SOME THOUGHTS ON THE HISTORY OF PLASTIC SURGERY AT MCGILL UNIVERSITY

The development of Plastic Surgery at McGill University closely paralleled the rapid expansion of reconstructive surgery in Canada and other countries throughout the world. For the past three decades, McGill has been in the forefront of new developments in Plastic Surgery teaching, in basic laboratory research, in the care of children with congenital anomalies, in hand surgery, in the care of patients with facial and spinal injuries, in burn treatment, and in the rapidly developing exciting area of microsurgery.

A McGill Plastics History

By B. Williams, M.D.

THE EARLY DAYS

Plastic Surgery at McGill University was recognized as a definitive specialty in the early 1930s. The first fully trained Plastic Surgeon was Dr. John W. Gerrie who entered practice in 1935 at the Montreal General Hospital with affiliate appointments at St. Mary's Hospital, the Queen Mary Veterans' Hospital, and the Montreal Children's Hospital. Dr. Gerrie was a graduate in Dentistry from McGill in the early 1920s and in Medicine in 1931. His internship at the Montreal General Hospital was completed in 1933 and he then practiced for nine months in Cadomin, Alberta. His early interest in Plastic Surgery stimulated his visits to the few Plastic Surgery Centers at that time in St. Louis, Missouri where he spent three months with Virray Blair and James Barrett Brown and then he proceeded to spend time with Sir Harold Gillies and Sir Archibald Macnab at Bart's Hospital in London. He became an Otolaryngology Registrar at the Golden Square Hospital in London and following his

(please see HISTORY pg.1)

Mrs. Dot and Dr. Bonnie Williams
I am writing to obtain information about being placed on the mailing list for the Square Knot. I am a graduate of the Faculty of Medicine of McGill University, Class of 1994, and am now in my second year of general surgery residency at Yale University in New Haven, Connecticut. I would very much like to receive regular copies of The Square Knot, and any other publications that you make available.

Bryant Joseph Gilot, M.D., C.M.
West Haven, Connecticut

I have enjoyed receiving The Square Knot since leaving McGill 2 years ago. Now that I have a permanent address, I wanted to send it to you so I could continue to receive the publication. I have recently completed 2 Fellowships in Pediatric Orthopedic Surgery and in Limb Lengthening and Reconstruction. I started working this August as an Assistant Professor of Orthopedic Surgery at the University of Massachusetts Medical Center in Worcester, MA. Please send my fondest regards to the staff of the Royal Victoria.

Errol Martineau, M.D., F.R.C.S.
University of Massachusetts, Worcester, MA

I enjoyed reading the summer 1995 issue of The Square Knot. The following is an update on my current activities: A 1987 graduate of the CVT Surgery Program and an Associate Professor of Surgery at the University of Western Ontario, I presented papers this year at meetings of the Society of Thoracic Surgeons (Palm Springs), the American Association for Thoracic Surgery (Boston) and the American Thoracic Society (Seattle). My grant "Exogenous Surfactant Therapy in Lung Transplantation" has received full funding from the Heart and Stroke Foundation from July 1995 to June 1997.

Please extend my regards to all of the members of the Department of Surgery at the RVH and at McGill.

Richard J. Novick MD, FRCSC, FACS
London, Ontario

Just a note to let you know how much I enjoy reading The Square Knot. I have sent my contribution along to the McGill Surgery Alumni Office at The Montreal General Hospital.

Eric Pugash, M.D., C.M., F.R.C.S.(C)
New Westminster, B.C.

Upcoming Events

The Dr. Rocke Robertson Visiting Professor in Trauma will be Dr. Kimball Maull, Director of Trauma Services from Loyola University, Chicago on January 18th, 1996.

MCGILL UROLOGICAL ONCOLOGY GROUP

Dr. Simon Tanguay joined the Division of Urology as an Assistant Professor on July 1, 1995. He is a graduate of the University of Sherbrooke (1987) and the McGill Urology Residency Training Program (1992). Following this, Dr. Tanguay obtained a Kidney Foundation of Canada Fellowship and spent three years at the M.D. Anderson Cancer Center. He worked on a project evaluating antitumor properties of an experimental immunomodulator being developed for treatment of metastatic renal cancer. Dr. Tanguay's office is located in The Montreal General Hospital.

Dr. Mario Chevrette was appointed Assistant Professor in the Division of Urology on September 1, 1995. He is a graduate of Université Laval (1987) with a PhD in Molecular and Cellular Biology. He did postdoctoral fellowships at the Kenneth Norris Cancer Research Center, University of Southern California, Los Angeles and at the Fred Hutchinson Cancer Research Center in Seattle. Dr. Chevrette comes to McGill from the University of Ottawa where he was appointed Assistant Professor in the Department of Biochemistry in 1990. His primary interest is the identification of tumor suppressor genes in prostatic cancer.

Their research is being done in the McGill Urologic Oncology Laboratory at The Montreal General Hospital Research Institute.

Welcome Aboard

Dr. Kimball Maull

If nobody wants to come to the ball
park, nobody can stop them”.
—Yogi Berra
A RE SURGICAL RESIDENTS BEING EVALUATED WELL ENOUGH?

When a trainee is accepted in a McGill Postgraduate Surgical Residency Training Program, already he or she has run the gauntlet of application forms, Deans' letters, reference letters, interviews, academic records and CaRMS. The fact that there has been a decrease in residency positions makes the selection very competitive. International Medical Graduates must also have passed the enabling examination of the Medical Council of Canada and/or the United States Medical Licensing Examination (USMLE) of the Educational Commission for Foreign Medical Graduates. So evaluations have already begun. So it would appear that we are evaluating our trainees satisfactorily. The objectives have been well promulgated both by the Royal College and by McGill. According to the triad of Medical Educational Requirements, all that is left to concentrate on therefore is the teaching.

Moreover, it is difficult to imagine any profession more scrutinized than medicine. The training programs are assessed and accredited by Internal Reviews, University Cyclical Reports and by the Royal College. Hospitals are themselves surveyed by the Provincial Medical Licensing Authorities and by the Canadian Council on Health Facilities Accreditation.

After every rotation, the resident’s performance is reflected in an In-Training Evaluation Report (ITER) prepared by the Staff of the CTU. Every year during the five years of training, they take the In-Training Examinations of the Canadian Association of General Surgeons. The correlation between these examinations and those of the Royal College is excellent. After the two years of core curriculum for Surgery in General, the trainee must pass the Royal College Examinations on the Principles of Surgery (POS). He or she is required to pass this before sitting the Final Qualifying Examinations of the Royal College. Again, the University Associate Dean after consultation with the Program Director must send a Certificate of Completion of Training (CCT) to the Royal College to affirm that the trainee has in fact fulfilled all the Specialty Training Requirements. These Final Examinations of the Royal College for General Surgery Residents involve two multiple choice examinations and, if these are passed satisfactorily, two oral examinations. The objective is to ascertain that the trainee has the necessary Knowledge, Skills and Attitudes to become a competent Surgeon.

Is this enough? This year four out of six candidates in General Surgery failed the Royal College MCQ exam. We must not be disconsolate about this. Dr. Rea Brown, the Chief Examiner for General Surgery at the Royal College affirmed that in 1994 the pass rate was 84%. In 1993, the pass rate was 89.8%. For the French Board, the figures were 100% and 86.3% respectively. The new FTER'S are helpful in passing the candidates. Weaknesses are identified, such as in the knowledge of surgery of the breast or head and neck problems.

So it would appear that we are evaluating our trainees satisfactorily. The objectives have been well promulgated both by the Royal College and by McGill. According to the triad of Medical Educational Requirements, all that is left to concentrate on therefore is the teaching.

We must, therefore, be vigilant in providing the learning experiences to our Residents to fully accomplish our goals.

A Happy Union

The wedding of Lizabeth J. Mulder to Edmond M. Monaghan took place in Montreal on September 23, 1995. On the right are Mrs. Norma and Dr. David Mulder, on the left are Dr. Edmond and Mrs. Lise Monaghan. Their granddaughter, Isabel Cimon, was the bouquetière.
THE EIGHTH ANNUAL L.D. MACLEAN VISITING PROFESSOR

On November 16th 1995, Dr. William Schuler Pierce, Chief of the Division of Cardiothoracic Surgery at The Milton S. Hershey Medical Center in Pennsylvania was the Eighth L.D. MacLean Visiting Professor. Dr. Pierce has a B.Sc. degree in Chemical Engineering. He trained in General Surgery and Cardiothoracic Surgery after graduating with an MD degree from the University of Pennsylvania School of Medicine in 1962. His long-standing interest and expertise in cardiac assist devices is reflected in his appointments as the Chief of the Division of Artificial Organs at the Pennsylvania State University between 1983-91 and as an Adjunct Professor of Bio-Engineering at the University of Utah between 1990-92. Dr. Pierce has numerous patents and has more than 250 papers related to the circulatory support system.

