THE SQUARE KNOT 2000

The McGill Minimally Invasive Surgery Group celebrated its 10th anniversary in May, 2000. The Group started in May, 1990 when laparoscopic cholecystectomy was introduced at McGill. From the outset it was decided that this new clinical area would be approached in a responsible and collaborative manner. Databases were established as new procedures were introduced, and surgeons from all McGill University teaching hospitals have been invited to collaborate, pool their data and support one another in formal and informal courses.

McGill Minimal Access Surgery Program

(please see Minimal Access, pg.5)

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DEPARTMENT OF SURGERY
NEWSLETTER
McGILL UNIVERSITY
FALL 2000
Dear Editor,

Thank you for your recent letter concerning my contribution to the McGill Surgery Alumni and Friends. I had a great time at McGill during my residency training which had carried me well into my career. And I have a fond memory of you.

Lancelot K. Tin, MD, FACS, FRSC
Perrysburg, Ohio

Letters to The Editor

My entire family lives in Toronto. After being in the States for 11 years in private practice, I am considering relocating to the Toronto area to re-unite with my family.

Lancelot K. Tin, MD, FACS, FRSC
Perrysburg, Ohio

Dear Editor,

I will be moving to Boston. I have completed twenty years as a surgeon at the Etobicoke General Hospital, now called the William Osler Health Centre and I was chief of surgery from 1986 to 1999. I am making a career change out of active clinical practice of surgery. I hope to use what I’ve learned as chief of surgery to facilitate the interface of physicians with the administrative aspect of medicine.

On a personal note Wendy is fine. She is a senior vice president of State Street Bank in Boston. I have two grandchildren aged eight and six who are well and are the children of my daughter Jennifer. Our son Wallace is working for Deloitte consulting information technology and enjoying it very much.

Wally W. Watson, Toronto, Ontario

Memo From Chief Division of General Surgery, MUHC

TO: Members, Division of General Surgery
RE: Surgical Grand Rounds, Morbidity and Mortality Rounds
Academic Half Day

The Division Educational and Maintenance of Competence Activities are constantly being upgraded, and I hope to solidify these in a regular manner for September 2001. In the meantime, there have been several changes. This memo is intended to inform all Members of the Division.

1 Surgical Grand Rounds will be held at The Montreal General Hospital Site, MUHC, at 7:45 a.m. on Thursdays. This will become a permanent future activity to serve as combined rounds between the Department of Surgery, Department of Anaesthesia and other interested departments, as well as slot in the Visiting Professors for the various departments and divisions over the academic year. The Executive of the Department of Surgery has approved this initiative and has mandated myself and Dr. Franco Carli, Chair, Department of Anaesthesia, to proceed with organizational plans. Surgical Grand Rounds at the Royal Victoria Hospital at 5:00 p.m. are, therefore, cancelled from hereon. Dr. Liane Feldman has agreed to organize the Surgical Grand Rounds at the MGH. In the interim period between now and September 1, 2001, we will try to do the best possible job (given the time and resource) to make these Rounds interesting and everybody is encouraged to attend.

2 Academic Half Day. I encourage all staff to attend the Academic Half Day activities, especially if these are held at their own Site. Certainly, M&M Rounds should be attended by all General Surgery Staff. By January 1, 2001, I hope we can achieve 100% attendance at these Rounds. MO-COMP activities will be started with M&M’s and Surgical Grand Rounds then expand to other areas.

N. V. Christou, M.D.
October 11, 2000

Letters to The Editor

"If there had been three wise women instead of three wise men, they would have asked for directions, arrived on time, helped deliver the baby, cleaned the stable, made a casserole and brought practical gifts."

— Mrs. Barbara Bush on “Women’s Issues” whilst on the campaign trail for her son in the U.S. Presidential election.
Have you ever sat in a committee room with about 20 others discussing important health care issues and, when you look around, realize that you are the only one who actually sees patients? Clearly, the occupational mix between physicians and administrators has become unbalanced. We work under a stifling technocracy. Canadians spent an estimated $76.6 billion on health care in 1997, up from $75.5 billion a year earlier. Please see how the "pie" is split in the accompanying diagram from The Canadian Institute for Health Information (see Figure 1).

The Provinces, in recent meetings with the federal government, demanded that Ottawa increase its Canada Health and Social Transfer funding to 18.7 billion, up from the current 15.5 billion. Of course, Ottawa wants to monitor how this money is spent and so it should. Quebec spends the lowest of all provinces on health care - $2453 per person in 1999, which was $362 less than the national average of $2815. And yet we in Quebec pay the highest taxes in the country!

There are enough signs to suggest that Canada's health spending may be inefficient. In a comparison of 29 OECD countries, Canada ranked fifth in terms of its per capita expenditure on health, but on other indicators we ranked much lower: 24th in terms of practising physicians per population and 25th in the supply of hospital beds.

In Quebec, there seems to be a disproportionate amount of non-medical interventionists. Let us do the math. According to the Collège des médecins there were 18,054 doctors working in Quebec as of December 31, 1999.

<table>
<thead>
<tr>
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<tr>
<td>Specialists</td>
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<td>Microbiologists</td>
<td>174</td>
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<tr>
<td>Pathologists</td>
<td>247</td>
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Add to this the number of Residents and Fellows. According to CREPUQ, as of October 4th, 2000 there were 2132 residents sponsored by the RAMQ. This includes 541 Residents in Family Medicine. It is noteworthy that there were 337 registered in Post-Graduate Surgical Specialty Programs.

It is said that there are 2 administrators for every physician/surgeon in our Province. We tried to get some data, but it is not easy. Perhaps some investigative reporter could pursue this. We do know that there are 17 Régions Gionales, and one Conseil Régional. The Quebec Medical Association has, in its brief to the Clair Commission, requested that an independent body be set up. The latter would include doctors to replace these boards and would be an independent body free of government control. The RAMQ alone has 1268 employees. There are 815 civil employees in the Ministry of Health and Social Services (795 in Quebec and 20 in Montreal). When you add the Conseil du Trésor, the Office des Personnes Handicapées, and the Ministry of Education, you get a heavy work body indeed. Quebec remains strangled in rules, regulations and bureaucratic meddling.

Just recall the number of accrediting bodies to whom we must report: The Canadian Council on Health Services Accreditation; the Royal College; Collège des médecins du Québec; The Association of Canadian Teaching Hospitals; ACGME. We also heed the FMSQ; the FMOQ; the FMRQ; the Canadian Medical Protective Association; the Ministry of Education's Conférence des Recteurs et des Principaux des Universités du Québec; the unions and the Quebec Hospital Association.

A Surgeon is not independent!

Happily some good tidings are now coming our way. For one thing, due to the public's hue and cry some new money is pending. In mid-September a new federal-provincial deal on health care was signed and 6 billion more dollars will be brought to Quebec's coffers over the next five years. Health Minister Pauline Marois is promising to spend this money on "crisis areas" i.e. primary ambulatory care, CLSCs, emergency rooms, radiation therapy, heart surgery and re-
search. Hopefully, we will not hire any more public servants to oversee these expenditures. Patient-rights advocates have advised the government to spend its health care dollars wisely. Also, the Federal Government has made it a condition that it will monitor how the money is spent.

Another bit of welcome news is that the Quebec Government seems to be freeing itself from the dictates of the Barer-Stoddart Report of 1990, and it has decided to increase by 30 the number of admissions to Quebec’s Medical Faculties for 2000-2001. We wanted 55 but 30 is a start. Quebec’s four faculties now have 501 students in the first year of Medicine.

