Bouncing around in the classic white Land Rover with the huge Red Cross emblazoned on the hood in the middle of a huge dust storm, it was all starting to sink in. I had voluntarily come to this place and was going to be here for three months.

On that first day, we performed 17 operations during the day and 4 overnight: two cases of obstructed labour (one had been obstructed for over ten days before arrival) both with ruptured uterus and early sepsis, two severe crocodile bites, one snake bite with extensive tissue necrosis in a six month old, numerous high powered gunshot wounds, and a land mine injury in a 12 year old boy. This was going to be one hell of a ride.

An Experience in The Sudan

By Tarek Ramez, M.D.

One year earlier, Dr. David Evans and myself had taken the war surgery course offered by the International Committee for the Red Cross (ICRC) in Geneva. We had both envisioned a role for international surgery initiatives within the restructuring of the trauma program at McGill. This role includes developing a Canadian surgical leadership in the structure and organization of both crisis intervention and educational activities in the developing world.

McGill has a tremendous history of leadership in international surgical work and I have had the privilege to benefit from some of this mentorship. Drs. Peter Mclean and Antoine Loutfi introduced me to The Canadian Network for International Surgery (CNIS) and Dr. Lett who is the current head.

Through the CNIS, I have been able to participate in surgical education projects in Ethiopia and Tanzania in the last two years. This work has stimulated me to pursue even more aggressively a structured program of international work within the confines of my McGill appointment. I felt, however, that I needed further exposure in the more difficult environment of a crisis or war to gain more experience in this field. The ICRC proved to be an excellent organization. I applied for and was posted. Please see Sudan on page 4.
Mes Colleagues,

Vous avez écrit dans le journal de McGill au sujet de la chirurgie laparoscopique. Auparavant, j’ai passé du temps comme résident au Herbert Reddy Memorial Hospital près du Royal Vic.

Je vous écris que c’est moi qui ai inventée la chirurgie laparoscopique et de l’invasion minimale.


Veuillez agréer, mes collègues, l’expression de mes sentiments les meilleurs.

H. Courtenay Clarke

Dear Editor,

I was very fortunate to have been able to come to Montreal to attend the 100th Anniversary celebrations at the Montreal Children’s Hospital (MCH). As a Royal Vic surgical assistant resident, some of our rotations were at the MCH.

During this visit, I was very glad that Dr. and Mrs. Dobell came to the reception and gala dinner. It gave me tremendous pleasure to talk to him again and to be able to thank him for the teachings and mentoring when I was a McGill student and RVH surgical assistant resident. To me, he looks great and very relaxed, not a lot different than 40+ years ago.

MCH was a place where I started to take an interest in the surgical management of children’s problems which led me to train and become a pediatric orthopaedist.

It was fun seeing the present MCH. However, one of the interests of some of the physician colleagues around me was to revisit the building and place where we had our “on-call” rooms. We all knew where the place was, but could not find it. However, with a little bit of guidance, we were able to do so, crossing over the bridge from the cafeteria. The area has been transformed into offices. What used to be the “living room” is still there and although, as I recalled, had a grand piano on one side, it appeared to be adequate for us to spend a few moments to smoke a cigarette, a cigar and relax before we got called again. What amazed me is the size of our “on-call” room. The “bunk beds” are no longer there, but I could not believe that 4 of us shared the room and occasionally 2 or 3 of us would be using it. Being a surgical resident, it may be interesting to note that the 4 of us who shared the room, myself from RVH and 3 MGH surgical residents all chose orthopaedics, and 3 of us became pediatric orthopaedists.

William McIntyre, M.D. went to Columbia University, NY, completed his orthopaedic residency, then came back to Ottawa, subsequently becoming Chief of Orthopaedics at Children’s Hospital, Eastern Ontario.

Tony Ashworth, M.D., my classmate from McGill, entered the Harvard Orthopaedic Surgery training program, subsequently took a position at Queen’s University, Kingston and for most of his practice career, took care of disabled and cerebral palsy children at their specialty hospital. He had many other interests, took additional studies in financial practice and subsequently became Treasurer of the Pediatric Orthopaedic Society, North America (POSNA).

Robert Fulford, M.D. continued in the Orthopaedic residency at the Montreal General Hospital, then practiced for a brief period in Canada before going to Houston, Texas where he had a successful clinical community practice with voluntary academic commitments.

As for myself, I took another year of General Surgery at the Royal Vic, then entered the Johns Hopkins Hospital Orthopaedic residency program, completing in 1967. This was followed by a USPHS “career development” award to study the Basic Sciences. On completion, I joined the University of Southern California’s teaching program, was a rotating Trauma attending at Los Angeles County General Hospital. At Rancho Los Amigos Medical Center, most of my practice is in taking care of the physically disabled person, especially children with neuromuscular disorders, congenital, traumatic and developmental orthopaedic disabilities, TBI and cerebral palsy. In 1988, I became Chief of Orthopaedics and Chair of the Department of Surgery, Rancho and at that time we had our own full and part-time staff of 150 surgeons and physiatrists, 32 residents and 10 fellows.

William McIntyre, M.D.

John D. Hsu, M.D., F.A.C.S.
Emeritus Clinical Professor, Orthopaedics,
USC, Keck School of Medicine,
Downey, California

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EDM
LETS NOT LET THE TRAUMA TEAM DIE ACCIDENTALLY

In late September, the M.G.H. disbanded its Trauma Team. In the past five years, there have been increasing problems in maintaining the service. Decreasing resources due to underfunding by the Provincial government, and an increasing number of complicated cases such as penetrating injuries, a diminishing number of traumatologists and poor working conditions for doctors were cited as the principal reasons. The decision means that the Montreal General will no longer have a dedicated Trauma Service to respond to multiple injuries. A general surgery team from throughout the hospital, however, will continue to be dispatched to the Emergency Room whenever the need arises. The M.G.H. is one of two Level I Trauma Centres in Montreal along with Sacre Coeur Hospital.

