appointed to Assistant Professor. Dr. Dionisopoulos is a McGill graduate who completed a Fellowship in New York in Head & Neck Surgery. He is now on staff at the Jewish General Hospital. Dr. Dionisopoulos will be involved in Residency Training in Plastic Surgery at McGill.

Dr. Sarkis Meterissian has joined the Department of Surgery at the Royal Victoria Hospital and is Assistant Professor of Surgery at McGill University. Sarkis graduated from the McGill General Surgery Program in 1990 and then went to New England Deaconess Hospital for two years. Subsequently he was a Fellow at the M.D. Anderson Cancer Center until 1994. His interest is Surgical Oncology.

Dr. Olga Huk-Papanastasiou was appointed as an Assistant Professor. Dr. Huk is Fellowship trained and has a strong commitment to research. She won the C.A. Research Award in Arthroplasty Biology. Dr. Huk is based at the Jewish General Hospital in the Lady Davis Research Institute.

Dr. Annie Phillip, a Ph.D. researcher, has been appointed Assistant Professor at McGill in the Division of Plastic Surgery. Her lab is located in the University Surgical Clinic of The Montreal General Hospital. She is an independent researcher working on the Wound Healing Project Platelet Growth Transfer in Wound Healing.

Dr. Kenneth Shaw was appointed as an Assistant Professor. Dr. Shaw is a McGill graduate who interned at the University of Toronto and completed his General Surgery Core at the University of Ottawa. He completed his Paediatric Residency at Hospital Ste-Justine and since July 1994 has been working in the Fetal Research Lab at the Montreal Children's Hospital. Dr. Shaw will divide his time between lab research and clinical activities.

DEPARTURES

Dr. Daniel Benetar leaves his position at McGill University and is returning to France.

Dr. Pat Ergina, Dr. Danny Marelli, Dr. Dao Nguyen.

Mr. Giuseppe Antonio (Tony) Candeliere from the Division of Surgical Research of the Shriners Hospital for Crippled Children successfully defended his Ph.D. Thesis in September 1994. Tony has worked in the Genetics Units of the Shriners Hospital for Crippled Children under the supervision of Dr. René St-Arnaud. The title of Tony's thesis is Expression of the c-fos proto-oncogene during normal and pathological bone development.

Dr. Brian Mott, currently doing research with Dr. Ray Chiu at the MGH, presented a paper on the McGill Cardiomyoplasty Clinical Experience at the 47th Annual Meeting of the Canadian Cardiovascular Society on Oct. 26th, 1994 in Edmonton.

Passed their Royal College Qualifying Exams in General Surgery: Dr. Ibrahim Al-Shenebr, Dr. Sameh Barayan, Dr. Ghasan Baslaim, Dr. Annie Fecteau, Dr. Sandeep Mayer, Dr. Peter Metrakos, Dr. Lancelot Tin, Dr. Dominique Shum-Tim. Congratulations!

McGill Surgeons Active in The Canadian Association of General Surgeons

Dr. Marvin Wexler, Chair Nominating Committee
Dr. Paul Belliveau, Chair Colorectal Committee

Dr. Gerald M. Fried, Chair Program Committee
Dr. E.D. Monaghan, Member of Executive Committee representing the Specialty Committee in General Surgery of the Royal College
Dr. Christopher Oung is a part-time Faculty Lecturer in Mont-Laurier. He was accepted in the Surgical Forum and sits on the Committee for Resident Training. The proposal is to appoint Dr. Oung to Assistant Professor Full-Time in General Surgery.

Dr. Henry R. Shibata is the Editor of the Newsletter of the Canadian Oncology Society. Henry was the President of the COS from 1989 to 1991. Please note that the current President is Dr. John MacFarlane an alumnus of McGill and of the MGH. Dr. Yves Lederc has accepted to serve as the Royal College Oncology Program Chair for the next two years.

Drs. Jean Tchervenkov and Jeff Barkun were awarded a grant from the Miles Canadian Red Cross to study the Effect of Intensive Hyper-Immune Globulin in the Prophylaxis of Hepatitis B after Liver Transplantation. It is noteworthy, that in the McGill Liver Transplant Program, there have been no recurrences of Hepatitis B after liver transplantation in eight cases treated with this protocol.