We need to have a trustworthy mechanism that would allow Canadians to keep track of health care spending so that it may be directed to the health care providers.

Dr. Gulliver and the bureaucrats.

Update on Undergraduate Education

LAST SPRING, McGill University was subjected to an accreditation process and I am pleased to report that the Undergraduate Surgery program passed with flying colors. There were only a few comments made with regard to the standardisation of seminars and the introduction of short answer questions in the ICM-C exam; these are being addressed presently. Several recommendations from the Undergraduate Surgical Education Committee were prepared and given to the Department Head and these are being considered.

The Surgical faculty at all four sites has been active in delivering top quality seminars and the feedback from the students generally has been very good.

The Undergraduate Surgery Committee is in the process of analysing the objectives of both the ICM-C and POM’s program, and will try to harmonize these objectives with a problem-based approach in the form of seminars given at the various sites. In general, it is safe to say that McGill students do very well in the surgical component of the Medical Council of Canada examination and the USMLE.

I wish to personally acknowledge the contribution of each and every surgical faculty member who has devoted energy and time to the delivery of high quality seminars and ward teaching.

Paul Belliveau, M.D., Program Director, Undergraduate Surgery

Stipends

THE FEDERATION of Medical Residents’ collective agreement is being renegotiated, including the salary scale.

Uniforms and laundry of uniforms are supplied. There are four weeks of paid vacation annually as well as provision for study leave to attend conferences and to write exams.

<table>
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<tr>
<th>THE SALARY SCALE</th>
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<tr>
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<tr>
<td>Resident 7</td>
<td>$53,894.00</td>
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With apologies to Jonathan Swift.
Over the past decade, more than 6000 laparoscopic cholecystectomies have been performed at McGill. Data on these patients and the collaborative energy of the laparoscopic group have allowed us to make several important contributions to the literature and the practice of this procedure. Some of the highlights were the first randomized controlled trial of laparoscopic vs open cholecystectomy, published in the Lancet in 1992. Dr. Jeffrey Barkun was an invited participant in the NIH consensus conference on laparoscopic cholecystectomy. The paper presented at the American Surgical Association in 1992 entitled ‘Cholecystectomy without operative cholangiography: Implications for common bile duct injury and retained common bile duct stones’, and published in the Annals of Surgery in 1993, has been an important contribution supporting the safety of laparoscopic cholecystectomy without routine operative cholangiography. Another paper, presented to the Society for Surgery of the Alimentary Tract by Dr. Gerald Fried and published in the American Journal of Surgery in 1994 entitled ‘Factors determining conversion to laparotomy in patients undergoing laparoscopic cholecystectomy’ has been widely quoted. Several other important publications have allowed McGill to be recognized as a centre for excellence in this field.

Shortly after the introduction of laparoscopic cholecystectomy, McGill surgeons explored more advanced laparoscopic procedures, and held hands-on courses for surgeons to enhance their skills. Some of these early courses were held in conjunction with our colleagues at the Université de Montréal. We added laparoscopic inguinal hernia repair, colon surgery, vagotomy, appendectomy, and antireflux surgery to our armamentarium in the early to mid 1990s. We carried out a randomized controlled trial of laparoscopic vs open inguinal hernia repair and this has been presented and published.

Some of the highlights of the McGill Program in Minimally Invasive Surgery are described below.

**CLINICAL**

Minimal access surgery (MAS) has been established as a priority program for the MGH site of the MUHC. As a consequence, a decision was made to commit dedicated time for these innovative operations. The time is being allocated currently to general surgery, thoracic surgery and urology on a rotational basis. The goal is to utilize this time to develop new procedures and to introduce them into clinical practice at McGill. A similar arrangement has been in place for a few years at the Jewish General Hospital site and has been extremely effective. Since new MAS procedures frequently take more time to perform than the equivalent open procedures, surgeons have been somewhat discouraged from trying to advance the field.

Currently the procedures being performed by the McGill MAS team include laparoscopic cholecystectomy, appendectomy, inguinal and incisional hernia repair, esophageal myotomy for achalasia and esophageal spasm, fundoplication, paraesophageal hernia repair, thoracoscopic vagotomy, laparoscopic colecctomy, adrenalectomy, splenectomy, small bowel resection and adhesiolysis, and nephrectomy, radionuclide-guided parathyroidectomy under local anesthesia and image-guided minimally invasive breast surgery.

Laparoscopic general surgery currently includes foregut procedures (fundoplication, achalasia, and gastric surgery), solid organ procedures (spleen/hematologic, adrenal, and kidney-in-conjunction with urology), colorectal, hernia (inguinal and incisional), biliary. Over 100 advanced general surgery laparoscopic procedures were done last year and the number appears to be doubling every 6-9 months. Other minimally invasive general surgery procedures include probe-guided parathyroidectomy under local anesthesia and image-guided minimally invasive breast surgery.

The Division of Thoracic Surgery team of Drs. David Mulder and John Yee are performing Video-Assisted Thoracic Surgery at the Montreal General and Jewish General sites.

The Department of Urology has enthusiastically embraced laparoscopic surgery. They will work with the general surgeons and transplant team to establish a laparoscopic live donor nephrectomy program at McGill within the next few months. Laparoscopic radical prostatectomy is now being offered at McGill under the leadership of Dr. Maurice Anidjar (recently recruited from Paris), Dr. Simon Tanguay, and Dr. Jacques Corcos.

Advanced minimally invasive surgery procedures are currently being performed at the Montreal General Hospital and Montreal Children's Hospital sites of the McGill University Health Centre, and at the Jewish General Hospital. The Jewish General Hospital was the first in our area to build an advanced laparoscopic operating room, with boom mounted equipment. Dr. Sigman, as Head of General Surgery at the Jewish, established dedicated time for advanced laparoscopic surgery, and this is organized by Dr. Jacob Garzon. The model of designated O.R. time and a specially designed operating suite has been instrumental in advancing the frontiers of minimally invasive surgery. In September 2000, the Montreal General Hospital established dedicated time for MIS. This will
be shared between general surgery, thoracic surgery, and urology to start, and hopefully expand among other surgical specialties once anesthesia and nursing manpower problems are resolved.

Plans are currently being finalized to build a new MIS Operating Suite and Video-conferencing facility at the MGH site. This will be possible thanks to very generous donations from the Cedar’s Cancer Institute, the J.W. McConnell Family Foundation, the Steinberg-Bernstein Endowment Fund, and the McGill University Health Centre.

**LAPAROSCOPY CENTRE**

The Steinberg-Bernstein Centre for Laparoscopic Surgery was established at the Montreal General Hospital site in 1995 thanks to an extremely generous endowment established by Mrs. Florence Steinberg-Bernstein and her family. The goals of this centre are to measure outcomes in laparoscopic surgery and to develop a model for education of surgeons in this new field.

In December, 1996, the McGill Laparoscopy Group was awarded a generous unrestricted educational grant from Auto Suture Canada (Tyco Healthcare/United States Surgical Corporation) to develop a Centre of Excellence in Laparoscopic Surgery. This support led to a fellowship, allowed us to hire a full-time nurse-coordinator, and supported a number of educational and research programs in minimally invasive surgery. This support continues to this day and a contract has been signed to ensure continued support through 2003.

Storz Endoscopy Canada made a major contribution of capital equipment to outfit our laparoscopic centre, providing us with high quality optical systems and instrumentation for the O.R. and the lab.

**EDUCATION - MISTELS TO FLS**

The McGill Centre for Minimally Invasive Surgery considers education as one of its major missions. Donna Stanbridge, R.N., is the nurse-coordinator of this program.