This should not be the end of an era. Too much history would count for naught were this to be left as is.

Just think of the early 1960's at the R.V.H. when Dr. Fred Moseley started an Accident Service in the 9-E Surgery Pavilion. Some of the earliest residents were Drs. Nelson Mitchell, Giuliano Maximo Luccioli, Taffy Slapak, Peter McLean and M. Chughtai.

Remember the work of Dr. Fraser Gurd on shock and trauma. Remember Dr. Rea Brown and his course on Advanced Trauma Life Support (A.T.L.S.). Remember Dr. David Mulder giving the Scudder Oration at the American College of Surgeons. We also have had the H.R. Robertson Annual Visiting Professorships. Both the Royal College and the Quebec College have been pleased to accredit the Trauma Service as an excellent training program for surgical residents. Over the years our hospitals distinguish themselves in their response to mass disasters such as the Bluebird Cafe fire and the aftermath of the Ecole Polytechnique massacre on December 6th, 1989.

Quebec Health Minister, Philippe Couillard, has ordered an independent analysis of the Trauma Service at the Montreal General and he has pledged to put more money into the Trauma Care System especially since his government has been accused of not providing enough resources. It has become evident that Quebec's Trauma System lags behind Ontario's. According to Dr. Michael Churchill-Smith, Associate Director of Professional Services at the M.G.H., Quebec needs at least twelve more traumatologists to be able to respond adequately to victims of car accidents, gunshot wounds and other life threatening injuries. Dr. Couillard, in defense of his Ministry, avowed that the previous government had underfunded health care, but his government had invested an additional 2.2 billion dollars into the system.

A major problem, however, is the lack of surgical staff. In recent times, only three surgeons were members of the M.G.H. Trauma Team, Dr. David Evans, Dr. Tarek Razek and Dr. Suneel Khetarpal. Not enough general surgeons were taking calls on the Trauma Team. Also, Dr. Peter Richardson, neurosurgeon, had gone to England and Dr. Bob Ford passed away.

It would be a shame to let things continue this way. Hopefully, Dr. Couillard's mission will find ways to improve the working conditions of doctors to attract and retain more traumatologists and other specialists in this field. "I hope you can make a positive change in Quebec because their Trauma System needs some attention," said Dr. Fred Brenneman, Chief of Trauma at Sunnybrook Hospital in Toronto. Dr. Tarek Razek, the new Head of the Trauma Team (see elsewhere in these pages), affirms that "There is a tremendous underfunding, and to maintain the level of service to that degree is impossible for us to do." He said "We really don't want to have any significant downgrading of patient care even through these difficulties."

There is much work to be done. Though the M.G.H. Trauma staff right now is in a "fragile" state, it is hoped that with everybody pulling together, it will be able to restore it to its excellent Level I designation.

"I'm never having kids. I hear they take nine months to download."
to the field hospital in Lokichokkio (Loki), which serviced the ongoing civil strife in the southern Sudan. I arrived for a three-month mission in February of 2004.

The ICRC’s mandate is as a guardian of the Geneva Conventions. This is a separate entity from national Red Cross societies. The Geneva Conventions ensure specific rights in a zone of conflict. One of these is the access to medical care. A military surgeon established the ICRC to try to cope with the problem of poor surgical services provided in areas of conflict in the 19th century.

The days in Loki were very long and repetitive. The medical staff consisted of two team surgeons each with an anaesthesiologist. The hospital itself had the capacity for approximately 750 patients in tent wards and one permanent structure, which held the OR’s, the triage and recovery area. There were many expatriate nurses covering the wards along with many outstanding Kenyan nurses who staffed both the wards and the OR’s. Each team (surgeon and anaesthesiologist) covered alternate night calls and we used a VHF radio system to keep in touch with the hospital staff at night. My colleagues were from Russia, Ghana, Switzerland, Australia, etc.

Every day the radio room received requests for transfers to the hospital from various smaller relief stations throughout the Southern Sudan run by various relief organizations. Flights (UN World Food Program, ICRC or MSF, etc.) would transport patients who required emergency surgical assistance on their return from planned supply drops. Every morning we would drive from our compound living area (a walled and guarded enclave) to the hospital (about ten Km’s). We operated seven days a week on all the new cases. On average we performed 300 cases per month and received 10-15 new patients every evening. As this is the only surgical facility for a very large area, we also received many patients from the local region (many walked in from the Ugandan border). The work was split between emergency obstetrics, orthopedics and general surgery cases with many pediatric patients in the mix. I no longer complain about a lack of elective OR time here at home after operating every day solid for three months (at least not for this year). One of the more difficult tasks was that of triage – we had to do this every evening as the flights rolled in. In the austere environment, triage was very challenging and emotionally draining.

The boy I mentioned at the beginning, struck by a land mine, lost his brother in the incident and arrived to us ten days after the event with gangrenous limbs bilaterally. The upward nature of the mine blast injury caused significant injury to both his limbs. He ended up with bilateral below knee amputations. This little boy’s bravery and overall attitude was overwhelming. He smiled much more than he cried and submitted to over five redebridements of his wounds with a strength I’m not sure I possess. He recovered extremely well and returned to his village on my last day. He will be sent back in a few months to receive his prosthetics. The prosthetic program run by the ICRC was very impressive – born out of a terrible need in these environments due the impact of land mines on civilian populations.

This work experience was extremely rewarding. The one thing I found most surprising was how well I could adapt to the work environment. The extreme specialization that is occurring in general surgery has made it difficult for the ICRC to find surgeons comfortable in this kind of environment. Their pool is predominantly European. A previous surgeon had to be repatriated, as he could not function effectively. I envisage a tremendous opportunity here to contribute as Canadian surgeons.