Dr. Marvin Wexler has been busy "showing the flag". He was an Invited Participant to the American Hellenic Surgical Congress in Athens Greece in March of 1994. As a panelist on a symposium on Minimal Access Surgery, his presentation was Update on Laparoscopic Herniorrhaphy. He was also an Invited Panel Participant at a Workshop on Adjuvant Therapy in Colon Cancer at a meeting of the NSABP in Nashville Tennessee in June 1994. He was a Visiting Guest Lecturer at a meeting of the Florida Surgical Society in Boca Raton Florida in July. He presented two lectures: the first was on Health Care Reform and the Practicing General Surgeon - Canadian Perspective and the second The Future of Laparoscopic Surgery - Ethics, Morals and Efficacy. He was the Principal Participant at a joint meeting of CAGS/CFPC/RCPS in Toronto in December of 1993 and again last August in Ottawa. This Nucleus Working Group discussed the added surgical skills which could be taught to family physicians. At the meeting of CAGS in Toronto in September, Marvin introduced Dr. Fred Inglis who gave the Presidential Address. At the 80th Clinical Congress of the American College of Surgeons in Chicago (Oct. 9th to 14th), Marvin presented the motion picture entitled Laparoscopic Herniorrhaphy --- Transabdominal Preperitoneal Technique (TAPP).

Dr. Carol-Ann Vasilevsky and her husband John Motter are thrilled with the birth of their daughter Jennifer Danielle on September 30, 1994 at the JGH.

Dr. Audrius Zibaitis, Dr. Ray Chiu's research fellow, won first prize for his presentation entitled Myocardial Regeneration at the Canadian Society of Cardiovascular and Thoracic Surgeons Session of the 63rd Annual Meeting of the Royal College held Sept. 14-19, 1994 in Toronto.

Dr. David J. Zukor of the JGH has been appointed Chairman of the Test Committee in Orthopaedic Surgery for the Royal College of Physicians and Surgeons of Canada effective July 1st, 1994 to June 30th, 1997.

Mrs. Susan and Dr. Jeffrey Barkun are the proud parents of a baby girl - Kate.

Dr. Philip H. Gordon of the JGH will be a member of the Symposium on Colorectal Disease in 1995 at a special meeting of the Cleveland Clinic Florida and the Cleveland Clinic Foundation in Fort Lauderdale Feb. 23rd to 25th, 1995. This is an international panel of experts exchanging new medical and surgical concepts.

Dr. Frank M. Guttman was the keynote speaker at a meeting of the Japanese Paediatric Surgical Society in Japan in June 1994.

Dr. Richard J. Novick, Associate Professor of Cardiovascular and Thoracic Surgery at the University of Western Ontario, was a Visiting Professor at the Medizinische Hochschule in Hannover, Germany, in early September. He presented invited talks on Exogenous Surfactant Therapy in Lung Transplantation and Pulmonary Retransplantation: Determinants of Survival in 120 Patients. During the same week, he co-chaired a session and presented another paper at the First International Congress on Lung Transplantation in Paris.

Dr. Henry was the President of the COS from 1989 to 1991. Please note that the current President is Dr. John MacFarlane an alumnus of McGill and of the MGH. Dr. Yves Lederc has accepted to serve as the Royal College Oncology Program Chair for the next two years.

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PRESENTATIONS BY MCGILL SURGEONS AT THE MEETING OF THE ROYAL COLLEGE AND OF THE CANADIAN ASSOCIATION OF GENERAL SURGEONS IN TORONTO, SEPTEMBER 14 TO 19, 1994

Royal College Meeting

Dr. J.L. Meakins discussed Operative Cholangiography.

Dr. J. Mamazza discussed Laparoscopic and Laparoscopically Assisted Procedures with Dr. M. Wexler having discussed the methodology by which such procedures should be integrated into routine clinical practice.

Dr. J. Barkun discussed The Socio-economic Aspects of Laparoscopic Operations.

Dr. D.S. Mulder presented a paper on the Training of Surgical Residents and Manpower & Economics.

Myocardial Regeneration: A. Zibaitis, D. Greentree, F. Ma, D. Marelli, M. Duong, R.C.-J. Chiu, MGH.