In the beginning, our responsibility was primarily to train our faculty in basic laparoscopy through a series of courses combining theory and hand-on training. The success of these first courses led to a strong demand from surgeons beyond the McGill hospitals for such courses. The courses continued to be offered on a regular basis as long as demand was there. Once most surgeons were comfortable in performing laparoscopic cholecystectomy, interest extended to learning more technically demanding MAS procedures. We then put on a series of advanced laparoscopic surgery courses covering advanced dissecting skills, suturing and knot tying, and the performance of inguinal hernias, vagotomy and fundoplication. We invited a cadre of famous leaders in laparoscopic surgery to visit and to help us enhance our skills. These visitors included Dr. Namir Kathkouda from Nice, Dr. Bernard Dallemagne from Brussels, Drs. Henry Laws, Bob Fitzgibbons, Maurice Arregui, and Barry McKennon from the U.S.

Residents were trained with structured courses, skills labs and within their residency programs. Once the Auto Suture supported centre of excellence opened in December 1996, we were able to hire a nurse to help train residents and visiting surgeons in basic skills. We established an inanimate skills lab with models that have proven extremely valuable in training in laparoscopic skills. We developed a fellowship program and since its inception, 4 fellows have completed training in laparoscopy. This program emphasizes not only acquisition of clinical skills, but also development of an inquiring mind with a significant component dedicated to performance of outcomes or educational research.

Several practicing surgeons from rural communities and foreign countries have spent extended time periods visiting our centre, taking advantage of our skills lab and observing the experience in the operating rooms. This continues to be popular and has led to close links between our department and those of our guests.

One of the most productive of our educational strategies has been the development of the MISTELS program. This is a series of 7 “exercises” or drills performed in an inanimate training box. This was developed mainly through the work of Dr. Anna Derossis, our first laparoscopic fellow. Each of these exercises can be evaluated on the basis of precision and speed. We have shown that this system provides scores that are valid measurements of laparoscopic skills, and sufficiently sensitive to distinguish expert from novice surgeons. Practice in the MISTELS training system accelerates the acquisition of skills in actual laparoscopic surgery. This system has now been incorporated by SAGES (Society of American Gastrointestinal Endoscopic Surgeons) as the model that they will use for skills evaluation and credentialing in their Fundamentals of Laparoscopic Surgery Program.

**QUALITY ASSURANCE**

It is imperative to evaluate the impact of the new technology though a program of technology assessment whenever a new innovation is introduced into clinical practice. Just because a procedure is new and in demand does not necessarily imply that it is better than the gold standard, nor that it is cost effective. From the outset it was a goal of our group to track outcomes and establish a program of continuous measurement of our expertise in the field.
quality improvement. We have done this in various ways. These include designing prospective databases, and measuring patient-based outcomes, quality of life, and patient satisfaction. We have studied costs, examined resource implications of the new technology, and of course evaluated traditional measurements of morbidity and mortality.

VISITING PROFESSORSHIP PROGRAM

In 1998, Dr. Michel Gagner, Professor of Surgery and Director of Minimally Invasive Surgery at Mt. Sinai Hospital in New York was our first MIS Visiting Professor. The attendance by McGill faculty and residents was superb and it was really an inspirational day.

Dr. Namir Katkhouda was the second McGill Auto Suture Canada/Steinberg-Bernstein Visiting Professor in minimal access surgery (photo). His visit took place on September 14-15, 2000 and was generously sponsored by the Auto Suture Canada/United States Surgical Corporation Educational Grant for a Center of Excellence in Laparoscopic Surgery. Dr. Katkhouda is currently Professor of Surgery and Head of the Division of Laparoscopic and Ambulatory Surgery at The University of Southern California. He had visited McGill in 1990 and 1993 when he was still in Nice, France to participate in our early courses in Basic and Advanced Laparoscopic Surgery. He was here at the beginning and we were truly delighted to have him return to see what we have accomplished at McGill and to stimulate us to advance further. Dr. Katkhouda is one of the pioneers in laparoscopic surgery. His innovations have helped advance the boundaries of what is possible using minimal access surgery techniques.

The visit was begun by his lecture at Surgical Grand Rounds entitled Laparoscopic Surgery of the Spleen held in the Osler Amphitheatre at the Montreal General Hospital. The attendance at his lecture was excellent, including surgeons from most disciplines and across hospital sites, residents, medical students, and nurses. This lecture was followed by presentations from several members of the McGill laparoscopic group. The presentations are summarized below:

A lunch was then served for attendees at the day's activities.

The afternoon featured live surgery broadcast from the Operating Room of the Montreal General Hospital to the Osler Amphitheatre. Dr. Katkhouda, assisted by Dr. Fried, performed laparoscopic bilateral inguinal hernia repair using the totally extraperitoneal technique, fixing the mesh using fibrin glue. Dr. Harvey Sigman moderated questions from the Osler amphitheatre to the O.R. and Dr. Liane Feldman moderated questions in the O.R. The technology worked extremely well, thanks to the support of John Labelle from the Audiovisual Department.

That evening the McGill Laparoscopy Group joined Dr. Katkhouda in a dinner at Les Chenets (photos).

On Friday, September 15th Dr. Katkhouda performed a hand assisted laparoscopic splenectomy assisted by Drs. Jacob Garzon and Gabriela Ghitulescu at the Jewish General Hospital. Again, arrangements were made to distribute the O.R. details by a video-conferencing link to a teaching room at the Jewish. This again was an outstanding educational opportunity for all that participated.

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<tr>
<th>PRESENTER</th>
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<tr>
<td>Maurice Anidjar, M.D. (Urology)</td>
<td>The technique of laparoscopic radical prostatectomy</td>
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<tr>
<td>Jacob Garzon, M.D. (General Surgery)</td>
<td>The McGill technique of laparoscopic splenectomy</td>
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<tr>
<td>Liane S. Feldman, M.D. (General Surgery)</td>
<td>Outcomes and Quality of Life after Laparoscopic Surgery for Gastroesophageal Reflux Disease: The McGill Experience</td>
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<tr>
<td>Dr. Kashif Irshad (Resident, General Surgery)</td>
<td>Results of Laparoscopic Antireflux Surgery for Patients with Barrett’s Esophagus and Large Hiatal Hernias</td>
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<tr>
<td>Donna Stanbridge, R.N. (Nursing)</td>
<td>Planning and Design of an Operating Room for Endoscopic Surgery</td>
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<td>Gerald M. Fried, M.D. (General Surgery)</td>
<td>The “MISTELS” Program for Training and Evaluation of Laparoscopic Skills</td>
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<tr>
<td>Gabriela Ghitulescu, M.D. (Fellow, Minimally Invasive Surgery)</td>
<td>Validation of the MISTELS Program for Assessment of Technical Skills in Laparoscopic surgery</td>
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Dr. Katkhouda's enthusiasm and innovations in the field of Minimally Invasive Surgery were greatly appreciated and inspiring for all that attended.

Enthusiasm and innovation continue to attract the best and the brightest to McGill. We are pleased that Dr. Liane Feldman has joined the Division of General Surgery and Dr. Maurice Anidjar has joined the Division of Urology, both with a special interest in minimal access surgery.

Gerald M. Fried, M.D.
Professor of Surgery, Director, Steinberg-Bernstein Centre for Minimally Invasive Surgery at McGill University
The coming academic year has a full agenda as the Department moves into the first decade of the next millennium. Electronic communication is very much a part of our lives and the way we work now and into the future. For some, e-mail, computers, the Web, and all its ramifications are second nature and easy. For many, however, it is not so simple and in fact is not only difficult to master, but often represents a black box. It is supposed to be easy, this electronic communication. These last two weeks Drs. Pierre Guy, Ed Harvey, Anie Philip and Peter Metrakos have been struggling to submit their applications to the FRSQ via the Web. We finally succeeded, but it took hours. In reflection on this experience, it will work better next year for both the FRSQ and us — their servers overloaded and decompensated — a most human reaction for a computer.