The international organizations have a difficult time finding appropriate staff to do their work; and there are many interested surgeons (old and new) who have an interest in this work but are unsure how to pursue it. Canadian surgeons have, as a group (either rural or academic trauma/emergency surgery), most of the skills to be very effective in these types of environments. There is some confusion as to who or what is a general surgeon. I find this...
In both our rural and academic environments we exist. In the rural context, there is a broad skill set that must be met; and in the academic context, trauma/emergency surgery encompasses the management of surgical shock (often with an overlap in the ICU). This field was developed by surgeons and can only be handled properly by surgeons (intra-abdominal catastrophe/sepsis, major burn, and major trauma). This evolving tertiary academic pursuit defines what a general surgeon does in the urban setting. It represents a clinical pursuit that involves the whole body (vascular, thoracic, cardiac, and abdominal — everything in it).

I propose an office of international surgery to be housed within the trauma program. Through the creation of international surgical initiatives within academic programs of trauma/emergency surgery, we could facilitate the interaction between international groups with a proven track record and interested surgeons. We would facilitate the small amount of training that would be required for many so that all Canadians who participate would function effectively. We would also assist in research and educational activities beyond crisis intervention work through such organizations as the CNIS.

Why do this through a trauma/emergency surgery program? I believe that this structure has embedded in it the skills that define general surgery. The properly trained trauma/emergency general surgeon should have the skills required to perform in this context. This training should re-invigorate the concept of the “traditional” general surgeon in both the academic and rural environments. As well, trauma and injury represent, according to the WHO, the number one cause of years of life lost and disability in the world. This is a massive public health issue, which has gone largely ignored. As surgeons, we have the skills to begin to deal with this issue. Work in the field of surgical education is badly needed, as surgical skills are largely not available to a majority of the world’s population.

An institute of international surgery, embedded within a trauma/emergency surgery program in a University setting, with support for this role, could begin to address many of these initiatives.

I strongly believe that it is one of our major responsibilities, as an academic Department of Surgery and as Canadian surgeons, to contribute to the development of surgical education internationally and to surgical relief efforts in crisis scenarios when needed. We are failing to accomplish what we are potentially capable of in this arena at this time.

Tarek Razek, MD,
Director, Adult Trauma Program, MUHC
Dr. Peter Chan of the Division of Urology of MUHC and Drs. Marc Goldstein and Zev Rosenwaks from Cornell Institute of Reproductive Medicine, New York, have just launched their book "Reproductive Medicine Secrets" published by Hanley & Belfus (Philadelphia). This 440 page reference provides comprehensive coverage, from basic science to the latest clinical advances, of male and female reproductive medicine. He also received the First Prize Paper Award from the Society for Male Reproduction and Urology presented at the 60th Annual Meeting of the American Society for Reproductive Medicine in Philadelphia this year. This honor was given to Dr. Chan for his recent work entitled Comparison of patency rates, pregnancy and late failures in four techniques of vasopexidymostomy in 143 consecutive patients.

Dr. Ray Chiu was a Visiting Professor at Drexel University College of Medicine in Hahnemann Hospital in Philadelphia on June 26th, 2004. He served as an Invited Lecturer at the Taiwan Society of Cardiology in Taipei, Taiwan on July 24th; and at the Society of Thoracic Surgeons sponsored symposium entitled "Current Strategies in Heart Failure Management: Drugs to Devices" in Louisville, Kentucky on August 28th. Dr. Chiu also served as the American College of Cardiology Foundation (ACCF) / Pfizer Visiting Professor, sponsored by the Brody School of Medicine, East Carolina University in Greenville, North Carolina on September 20th to 22nd. During the Annual Congress of the Japanese Thoracic Society in Sapporo, Japan on October 19th to 20th, he gave two Invited Lecture, one on Cardiac Surgery Training and another on Stem Cell for Myocardial Regeneration, and participated in a meeting as a member of the Advisory Board for the National Stem Cell Research Center in Taiwan.

Dr. E. John Hinchey was awarded an honorary fellowship in the Canadian Association of General Surgeons at the September meeting of the Canadian Surgery Forum in Ottawa. He had also previously received the Queens' Golden Jubilee Medal in recognition of his contributions to Canadian society.

Dr. Fred Inglis now retired in Belleville, Ontario was awarded an honorary fellowship in the Canadian Association of General Surgeons last September in Ottawa. Fred is an Emeritus Professor of Surgery at the University of Saskatchewan. He still assists 2 or 3 times a week in the O.R. at the Belleville General Hospital. His children and 5 grandchildren visit him and Carole regularly in Belleville. His hobby is radio controlled model airplanes.

Dr. J-M. Laberge is a co-investigator for the CAPSNet (Canadian Perinatal Surgical Network [Multicenter]) trial, which was awarded a total of $213,280.00 over a period of four years from the CIHR. The goal of this clinical research is to collect data from all pediatric centers across Canada on high-risk malformations (initially starting with congenital diaphragmatic hernia and gastrochisis) in order to establish best practices and improve outcome.

Dr. Kevin Lachapelle has been appointed Program Director of the McGill Division of Cardiac Surgery effective November 1st, 2004.

Dr. Sarkis Meterissian was recently funded by the Association for Surgical Education for his grant entitled "Is the Script-Concordance Test a Valid Measure of Intra-operative Decision Making Skills?" In collaboration with researchers at the University of Montreal, Sarkis is trying to develop a test that could one day, if successful, subplant the oral examination. The test is going to require the collaboration of at least 10 McGill general surgeons to be the reference group and then it will be given to the surgical residents to assess its construct validity. Sarkis was also funded by the Royal College for two projects, one to assess communication skills across disciplines as a teaching tool for the CanMeds role, and another Royal College grant looking at faculty development in the area of designing workshops. Sarkis has been a member of the Faculty Development Advisory Committee of McGill University under the Chairmanship of Dr. Yvonne Steinert since September 2003. On October 1st, he presented a workshop at the Royal College meeting entitled "Teaching Residents How To Teach". During this workshop, he shared his knowledge and teaching techniques with other Program Directors in the area of teaching skills.