Continuous EEG Monitoring Following Corrective Congenital Cardiac Surgery in a Pediatric Critical Care Unit: R.D. Gottesman, B. Rosenblatt, J. Gotman, C.I. Tchervenkov, Department of Critical Care Medicine, Department of Neurophysiology, Department of Cardiovascular and Thoracic Surgery, The Montreal Children's Hospital.

Maintenance of Glucose Homeostasis after Submucosal Transplantation of Pancreatic Islet Cells: N. Tchervenivanov, P. Metrakos, S. Yuan, L. Rosenberg, Department of Surgery, MGH.

Toxic Megacolon Complicating Pseudomembranous Enterocolitis: J. Trudel, M. Deschenes, A. Barkun, Division of General Surgery, Division of Gastroenterology, MGH.


Low Dose Octreotide and Tamoxifen in the Treatment of Carcinoma of the Pancreas: L. Rosenberg, A. Barkun, M. Pollak, Department of Surgery, Department of Medicine, Department of Oncology, McGill University.

Severe Pancreatitis: L. Rosenberg, McGill University.

The W.R. Ghent Lecture was chaired by Dr. Rea Brown.

Dr. M. Wexler chaired a CAGS paper session.

Malignant Lymphoepithelial Tumors of the Head and Neck in the Inuit: R.J. Tabah, T. Vuong, J.B. Vilia, E. Franco, Department of Surgery, Department of Radiation Oncology, Department of Pathology, Department of Epidemiology, McGill University.


Lower Abdominal Pain Syndrome in the Professional Ice Hockey Player: V.J. Lacroix, D.G. Kinnear, G. Lefebvre, R.A. Brown, D.S. Mulder, MGH.

Gallstone Pancreatitis in the Laparoscopic Era: J.S. Barkun, S.K. Srinathan, G.M. Fried, A.N. Barkun, Department of Surgery, Department of Medicine, McGill.


Laparoscopic vs Open Inguinal Herniography: Preliminary Results of A Randomized Controlled Trial: J.S. Barkun, M.J. Wexler, E.J. Hinchey, McGill Laparoscopic Surgery Group, McGill.

Dr. Paul Belliveau chaired a Self-Assessment session.

Dr. David Fleiszer chaired a symposium on the Use of Computers in Surgery.

Surgeons and Robotics: I. Hunter, Department of Biomedical Engineering, McGill.

Dr. Marvin Wexler was a panelist for a symposium on Unexpected Findings in Surgery.

Dr. Paul Belliveau presided over the Colorectal Guest Lecture presented by Dr. R. Beart, Professor of Surgery, University of Southern California (Los Angeles), on Prevention and Management of Recurrent Colon and Rectal Cancer.

Dr. G. Fried, with Dr. J.K. MacFarlane of Vancouver, chaired a General Paper Session for CAGS.


Human Colon Cancer Cells Express and Redistribute Variant Molecular Forms of the CD44 Adhesion Protein: K. Al Nouri, H. Shibata, U. Günther, S. Jothy, Department of Surgery, Department of Pathology, McGill, and The Basil Institute for Immunology, Basel.

Dr. G. Fried introduced the Guest Lecturer, Dr. C.M. Townsend, Jr., of the
University of Texas at the Special CAGSGI Conference.

An Overview of Acute Pancreatitis: Have Things Really Changed? R.A. Brown, Department of Surgery, MGH.

Dr. L. Rosenberg chaired a Symposium on Acute Pancreatitis: Looking to the Future and also presented his own views on the future and management of this condition.

Dr. D. Fleiszer chaired two sessions on Trauma.

Changes in Intra-Cranial Pressure During Carbon Dioxide Pneumoperitoneum in Normovolemic and Hypovolemic Animals: J.L. Mijangos, N. Thwin, E.J. Hinchev, C.M. Oung, Department of Surgery, MGH, McGill.


Preventable Death Evaluation of the Appropriateness of the Care Provided by Urgences-Santé Physicians for Trauma Patients: J.S. Sampalis, S. Boukas, A. Lavoie, A. Nikolis, P. Fréchette, R. Brown, M. Mulder, D. Fleiszer, MGH.


Canadian Council of Health Facilities Accreditation

Accredited Facilities and Beds in Canada by Category and by Province as at December 31, 1993.