It is clear that the Department needs an integrated web site with a webmaster and a co-ordinated way to use this as a tool for internal as well as external communications. Many divisions: Urology, Orthopaedics, General Surgery, Plastics as well as the Core Program have web sites. They are maintained with various levels of efficiency. All established by busy surgeons, it is very time consuming to maintain them. Dr. Christou is coordinating a Departmental work group to develop our site and how to optimize its value to everyone.

One of its most important applications will be to help maintain and collate the records for our individual Maintenance of Accreditation slate. Not many have taken seriously this program of the Royal College. It is, however, a serious issue. If no data has been kept for this year, the extra year given at the front end of this will evaporate. By January 1st 2006, we will all need 500 points accumulated via one of the six routes outlined. These are an outgrowth of the MOCOMP program. Our conferences, rounds, teaching exercises, Journal Clubs etc. need to be identified and/or codified as eligible for credits. Then attendance needs to be recorded and maintained. When discussed at the Departmental Executive, a web site is an easy way to co-ordinate these activities for each of us. Four percent of all specialists will have their records checked and if found wanting, they will lose their specialist accreditation. We have somewhat over 200 clinicians in the Department. At least eight of us will be screened. The Department wants to make this as easy as possible. The web site will help.

There will be two search committees ongoing this fall. The first is for Cardiac Surgery as Dr. Chiu has stepped down, and it has already met four times and interviewed in a general way all members but one of the Division. The second is for head of Plastic Surgery; Dr. Brown is stepping down next summer. Your thoughts regarding either of these two important positions would be welcome.

As of August 1st, 2000, Dr. Carolyn C. Compton, M.D., Ph.D., is the new Professor and Chair of the McGill Department of Pathology and Pathologist-in-Chief at the M.U.H.C.

Dr. Compton was born in Philadelphia and was educated at the John Hopkins Hospital, the University of Geneva, the Bryn Mawr College of Pennsylvania, and Harvard Medical School. She took her Pathology training at the Brigham and Women’s Hospital in Boston, Massachusetts.

She has been at Harvard since 1985 and since 1998 has been Professor of Pathology there.

Her interests are many, but her major expertise is in Gastroenterology and Oncology.
**DIVISION OF OPHTHALMOLOGY**

Dr. Rosanne Superstein has joined the Attending Staff in the Division of Ophthalmology at The Montreal Children’s Hospital. Dr. Superstein received her M.D.C.M. at McGill University in 1994 where she also completed her postgraduate educational training. She has just completed a Paediatric Ophthalmology and Strabismus Fellowship at the Kellogg Eye Centre at the University of Michigan. She is a Fellow of the Royal College of Physicians and Surgeons of Canada. Dr. Superstein is the recipient of the J.W. McConnell Award at McGill. She will be a full-time clinician with a major interest in clinical research. Her special expertise is in the treatment of retinal disease and malignancy of the eye.

*H. Bruce Williams, M.D.*

**DIVISION OF UROLOGY**

**TWO NEW PEDIATRIC UROLOGISTS**

The Division of Urology at the Montreal Children's Hospital has recently recruited two additional Pediatric Urologists, Drs. J.P. Capolicchio and Roman Jednak. They joined our Division after respectively completing a two-year Fellowship Training Program at the Hospital for Sick Children in Toronto and Children's Hospital of Michigan, Detroit. The addition of these two young Pediatric Urologists will reinforce the team of Drs. J.L.

Pippi Salle and Alex Brzezinski. Both urologists will be fully involved in teaching, clinical and laboratory research and teaching. We can now consider ourselves one of the few fully staffed Divisions of Pediatric Urology in Canada. Roman and J.P. will be involved in the development of laparoscopic urological surgery as well as renal transplantation, including laparoscopic donor nephrectomy. In addition, they will carry out experimental research in congenital kidney obstruction and novel laparoscopic urological procedures. They hope to identify genetic polymorphisms associated with obstructive nephropathy, the largest single cause of renal failure in children.

Additional activity within the Division of Urology includes, Dr. J.L. Pippi Salle, Chief of Pediatric Urology at the Montreal Children’s Hospital, was a Visiting Professor to the Hôpital Trousseau, Paris – France June 2000 and Porto Alegre – Brazil in August 2000. Other Visiting Professorships have been confirmed in Malaga – Spain in November as well as lecturing at the 25th Congress of the Société Internationale d’Urologie meeting in Singapore – October 2000. Lily Chin-Peuckert and Dr. J.L. Pippi Salle presented a paper entitled *A Modified Biofeedback Program for Children with Detrusor-Sphincter Dyssynergia – 5 Year Experience*, and a video on *A New Approach for Penile Chordee Correction* at the prestigious meeting of the American Academy of Pediatrics in Chicago – October 2000.

*J.L. Pippi Salle, M.D., Ph.D.*

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**Mead Johnson Medical Award of Excellence**

The Mead Johnson Medical Award of Excellence is awarded to a physician who has distinguished himself/herself throughout the years by providing exceptional care, demonstrating superior knowledge and teaching abilities and by being accessible to the hospital community with particular generosity. This was presented to Dr. H. Bruce Williams, MCH Surgeon-in-Chief.
Iqaluit (formerly Frobisher Bay) is situated on Baffin Island a few hundred miles from the Arctic Circle. It is 2,060 air kilometers from Montreal with the Hudson Straight between the most northern shore of Quebec and Baffin Island. The annual snowfall in Iqaluit is 255 cm and the annual rainfall is about 19 cm. In January, normal temperatures range between a low of -40 and a high of -22 degree C with a mean of -26 degree C. In July, the normal temperatures range between a low of 3.7 degree C to a high of 11.4 degree C, with a mean of 6.2 degree C. Freeze up starts around the end of October. Spring thaw begins around mid-June and the ice of Frobisher Bay begins to melt around mid-July. The amount of light in the winter decreases to about 4 hours of daylight a day by mid-December and then increases to nearly 21 hours of daylight by mid-June. Most of the supplies are brought in by sealift during the 4 summer months, but all perishables must be flown in on a daily basis.

The latest video equipment is available for gastroscopy, colonoscopy and laparoscopic surgery. A full-time dedicated medivac team is available since many patients are flown down to the hospital from settlements up island.

Dr. Hreno and I have been spending 2 weeks every summer as the sole surgeon in Iqaluit since 1983. We were originally asked to do this so that Dr. Terry Watts (a McGill Residency Program Graduate) could have a well-deserved holiday. Andy and I both had had good general surgical training, but at the time lacked the wider range of skills necessary to function in such an environment. Some of the problems we have encountered over the years include burr holes, complicated Cesarian section, ruptured ectopics, twisted ovarian cysts, carpal tunnel and trigger finger release, tendon repairs, gunshot wounds to all regions including a blow out of the tibia-fibula and anterior compartment of the leg in a 16 year old. We had to learn gastroscopy and colonoscopy which at the time of our training did not exist except for rigid gastroscopy.

The management of frostbite, hypothermia and closed reduction of fractures are not uncommon problems. In addition to the above, one must be able to recognize and deal with a full range of pediatric surgical problems.