At the Canadian Society for Vascular Surgery meeting in Quebec City on October 23-24, 2004, Dr. Patrice Nault was honored with the Blair/Gore Research Award for MOLIERE: Modification of Outcomes by Lowering the Ischemic Events after the Reconstruction of Extracranial Vessels. Moliere involves 50 vascular surgeons and neurosurgeons working mostly in community hospitals in Quebec and more recently from the Atlantic provinces. These surgeons are putting prospectively in a secure and confidential website the outcomes of their carotid endarterectomy (CEA). Results will be presented next year at the annual meeting of the Canadian Society for Vascular Surgery in Toronto. Dr. Nault is an Assistant Professor at McGill and is working at the CHVO in Gatineau.

Congratulations to Dr. Steven Paraskevas and his wife Line on the birth of their daughter, Juliette Kleo, on July 16th, 2004, weighing 7 pounds, 9 ounces.
Dr. Pramod Puligandla was awarded $25,000.00 from the Montreal Children's Hospital Research Institute for his research on The Role of Surfactant Proteins A and D in the Development of Ventilator-Associated Pneumonia in a Pediatric Intensive Care Unit. We also congratulate him for passing his Quebec French test on his 1st try!!

Drs. Pramod Puligandla and Jean-Martin Laberge have contributed to the chapter "Infections and Diseases, Lungs, Pleura and Mediastinum" for the 6th edition of the 2-volume textbook Pediatric Surgery which will be published in 2005.

Dr. Tarek Razek participated, as an invited speaker, at an international trauma conference. He participated in the Southwestern Australia Network (SWAN) Trauma conference in Sydney, Australia this past July. It was his third time participating as an invited speaker at this meeting. Tarek also participated as a faculty member in a Definitive Surgical Trauma Care (DSTC) course in Sydney, Australia this past July as well. This was his third DSTC course as an instructor. He had previously been an instructor with this trauma surgery technical skills course in Sydney (07/2002) and in Porto, Portugal (12/2003). Obviously, he completed a mission with the war surgery field hospital in Lokichokkio servicing the southern Sudan for the International Committee of the Red Cross (02/2004 - 05/2004).

Congratulations to Dr. Lawrence Rosenberg who received his M.Eng. Degree in Management of Technology conferred by the University of Waterloo. He was awarded a grant from Genome Quebec to identify novel candidate genes related to islet differentiation that could be used to screen for, or to diagnose Type-2 diabetes, or as possible drug targets for therapy. Also, he was awarded a grant from the Canadian Diabetes Association to study the regulation of islet neogenesis. Dr. Rosenberg made the cover of the summer 2004 issue of the JDRF (Juvenile Diabetes Research Foundation International) Countdown To a Cure for his work in developing and testing a compound known as INGAP (islet neogenesis gene associate protein) - a native pancreatic protein that appears to be involved in normal islet cell neogenesis. He published a paper in the November issue of the Annals of Surgery entitled A Pentadecapeptide Fragment of Islet Neogenesis Associated Protein (INGAP) Increases Beta-Cell mass and Reverses Diabetes in C57BL/6J Mice. At the 12th Euroconference on Apoptosis, he presented a paper entitled A Peptide Inhibitor of Bax Protects Isolated Islets of Langerhans. During the annual meeting of the Canadian Diabetes Association, he presented two papers entitled Novel Pathways of β-cell Mass Expansion and Expression and Action of Islet Neogenesis Associated Protein (INGAP) During Islet Neogenesis.

Dr. Judith L. Trudel completed her Master's Degree in Health Professions Education (MHPE) at the University of Illinois at Chicago in the Fall of 2003, and was awarded the "2004 Best MHPE Thesis Award" by the Department of Medical Education of the same institution in July of 2004. The title of her thesis was Reliability and Validity of Key Feature Cases for the Self-Assessment of Colon and Rectal Surgeons.

Achievements Residents and Fellows

The Canadian Association of Pediatric Surgeons held its 36th Annual Meeting in Winnipeg from September 30 to October 3, 2004. Dr. Ioana Bratu had an abstract accepted for presentation entitled Video Of A Laparoscopic Morgagni Hernia Repair: Emphasis On The Endoscopic Suture Passer - Authors: Ioana Bratu, Thomas Hui, J-M. Laberge, L.T. Nguyen, H. Flageole, K.S. Shaw, P.S. Puligandla, Division of Pediatric General Surgery, Montreal Children's Hospital. Ioana, who is our graduating fellow, has accepted a position at Winnipeg Children's Hospital, Division of Pediatric General surgery. We congratulate her and wish her much success.

Two abstracts were accepted for presentation at the Canadian Association of Pediatric Surgeons meeting by Dr. Andreana Bütter entitled Melanoma in Children and The Use of Sentinel Lymph Node Biopsy - Authors: A. Bütter, T. Hui, J. Chapdelaine, M. Beaunoisy, H. Flageole and S. Bouchard, Hôpital Sainte-Justine and Montreal Children's Hospital. The second abstract presented by Dr. Andreana Bütter was entitled Postnatal Pulmonary Distension For the Treatment of Pulmonary Hypoplasia: Pilot Study In The Neonatal Piglet Model - Authors: A. Bütter, Bruno Piedboeuf, H. Flageole, B. Meehan, J-M. Laberge, Montreal Children's Hospital and Centre Hospitalier Universitaire de Québec.

Dr. Robert Baird was awarded the McGill University Department of Surgery Surgical Scientist Scholarship. His research will focus on The Effect of Fetal Tracheal Occlusion on the Lung Branching Morphogenesis in the Rat and Rabbit CDH Models (Supervisors Drs. H. Flageole, J-M. Laberge and P. Puligandla, Pediatric General Surgery and Dr. M. Anselmo, Pediatric Respiratology).