On November 16th at the MGH, he gave Surgical Grand Rounds entitled The Artificial Heart: Progress and Promise. That same day, he gave Surgical Grand Rounds at the RVH. His talk was on Mechanical Circulatory Support: From Bridge to Transplantation to Permanent Use. The L.D. MacLean Banquet was held that evening at the University Club.

LLOYD D. MACLEAN — DUNCAN GRAHAM AWARD

Lloyd MacLean is a native of Calgary, Alberta who completed his undergraduate and medical education at the University of Alberta. He then moved to the University of Minnesota where he carried out his formal training in General Surgery, including a Ph.D. under the direction of Dr. O. Wagensteen.

Duncan Graham Award

Following a short period on the staff of the Surgical Faculty at the University of Minnesota, he was recruited to Montreal as Surgeon-in-Chief at the Royal Victoria Hospital. He has spent his entire surgical career at McGill University where he established himself as an outstanding clinical surgeon, a leading surgical scientist, and an exemplary surgical educator. He served as Chairman of the McGill Department of Surgery for three terms. He was named the Edward W. Archibald Professor of Surgery at McGill in 1987.

His awards are multiple and diverse and include Markle Scholar, Fitts Lecturer in Trauma, Lord Moynihan Lecturer, Sir Arthur Sims Commonwealth Visiting Professor, and several visiting professorships to North American universities. He was recently named an Officer of the Order of Canada.

He has served as President of many prestigious Surgical Societies, including the Central Surgical, American Surgical Association, James IV Association of Surgeons, and recently President of the American College of Surgeons.

He has published widely on surgical nutrition, low flow states, infection and surgery for the morbidly obese. He is on many editorial boards and recently stepped down as one of the co-editors of the Canadian Journal of Surgery.

He is a model surgical scientist who has shaped the lives and careers of hundreds of students and residents during his career at McGill University. His research efforts have directly advanced care of all surgical patients in a most meaningful way. He is presently Canada’s most widely recognized surgeon.
"To retire or not to retire" is definitely not the question.

Sooner or later, like it or not, we will all retire. The only pertinent question is "when". If you're asking yourself the question, you may rest assured that others have been wondering the same thing for some time and that it may already be too late.

To Retire or Not to Retire!

I always thought that Jean Beliveau retired at his prime and often wondered what had inspired him. I think I now know. He had information nobody else had: He knew he was not getting any better; he was coasting, and although he was still better than most, it wasn't good enough for him.

You often hear "I'll retire when I stop enjoying what I'm doing". That type of reasoning is passe. The retiree is not the main issue any more, particularly if you happen to have been a physician in the province of Quebec. It's time to change almost everything: practice plans, methods of remuneration, peer evaluation, site of practice, you name it. Space, money, time, equipment are all in short supply and, possibly for the first time ever, it is now abundantly clear that there are too many physicians. We must step aside for young ones who, not only need the space, time and money, but, given the opportunity, will do it better. What we have done was fine, but it's now time for change and only the young can truly change. Furthermore, they have a right that we cannot deny them. We trained them; now we must give them an opportunity to show us that we did our job well.

If you are wondering who is "we", you are possibly one of the group. The younger ones certainly know who we are and we should be gracious while it's still time.

And remember that the other way to spell retire, is retyre. It may not be such a bad idea!

That restaurant is so full that nobody goes there any more.”

—Yogi Berra

Dynamic Graciloplasty

For Fecal Incontinence

On October 19th, 1995, the first patient in Canada was operated as part of a new multicenter protocol for the surgical treatment of end-stage fecal incontinence. The program, spearheaded by Medtronic, will involve centers in Canada, the United States and Europe. Several months of negotiations were needed to ensure compliance with ethical guidelines and financial constraints.

The technique applies a procedure previously described for sphincter reconstruction by Pickrell in the 1950’s. The wrapping of the gracilis muscle transposed from the thigh with preserved blood and nerve supply was infrequently used because of progressive atrophy of the muscle fibers and resultant poor function. The pioneering work on cardiomyoplasty by Dr. R. Chiu at McGill led to the application of artificial neuromuscular stimulation to other areas. The principle of the dynamic anomyoplasty is to transpose the muscle from the thigh, encircle the anorectal junction, and attach the tendinous portion of the gracilis to the opposite ischial tuberosity. This is followed by implantation of two electrodes into the base of the muscle which are connected to a neurostimulator implanted in the subcutaneous tissue of the lower abdomen.

The patient then follows a progressive increase of frequency of stimulation using a hand held telemetry device to alter the program of the neurostimulator. This has the main advantage of allowing the muscle to adapt both functionally and histologically as recruitment of slow twitch muscle fibers allows for sustained tonic-type contraction. This tries to reproduce the structure and function of the normal external anal sphincter.

Miss Charlene Barber, research assistant, guides the patient through the protocol and programming. To release the tension in the muscle, the patient approaches a strong magnet to the stimulator and turns the signal off and on.

It is too early to talk about our own results, but experience in Europe has been gratifying. We can expect complications, but most should be manageable with the help of the other investigators enrolled in the trial.
Dr. Nicholas Christou has been appointed Head of the Division of General Surgery at the RVH as of September 1st, 1995. He was an invited speaker at a recent international conference on “Invasion and Infection” in Bermuda from Nov. 1-5. An international panel of experts on surgical infections discussed various aspects of the host response to infection including efficacy of antimicrobial agents and cytokine manipulation therapy.

Dr. Tassos Dionisopoulos delivered the Dr. A. Ross Tilley Scholarship Lecture at the Annual Meeting of the Canadian Society of Plastic Surgery in Saskatoon in June 1995 entitled Post Oncologic Reconstruction - The Memorial Sloan-Kettering Cancer Center Experience.

In September 1995, Dr. Claude Gagnon, Director, McGill Urology Research Laboratories was elected President of the Canadian Fertility and Andrology Society.

Dr. Frank Guttman of the MCH was a Visiting Professor at Jefferson Medical College and the Alfred I. Du Pont Institute, Children’s Hospital in Philadelphia in April. Dr. Guttman gave the Canadian Association of Paediatric Surgeons lecture entitled An Update on Small Bowel Transplantation at the 72nd Annual Meeting of the Canadian Paediatric Society held in Montreal in June.

Dr. Jean Martin Laberge presented a paper on The Effect of Fetal Tracheal Occlusion at the International Fetal Medicine and Surgery Society in Newport, Rhode Island in May. Dr. Laberge also gave Surgical Grand Rounds at the RVH on October 19 on Fetal Surgery.

Dr. Lloyd D. MacLean was awarded an Honorary Membership by the Canadian Association of General Surgeons at its meeting in Montreal in September. He also received the Duncan Graham Award of the Royal College (please see elsewhere in this issue). Lloyd participated in the 9th Annual Meeting of the International Symposium for Surgery for Obesity in Stockholm, Sweden in September and presented three papers from this Department of Surgery at the 2-day meeting. He also was the W.B. and M.H. Chung Lecturer in the Department of Surgery at UBC on Nov. 6th, his presentation was entitled As a Matter of Fat.

Dr. J. L. Meakins, Surgeon-in-Chief at the RVH, shared with Ms. Céline Do-ray, R.N., Director of the Surgical Pavilion at the RVH, the Optimah-Merck-Frosst Award for Medical Leadership.

Dr. E. D. Monaghan has been selected as President-Elect of the Canadian Association of General Surgeons. He takes office in September of 1996 in Halifax. He also received an Honorary Membership in the A.M.U.Q. (Association des médecins d’urgence du Québec) at a Gala Reception during the Annual Meeting in Sherbrooke on September 29.

Dr. David S. Mulder has been elected President of the Canadian Association of Surgical Chairmen. He is also the President of the International Association for Trauma and Critical Care and has recently been appointed Director of the James IV Association.