<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>GENERAL</th>
<th>LONG TERM CARE</th>
<th>MENTAL HEALTH</th>
<th>REHABILITATION</th>
<th>CANCER TREATMENT</th>
<th>RESPIRATORY HOME CARE</th>
<th>TOTAL</th>
</tr>
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<tr>
<td></td>
<td>Hospitals</td>
<td>Beds</td>
<td>Centres</td>
<td>Beds</td>
<td>Centres</td>
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<tr>
<td>British Columbia</td>
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<td>2,096</td>
<td>7</td>
<td>659</td>
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<tr>
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<td>27</td>
<td>4,540</td>
<td>4</td>
<td>741</td>
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<tr>
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<td>44,842</td>
<td>19</td>
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<td>17</td>
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<td>3,485</td>
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<td>49</td>
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<td>9</td>
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<td>348</td>
<td>1</td>
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<tr>
<td>Northwest Territories and Yukon</td>
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<td>365</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>TOTALS</td>
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<td>117,492</td>
<td>589</td>
<td>79,262</td>
<td>53</td>
<td>12,191</td>
<td>29</td>
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</table>

In addition, The Bermuda Hospitals Board, 498 general beds (Complex comprising of 2 units: King Edward VII Memorial Hospital and St. Brendan's Psychiatric Hospital) in Bermuda is accredited by CCHFA.

D&C: Where Washington is...

L.D. MacLean was the Presiding Officer and Introducer of Dr. Thomas E. Starzl of Pittsburgh at the Opening Ceremony on Oct. 10th. The title of this lecture was Medawar and Acquired Tolerance. Lloyd MacLean was also Presiding Officer at the lecture of the American Urological Association. Dr. Kenneth L. Shine spoke at McCormick Place on Making Choices - For Patients and Physicians. Dr. MacLean presided at the annual meeting of the Fellows and Initiates on Oct. 13th. Lloyd was the Presiding Officer and Introducer of the lecturer Philip Leder of Boston who gave the Martin Memorial Lecture on The New Genetics: Hype and Hope. On Oct. 11th, he hosted the Presidential Dinner with over 275 guests. Dr. MacLean introduced members of the McGill Department of Surgery in attendance. Drs. David Mulder, Gerald Fried, Frank Gutman, Jean-Martin Laberge, Philip Gordon, Jemi Olak, Henry Shibata, Marvin Wexler, Nick Christou, and Carl Nohr. In addition, he introduced all the presidents of the various world Surgical Societies present. Finally, on Oct. 13th, he presided at the convocation of the ACS. At this time, he handed over the mantle of President to Dr. Alexander J. Walt of Detroit Michigan.

Dr. David Mulder spoke about the Guidelines and Practice Standards during a General Panel Discussion on Economic Implications of Surgical Decision Analysis.

Dr. Jonathan L. Meakins was the moderator of a General Panel Discussion on Integration of Biotechnology into Surgical Science. He also discussed Enterococcus Should Be Treated When Cultured. During another sem-
inar, he discussed Intraabdominal Adhesions And Other Problems In Laparoscopic Herniorrhaphy.

Dr. Gerald Fried presided Clinical Workshop Films. One film which was well received was Laparoscopic Herniorrhaphy - Transabdominal Preperitoneal Technique by Marvin J. Wexler and Jonathan Meakins.

Dr. Nicolas V. Christou discussed Infection at a General Panel Discussion on Integration of Biotechnology into Surgical Science.

OTHER PAPERS PRESENTED BY MCGILL SURGEONS WERE AS FOLLOWS:

Dr. Judith Trudel discussed Lower Gastrointestinal Bleeding.

Dr. Gerald Fried discussed Management of Common Duct Stones in the Era of Laparoscopic Cholecystectomy.

PAPERS PRESENTED AT THE SURGICAL FORUM:

The Intact Thymus is Necessary to Induce Cardiac Allograft Prolongation with Intravenous Donor Lymphocytes and Cyclosporine: Shafquat M. Ahmed, A. Joseph Tector, Shu-Xin Zheng, Clarke Forbes, Jean I Tchervenkov, Departments of Surgery and Pathology, McGill University.

Application of the Polymerase Chain Reaction to Study Phenotype Expression in an in Vitro Model of Colonic Tumor Cell Differentiation: Julio Faria, Judith L. Trudel, Gary E. Wild, Departments of Surgery and Gastroenterology, MGH.