Dr. Miroslav Gilardino (Plastic Resident) was awarded the 2004 Lyndon Peer Fellowship for his research on Sutural Distraction Osteogenesis for the Treatment of Cleft Palate Disease.

Dr. John Martinie (Hepatopancreatic Fellow) and his wife Janet proudly announce the birth of their second daughter, Grace Catherine, born at the RVH on September 2nd at 1:35 a.m., weighing 6 pounds, 14.5 ounces. Congratulations!
New Appointments
Department of Surgery, MUHC

DR. MOSTAFA ELHILALI, Chairman of the McGill Department of Surgery, has announced the following new meritorious promotions:

DR. ARMEN APRIKIAN has been appointed Head of Urology at McGill and the MUHC. He was born in Alexandria, Egypt and graduated from the Université de Sherbrooke in Medicine in 1985. He joined the Urology Program at the Université de Sherbrooke and then transferred to the McGill Urology Residency Program graduating in 1990. Armen then did a fellowship at Memorial Sloan-Kettering Cancer Center in New York before joining the McGill Faculty in 1993. He is currently an Associate Professor in the McGill Division of Urology and Program Director of the Urology Residency Training Program. He is also an Associate Member of the McGill Department of Oncology. Armen sits on many committees and is a member of numerous professional societies. He is a dedicated teacher, and gives numerous lectures. He is involved in many research activities both basic and clinical, and is widely published as judged by his c.v.

DR. BENOIT DEVARENNES has been appointed Head of the Division of Cardiac Surgery at McGill and the MUHC. He replaces Dr. David Mulder. Benoit graduated from McGill in 1984 and trained in General Surgery at McGill until 1989. He completed his training in CVT in 1991, and did a fellowship in transplantation at McGill. Benoit is currently an Associate Professor in the McGill Department of Surgery, and Clinical Director of the Division of Cardiothoracic Surgery at the RVH. He is a member of the Comité sur la Cardiologie Tertiaire - Health Ministry of Quebec - Task Force on utilization of left ventricular assist devices in the Province of Quebec. As well, he is a member of SGAS (Service de Gestion de l’Accès aux Services) - Establishment of Computerized Waiting List Database in Cardiac Surgery for the Province of Quebec. His major interests are in complex valvular surgery especially in valve repair and he has also developed a strong interest in Risk and Outcome Analysis in Cardiac Surgery Patients.

DR. GERALD M. FRIED has been appointed Director of the Division of Surgical Education at McGill and the MUHC and nominated to the Ross Adair Chair in Surgical Education. Gerry was born in Montreal, Quebec and graduated from McGill University in Science in 1971 and Medicine in 1975. He then completed his residency in General Surgery at McGill University in 1980. As part of the McGill program, he was chosen to do one year of his training at Ohio State University under the supervision of Dr. Larry Carey and Dr. Robert Zollinger to further his education in gastrointestinal surgery. He obtained his Royal College fellowship in General Surgery and Quebec certificate of specialization in 1980. Dr. Fried then advanced his interest in gastrointestinal disease by doing a research fellowship in gastrointestinal endocrinology and physiology at The University of Texas Medical Branch, Galveston, under the direction of Dr. James C. Thompson. He returned to McGill University in July 1982. He has maintained research funding for most of that time for basic or clinical research, and has been involved actively in surgical education. He was Program Director for General Surgery from January 1991-December 1996, and Fellowship Director in Endoscopic Surgery since 1996. Dr. Fried is currently Professor of Surgery at McGill University and Director of the Minimally Invasive Surgery Program. He was awarded the Steinberg-Bernstein Chair of Minimally Invasive Surgery at the McGill University Health Centre in 2000. He is also Director of The Florenz-Steinberg Bernstein and David Bernstein Centre for Research and Education in Minimally Invasive Surgery, and Director of Tyco Healthcare Centre of Excellence Program at McGill University. His innovative work in surgical simulation, and teaching and measurement of technical skills in surgery has been widely recognized. He is the Past President of the Canadian Association of General Surgeons.

DR. TAREK RAZEK has been appointed Head of the Division of Trauma Services at McGill and the MUHC. Tarek graduated from McGill in 1993 and also did his General Surgery Residency training at McGill, graduating in 1998. He then did a 2-year fellowship in the Division of Trauma and Surgical Critical Care at the University of
> Pennsylvania Medical Center in Philadelphia. He joined the McGill Faculty as an Assistant Professor of Surgery in the year 2000. Through the Canadian Network for International Surgery (CNIS), he has participated in surgical education projects in Ethiopia and Tanzania in the last 2 years. Tarek also took the war surgery course given by the International Committee for the Red Cross (ICRC) in Geneva. He recently spent 3 months working in a field hospital servicing the ongoing civil strife in the southern Sudan with other international colleagues.

Dr. Antoine Loutfi

Director de lutte contre le cancer

**DR. LOUTFI**, a senior surgeon at the Royal Victoria Hospital site of the MUHC and Director of Surgical Oncology at McGill University, has accepted a new position at the Quebec Ministry of Health. He has been appointed "Directeur de lutte contre le cancer." His role is to coordinate the delivery of cancer care throughout the province. A plan has been established to help deliver appropriate and timely care to cancer patients wherever they are. Quality indicators are being developed and data on patients receiving care will be gathered and evaluated in order to improve their care. More specifically, cancer in Quebec will be integrated in the new health care delivery plan at 3 levels: local, regional, and super-regional. At the local level, oncology teams with a coordinating nurse will help patients and their families get the necessary information and support throughout their initial and subsequent care. At the regional level, each agency with its respective hospitals will provide the required specialized cancer services to patients. The supra-regional care for cancer patients is integrated within the newly established university networks called RUIS: (Réseau Universitaire Intégré de Santé). Their mandate is to establish teams of cancer experts who will develop and disseminate practice guidelines, thus improving the care of cancer patients at all 3 levels of delivery of care. In addition, Dr. Loutfi will represent Quebec at national and international cancer agencies. In this role, he will be sharing expertise, finding solutions to common cancer problems, and helping to establish cancer priorities.