Dr. Hani Shennib was Chairman of two sessions and he spoke on Techniques of Localization of Lung Nodules for Thoracoscopic Resection and on Video Assisted Thoracoscopic Lobectomy at the Third International Thoracic Surgery Conference in Luxembourg. In September 1995, he was invited as a visiting professor to the University of Grenoble Medical Center and gave a talk on Animal Models of Obliterative Bronchiolitis. Again in September 1995, he was a speaker at the First Minimally Invasive Thoracic Coronary Bypass Graft meeting which was held in Utrecht - Netherlands by The Netherlands Heart Foundation. He presented his experimental work on Support Systems for Minimally Invasive Open Heart Surgery. In October 1995, a round table meeting was held in Montreal with participation of thoracic surgeons from 8 North American medical centers. A new scientific working group MITS (Minimally Invasive Thoracic Surgeons) was founded. The First Annual Scientific Meeting of this group was held in Boston in September 1995 in which Dr. Shennib was appointed Secretary and Treasurer. Lastly, he chaired a scientific session on Lung Transplantation, Long-Term Outcome at the 10th North American Cystic Fibrosis Conference in Dallas in October 1995.

Fifteen Years!

The following are being honoured by the Principal of McGill in recognition of their 15 years of association with McGill:

- Dr. Hany Daoub
- Dr. John Robert Keyserlingk
Dr. Henry R. Shibata was the W. G. Cosbie Lecturer for 1995 at the meeting of the Canadian Oncology Society. This lecture entitled Melanoma: The Case of the Enigmatic Cancer was given in September at the time of the Royal College Meeting in Montreal. Henry was also the guest lecturer at a meeting of the Canadian Fertility and Andrology Society in Chateau Montebello on September 23. His lecture was entitled Tamoxifen, Breast Cancer and Endometrial Cancer. He has also been appointed by the Dean and by Dr. Brian Leyland-Jones as Associate Director of the McGill Department of Oncology. Dr. Shibata is also the Head of the R.V.H. Oncology Service.

Dr. Barry L. Stein has established an Anorectal Physiology Laboratory that now serves to evaluate a host of anorectal abnormalities. Of special interest has been the study of patients with fecal incontinence and utilization of this specialized technique of biofeedback in an effort to treat the problem as well as to assess it.

Recently, Dr. Antoine Loutfi made another trip to Ethiopia for two weeks in October '95 to evaluate a Surgical Training Program (which he collaborated in establishing with King's College London) for G.P.’s.

Dr. Khalid Al-Othman, an RI in our Urology Program, and Mrs. Al-Othman are proud parents of a new baby girl born July 25, 1995. They have called her Abeer.

Dr. David Clarke received the Canadian Society for Clinical Investigator Award related to his work on neuron survival and regeneration in the central nervous system after injury.

Dr. Dao Nguyen is the recipient of the first Herbert S. Lang Award granted by the MGH Research Institute. Dr. Nguyen completed his Cardiovascular and Thoracic Surgical Training at McGill and is currently spending two years with Dr. Jack Roth at the MD Anderson Cancer Center in Houston, studying the new methods of treating lung cancer using a vector technique for gene transfer therapy. He will return to the MGH and McGill on July 1st, 1996.

Dr. Mitchell Stotland, one of our Senior Resident, received the First Prize for Resident Presentations at the annual meeting of the Canadian Society of Plastic Surgeons held in Saskatoon, Saskatchewan. His paper presentation was entitled The Effects of TNF in Ischemic Reperfusion Injury of Myocutaneous Flaps and Skin Flaps.

Ms. Cathy Torchia and her husband Joe Tuccinardi are the proud parents of a daughter, Alicia Kathleen, weighing 6lbs 15oz, born on August 26, 1995 at the Royal Victoria Hospital.

Congratulations to Dr. Joe Tector and wife Kelly on the birth of their daughter Haley weighing 7 pounds on Oct. 14th, 1995 at the Royal Victoria Hospital, a sister for David.

Dr. Tracey Thompson, another Senior Resident in Plastic Surgery, was the winner of the Best Paper at the annual meeting of the Quebec Society of Plastic Surgeons held February 10-11, 1995, and her topic was Chondromalacia of the Thumb Metacarpophalangeal Joint.

Dr. John Tsang and Dr. Sylvia Jones were married in Montreal on Oct. 28th, 1995. They went to Saint Lucia for their honeymoon.

Dr. Marc Pelletier is to wed Melissa Dysart on December 30 in New Brunswick.

### Propranolol for Small Abdominal Aortic Aneurysm Trial

**ENTRY CRITERIA**
Asymptomatic Infrarenal AAA between 3.0 - 4.5 cm

**EXCLUSION CRITERIA**
1. Contraindications to Propranolol
   a) HR \( \leq 50 \) BPM
   b) Asthma
   c) Symptomatic CODP
   d) IDDM

2. BETA BLOCKERS

3. LIFE EXPECTANCY \( \leq 1 \) YR

For further information or to refer a patient please contact:

**MGH:**
- Dr. J. Morin (514) 937-6011 ext. 4324
- Lise Morin, RN (514) 988-7007 (pager)
- Dr. A. Hill (514) 937-6011 ext. 4326

**RVH:**
- Dr. O. Steinmetz (514) 842-1231 ext. 4981
Welcome to the newest section of The Square-Knot - the Surgical Education Corner. There is a great deal happening at McGill in Surgical Education and with each edition of the 'Knot, we'll keep you up to date with local, national and international educational events. Surgery is changing at all levels of McGill University—from the new undergraduate medicine curriculum, to a new program director of Core Surgery to the financial constraints which are forcing us to re-evaluate how our specialty programs will function in the future. McGill's Department of Surgery has a rich tradition in the field of Education and in the Educator Profile section we'll highlight the efforts of those staff members, past and present, who have made outstanding contributions to the field of Surgical Education. In Education—What's New, we'll present to you an overview of new trends in Education like problem based learning, learning in the ambulatory care setting, patient simulators and others. And finally, in the Bulletin Board section, we'll present quick news flashes, meetings and other brief issues related to Surgical Education.

We hope you enjoy this newest addition to the Square Knot and welcome your comments and suggestions for future articles and content.

UNDERGRADUATE SURGERY

After a careful and detailed review process, our new curriculum began in the fall of 1994. It is an interdisciplinary, clinical based program designed to enhance the integration of clinical and basic sciences and to promote active learner participation in the education process.

Basics of Medicine is characterized by system based integrated instruction in the first and second year in a coordinated series of nine units. During this 18 month period, lecture hours have been cut in half and replaced with small group teaching to allow better teacher-learner interaction. The nine units of this period are subject based and stress clinical relevance at all levels. Early structured patient contact occurs during the Introduction to the Patient (ITP) program. Unit 9. Students are provided self-directed independent learning activities with computer-assisted instruction, take home projects, etc. Our own Larry Conochie MDCM (Orthopedic Surgery) is Unit Head of the Musculoskeletal Unit. Learning during this period has been carefully monitored so all units relate to others and repetition is minimized - horizontal integration.

Introduction to Clinical Sciences (ICM) This 7 month block has been shortened from the previous 13 month Link period in the old curriculum. Surgery is 10 weeks long in ICM and is called Unit C or ICM-C. Along with 6 weeks of surgery instruction, the students also spend 2 weeks in Emergency Medicine, 1 week in Anesthesia and 1 week in Radiology. Ronald Zelt, MDCM (Plastic Surgery) is the Unit Coordinator of ICM-C. In designing the ICM period, careful attention was given to what the students had covered in the Basics of Medicine section to again minimize repetition and allow the students to better build on the knowledge and skills learned during their previous year—vertical integration.

Practice of Medicine This was the previously called the clerkship period. This portion of the new curriculum has yet to be planned in detail but will closely resemble the clerkship program of the past. These rotations will now finish before the student must make decisions on residency selection.

Back to Basics again, this has yet to be planned in detail but will allow the learner to study basic science material he or she feels necessary to fill gaps in their knowledge base.

The new curriculum is being implemented through the Dean of Medicine's office by the Curriculum Implementation Committee. The committee is chaired by Dr. Debbie Danoff and your surgical representatives are David Fleischer, MD (General Surgery) and Ronald Zelt, MDCM (Plastic Surgery). The Director of the Undergraduate Surgery program is Paul Belliveau, MD (General Surgery) at the Royal Victoria Hospital. The undergraduate coordinator is Gloria Morgan, Phone: (514) 937-6011, ext.:3047, Fax: (514) 937-5522, E-mail: gmorgan@mcdor.mcgill.ca.

CORE SURGERY

Carl Nohr has left the Royal Victoria Hospital for new opportunities in Medicine Hat, Saskatchewan. Carl had been the Program Director of Core Surgery at McGill since 1991 and made numerous contributions to resident training. His efforts and keen organizational abilities will be missed by the residents and staff.