Changes in Intracranial Pressure during Carbon Dioxide Pneumoperitoneum in Normovolemic and Hypovolemic Animals: José L. Mijangos, Nyein Thwin, John Hinchey, Christopher M. Oung, The University Surgical Clinic, MGH.

By E.D. Monaghan, M.D.
Old Vics Honour L.D. MacLean
During Centennial Celebrations
— June 1994

Jackie MacLaren, Joe Meekins
Josée Belliveau, Jean Martin LaBerge, Joyce Pickering, Paul Belliveau, Louise LaBerge, Antoine Loutfi
E.D. Monaghan, John R. Moore, Jim MacKenzie

Rick and Lori Superina, L.D. MacLean
Andrea White and Shoko Cole
Don Bishop, Catherine Millin, Bob Kurtz

Bob Baird, Maxine Sigman, Jack White
Wendy and Wally Watson, Hollis Merrick and Mary Merrick
Peter McLean, Jemi Olak, Jean Morin

Alan Turnbull, Michelle Morin, Peter McLean

The Tchervenkos: Sophia, Christa, Jean

Marvin Wesler, John Gutelkus
Hiring John Sampalis in 1990, a McGill graduate with a Ph.D. in Epidemiology, Dr. Jonathan Meakins placed the seed for the development of Surgical Epidemiology at McGill. In the first two years of his career at McGill, Dr. Sampalis became familiar with surgical clinical research and collaborated on several projects with other members of the Department. This allowed him to identify areas for his own research while maintaining collaboration with other researchers.

At the present time, Surgical Epidemiology at McGill is advancing rapidly in two main directions. The first direction is in the area of evaluation of surgical health care services and technology. Dr. Sampalis has received funding from the FRSQ, the RVH Research Institute, the Quebec Ministry of Health and Social Services, the Plastic Surgery Educational Foundation, and Industry to conduct the following studies: 1) evaluation of the impact of waiting for patients undergoing coronary artery bypass surgery; 2) breast reduction surgery: outcome assessment, and evaluation of feasibility as an outpatient procedure; 3) assessment of the validity of a patient survey for measuring surgical waiting times; 4) description of waiting time for general and orthopaedic surgery in Quebec; 5) outcome and adverse effect assessment in women with polyurethane-silicon breast implants; and 6) a randomized controlled trial of endoscopic vs open carpal tunnel release.

The second direction is in Trauma Care Evaluation. With the designation of The Montreal General Hospital as a Level I Trauma Centre, the opportunity for continuing research in trauma was generated. In this area, Dr. Sampalis developed the Provincial Trauma Registry, which was adopted by the Ministry of Health and resulted in the designation of The Montreal General Hospital as the Centre for the Evaluation of Trauma Care and Trauma Registry for Quebec. This program has received preliminary funding by the Ministry and continued funding by the Société de l’assurance automobile du Québec (SAAQ). The National Health Research and Development Program (NHRDP) has funded Dr. Sampalis to conduct a three year study evaluating the impact of Trauma Care Regionalization on the outcome of patients with severe injuries in Quebec. The SAAQ will be funding another three year project to assess the economic impact of trauma in Quebec, and to evaluate the economic benefits of trauma care regionalization.

The projects outlined above employ fifteen full-time individuals at the Royal Victoria Hospital and The Montreal General Hospital, and have raised nearly 1.5 million dollars of funding over the past three years. The coordination of these projects is centralized at the Divisions of Clinical Epidemiology of the Royal Victoria Hospital and The Montreal General Hospital. This has facilitated the much needed link between surgery and epidemiology which will hopefully continue to develop and expand. The foundation is definitely strong and the future appears promising.

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In conjunction with the Centennial Celebration of the Royal Victoria Hospital, the DONNER REUNION was held at McGill University in June 1994, with good attendance. The Reunion included all former Research Fellows in Surgery from 1950 to 1994. Following the Reunion, Ambassador Curtin Winsor, grandson of the Founder of the Donner Foundation, visited McGill University with his daughter, Christine, the "forthcoming" fourth-generation Director of the Donner Foundation.