**Shriners Hospital – Canada**

The Shriners Hospital-Canada is a 40-bed pediatric orthopaedic hospital providing comprehensive orthopaedic care to children at no charge. The hospital is one of 22 Shriners Hospitals throughout North America. The Shriners Hospital-Canada accepts and treats children with routine and complex orthopaedic problems, utilizing the latest treatments and technology available in pediatric orthopaedics, resulting in early ambulation and reduced length of stay.
JEWHISH GENERAL HOSPITAL AND MCGILL UNIVERSITY

On June 2-3, 2004, a major Symposium in Colorectal Surgery was held at Le Centre Sheraton commemorating 30 years of colorectal surgery at the Sir Mortimer B. Davis - Jewish General Hospital and McGill University. The anniversary symbol for “30 years” is the pearl and in honour of this milestone, 11 of the world’s luminaries in Colorectal Surgery provided countless pearls of wisdom for the registrants. The invited faculty included Victor W. Fazio - Cleveland Clinic, Stanley Goldberg - University of Minnesota, Paul Belliveau, Queen’s University, Santhat Nivatvongs - Mayo Clinic, Lee Smith, Washington Hospital, Hartley Stern - University of Ottawa, Steven Wexner - Cleveland Clinic Florida, Professor Norman Williams - Royal London, Douglas Wong - Sloan Kettering Memorial Cancer Center, Richard Satava - University of Washington, and Robin K.S. Phillips - St. Mark’s Hospital.

The program included a series of panel sessions covering topics in colon and rectal cancer, inflammatory bowel disease, common anorectal diseases, and the always exciting consultant’s corner where experts had the opportunity to engage each other in vigorous debate in the management of challenging cases. This world class faculty discussed up-to-date clinical practices and controversies in colorectal disease. Host faculty also had substantial contributions to the scientific program. These included Drs. Alain Bitton, Jeremy Jass, Will Foulkes, Carol Ann Vasilevsky, Gaby Ghitulescu, Julio Faria, Nancy Morin, Patrick Chariebois and Philip Gordon. The registrants had an opportunity to chat with guest faculty over lunch and during a wine and cheese reception.

Opening remarks were provided by Dr. Abraham Fuks, Dean of the Faculty of Medicine and Dr. Mostafa Elhilali, Chairman of the Department of Surgery, McGill University. Congratulatory messages were received from Prime Minister Paul Martin, Pierre Pedigrie, Federal Minister of Health, Premier Jean Charest, and McGill Principal and Vice-Chancellor Heather Monroe Blum.

There were 234 delegates plus 21 exhibitors. McGill general surgery residents and faculty were offered complementary registration. Registrants included Canadians from British Columbia to Newfoundland and from as far away as California and Indonesia. Post-convention evaluations were extraordinarily positive having received wonderful feedback from both guest faculty and registrants. •
Panel L to R: Dr. Paul Belliveau (Queen's), Dr. Victor Fazio (Cleveland Clinic), Dr. Lee Smith (Washington Hospital), Dr. Gordon at dais, Professor Normal Williams (Royal London), Dr. Douglas Wong (Sloan Kettering Memorial Cancer Center), Dr. Robin K.S. Phillips (St. Mark's Hospital)

Symposium Faculty

Symposium Faculty
Annual Welcome Dinner

THE MCGILL DIVISION OF GENERAL SURGERY held its 4th Annual Welcome Dinner on Thursday, September 23rd 2004 at Restaurant Casa Napoli, which was well attended by staff and residents. An introduction of the staff, chiefs and RT’s was conducted by the Program Director, Dr. S. Meterissian, who exposed fascinating information on the new recruits. Residents also had the opportunity to tell their own personal experiences with staff and residents. The RT’s and the Chief residents received McGill key chains. Thanks to all who participated in making this evening an exciting event. Special thanks to Rita Piccioni for organizing this event.

Pictures courtesy of Rita Piccioni
I started my mandate as Associate Dean Postgraduate Medical Education and Professional Affairs in January 2004. I rapidly realized that there were four interrelated challenges awaiting the Postgraduate team in months to come.

The first challenge relates to the development of regional training. The MSSS, in a concerted effort to increase the presence of family physicians and specialists in rural areas, has implemented measures to encourage medical schools to send postgraduate trainees to regions. The Quebec territory was divided into four RUQS (Réseaux Universitaires Intégrés en Santé) territories for both training and services. The McGill RUQS consists of the traditional McGill hospitals in Montreal with the addition of the southwest Montérégie, Outaouais, Abitibi, and the Great North of Quebec. The Ministry traditionally allotted McGill 21% of postgraduate training positions in Quebec consistent with the relative size of our graduating medical school class. A fraction of the total pool of postgraduate training positions in Quebec in the “Contingent Régulier” which adds to approximately 600 positions is however now allotted on the basis of the presence of the faculties of medicine in the regions. Thanks to the efforts of Family Medicine and of the six base specialties’ Program Directors, our percentage of representation in regions has risen to approximately 14% despite aggressive competition from the other universities to also develop their regional training. This has allowed us to limit the number of training positions we would lose in relation to the traditional way of calculating our numbers. Whereas our number of total training positions will increase this year, the increase will be less marked than expected because of that shortfall. However, we must keep in mind that it is important that we oversee the quality of the training sites in collaboration with the Collège des Médecins du Québec in particular. I am very pleased with how, as a group, all Program Directors were able to carefully increase their presence in regions. There is no doubt that we will need the collaboration of other non-base specialty programs for the development of some regional training as recommended by both colleges as part of prerequisites for graduation.