The Inuit are excellent surgical patients. They want to get out of hospital as soon as possible post-op, so are up and about and very active even after major surgery. Appendicitis is a very common problem in the North and because of the need to medivac patients long distances by air often in bad weather, perforation and generalized peritonitis are not uncommon. Even so, the post-operative course of these patients is usually smooth, I think in large part due to their general attitude and early ambulation.

Through the kindness and help of our colleagues at the Montreal General, Dr. Hreno and I have acquired most of the skills we originally lacked. I think if a resident chooses this type of career that he/she should spend an extra year doing rotations in Gynecology, Orthopedics, Plastics, Neurosurgery and Endoscopy.

Why do we continue to go north? It is stimulating and exciting to be called upon to deal with the whole spectrum of surgical emergencies in all disciplines. There is the sense of a "last frontier" about it which appeals to the surgical personality. There are many jobs for well-trained general surgeons in all provinces. From the number of calls Andy and I get from Ontario and the Maritimes, it would seem that a crisis in general surgical manpower is developing.

General Surgery
in the North

By E. John Hinchey, M.D.

Iqaluit (population 4,500) is a medical referral center for the 12 settlements on the island. The most northerly settlement is Grisefiorid (population 170) and is 1,5000 kilometers north of Iqaluit. Until 1998, McGill University had the contract to supply medical specialty services in all disciplines to the population of the region. McGill lost the contract to the University of Ottawa 2 years ago who now supply these services.

The 34-bed hospital in Iqaluit services the whole population of Baffin Island (13,000) and is the only hospital with surgical services in the entire area including northern Quebec. Staffing is variable, but usually includes 6 family practitioners, 2 general practitioner anesthetists and one surgeon. There is no radiologist, but skilled radiology technicians provide diagnostic x-ray and ultrasound services. There is a well-equipped operating room and delivery suite.
It is both an honour and a pleasure to pay tribute to Dr. Gordon Stanley Fox who has contributed so significantly to our Department. Dr. Fox received his medical degree from the University of Toronto in 1960, which was followed by a one year rotating internship at the New Mount Sinai Hospital in Toronto. His anaesthesia residency was done at McGill University, and a one year Clinical Fellowship followed at the Royal Victoria Hospital. Dr. Fox remained at the RVH for some 19 years, and his duties included a five year stint as Director of Obstetrical and Gynaecological Anaesthesia. From 1985-1989, Dr. Fox was the Anaesthetist-in-Chief at the Sir Mortimer B. Davis-Jewish General Hospital, after which he returned to the RVH as the Anaesthetist-in-Chief until April 2000. He served as Acting Chairman of the McGill Department from 1992-1994, and as the Acting Anaesthetist-in-Chief at the MNH from 1992-1993. Other appointments include Professor in the Faculty of Medicine, and Fellow in the Senate at McGill. Dr. Fox served on numerous committees at the Hospital and University level, and has lectured widely on subjects concerned with conduction anaesthesia, the parturient, and the elderly. He has published 46 full-length manuscripts on a variety of issues, including foetal concentration of xylocaine during continuous epidural anaesthesia, the effects of anticholinesterases on heart rate in the cardiac transplant and the dynamics of breathing in infants, just to name a few! Dr. Fox has a long-standing fascination with the morbidly obese and, in addition to numerous publications on this subject, he has prepared a movie and videotape (rated R, most likely). Dr. Fox is a member in good standing of the Quarter Century Club, McGill University and the RVH.

The positive influence of Dr. Fox on our Department cannot be overstated. He was committed to providing outstanding patient care and his enthusiasm for anaesthesia was remarkable and most infectious. He was untiring in his effort to support all academic activities, and served as an exemplary role model for residents and staff. I think it is fair to say that his presence in our Department is sorely missed!

On behalf of the members of the Department of Anaesthesia at the RVH, I would like to thank Dr. Fox for all he has done and wish him and his wife, Estelle, the very best.

Steven B. Backman
Clinical Director, RVH Department of Anaesthesia

One Million Dollar Donation to M.N.I.

The Montreal Neurological Institute has received a million dollar grant from Mr. A. Jean de Grandpr, C.R. for its Brain Tumour Research Centre. The plan is to set up an international telemedicine and teleconferencing centre thanks to this generous donation.

Philanthropist de Grandpr, former CEO of Bell Canada, was President of the MNH from 1970-1977. His portrait by Buckman is in the main hallway at the Neuro.
The definition of Calot's triangle, the region in the hepatobiliary system so important during cholecystectomy, is well known to general surgeons, but is controversial among anatomists as well as surgeons.

**Does Everyone Agree About the Triangle of Calot?**

The definition most commonly used is that of the cystic duct, the common hepatic duct and the liver. It is, in fact, defined as such by Gray, Sabiston and in the early editions of Schwartz and Dorland. In 1988, Dorland modified the definition to be that of the cystic duct, the cystic artery and the hepatic duct. This is also the definition used in the Atlas of Biliary Tract Surgery by the late Dr. Frank Glenn.

The "delicate" hepatobiliary triangle as described by Jean François Calot in his doctoral thesis in 1895 was:

"The triangle is not exactly equilateral, but more like an isosceles triangle. The superior and inferior sides represented by the cystic artery and the cystic duct being equal and slightly longer than the part of the hepatic duct which enters into the formation of the triangle."

**REFERENCES**


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**The Canadian Surgery Week**

September 6-9, 2001 - Quebec City

The September 2000 meeting in Edmonton was the last one for CAGS in association with the Royal College. The September 2001 meeting will form part of a Canadian Surgery Week together with the Society of Colorectal Surgeons, the Thoracic Society, the Canadian Society of Surgical Oncologists and possibly the Vascular Society and the Canadian Society of Pediatric Surgeons. The Trauma Association of Canada will join in 2002, but they have a joint meeting in Australia in 2001. In future years, the Royal College will hold an annual meeting in Ottawa restricted to matters of education, program accreditation and certification.

The transition for CAGS may be difficult financially, but the new arrangement is more attractive to members of our Corporate Council.

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"Yes, I see. Well, there's a lot of it going around. Take a couple of aspirins, get a good night's sleep, and call again in the morning."

— The New Yorker
His name was Fleming, and he was a poor Scottish farmer. One day, while trying to eke out a living for his family, he heard a cry for help coming from a nearby bog. He dropped his tools and ran to the bog. There, mired to his waist in black muck, was a terrified boy, screaming and struggling to free himself. Farmer Fleming saved the lad from what could have been a slow and terrifying death. The next day, a fancy carriage pulled up to the Scotsman's sparse surroundings. An elegantly dressed nobleman stepped out and introduced himself as the father of the boy Farmer Fleming had saved. "I want to repay you," said the nobleman. "You saved my son's life."

"No, I can't accept payment for what I did," the Scottish farmer replied, waving off the offer. At that moment, the farmer's own son came to the door of the family hovel. "Is that your son?" the nobleman asked. "Yes," the farmer replied proudly. "I'll make you a deal. Let me take him and give him a good education. If the lad is anything like his father, he'll grow to a man you can be proud of." And that he did. In time, Farmer Fleming's son graduated from St. Mary's Hospital Medical School in London, and went on to become known throughout the world as the noted Sir Alexander Fleming, the discoverer of Penicillin.

Years afterward, the nobleman's son was stricken with pneumonia. What saved him? Penicillin.


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Gustavo A. Duque, N.M.D.
Geriatric Medicine Fellow, McGill University

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LORRAINE PETERS —
KIDNEY TRANSPLANT CO-ORDINATOR,
MCGILL UNIVERSITY HEALTH CENTRE

Recently, The Transplant Clinic held a reception honoring Lorraine Peters of the Transplant Clinic who celebrated her 25th year anniversary of working at the Royal Victoria Hospital and her birthday. Lorraine began her nursing career in Dialysis in 1974, and was one of the pioneers of the Kidney Transplant Program. Since 1974, she has been co-ordinating transplants and following the post-transplant population.