In September, Ronald Zelt, MDCM, MSeEd accepted the position as the new Core Surgery Program Director. Ron is currently on staff at the Montreal General Hospital in the Division of...
Plastic Surgery. He spent a year at the University of Southern California in Los Angeles during his final year of fellowship training and obtained a Master's Degree of Science in Education. This year will be a transition year for the Core Program during which a formal internal program evaluation will take place. By next July, a revamped two year program will be instituted which will include comprehensive objectives and evaluation mechanisms for both knowledge and clinical skills. For the current year, a lecture/small group series is planned covering 28 topics relating to the principles of surgery. Should you have any questions or comments for our Core Surgery Program, please contact Rita Piccioni, Core Surgery Coordinator, Phone: (514) 843-1532, Fax: (514) 843-1503, E-mail: rpiccioni@is.rvh.mcgill.ca.

SURGICAL EDUCATION—WHAT'S NEW

"If you are not certain of where you are going you may very well end up somewhere else" (and not even know it).

—Mager

Before we can begin to explore the many new ideas in the field of surgical education, we must first understand how we learn through the development of clear, concise objectives. Education is a process, the chief goal of which is to bring about change in human behaviour. The result of education is an expected change in the behaviour of the student in the course of a given period. No educational system can be effective unless its purposes are clearly defined. Once the purpose or objective of the learning experience is determined it will become the cornerstone of the education process in a way best illustrated by the education spiral.

Step 1 is to define the objectives, i.e., what change in behaviour you expect at the end of the learning period.

Step 2 involves the planning of an evaluation system closely related to the objectives. The evaluation system allows for better educational decision making.

Step 3 is where the program is prepared and implemented to facilitate the attainment of the educational objectives.

Step 4 is when the evaluation process is used to measure the extent to which the objectives have been achieved. It will measure the abilities of the students, teachers and the program itself.

So you can see how formulating clear objectives will drive the entire education process and without them, we very well may end up "somewhere else."

SURGICAL EDUCATOR PROFILE
Larry Conochie, MD, MSc, FRCS
(Orthopedic Surgery)

Since Larry's beginnings at McGill in 1973, he has established himself on the local and international scene as a true surgical educator not only in orthopedics, but many areas of both undergraduate and postgraduate education. Larry currently sits on numerous educational committees at McGill including the Medicine Curriculum Committee, the Surgical Undergraduate Education Committee and chairs the Division of Orthopedic Surgery Undergraduate Education Committee. As mentioned above, Larry is the Coordinator of Unit 2 in the first year of the medical curriculum which includes the musculoskeletal system and blood. He is responsible for the entire medical class during this 4 week period including the organization of all objectives, evaluations and curriculum development. In the international scene, he sits on committees of the Association of Surgical Education dealing with both curriculum development and the uses of computers in surgery. In 1986, Larry authored and developed a series of nine videotapes on the physical examination of the musculoskeletal system which has now been translated into 4 languages for worldwide distribution. He is also helping others here at McGill develop and succeed as a member of the Faculty Development Advisory Committee.

These are just a few of Larry's accomplishments in surgical education at McGill University and we acknowledge his many years of dedication to our faculty and service to our students and residents. Thanks Larry!

BULLETIN BOARD

Surgical Education at McGill University now has an E-mail address: surged@is.mgh.mcgill.ca.

This has been set up to allow for easier access and faster communication between all areas of Surgical Education at McGill and our students, residents and alumni. Questions and comments related to general issues in surgical education will be dealt with promptly by our office whereas mail to specific people or departments will be forwarded to them directly. We look forward to hearing from you.
There have been many recent developments in the arena of our professional association. The most significant was the hasty signature of an agreement between the Federation of Medical Specialists of Quebec (FMSQ) and the New Minister of Health, Dr. J. Rochon. Last spring the Government had drafted an initial proposal which included a 3.75% clawback as well as introducing the salary concept for hospital based specialties. Through the summer, the Board of the FMSQ drew up a counter proposal which remained top secret even to the Executives of the specialty associations which constitute the membership of the federation. After Labor Day, the final draft was delivered to the associations in preparation for a vote of the delegates assembly on September 12, 1995. Our Association tabled a motion to delay the vote until we could discuss the issues with our members, but the motion was later dismissed when we were told that delay of one month would cost the specialists global monetary mass 10 million dollars. They also told us it was the best deal they could negotiate as the budgets had already been approved by Government in April 1995.

The key points of the agreement are now made public and I will present these briefly. Firstly, the global amount of money allocated to the specialists will be frozen for three years at $1,277,000,000. which is approximately 20 million more than last year, but will include all expenses previously paid out of other budgets, such as CSST, CARRA, SAQ, malpractice compensation of part of our dues, etc.

Secondly, the concept of differential fees for new specialists compared to established specialists will be frozen for the remote regions; i.e., the new specialists working in urban centers will receive 70% for the first 2 years, 85% for the next 2 years, then 100%. Those in remote regions will get 85% the first 2 years plus 20% bonus. Interestingly, however, the years spent in extra specialty training will count in the calculation to the credit of the individual. Up till now, the new specialists were paid 70% for the first 3 years of practice upon their starting practice actively. The resident federation has been very upset at this measure and is protesting the agreement, feeling that the "young" specialists are the only ones to pay for the cutbacks. We support their intervention and feel that all specialties should recover the same remuneration for equivalent work.

Thirdly, a new package deal to encourage early retirement after age 65 is proposed. This will apply in a scale which is pro-rated to the age of the specialist and to the average earning over the previous 3 years. As the general surgeons have the oldest average age of all specialties at 54 years with 20% of our manpower over 65, it is felt that many of our members may want to "throw in the towel". Unfortunately, there is no possibility of billing once the decision to retire has been taken. The maximum possible earning is approximately $60,000 per year for 5 years.

Fourthly, the principle of half-time work is proposed which could help surgeons to divide their workload with new surgeons or to those relocated by hospital closures. There are other monetary settlements which could apply for surgeons forced to re-locate because of hospital closures or re-orientations.

Fifthly, the imposition of ceilings on earnings is introduced. The ceiling on gross revenue will be $300,000. for those in office practice, and $257,500. for all specialists in hospital based practice. These are divided into 6 month ceilings which we feel is unfair as the second trimester is typically not as lucrative for us because of closures in the operating room activities in July, August, December. The earnings over the ceiling will be paid at 25% of their value with no maximums. The office expenses allocated are only for those with outside arrangements and are only a maximum of 27% of earnings from the office. We all know that an office costs much more than this! Radiologists "fortunately" are allowed 54% office expenses, but their personal ceiling is still $257,500. The CVT surgeons are especially vulnerable with this part of the agreement as many cardiac surgeons earn significantly more for their activities. It is possible that a special arrangement may be developed for this small group in order to prevent a major exodus to southern regions.

Overall, our association is very disappointed with the agreement and letters of protest were sent to the President of the FMSQ. A special meeting was called on two Saturdays for all members (one in Montreal, one in Quebec City) to discuss counter-proposals and to provide our Executive with resolutions concerning the agreement, the impact of hospital closures on surgeons, as all of us depend on access to an operating room, alternate funding plans, etc. To our great dismay, only a handful of members showed up from a possible attendance of over 400 surgeons! We must realize that this places the Health Minister in a strong strategic position to impose further cuts in our earning power and in our ability to practice specialty. It would appear that this wave will spread to other provinces very rapidly as hospital closures are occurring practically everywhere in Canada.

Paul Belliveau, M.D.,
is Regional Representative and Secretary of QAGS
Fraser Gurd was born in Montreal on March 19, 1914, into a medical family. His father was a McGill Surgeon and his grandfather a legendary family physician.

Fraser N. Gurd
1914-1995

He obtained his primary education in Montreal and spent two years in Switzerland before entering the McGill Faculty of Arts. He obtained his B.A. and M.D.C.M. from McGill with one undergraduate medical year spent in Munich. He completed a junior internship in Medicine at Johns Hopkins Hospital prior to entering the McGill Diploma Course in Surgery. His training was interrupted by more than four years with the Royal Canadian Army Corps with duty in the United Kingdom, Italy and Holland. He then completed the Harrison Fellowship in Surgical Research from 1946-47, prior to finishing his Surgical Residency at McGill University in 1948. He became a Fellow of the Royal College of Surgeons as well as the American College of Surgeons.