The second challenge comes from the distribution of positions amongst residency training programs. Traditionally the government has established, largely based on the expected “Effectifs Médicaux” needs, the categories by which specialties are labeled which vary from year to year. This is the traditional A, B, and C categorization of specialties. Specialties in C would be less likely to need new manpower and for that reason are allotted less positions. This system still applies but in addition, the government has decided to recommend as a guideline to the Associate Deans the notion of ceiling. For that reason, even specialties that are in different A, B, and C categories can be given target values to be shared amongst all four medical schools but also ceiling values. If the government, through its interaction with La Table de Concertation, feels that there is absolutely no need for an increase or that there will be a surplus in certain specialties, then the ceiling will be equivalent to the target value. This creates a further reduction in the maneuverability available to Associate Deans to try to allow most people to reach their dream in terms of career orientation. This also further reduces the way of functioning of certain, often tertiary, surgical specialties where the number of training sites and/or the number of training programs have to be adjusted. In certain specialties, this may require the creation of a network program in the near future.

The third challenge that faces us is the upcoming re-organization of services in a so-called two-site model created at the recommendation of the government for our McGill University Health Centre (MUHC). Again, the distribution of services within the MUHC will be critical to the survival of certain highly restricted programs, especially in surgery. This is particularly important as probably a larger portion of the planning will be beyond the preliminary stages at the time of the April 2006 Royal College, Collège des Médecins, and College of Family Physicians joint accreditation visit of McGill University.

The final challenge is the preparation of the accreditation visit in relation to the shortages of residents and the distribution either into regions or amongst different sites of the MUHC. All programs are currently undergoing an internal review process. There are sixty-four active programs at McGill currently. We have divided the programs into four sub-groups. The surgical programs have undergone review in the spring of 2004. The review process mimicked very closely the official accreditation visits. Individual Program Directors visited other programs in a specialty with a common background and produced reports which were then presented to the Survey Chairperson, Dr. Suzanne Morin, Mme Arsenaault and myself, as an “exit” interview. I have subsequently undertaken to review with individual Program Directors and their Chair the
In order to address the issues that need to be corrected prior to the official 2006 visit.

In the fall of 2004, the Medicine and Pediatrics programs are scheduled to undergo their internal reviews. The lab programs will be reviewed in the winter of 2005. Between 2005 and 2006 those programs where a repeat visit or an external review will be needed will then undergo this process so that we are ready for the April 2006 accreditation.

For this process in particular, I would like to thank all Program Directors for the professionalism with which they are undergoing the reviews. It is hoped that very few loose ends will be left following the internal reviews because of the seriousness with which the process is being taken by concerned individuals.

As you can see, the four challenges are well interrelated and the process is very dynamic. I am lucky to be able to count on a very reinforced Postgrad Office team of devoted individuals who help the Faculty of Medicine at McGill remain at the forefront of postgraduate training in Quebec, Canada, and internationally.

Jean-Pierre Farmer, MD, CM, FRSC
Associate Dean,
Postgraduate Medical Education and Professional Affairs

As everyone is probably already aware, in July of this year, the McGill Anesthesia Department's chairmanship changed hands. Dr. Franco Carli's ten year term came to an end, the role of Chairman and MUHC Anesthetist-in-Chief was appointed to Dr. Steven Backman.

New McGill Anesthesia Chairman

By Daniel Charrand, M.D.

Without the Department's administrative responsibilities to look after, Dr. Carli is enthusiastic about the possibility of dedicating more time to research and teaching. Over the past ten years, Dr. Carli has devoted countless hours, often in the evening and during weekends, to build a stronger Department, both for the clinical aspects and in research. He has strongly upheld the academic program with a belief that McGill Anesthesia staff and residents deserve a first rate continuing medical education program. On behalf of all the members of the McGill Department of Anesthesia, I would like to thank Franco for his hard work, perseverance and dedication to McGill Anesthesia.

Dr. Backman was appointed to McGill as an Assistant Professor in the Department of Anesthesia in 1993 and has been on staff at the Royal Victoria Hospital since his appointment. He was later promoted to Associate Professor and in 2000 took over the role of Clinical Director at the Royal Victoria Hospital.

An enormous task is awaiting Dr. Backman over the next few months and years. Even though I am convinced that Steven will expertly handle the multiple challenges a Chairman and Chief may face, I encourage everyone to support him. In order to achieve excellence, our Department needs not only an outstanding leader with an academic vision, but also members who share that vision who are ready to implicate themselves. I take this opportunity to congratulate and wish Dr. Backman the best of luck as he begins this important new role.

Dr. Franco Carli

Dr. Steven Backman

"Is there a doctor in the house? That's the call Harold's been waiting for since he started practice, twenty-five years ago."
THE FIRST JOINT MEETING OF THE CONGENITAL HEART SURGEONS SOCIETY (CHSS) AND THE EUROPEAN CONGENITAL HEART SURGEONS ASSOCIATION (ECHSA) was held in Montréal, Canada, on October 2-4 2004. This was the first time that these two elite organizations have formally met. I am very proud to have organized this historic meeting during the Centennial celebrations of the Montreal Children’s Hospital. The meeting was dedicated to the memory of John W. Kirklin, a remarkable pioneer of cardiac surgery who passed away earlier this year. During this 3-day event, two genuine Canadian pioneers of cardiac surgery were also honoured, namely Anthony R.C. Dobell from Montréal and George A. Trusler from Toronto, long-time friends of John W. Kirklin. Dr. Dobell gave an outstanding presentation entitled: From the Holmes Heart and Maude Abbott to The Montreal Children’s Hospital. Following his presentation, the audience had the privilege to observe the exceptionally well-preserved Holmes Heart, dating from 1823. The Holmes Heart, named after the first Dean of Medicine of McGill University, is a rare type of functionally single ventricle that is the oldest preserved heart specimen in North America. Maude Abbott last mounted it in its current container in the 1930s. On the same day, we were also privileged to hear another historic presentation given by Dr. George Trusler entitled: Early Days of Surgery. This was a remarkable account of the early days of heart surgery at the Hospital for Sick Children in Toronto. As guest speakers, James K. Kirklin from Birmingham, USA, son of John W. Kirklin, gave a presentation entitled: Late Results after Fontan Procedures: A Comparison of Eras and Eugene Blackstone from Cleveland, USA gave a presentation entitled: The challenge of rare diseases.