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25-Year Anniversary

Front Row: Dr. Jean Tchervenkov, Lorraine Peters, Dr. Dana Baran; Back Row: Dr. Rolf Loetscher, Dr. Peter Metrakos
Dr. Paul Belliveau presented a well received study at the meeting of the Canadian Society of Colon and Rectal Surgeons on September 23rd in Edmonton (at the same time as the meeting of the Royal College) entitled Conformal Preoperative Brachytherapy for Patients with Locally Advanced Resectable Rectal Cancer: Preliminary Results. The co-authors were: T. Vuong, Ren Michel, L. Souhami, B. Hoftah, J. Parent, Judith Trudel, C. Reinhold, Dave Evans, E. Begin.

Dr. Pnina Brodt was the recipient of the Terry Fox New Frontiers Initiative Program grant for 2000-2003. The co-applicants were Dr. Jacques Galipeau of the Lady Davis Institute and Bernard Massie of the Biotechnology Research Institute. The project is entitled Cancer Gene Therapy: A Comprehensive, multi-pronged Strategy for Growth Factor Receptor Targeting. It is noteworthy that Dr. Brodt is also a Guest Editor of the Surgical Oncology Clinics of North America - special issue which is to be published in the spring of the year 2001. The theme will be Metastasis: Biological and Clinical Aspects. Throughout the year, Dr. Brodt was Guest Speaker at the following symposia: In January in Luxemburg for an International meeting on Signal Transduction Pathways. In May in Montreal, she chaired a session on the Molecular and Clinical Aspects of Metastasis from Colorectal Carcinoma. Again, in May, she was a Visiting Scientist to the Singapore Medical Research Council. In June, she was an Invited Speaker to an International Symposium on Molecular Cell Biology of Macrophages 2000 in Kyoto, Japan.

Dr. Miguel Burnier has recently received the Rio Blanco Medical Order of Brazil (equivalent to the Order of Canada).

Dr. Ray Chiu was a Visiting Professor at the Clinical Research Institute of Cheng Gung Memorial Medical Center in Kaoshiung, Taiwan, April 20 to 26. He was invited to give the Aaron Brown Distinguished Lectureship at the Phi Delta Episolon Medical Fraternity of McGill on June 7. Dr. Chiu was a "Grand Invit " and served as Session President at Chirurgie 2000, Congr s Internationale de la Soci t de Chirurgie Thoracique et Cardio-Vascu laire de langue française in Paris, June 26 to 28, where he also served as a Visiting Professor to Labaroire de Chirurgie Cardiovasculaire, l'h pital Brussais in Paris on June 28th. He became a Scientific Advisor for Paracor Surgical Incorporated, a medical devices company for heart failure therapy, and invited to serve as an Associate Editor for cardiac surgery in the new journal "New Surgery" to be published by Landes Publishing Company of Austin, Texas. He served as an advisor to the "Xenotransplantation Advisory Committee for the International Society for Heart and Lung Transplantation", which drafted the official position of this international organization on issues involved with xenotransplantation. Dr. Chiu was also an invited speaker at the Yale University Symposium on "Technically Challenging Procedures in Adult Cardiac Surgery" on September 16th, 2000.

Dr. Patrick Ergina has been appointed the Program Director for the McGill Cardiac Surgery Residency Program in September 2000.

Dr. Liane S. Feldman presented a paper on Laparoscopic Splenectomy at the meeting of the Canadian Association of General Surgeons on September 23rd in Edmonton. She was also the lead author of a poster entitled Does Experience With Advanced Laparoscopy Improve Outcome in the Treatment of Acute Cholecystitis? along with Drs. L.E. Medeiros, J.S. Barkun, Harvey Sigman, J. Garzon and G.M. Fried.

June 20th marked the launching of the McGill Fetal Diagnosis and Treatment Center. Dr. H. ne Flageole has been appointed Co-Director of Fetal Surgery for the Center. The detachable balloon technique developed by Dr. Flageole to occlude the fetal trachea and make the lungs grow is now used clinically to treat human fetuses with Congenital Diaphragmatic Hernia at UCSF, the Center with the longest experience in Fetal Surgery.

Dr. Philip H. Gordon was the Honorary Chairman of the 3rd Annual Conference for the United Ostomy Association of Canada held in August in Montreal. At this session, he made a presentation entitled Second Opinions - When Medical Experts Disagree. What's a Patient To Do? Philip was also a Visiting Professor at the University of Southern California at Los Angeles in September where he gave a talk entitled Genetics of Heritable Colorectal Carcinoma. At the Royal College, Philip was reappointed as Chairman of the Speciality Committee in Colorectal Surgery and also was re-appointed as Member of the Specialty Committee in General Surgery. As well, he has been elected President for a second term of the American Board of Colon and Rectal Surgeons. At the annual meeting in June in Boston of the American Society of Colon and Rectal Surgeons, the McGill Colorectal Group presented an important paper entitled The Value of Specialization - Is There an Outcome Difference in the Management of Complicated Diverticulitis? The authors were A. DiCarlo, R. Andtbacka, L. Shrier, P. Belliveau, J. Trudel, B. Stein, PH Gordon, CA Vasilovsky.
Dr. Jean-Martin Laberge presented at the International Fetal Medicine and Surgery Society Meeting (IFMSS) in Nantucket in September. The topics of his presentations were Variable Outcome with Fetal Liver Cysts with co-authors S Khalif, I Bratu, Y Patenaude, L Cartier, V Desilet, M-F Chen, and Lung Growth and Function After Reversible Tracheal Occlusion in the CDH Lamb Model, with I Bratu, H Flageole, J-M Laberge, S Khalif, B Piedboeuf, L Kovacs, D Faucher, M-F Chen. Dr. Laberge will become President of the IFMSS in 2001 and will host the Annual Meeting in May 2002.

Dr. John K. MacFarlane of Vancouver is the President-Elect of the Canadian Association of General Surgeons.

Dr. Jonathan L. Meakins gave the Galile Lecture on September 22nd at the meeting of the Royal College of Physicians and Surgeons of Canada in Edmonton. The session was presided by Dr. R.B. Baltzan of Saskatoon and Jonathan was introduced by Dr. J.J. Wedge, Chairman of the Department of Surgery of the University of Toronto. His lecture was entitled Surgery, Surgeons and the New Millennium: Implications for Clinical Practice, Teaching and Research. Also at the meeting of the Board of Regents of the American College of Surgeons, Dr. Meakins was elected Vice-Chair of the Board of Regents and he heads the ACS Task Force on Education.

At the Sixth Annual Conference on Residency Education of the Royal College in Edmonton in September, at a poster session, Dr. Sarkis Meterissian presented Problem Based Learning for the Teaching of Surgical Oncology to Second Year Medical Students: Is it Effective?. The co-authors were F. Tremblay, A. Seeley, C. Weston and G. Morgan from the Department of Surgery and Faculty of Education.

On September 21st at the meeting of the Royal College in Edmonton, Dr. David S. Mulder gave a lecture entitled Acute Airway Problems and Their Management.