Stanley Skoryna, M.D., M.Sc, Ph.D. ( Biol.), Research Director

Reunion of Surgical Research Fellows

Photo in front of the Donner Building for Medical Research: (lt. to rt.) Ambassador Curtin Winsor, Christine Winsor, Richard Skoryna
here are the four categories of surgical complications for Morbidity and Mortality Rounds:

1. Complications due to the nature of the disease
An 83 y/o male patient presents with a rigid abdomen and sepsis. He has an extensive history of vascular reconstruction. He is taken to surgery where necrosis of the entire small bowel is noted. He expires 36 hours after surgery.

2. Complications due to errors in surgical judgement
A 52 y/o female presents with a tender left lower quadrant. Water-soluble contrast enema reveals a free perforation of the sigmoid through a spastic segment. At surgery a perforated sigmoid diverticulitis is found with a large paracolic and pelvic abscess. A primary resection with anastomosis is performed. Eight days later the patient becomes septic from an anastomotic dehiscence.

3. Complications due to errors in surgical technique
A 62 y/o renal transplant patient suffers a perforated duodenal ulcer. He undergoes surgery 12 hours after the onset of pain. Extensive peritonitis is found. The midline incision is closed with stay sutures of #5 Ethibond and a running suture of #1 Prolene. The patient becomes septic 10 days after surgery. Re-exploration reveals a mid-small bowel perforation adherent to a loop of the running midline closure.

4. Errors in diagnosis
A 71 y/o male develops a tender right upper quadrant 5 days following coronary artery bypass grafting. Ultrasound shows "sludge". A HIDA scan shows cystic duct obstruction. Surgery revealed a normal gallbladder with no other remarkable findings. ●

Reference:

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Pediatric Surgery Trainees in Canadian Programs

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>YEARS</th>
<th>NUMBERS</th>
<th>PRACTICE LOCATION</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>USA%</td>
</tr>
<tr>
<td>McGill</td>
<td>1977-1994</td>
<td>16</td>
<td>14 (87.5)</td>
</tr>
<tr>
<td>Toronto</td>
<td>1978-1993</td>
<td>54</td>
<td>24 (44.4)</td>
</tr>
<tr>
<td>C.H.E.O.</td>
<td>1987-1993</td>
<td>3</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Ste-Justine</td>
<td>1974-1995</td>
<td>41</td>
<td>6 (19.5)</td>
</tr>
<tr>
<td>U.B.C.</td>
<td>1985-1993</td>
<td>4</td>
<td>1 (25)</td>
</tr>
<tr>
<td>Dalhousie</td>
<td>1988-1994</td>
<td>3</td>
<td>1 (33)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>121</td>
<td>48 (39.6)</td>
</tr>
</tbody>
</table>
private transport. He was whisked to Bogota by private transport. He was able to establish. These two acquired the familiar diminutives of Chinacota #1 and Chinacota #2, allowing them to be clear on the patient's state. This was negotiated and accomplished and in what sequence that the priorities of care were and in what sequence that they should be addressed.

After a marvelous dinner with some of their colleagues, the treating team returned to the hospital to make the first of the midnight rounds. They met again at 8:00 a.m., and frequently during the day, adjusting orders, fluid balance, and antibiotics, etc. as information became available. This continued for three days until it became apparent that the diuresis was initiated and that Samper was turning a corner. The patient was taken back to the operating room Saturday morning where the container for his open abdomen was changed, a final laparotomy performed, and as much of the abdomen closed as could be, leaving it open for the regular dressing changes. His bellow had lost all of the edema that it contained at admission and there was no evidence of infection or fistula. Saturday, following surgery, further rounds were completed and it was apparent that he was going to be fine. The treating team experienced enormous relief and the pleasure of success, after working intensely together under significant pressure. They celebrated Samper and their camaraderie in a last dinner together in an extraordinary restaurant on top of the mountain which rises above the high plateau of Bogotá. The residents and house staff were also included in the mainstream of the team. Two people had particularly enjoyed the team atmosphere and thrived in the academic learning/teaching and cooperation atmosphere that Meakins was able to establish. These two acquired the familiar diminutives of Chinacota #1 and Chinacota #2, allowing them to be clear on who was responsible for what, and normalizing the teaching pyramid as part of the ICU effectiveness. Sunday morning prior to taking the airplane to Miami and Montreal, Meakins visited the patient once more. Senator Samper was sufficiently conscious to wave good-bye and give thanks around his bedside. "When I first met Dr. Samper on his fifth post-injury day, he was suffering the condition we now call systemic inflammatory response syndrome or SIRS."
endotracheal tube. It should be noted that throughout this period his wife and family remained in intense and devoted attention and somehow or another he seems to have been aware of what was going on.