He began his career in the McGill Department of Surgery in 1948, moved through the ranks to become a Full Professor, and served as Chairman of the McGill Department of Surgery from 1963-1968. During his surgical career, he worked at the Reddy Memorial Hospital (Surgeon-in-Chief 1952-1959) and The Montreal General Hospital (Surgeon-in-Chief 1963-1971). He was recognized by all as a highly competent, devoted surgeon who provided a high level of personal care to his patients. He had the unique ability as a clinical surgeon to encourage a spirit of inquiry in his trainees. He took the McGill University Surgical Clinic of the Montreal General Hospital to a new level of scholarship. His own work in hemorrhagic shock and surgical nutrition led to international recognition for the McGill Department of Surgery and the Montreal General Hospital. He had a volume of the American College of Surgeons “Surgical Forum” dedicated to him. He received numerous awards and honours during his career, including the Duncan Graham Award of the Royal College, the Starr Award of the Canadian Medical Association, and Emeritus Professor of Surgery at McGill. He was president of many North American surgical societies and served on the editorial boards of several major surgical journals.

Dr. Gurd left McGill in 1971 to join the Royal College of Physicians and Surgeons. There, he served a pivotal role as the Royal College redefined its role in higher education in Canada. He promoted the central role of the University in the training of residents in all specialty programs. He was instrumental in developing a single examination system after specialty training in Canada. He served the Royal College in an honorary and advisory capacity right up to his death in 1995.

Dr. Gurd married Mary Louise Moore from Brush Colorado in 1938. They had five lovely daughters and formed a unique family which was a constant support to Dr. Gurd in his professional life. Dr. Gurd was a warm, sincere and devoted person with a delightful sense of humour. He had a genuine concern for each of his trainees, many of who now occupy prestigious positions in virtually every Canadian Department of Surgery. Dr. Gurd delighted in following the career and lives of his “boys” right up to his death.

Fraser Gurd made enormous contributions to The Montreal General Hospital, McGill University, the Royal College of Physicians and Surgeons, and indeed to all of North American Surgery. Patients, medical students, surgical residents and colleagues have all benefited from his contributions which will continue in many tangible ways. The entire M.G.H. community extends our sincere sympathy to the Gurd family.

Mgill Surgeons Prominent
At Meeting of Royal College and CAGS
From September 13 to 17, the Royal College of Physicians and Surgeons of Canada as well as the Canadian Association of General Surgeons held their meetings in Montreal. The University of Montreal and McGill were the host universities at the Welcoming Reception on September 14.

At the Trauma Update for the Practicing Surgeon, Dr. David Mulder addressed the problem in chest trauma by discussing "How Wide Is The Widened Mediastinum?"

At the postgraduate course on Breast Cancer for the General Surgeon, Dr. R. Margolese gave two presentations "When Is Conservative Breast Surgery Not Indicated? and Chemo Prevention, Prophylaxis, And Genetics."
Dr. Paul Belliveau presided at the first annual meeting of the Canadian Society of Colon and Rectal Surgeons and he introduced the Guest Lecturer, Dr. S. Waxer of the Cleveland Clinic Florida in Fort Lauderdale. The latter gave a lecture on Current Controversies in Laparoscopic Colorectal Surgery. Paul also presided at a seminar on Crohn’s Disease. Dr. Philip Gordon chaired a paper session on the morning of September 16.

Dr. Paul Belliveau also chaired the Self-Assessment Exam presented by the Canadian Association of General Surgeons. This is a computerized audience response system.

Dr. Henry R. Shibata was the Guest Speaker at the meeting of the Canadian Oncology Society and gave the W.G. Cosbie Lecture Melanoma: A Case Of The Enigmatic Cancer. It is noteworthy that he was introduced by Dr. Yves Leclerc of Montreal, a graduate of the McGill Surgical Oncology Training Program. Dr. Shibata also chaired the panel given at the Canadian Oncology Society on Management Of Rectal Cancer In The Elderly on September 17.

Dr. Gerald M. Fried introduced a visitor from the Medical College of Pennsylvania, Dr. Joel J. Roslyn whose address was entitled Pancreatic Cancer: New Concepts And Old Challenges. Gerry was also the Chairman of the Program Committee and he was the co-moderator of the Poster Section in the Convention Centre.

Dr. Lawrence Rosenberg was the moderator of the scientific paper session entitled Frontiers in Surgery.

Dr. Roger J. Tabah was the co-moderator of a similar C.A.G.S. paper session on Sunday morning September 17.

A paper entitled Impact of Autotransfusion Of Mediastinal Shed Blood In Aortocoronary Bypass Patients was presented by Drs. B. De Varennes, D. Nguyen, F. Denis, P. Ergina, D. Latter, J. Morin, Cardiovascular and Thoracic Surgery Division, RVH.


Selective Screening For Carotid Stenosis In Cardiac Surgery Patients: Drs. D. Obrant, A.B. Hill, D. Latter, O. Steinmetz.

Incidence And Patterns Of Recurrence Following Curative Resection For Colorectal Carcinoma: Drs. D. Obrant, P.H. Gordon, JGH.

Anal And Perianal Crohn’s Fistulas: Dr. P. Gordon.

Papers presented at the Canadian Critical Care Society: Dr. M. J. Waxer gave a talk on Endoscopic Sclerosis/Bandding And Surgical Options. Dr. J. Barkun gave a paper entitled Acute Alkaline Cholecystitis.

Dr. Al Spanier and his colleagues from the JGH presented five papers to the Canadian Critical Care Society. They were as follows:

Mortality Prediction In Patients With Acute Respiratory Decompensation (ARD): Severity Scoring System Or Clinical Assessment.

ICU Triage: Clinical Decision-Making And Outcome Of Patients Requesting ICU Admission For Acute Respiratory Decompensation (ARD).

A Comparison Of Intermediate Care Unit (IMCU) And ICU Patients.

Cost Savings In Critical Care.

Comparison Of ICU Antibiotic Use And Costs In Pneumonia Admissions In Two Urban Centres.

Dr. J. Mamazza was the lead author in the following paper, Laparoscopic Colorectal Surgery: Update On Outcome And Results.

Another paper which was very well received on Sunday was entitled The Effects Of Intra-Abdominal Insufflation In The Presence Of Injury To The Diaphragm: M. A. Alzahari, A. A. Taha, N. A. Khojah, J. E. Hinchey, C. M. Oung.

Dr. Bal Mount who is the Flanders Chair of Palliative Care Medicine, McGill at the Symposium on the History of Medicine discussed Western Attitudes Toward Death In The 20th Century: How Have They Changed And Why?

At the meeting of the Canadian Society for Vascular Surgery, the following paper was given Venous Duplex Scanning For Unilateral Symptoms: Need For Contralateral Evaluation? Drs. N. Miller, L. Toussignant, I. Gascon, M. Rossignol.

The CSC/PAIR Surgical Research Award was given to David Bruce Clark of our Department of Neurosurgery. His paper was entitled Survival Of Injured Mammalian Neurons In The Central Nervous System: Effects Of In Vivo Administration Of Neurotrophin-4 As The Endogenous Intracranial Source Of Neurotrophic Support.
McGill Surgeons were prominent at this meeting. Dr. Lloyd D. Maclean spoke at a panel especially designed for the Initiates entitled SURGERY - TAKING THE HIGH ROAD, on the Standard Setting by the ACS. In addition, at a General Session entitled WHAT ARE THE PITFALLS AND BENEFITS OF A SINGLE PAYOR SYSTEM? he spoke on The Canadian Single Payor System: Its Strengths, Its Weaknesses, and Could It Work in the United States?

At a General Session on BREAST CANCER: DID THE NSABP DIFFICULTY CHANGE ANYTHING?, Dr. Richard G. Margolese spoke on Breast Cancer - Have We Lost Our Way?

At a Panel Discussion titled CONTROVERSIES IN CROHN'S DISEASE, Dr. Paul Belliveau presented a review of Surgical Options in Colonic Crohn's Disease.

Dr. Gerald Fried, at a course on DISEASES OF THE LIVER, BILIARY TRACT, AND PANCREAS, spoke on Acute Cholecystitis: Laparoscopic versus Open Cholecystectomy. At a PREVIEW OF SESAP '96 - '98, he was a member of a panel of experts which discussed questions and answers using computer terminals. His session was entitled Transplantation: Chest: Anesthesia/Pharmacology.

At a course entitled MINIMALLY INVASIVE SURGERY, Dr. Jeffrey Barkun gave a paper on Choledocholithiasis - Preoperative Assessment of CBD Stones.