During the scientific program of the meeting of the Canadian Society for Clinical Investigation in Edmonton on September 22nd, Dr. L. Rosenberg presented an excellent paper entitled Pancreatic Stem Cell Differentiation into Insulin Producing β-cells. It is noteworthy that Dr. Lawrence Rosenberg is the only Canadian surgeon to be a contributing author of the textbook "Surgery, Scientific Principles and Practice" edited by Dr. Lazar J. Greenfield, Lippincott-Raven, 1997, second edition. His article in the text is entitled Pancreatic and Islet Transplantation, pages 615 to 632. He is also the co-editor along with other members of the McGill community of a book entitled Surgical Arithmetical: Epidemiological, Statistical and Outcome-Based Approach to Surgical Practice.

Dr. Joao Pippi Salle was a Visiting Professor to the Hospital for Sick Children in Toronto in March, presenting a paper entitled Evolution in the Treatment of Bladder Exstrophy. In June in Tours, France at a joint meeting of the American Academy of Paediatrics along with the European Society for Pediatric Urology 2000, Dr. Salle presented two papers: 1) Bladder Exstrophy Associated to Complete Urethral Duplication: A Rare Malformation with Excellent Outcome, and 2) Hydronephrosis with Diffuse or Segmental Cortical Thin- ning: Impact on Renal Function.

Dr. Gaston Schwarz in August was decorated by President Fujimori of the Peruvian Government for humanitarian work that he did on behalf of that country.

Dr. Kenneth S. Shaw has been appointed Chairman of the Program Committee of the Canadian Association of Pediatric Surgeons (CAPS).

Dr. Dominique Shum-Tim was the recipient of the Jonathan-Ballon Prize. This prize is given to a young researcher for the best grant application to the Quebec Heart Foundation, in his study of Cerebral Protection for Pediatric Cardiac Surgery with Extracorporeal Circulation.

Dr. Christo Tchervenkov has had a very busy year. It first started with the "How I Do It" Session at the 2000 Annual Meeting of the Society for Thoracic Surgeons in Fort Lauderdale, Florida in February where he was the Guest Speaker. The title of his presentation was Operation Strategies to Achieve Biventricular Repair in Small Left Ventricles. He was then the Invited Speaker at the Congenital Heart Disease Symposium of the American Association of Thoracic Surgery in Toronto, April 2000 where he talked on Two-Ventricle Repair for Hypoplastic Left Heart Complex. Dr. Tchervenkov recently became a Member of the Risk Stratification Committee for Congenital Heart Disease of the European Association for Cardiothoracic Surgery and he attended the meeting in Oslo, Norway in May 2000. He was the Visiting Professor at the University of Southern Florida, St. Petersburg, where he talked on New Advances in the Surgical Treatment for Hypoplastic Left Heart Syndrome in August 2000. He also attended the International Symposium on Congenital Heart Disease: Challenges for the 21st Century where he presented Two-Ventricle Repair for Complex Congenital Heart Disease in San Francisco. He was the Visiting Professor at the University of Sherbrooke where he presented at Pediatric Grand Rounds: R paration primaire pour les cardiopathies cong nitaless chez le nouveau-n et le nourrisson, and at Surgical Grand Rounds: R paration biventriculaire chez les cardiopathies con g nitaless complexes on September 21st, 2000. He was the Guest
Speaker at the Annual Meeting of the European Association for Cardiothoracic Surgery where he presented: Single Ventricle with Systemic Obstruction in Early Life: Comparison of Pulmonary Artery Banding versus the Norwood Operation in Frankfurt, Germany, October 2000 as well as a Guest Speaker at the International Symposium on Double Outlet Right Ventricle in Moscow, Russia at the end of October 2000. Dr. Tchervenkov is currently the Chairman of the Examination Board in Cardiac Surgery of the Royal College of Physicians and Surgeons of Canada.

Dr. Jose M. Tellado, a former fellow in the L.D. MacLean Surgical Laboratories, along with Dr. Nick Christou, co-edited a book entitled Intra-abdominal Infections.

At the interim meeting of the American Board of Colon and Rectal Surgery in March 2001, Dr. Judith Trudel will be the organizer of a Question Writers' Workshop to be co-sponsored by the ABCRS and the ASCRS which will be held in the spring of 2001. She is also an Associate Examiner on the ABCRS.

Dr. Carol-Ann Vasilevsky presented a paper on Intestinal Pseudo-obstruction at an afternoon session of the Canadian Association of General Surgeons meeting on September 21st in Edmonton.

Dr. H. Bruce Williams was a Visiting Professor at the Long Island Jewish Medical Center in New Hyde Park, New York in March. He presented a paper entitled The Interface Between Plastic Surgery and Medicine. He was also a Visiting Professor at the University of Kentucky in Lexington last April. Here he presented two papers entitled: 1) Vascular Malformations, and 2) Electrical Stimulation Following Nerve Injury and Repair: Use of an Implantable System. For his excellent clinical and scholarly achievements over the years, Bruce was awarded the Medical Award of Excellence presented by the Montreal Children's Hospital Foundation on June 8th.

Dr. John Yee has accepted a position as a thoracic surgeon on the staff of Dr. Mark Orringer at the University of Michigan in Ann Arbor. John trained in General Surgery at McGill and in Thoracic Surgery at Michigan with Dr. Orringer. He also trained for one year with Dr. Richard Finley at UBC. McGill wishes him well.

Achievements Residents and Fellows

Dr. Ioana Bratu presented at the Canadian Association of Pediatric Surgeons. Topics of her presentation were Pulmonary Artery Remodeling After Reversible Tracheal Occlusion in Diaphragmatic Hernia and Pulmonary Sequestration Revisited. For the former presentation, she was awarded the resident prize for best basic science research paper.

Dr. A. DiCarlo along with Drs. A.J. Tector, M. Tan, J.A. Fridell, S. Liu, C. Soderland, J.S. Barkun, P. Metrakos and J.I. Tchervenkov presented a poster at the CAGS meeting in Edmonton entitled Endothelial Activation Results in Upregulation of Interleukin-1A and Endothelin-1 mRNA in Pig-to-Human Liver Xenotransplantation.

At this years 32nd Annual Meeting of the CAPS, Dr. Sherif Emil presented Clinical vs Sonographic Diagnosis of Acute Appendicitis in Children: A Comparison of Patient Characteristics and Outcomes.

Dr. Abdulrahman Hagr presented a paper on September 22nd in Edmonton at the meeting of the Canadian Association of General Surgeons entitled Probe Guided Parathyroid Adenectomy Performed with Local Anesthesia. The co-authors were D. Anderson and R.J. Tabah.

Dr. Atif Khan along with Drs. I. Shrier and P.H. Gordon of the JGH presented a paper at the meeting of the Canadian Association of General Surgeons entitled Distal Adenomas Mandate Total Colonoscopy.

"Early morning alarm call Doctor?" — Source unknown
Dr. Chwan-Yau Luo, who is a cardiac surgeon in the Division of Cardiovascular Surgery at the National Cheng Kung University in Tainan, Taiwan and who is doing research in Dr. Chiu's laboratory, presented a paper at the International Society of Cardiothoracic Surgeons meeting in Vancouver in July on The Optimal Vascular Delay in Cardiomyoplasty after Latissimus Dorsi Muscle Isolation - Regional Blood Flow Study with Colored Microparticle.

One poster which drew a lot of attention at the meeting of the Canadian Association of General Surgeons was that of L.E. Medeiros, L.S. Feldman, M. Antoniuk, and G.M. Fried of the McGill University Centre for Video-Endoscopic Surgery. This poster was entitled Acquisition of Laparoscopic Skills: The Value of Inanimate Training Systems.