Later, Samper wrote about the experience. He felt a sense of mission and of being blessed and spared by having survived his mortal injuries. He wrote extensively in the lay press about his voyage back from death, the emotional impact of his experience on his family, his commitment to improving the quality of life of the Colombian people.

One day prior to the inauguration in a private audience, Samper and Meakins compared notes. Many of the same themes seemed to have captured their imaginations, and Samper had cited many of these in a publication in El Tiempo entitled "My Return From Death". In his published interviews and memoirs he commented on personal qualities that he felt he shared with Meakins. Further, Samper took it as a sign that their wives had the same given names and that Meakins' wife had read the writings of great Colombian authors such as Gabriel Garcia Marquez. This energy of interpretation of life events as destiny, taking energy from the myths and legends around us seems to be part of the Colombian culture and character. Samper seems to have been aware of Meakins' role in forging the care team and the educational pyramid. He said "He spread tranquillity as if he were treating an old colleague". He was also pleased that the international expert had found the Colombian expertise to be competitive at an international level.

Samper is bright, brilliant, determined and inspirational. In his riveting inaugural address, he indicated a strong commitment to improve the health and well-being of all Colombian people. The inaugural address was entitled "El Tiempo de la Gente", Time for the People, or historically as is the literary elegance of distinguished Colombian authors such as Gabriel García Márquez, In the Time of the People, telling the future, past and present all at once. Further, before millions in the open air Plaza de Bolivar, Samper firmly stated his intention to bring down the drug cartels, which affect 16% of the Colombian economy.

At the reception in the palace, after the inauguration, Dr. Meakins and his wife were welcomed by the Samper and Strouss families like old friends, and were presented with their families to the President and his wife. Samper greeted Meakins warmly and exclaimed "My wife loves you; I am so jealous", howling with laughter.

The day after the inauguration, Professor Meakins and his wife were ushered into the private chambers of the Palace where they had an audience with The First Lady, Senora Jaquín Strouss De Samper. Meakins and Strouss had had frequent communications prior to and during the visit of 1989 and greeted each other warmly. The mission of the elegant first lady of Colombia is to share with the world the rich cultural heritage of Colombia spanning many centuries and peoples. The Kennedy-like Jaquín is negotiating with the Spanish monarchy as to the appropriate occasion upon which the golden mask treasures shall be reunited with their owners - the Colombian people. In the weekly publication "Cromos" Jaquín Strouss is quoted as perceiving her husband's recovery as miraculous and due to divine intervention. "The Angel of Mercy was evident in that no vital organ was injured; that three key clinical experts were available at the Caja Nacional de Previsión; that Meakins was able to bring together the team of experts at a stage when best clinical management was not clear; and that finally, Samper's tenacious character allowed him to seize a rapid recovery and then resume pursuit of his destiny.

The link of McGill academic surgery to Colombia is the international bridge so valued by McGill faculties. Other departments and faculties will benefit from the rapport that has been forged. For example, the McGill Department of Family Medicine, already well established in faculty development in South America, may more easily be able to expand its programs to Colombia. In discussions with Dean Richard Cruess, Jonathan proposed that McGill Faculty of Medicine lend its not insignificant expertise in international health: epidemiology, community health, family medicine, surgery, medicine and geriatrics were specifically named. Further, the government of Quebec has a South American bureau which is interested in exchange with Colombia in the area of health care, and Lise Gravel has already been in touch with both Dr. Liliane Filion-Laporte and independently with Dr. Meakins. Finally, the intensivist in charge of Senator Samper's care, Dr. Alonso Gómez, is now the Minister of Health and has made invitations for McGill surgery to participate in consensus conferences as he attempts to redefine health care priorities in Colombia within the philosophy of the new government. A program has been initiated to offer them the resources of the university in order to facilitate any community health, family medicine or other programs which seem suitable.◆
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CALL US at (514) 843-1600
FAX US at (514) 843-1503

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Fax: (514) 937-5522

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