At a CLINICAL WORKSHOP THROUGH FILMS, Dr. Marvin Wexler presented his film on Laparoscopic Herniorrhaphy - Transabdominal Preperitoneal Technique. This film is now part of the ACS Audio-Visual Library. Drs. Gerry Fried and Jonathan L. Meakins are members of the COMMITTEE ON MEDICAL MOTION PICTURES.

A well received paper was given at the Surgical Forum on October 23rd at a session entitled CRITICAL CARE II: INFLAMMATORY CELLS entitled Reduced Polymorphonuclear Neutrophil Exudation in Patients with the Systemic Inflammatory Response Syndrome; was given by Najma Ayesha Ahmed MD, PhD, Betty Giannias, BSc, and Nicholas V. Christou.

It is noteworthy that on the inside front cover of the program, there is an advertisement for the two volume new text entitled SCIENTIFIC AMERICAN SURGERY. Dr. Jonathan L. Meakins is one of the co-editors of this unique loose-leaf manuscript which has more than 1250 high quality drawings, graphs and photographs with 90 distinguished contributors.

Memorial donations made to Health Care 2000 would be appreciated by the family.

Obituaries

DR. JAMES ROLAND McCORRISTON

It is with regret that we learn of the death in Kingston on October 20th of this outstanding Surgeon at the age of 76 years. After receiving his B.A. in Saskatchewan in 1939, he graduated from Queen's with an M.D.CM. in 1943. He did a rotating internship at the Toronto General Hospital and then served as an officer in the Royal Canadian Army Medical Corps from 1942 until 1946. He then joined the McGill Diploma Course in Surgery for 5 years and obtained his M. of Sc. in Experimental Surgery at that time. In 1951 he joined the Staff at the RVH under Dr. Gavin Miller. He was a Marke Scholar in Medical Science from 1953 until 1958. He was on the staff of the RVH for 12 years until 1963 when he left for Queen's University to become the Chairman of the Department of Surgery. At that time he was made an Honorary Attending Staff at the Department of the Surgery of the RVH.

He leaves to mourn his beloved companion and best friend, Laura Hanley. Dear father of Colin, Pamela and Janet and loving grandfather of Kurtis, Jamie and Anna. As expressions of sympathy,
History

The second Plastic Surgeon to arrive in Montreal was Hamilton Baxter who started practice at the Royal Victoria Hospital and the Montreal Children's Hospital in 1937. Dr. Baxter trained at Cook County Hospital in Chicago and he also trained under the outstanding group in St. Louis. Dr. Baxter was an enthusiastic, well trained surgeon with many new ideas and techniques for development of the specialty. Dr. Baxter quickly became an influence in Plastic Surgery in North America at that time and he wrote several key articles, particularly in burn treatment and in repair of cleft palate defects. Drs. Gerrie and Baxter represented the specialty of Plastic Surgery for nine or ten years until the end of the second Great War. At that time, Dr. Gerrie was actively engaged in a busy practice at the Queen Mary Veterans' Hospital where there was a 70 bed unit and he was in desperate need of assistance. About this time, Dr. Frederick M. Woolhouse accepted a position at the Queen Mary Veterans' Hospital, directly from active service in the navy and Dr. Georges Cloutier, who had trained with Sumner Koch in Chicago was similarly secunded from the air force. Dr. Woolhouse graduated from McGill University Medical School in 1936 and after completing his General Surgical Residency, he entered the service of the Canadian Navy serving from 1940 to 1946 as the Medical Officer on the H.M.C.S. Assiniboine. After return to Canada, he spent some time with Fulton Risdon, A. W. Farmer, and Stuart Gordon in Toronto. Dr. Gerrie was thus trained in Dentistry, Otolaryngology, and Plastic Surgery and at that time, there were very few, if any, procedures carried out in Plastic Surgery as we now know it. The taking of skin grafts was very rare and cleft lip and cleft palate surgery was performed by Dr. Dudley Ross at the Montreal Children's Hospital and by Dr. Ralph Fitzgerald at the Montreal General Hospital. Dr. Gerrie brought home the first dermatome from Kansas City in 1936 during one of his visits to that area where he had the opportunity to meet with Dr. Earl Padgett. Dr. Gerrie continued his long interest in facial surgery and he became President of the American Society of Maxillofacial Surgeons.

These were the busy years of reconstructive surgery at McGill with new advances in maxillofacial surgery, in burn treatment, and in local and pedicle flap development. It was common to see many veterans who were undergoing reconstructive surgery at the Queen Mary Veterans Hospital with tubed pedicles on various parts of their body during these staged procedures. This rich and rapid development of the specialty stimulated other surgeons to further their training in Plastic Surgery and to join the staff at McGill University -- Dr. John Drummond, Dr. Martin Entin, and Dr. Albert M. Cloutier.

Dr. John A. Drummond graduated in Dentistry from the University of Toronto in 1934 and practised dentistry in Sarnia until 1939. When World War II broke out, Dr. Drummond entered medical school at McGill and graduated in 1943. He served in the navy during the war and joined the staff at the Royal Victoria Hospital in Plastic Surgery in 1951 and became Chief of the sub-department in 1966. Dr. Drummond was a kind and thoughtful surgeon with great consideration for others. He was President of the American Society of Maxillofacial Surgeons and the Quebec Society of Plastic Surgeons. He died in 1970 at the age of 59 after a prolonged illness with heart disease.

Dr. Martin Entin graduated from McGill University Medical School in 1945 after receiving his B.A. from Temple University and a M.Sc. from McGill. His postgraduate training in hand surgery was under the tutelage of Sterling Bunnell in San Francisco and Dr. Entin has maintained a life long major interest in hand surgery. After training, he joined the attending staff at the Royal Victoria Hospital and obtained a consultant's position at the Shriners' Hospital.

Dr. Entin became the Surgeon-in-Charge of Plastic Surgery at the Royal Victoria and his major interest in basic research was devoted to thermal injuries, wringer injuries, and hand surgery. He is a major contributor to the specialized area of congenital anomalies of the upper extremity with many publications in this field including a landmark paper on "The Classification of Congenital Hand Anomalies". Dr. Entin is a Past-President of the American Society for Surgery of the Hand. He continues to be a major influence and support at the McGill Plastic Surgery Interhospital Rounds and in other aspects of surgical teaching. He received the Distinguished Service Award in November, 1994, from the Royal Victoria Hospital and he is the President of the Canadian Authors Association.
Dr. Albert M. Cloutier was born in Quebec City and graduated from McGill University in 1951. He completed his General Surgical component years at the Montreal General Hospital and then his Plastic Surgery Residency was divided between the Montreal General, the Montreal Children’s, and with one year training at the University of Toronto with Drs. Farmer, Gordon, and Robertson. Prior to medical school, Dr. Cloutier served as an Officer in the Canadian Amoured Corps with numerous exploits in the frontline battles. Dr. Cloutier was awarded a McLaughlin Travelling Fellowship and he visited centers in England in 1957 following which he returned to the Montreal Children’s Hospital and he also has an appointment at the Reddy Memorial Hospital. Dr. Cloutier has always been rich in new and innovative techniques and he developed his personal operation for repair of hypoplasias and for the correction of prominent ears. His contributions to the McGill Interhospital Rounds continue to be legendary.

Dr. Frederick V. Nicolle joined the attending staff of the Montreal General and Montreal Children’s Hospitals in 1962. He was a graduate of Cambridge University in 1956 and he completed his Plastic Surgery Residency within the McGill Hospitals. His early career involved research into silicone tendon rods and implants for small joint arthrodeses. He and Professor Calnan of England developed a silicone and stainless steel joint implant for treatment of rheumatoid arthritic deformities in the hand. Within a few years, Dr. Nicolle returned to London, England, and he is currently practising in that city. He continues to be a major contributor to our specialty and he has been active in the International Society of Aesthetic Plastic Surgery.

**PLASTIC SURGERY RESEARCH**

The strong emphasis in basic laboratory research within the McGill University Plastic Surgery Program has continued since 1961 when the first experiments in basic research were directed toward flap viability following crush injuries with an emphasis on soft tissue damage and the value of fluorescein in the assessment process. This research effort was completed within the McGill/Montreal General Hospital University Clinic and it provided significant clinical information for the assessment of damaged skin following avulsion injuries, particularly those seen in industrial and motor vehicle accidents. Burn research with immunologic study of the burn wound and its effects became a major focus in the research laboratory at the Montreal General Hospital and major contributions were made by Drs. Harvey C. Brown, Neville G. Poy, and Pierre Langlois. Dr. Archie Piper also studied the influence of lymphocytes in burn injury. Other early studies in the research laboratory included sensory nerve recovery in skin grafts, the effects of compression on peripheral nerves, and perfusion of free tissue transfers.