Dr. Pascale Prasai, now practicing pediatric surgery in Qu beck City, also presented at CAPS, a work that was completed while she was chief resident at the MCH entitled Endoscopic Retrograde Cholangiopancreatography in Children. Dr. H. Flageole and Dr. J-M. Laberge were co-authors on this paper as well as those presented by Dr. Sherif Emil and Dr. Ioana Bratu.

At the Sixth Annual Conference on Residency Education of the Royal College in Edmonton on September 22nd, Dr. Andrew Seely presented a paper entitled Can Surgery Residents Improve Their Teaching and/or Learning when Supplied with Teaching Tools and Skills? - A Randomized Control Trial. The co-authors were Drs. M.P. Pelletier, D.E. Swartz, J.L. Trudel and L. Snell of the Departments of Surgery and Medicine, McGill.

Dr. Jih-Shiuan Wang, a cardiac surgeon on sabbatical from Taipei Veterans General Hospital to do research in Dr. Chiu's laboratory, presented a paper at the Surgical Forum of the American College of Surgeons meeting in Chicago in October on The Role of Bone Marrow-Derived Stromal Cells in the Evaluation of Myocardial Infarction. He will also present a paper at the American Heart Association meeting in New Orleans on November 14th on Marrow Stromal Cells for Cellular Cardiomyoplasty: The Importance of Microenvironment for Milieu Dependent Differentiation.

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Were You There?
1989

Patients with kidney stones can now receive a remarkable treatment at the RVH called lithotripsy. The lithotripter, which is located in the cystoscopy unit on 5W, uses shock waves to disintegrate kidney stones into small particles of powder, which can then be passed naturally from the body. Thousands of shock waves are directed precisely at the stone by aiming the beams with careful X-Ray control. The disintegration is watched on TV monitors. As a rule, the procedure takes less than one hour and can be performed without a general anesthetic. The Vic is one of only two hospitals in Montreal to have a lithotripter.
ANNUAL ANTHONY R.C. DOBELL VISITING PROFESSOR OF CONGENITAL CARDIAC SURGERY
Dr. Constantine Mavroudis, Division Head and Willis J. Potts Professor of Surgery at Children's Memorial Hospital in Chicago, was the A.R.C. Dobell Visiting Professor this year, which was held on Monday, October 2nd. The academic day began with Surgical Grand Rounds at the Montreal Children's Hospital, where Dr. Mavroudis talked about Coronary Artery Surgery in Children. This was followed by presentations by residents and staff along with special guests. Of the two special guests who presented were Dr. Marshall Jacobs of Philadelphia who spoke on Decreasing the Risk of Fontan's Operation for HLHS; and Dr. Jeffrey Jacobs of St. Petersburg, Florida who spoke on Extracorporeal Membrane Oxygenator (ECMO), Cardiopulmonary Support (CPS), and Ventricular Assist Device (VAD). Later that day at McGill University Grand Rounds, Dr. Mavroudis gave a second talk on Redo Fontan with Maze Procedure.

That evening, a banquet in honor of Dr. Mavroudis was held at the Mount Stephen Club.

Lt. to Rt. Top Row: Dr. Jeffrey Jacobs, Dr. Dominique Shum-Tim, Dr. Stephen Korkola, Dr. Marshall Jacobs
Lt. to Rt. Bottom Row: Dr. Jean Perron, Dr. Christo Tchervenkov, Dr. A.R.C. Dobell, Dr. Constantine Mavroudis

Were You There?
1966

ACCIDENT SERVICE DINNER At a dinner held in December to mark the Fifth Anniversary of the Accident Service of the Royal Victoria Hospital, Dr. Lloyd D. MacLean, Surgeon-in-Chief, presented Dr. R.A. Fuller of Johnson and Johnson Co. with the three books on Accident Surgery produced by the Service and edited by Dr. H.F. Moseley, Director of the Accident Service and published by Appleton-Century-Crofts. The publication of these books was made possible by a grant from John and John to the Accident Service.
Annual General Surgery Picnic

The Division's annual summer picnic was held on Saturday, July 8th, 2000 at Dr. Christou's cottage in the Laurentians. Students, residents, staff and their significant others and families were invited. A great time was had by all.

Marc Zerey, Kasar Khuwaha, Dhafer Khamal, Moishe Liberman, Dr. Christou and Edwin Ferri

Dr. Nick Christou's Cottage on Lac Archambault

Wow! What a glorious little corner of Heaven!

Lorenzo Ferri, Cathy Patterson, Andrew Seely, Dr. Anoine Louifi, Vadim Sherman, Gabriel Chan enjoying lunch on the terrace.
Madeleine Poirier and Prosanta Chaudhury

The Rozek Clan

Vadim Sherman, Gabriel Chan and Moishe Liberman
Oliver, Dr. John Arthur
On September 25, 2000, beloved father of Catherine (Franklin), Peter (Sophie), Susan and Sarah (James), and loving granddad to Samantha, Nicholas, Scott and Christopher. He is predeceased by his dear wife Jean Crawford Oliver. His best friend Jane was a dear and wonderful companion. John graduated from McGill in 1956. He had been a Urologist on staff at the RVH since 1962. He was an Associate Professor. He was a member of the Renal Transplant Team in its early days. He will be sorely missed.

Salgado, Dr. Isidro
On January 24, 2000 after a brief illness in Rothesay, New Brunswick. Dr. Salgado was born in Munilla, Spain. He was a Medical Officer with the Department of Veteran’s Affairs, a member of the Royal College of Physicians and Surgeons of Canada, and a fellow of the American College of Surgeons. He practiced at Soldiers Memorial Hospital and Hotel Dieu Hospital in Campbellton. Dr. Salgado was an honorary member of the Saint John Medical Society and worked at the Worker’s Compensation Board and the Department of Veteran’s Affairs. He is survived by his wife Susan (Snow), his sons Dr. David Salgado (Sally) of Hampton, Dr. Michael Salgado (Colleen) of Saint John, his daughter, Dr. Lydia Salgado-Kroetsch (Vincent) of Rothesay, and eight grandchildren.

Sandison, John Westwood, M.B. Ch.B., (Edin)
Professor of Anesthesia and former Anesthetist-in-Chief, RVH died in Oakland, Lunenburg County on September 13, 2000 at the age of 72 years. Funeral was held in Mahone Bay on September 18.

Help Us Find the Following Alumni

Dr. Z. Arekat (General Surgery)
Dr. Ram Aribindi (Orthopedic Surgery)
Dr. Michel Bazinet (Urology)
Dr. R. Bend-Jabal
Dr. Richard Berkowitz (Orthopedic Surgery)
Dr. Shayne Burwell (Plastic Surgery)
Dr. Peter J. Capello (General Surgery)
Dr. Dan DeForno
Dr. Ezat Hashim (Plastic Surgery)
Dr. Irwin Paul Enker (Orthopedic Surgery)
Dr. J. Fleming (General Surgery)
Dr. G. Ghazal
Dr. Bryant Joseph Gilot
Dr. Jonathan D. Glassman (Orthopedic Surgery)
Dr. R.W. Goldlust
Dr. Tom Konowalchuk (Urology)
Dr. Robert S. Kurtz (Pediatric Surgery)

Dr. Marc Lanser (General Surgery)
Dr. Ronald R. Lett (General Surgery)
Dr. Shaun MacDonald (Vascular Surgery)
Dr. Janet Mackenzie (Plastic Surgery)
Dr. Paul Manner (Orthopedic Surgery)
Dr. Michael Munz (Neurosurgery)
Dr. James F. Murray (Plastic Surgery)
Dr. J. Tarbet
Dr. D.C. Wood (General Surgery)
Dr. Thierry Yandza (General Surgery)