**MICROSURGICAL RESEARCH**

The earliest basic microsurgical research in Canada was started by Dr. Williams in the Plastic Surgery laboratory of the Research Institute of the Montreal General Hospital and the major emphasis in the laboratory in the past few years has been directed toward investigation of problems in this field. The establishment of modern expanded microsurgical laboratories at the Royal Victoria Hospital quickly became a major influence in this field, both nationally and internationally. The early studies of Dr. Rollin K. Daniel and Julia K. Terzis in microvascular surgery and more recently, by Dr. Carolyn Kerrigan have had a significant impact on microvascular flap transfers.

Several important developments have evolved from the Plastic Surgery laboratory research including the James Barrett Brown Prize which was awarded in 1973 to Drs. Daniel and Williams for the most significant publication in the Plastic Surgery literature for the previous year. The prize was awarded for the first description of free flap transfers in animals using reanastomosed arteries and veins under the operating microscope. The next year, Dr. Julia K. Terzis was awarded the Medal in Surgery by the Royal College of Physicians and Surgeons, Canada, for her work on nerve research carried out in the Plastic Surgery laboratory at the Montreal General Hospital. Dr. Daniel Benatar was awarded First Prize for his work on muscle transfers and Dr. Donald Lalone was named the overall winner of the Top Prize at the Senior Residents Conference for his work in the laboratory at the Montreal General Hospital on free bone transplants. Dr. Jeffrey Khoury won The Fraser Gurd Surgical Research Award in 1984; Dr. Grant Thomson won the Fraser Gurd Clinical Research 1st Prize on “Facial Fractures” in 1988; Dr. Daniel Durand won an award for his presentation to the Quebec Society of Plastic Surgeons on “The Prevention of Muscle Atrophy Using An Implantable Electrical System” in 1990; Dr. Chen Lee won First Prize in the Poster Session at the Senior Residents Conference in 1993 for his work on bone grafting for cleft palate defects in children; and, Dr. Frank Campanile won for his muscle stimulation project in 1994 at the Senior Residents Conference. This year, Dr. Mitchell Stotland won the Top Research Award presented for his work with Dr. Kerrigan on the reperfusion injury and the effects of neu-rophils at the Canadian Society of Plastic Surgeons Meeting and Dr. Tracey Thompson won First Prize for her presentation to the Quebec Society of the Specialists in Plastic and Esthetic Surgery on “Chondro-malacia of the Thumb Metacarpophalangeal Joint”.

Significant essay research awards have been won by Drs. Ronald Zelt and Rollin Daniel for their work on the study of the effects of electrical injury on soft tissues (1986).

Current research at the Montreal General Hospital includes long term studies on the effects of continuous muscle stimulation using an implantable system following nerve injury and repair. This basic laboratory research, which has been in effect for the past six years, has now evolved into a controlled clinical study.
through the Health Protection Branch of the Department of Health and Welfare, Canada. The study will shortly be expanded to four other medical schools in North America in order to establish the efficacy of this new treatment of these devastating injuries. Within the past year, Dr. Arie Philipp has joined the research laboratory at the Montreal General Hospital and her main focus is directed toward the influence of TGF beta factors in wound healing and in other aspects of basic research. At the Royal Victoria, Dr. Kerrigan's laboratory continues their internationally recognized investigations of reperfusion injuries and treatment modalities for improvement of survival following transfer of free flap procedures.

Over 40 research fellows have participated in basic laboratory research within the McGill University Plastic Surgery Division and they are now located in many universities in Canada and other countries around the world.

RECONSTRUCTIVE ACTIVITIES

The Plastic Surgery Division at McGill University continues to treat a large number of maxillofacial injuries and is also involved in the reconstruction of complex craniofacial anomalies. In addition, a major component of the specialty is directed toward reconstruction of patients following extensive extirpative procedures for malignancies of the head and neck. Industrial and motor vehicle accidents are the main cause of trauma to the face and treatment has evolved over the years from conservative immobilization using fabricated splints to sophisticated wiring and plating techniques. In addition, the newer concepts of vascularized bone grafting and contour surgery have also contributed to the improvement in patient care and rehabilitation. Reconstruction of extensive trunk and extremity defects also forms an important component of the Program.

HAND SURGERY

Hand surgical procedures in all of its aspects have formed an important part of the Plastic Surgery Training Program at McGill. The large bulk of patients include those admitted following accidents with a significant number seen in relation to rheumatoid disease and others due to late sequelae from congenital anomalies. Microsurgical replantation of digits and extremities has also shown rapid development in this area. A formal Hand Surgery Clinic was established at the Montreal General Hospital in the early 1980s and it has continued to be an active part of the Program since that time.

COMPREHENSIVE LASER CENTER

The Steinberg Laser Center was established at the Montreal General Hospital in 1992 and it involves many specialties under the direction of Plastic Surgery. Laser Surgery represents one of the new developing fields and this Comprehensive Laser Center has been a major factor in the development of this field. At present, seven different Laser modalities are available for the treatment of multiple conditions including vascular malformations, malignancies of the head and neck and bladder; bronchial surgery, and in the management of vocal cord lesions. Recent developments include the Excimer Laser for use by the Department of Ophthalmology in the treatment of myopia and other eye conditions and the addition of the Ultrapulse CO2 Laser which has added greatly in debridement procedures following burn injuries and in resurfacing of the facial area following scarring and other processes.

CLEFT LIP AND CLEFT PALATE SURGERY

At the Montreal Children’s Hospital, the management of children with cleft lip and cleft palate anomalies continues to be a major component of the specialty. Bone grafting procedures for late reconstruction of alveolar and palatal defects has undergone a major development at the Children’s and over 200 patients are now included in this cohort study. This technique allows complete reconstruction of the alveolar segments which can be combined with osseointegrated implants for complete restoration of the dental anatomy.

VASCULAR MALFORMATIONS

Major emphasis on the management of vascular malformations in children also continues at the Children’s and significant contributions for the management of lymphatic malformations and hemangiomas have had a major impact on changing techniques in this area.

CURRENT FACULTY

Dr. H. Bruce Williams became Director of the Division at McGill University in 1976 when he succeeded Dr. Frederick M. Woolhouse. At that time, the McGill University Training Program became a single, completely integrated Program with equal training through the Montreal General, the Royal Victoria, and the Montreal Children’s Hospitals. At present, the Teaching Faculty in Plastic Surgery has 10 members including both full time and part time teachers. In addition, a number of Plastic Surgeons from other hospitals within the Montreal area and from neighboring communities participate actively in the weekly interhospital rounds and seminars. The reading lists and tutorials on Plastic Surgery topics continue to be an important component of the Residency Program and the excellent results obtained in the Quebec examinations, the Royal College of Physicians and Surgeons examinations and in the American Board of Plastic Surgery examinations likely represent the importance of these teaching components.

Dr. Williams graduated from Acadia University with his B.A. and from the McGill Faculty of Medicine in 1955. His General Surgery and Plastic Surgery residencies were completed at McGill along with a one year residency in Pathology in Charlotte, North Carolina. He was awarded a McLaughlin Travelling Fellowship in 1962 and postgraduate studies were done in England, Sweden, and Russia during this year. Dr. Williams has several major
He has been a Visiting Professor to most of the Canadian universities, and to a large number of other countries including the United States, Japan, Brazil, Germany, Mexico, and Bermuda. Dr. Williams has been Chairman of the Royal College Committee on Plastic Surgery and he was the Royal College Lecturer in 1993. He has been the President of a number of medical and surgical societies which include the Quebec Society of Plastic and Reconstructive Surgeons, the Canadian Society of Plastic Surgeons, the Plastic Surgery Educational Foundation, the American Society of Plastic and Reconstructive Surgeons, and the American Society of Reconstructive Microsurgeons. Dr. Williams is a past Vice-Chairman of the American Board of Plastic Surgery. He is the current President of the American Society of Peripheral Nerve and the International Microsurgical Society. Dr. Williams has received the Distinguished Service Award from Acadia University and from the American Society of Plastic and Reconstructive Surgeons as well as the Clinician of the Year Award from the American Association of Plastic Surgeons. He is currently the Surgeon-in-Chief at the Montreal Children's Hospital.

Dr. Carolyn Kerrigan received her B. Sc. and her M.D.C.M. in 1977 from McGill University. She also was awarded a M.Sc. in Experimental Surgery in 1981. Following a Hand Fellowship at the New York University Medical Center, she joined the Plastic Surgery Division in 1984 with a full time geographic university appointment at the Royal Victoria Hospital. She has presented many papers at meetings across Canada and the United States. She succeeded Dr. Rollin K. Daniel as Chief of Plastic Surgery at the Royal Victoria in 1987. Dr. Kerrigan combines a busy clinical load with her major emphasis on basic laboratory research in an exemplary manner along with her ingenious ability to raise five boys in her expanding household. Much of Dr. Kerrigan’s laboratory investigations are considered to be the gold standard and the excellent support that she has had from the Medical Research Council and other granting agencies confirms this observation. Dr. Kerrigan is currently the President of the Canadian Society of Plastic Surgeons and she is a past Associate Editor of the Journal of Plastic and Reconstructive Surgery.

Dr. Gaston Schwarz received his high school education in Lima, Peru, and his B.A. degree from Syracuse University. He is a graduate in medicine from the University of Ottawa. His General Surgery and Plastic Surgery residencies were completed at McGill and he then participated in a Fellowship with Dr. Ralph Millard at the University of Miami. Dr. Schwarz is the past President of the D. Ralph Millard Plastic Surgical Society and the Quebec Board of Specialty Examinations in Plastic Surgery. He is also the past President of the Canadian Society for Aesthetic (Cosmetic) Plastic Surgery. He has been a Visiting Professor to the University of San Simon in La Paz, Bolivia, and to the Faculty of Medicine in Lima, Peru. Dr. Schwarz joined the Faculty in 1972 and he has been an outstanding supporter and contributor to the Division. His major interest has been in the development of newer techniques in the aesthetic surgical component of the specialty and he has become widely recognized for his expertise in this field. Dr. Schwarz is also largely responsible for the development of the McGill Plastic Surgery Newsletter.

Dr. Roland Charbonneau joined the staff at the Royal Victoria Hospital in 1980. He is a 1972 graduate from the University of Montreal in Medicine and completed his General Surgery and Plastic Surgery residencies in the University of Montreal Program. Dr. Charbonneau was one of the early trainees in microsurgical procedures and he has continued to contribute in this area. His unique appointment at both McGill University and the University of Montreal has added stature to the Division and his activities within the Federation of Medical Specialists, the RAMQ, and the Association of Plastic Surgeons of Quebec, as its former President, has brought further recognition to the Division.

Dr. Lucie Lessard joined the staff in 1987. She also completed her training in Otolaryngology at McGill University and obtained her F.R.C.S(C) in that specialty. Dr. Lessard completed her two year Residency in Plastic Surgery at the Peter Bent Brigham and Children’s Unit in Boston. She has brought back a skilled expertise in the management of cranio-maxillofacial abnormalities and in reconstructive surgery of the facial and skull area. Dr. Lessard also has a major interest in basic laboratory research and continues in her investigation of steroid effects in wound healing and leech therapy.

Dr. Jeffrey Khoury joined the Royal Victoria Hospital as an Associate in 1992 and he has been a significant contributor to the teaching of residents particularly in microvascular techniques and in the management of patients following trauma. Dr. Khoury is a graduate of McGill University with a B.Sc. in Physiology and from Queen’s University with his M.D. degree in Medicine. He was the winner of the Medal in Surgery and he completed both his General Surgery and Plastic Surgery training at McGill. He participated as a Fellow in the Experimental Laboratory and obtained his M.Sc. in Experimental Surgery with some excellent work on the vascularization of free bone grafts using microsurgical techniques. Following his residency, Dr. Khoury took further postgraduate training in microsurgery at the University of Kentucky.
past offices include Presidency of the Canadian Society of Plastic Surgeons. Dr. Brown's early participation in basic research in the burn wound and his interest in the research components of the specialty has continued and he has added Dr. Anie Phillip as Research Director in Plastic Surgery at the Montreal General Hospital. Dr. Brown has also contributed in the field of hand surgery particularly in the reconstruction of rheumatoid hand deformities and in the rehabilitative surgery for patients with pressure sores related to paraplegia and quadriplegia. His interest in meshed skin grafts for wound closure is another area of interest.

Dr. René J. Crépeau graduated from the University of Sherbrooke and continued in his General Surgical Residency at that University. He then completed his Plastic Surgery Residency within the McGill University teaching hospitals and spent a one year fellowship under the tutelage of Dr. Paul Tessier in Paris in order to learn the newer techniques in craniofacial surgery. Dr. Crépeau then joined the staff at the Montreal Children's and the Montreal General Hospitals in 1976. Dr. Crépeau continues with a major interest in reconstruction of complex cranio-maxillofacial problems and in the rehabilitative surgery for cleft lip and cleft palate patients. Recent advances in internal fixation procedures for maxillofacial fractures has also been an interest of Dr. Crépeau's and he is a major influence in the teaching of these techniques.

Dr. Daniel Benatar is a graduate in Medicine from the University of Sherbrooke and he obtained a M.Sc.in Experimental surgery in 1978. He completed the McGill Plastic Surgery Program in 1979 and he also had a productive Fellowship year in the basic research laboratory with a study on free transplantation of skeletal muscle and further work in bone transplants. His McGill activities were focused at the Jewish General Hospital but he continued to participate at Interhospital Rounds and with advice on research activities. Dr. Benatar unfortunately received a serious hand injury and he has not returned to clinical practice and is living in France.

Dr. Ronald G. Zelt joined the staff at the Montreal General Hospital in 1992. Dr. Zelt is also a graduate of the McGill Program and he spent an additional year in a fellowship with Mr. Ian Taylor at the Royal Melbourne Hospital in Australia. Dr. Zelt's main interest is in surgical education which followed a one year fellowship at the University of Southern California where he obtained his Master of Education Degree in that area of interest. Dr. Zelt has become an important contributor to curriculum development and in assessment techniques in the Department of Surgery and he has a major interest in both undergraduate and graduate learning experiences. Dr. Zelt has also added a major contribution to the microsurgical reconstruction of extensive defects following trauma and tumour excision. The rapid increase in microsurgical free flap procedures has been clearly evident since his return to the University.

MONTREAL CHILDREN'S HOSPITAL
Drs. Williams, Brown, and Crépeau are also Active Members of the Plastic Surgery Division at the Montreal Children's Hospital. In addition, Drs. Kerrigan, Charbonneau, and Lessard are Associate Members with specific responsibilities for cross coverage of microsurgical procedures.

Dr. Daniel Durand, who is also a graduate of the McGill Program, joined the staff at the Montreal Children's Hospital with a specific focus on the development of a Brachial Plexus Clinic. Dr. Durand has had extensive training in brachial plexus reconstruction during a fellowship year at the University of Southern California. He has returned to the Children's to add his expertise in this area. A multidisciplinary clinic under Dr. Durand's direction, which will include Neurologists, Neurosurgeons, Physiotherapists, Occupational Therapists, and Imaging Services, has recently been established and will continue to expand and improve treatment modalities in this difficult area of management.

EXTERNAL SUPPORT FOR RESEARCH AND EDUCATION
Members of the Plastic Surgery Division at McGill University have been very successful in obtaining research grant support for many important laboratory investigations. This support has come from the Medical Research Council, the Educational Foundation, the Cedars Fund, Industrial organizations, and from the Quebec Hydro Corporation.

Despite this past success and related to increasing difficulties in obtaining grant support, we were extremely pleased with the recent establishment of the Neville G. Poy Endowment Fund in Plastic Surgery for the support of research and education. This generous support is most welcome and the inauguration for its establishment was held in the Osler Library at McGill with all members of Vivienne and Neville Poy's family in attendance. Dr. Poy is a graduate from the McGill Plastic Surgery Program and he spent a Fellowship year in the experimental laboratories with pioneering work in skin flap survival.

SUMMARY
The Plastic Surgery Division at McGill University with its three component parts at the Royal Victoria, the Montreal General, and the Montreal Children's Hospitals remains strong with a dynamic influence on the specialty both in Canada and other countries. The clinical component is broad based and the strength of research within the Division contributes to its overall stature. The teaching of Plastic Surgery, both at the undergraduate and graduate levels, also continues to be strengthened and the quality of our graduating residents is a clear indication of success in this portion of the Program. 

References:

Courtesy of the Plastic Surgery Newsletter
(Dr. Gaston Schwarz, Editor)

Collaborated:
Dr. E. Hashim