The whole meeting was an extraordinary experience. There were more than 50 high quality presentations and the meeting was attended by over 100 of the top congenital heart surgeons in the world coming from 4 continents. The attendees also participated in 2 interactive audience response sessions where surgeons from Europe and America could compare their opinions on numerous medical, ethical, political and organizational issues in pediatric and congenital heart surgery. Separate CHSS and ECHSA business meetings took place on Sunday October 3rd 2004, along with the first joint business meeting held on Monday October 4th 2004. At the CHSS business meeting, the members supported the idea to hold the 2005 CHSS meeting in Buenos Aires, Argentina, during the Fourth World Congress of Pediatric Cardiology and Cardiac Surgery.

I proposed the establishment of the John W. Kirklin CHSS Fellowship and Research Endowment Fund and made an initial donation of $5000 and challenged all the CHSS members to do the same. The idea was immediately supported by the incoming CHSS President, Constantine Mavroudis from Chicago and by the outgoing CHSS President, William Williams from Toronto. A similar donation of $5000 was made to the ECHSA in order to establish a fund that will stimulate cooperative studies between America and Europe. This First Joint Meeting was no doubt an important milestone for the continuous transatlantic collaboration for pediatric and congenital cardiac surgery, as stated by the ECHSA President, Giovanni Stellin from Padova, Italy.

The Social Program included a Welcome Reception at the Montreal Museum of Fine Arts with music by a fabulous Jazz Trio. The Gala Dinner took place at the Grand Ballroom of the Omni Mont-Royal Hotel and included a great performance by Masques et Bergamasques of World Class Operatic Arias sung by two of Canada’s finest performers. These were truly unforgettable evenings organized in an outstanding manner by the Point-2-Point staff Christine Prader and Raymond Couillard.

The First Joint Meeting of the Congenital Heart Surgeons Society and the European Congenital Heart Surgeons Association may have created the stimulus for the establishment of a World Association for Pediatric and Congenital Heart Surgery.

I would like to thank the leadership of both the CHSS and the ECHSA for their support and the members of the Joint CHSS/ECHSA Program and Audience Response Committees for their precious help and enthusiasm. The feedback I have received to date from those who attended the meeting has been phenomenal. The Europeans are extremely grateful to the CHSS and the Division of Cardiovascular Surgery of the Montreal Children’s Hospital for welcoming them to Montréal and North America.

To all my friends and colleagues, see you in Argentina in 2005.

Christos I. Tchervenkov, M.D.
Local Host and Meeting Organizer
Chairman, Joint CHSS/ECHSA Program Committee
Chairman, CHSS Program Committee
Director, Cardiovascular Surgery, The Montreal Children’s Hospital
Professor of Surgery, McGill University
A plaque was presented to each member of the Joint CHSS and ECHSA Program Committee in appreciation of their work:

- Marshall L. Jacobs, Philadelphia, USA (CHSS) Ex-Officio, Erle H. Auslin, Louisville, USA (CHSS)
- Carl L. Backer, Chicago, USA (CHSS), Bohdan Maruszewski, Warsaw, Poland (ECHSA)
- Giovanni Stellin, Padova, Italy (ECHSA), Jeffrey P. Jacobs, St. Petersburg, USA (ECHSA and CHSS)
- Christo I. Tchervenkov, Montreal, Canada (CHSS and ECHSA) Chairman

Christo I. Tchervenkov, Constantine Mavroudis and Giovanni Stellin presented a plaque to the Guest Speakers; Dr. Eugene Blackstone and Dr. James K. Kirklin

- Eugene Blackstone, Cleveland, USA, (CHSS)
- James K. Kirklin, Birmingham, USA, (CHSS)
- Giovanni Stellin, Padova, Italy, President - ECHSA

Connie Cloutier, a long standing pediatric cardiac nurse at the Montreal Children's Hospital, presented a plaque to Dr. Anthony R.C. Dobell, Honoured Guest

- Anthony R.C. Dobell, Montreal, Canada, Honoured Guest

Audience looking at the specimen of the preserved Holmes Heart after the presentation given by Dr. Anthony R.C. Dobell

Christo I. Tchervenkov, Montreal, Canada (CHSS and ECHSA) Chairman

- Tatiana Blazevic, Montreal, Canada (patient with CHD)
- Gary Silverman, Montreal, Canada, President - Heart of Life parent group
- George Trusler, Toronto, Canada, Honoured Guest
Christo I. Tchervenkov presented a plaque to the Presidents of the CHSS and President of the ECHSA

Christo I. Tchervenkov, Montréal, Canada (CHSS and ECHSA) Chairman
Constantine Mavroudis, Chicago, USA, President 2004-2006 - CHSS
Giovanni Stellini, Padova, Italy, President - ECHSA
William G. Williams, Toronto, Canada, President 2002-2004- CHSS

Welcome address, Hotel Omni Mont-Royal, First Joint Meeting of the CHSS and ECHSA on Sunday October 3rd 2004 given by Dr. Jean-Pierre Farmer
Jean-Pierre Farmer, Montréal, Canada, Associate Dean of Medicine, McGill University
Christo I. Tchervenkov, Montréal, Canada (CHSS and ECHSA) Chairman

Christo I. Tchervenkov, Director of Cardiovascular Surgery at the Montreal Children's Hospital gave a $ 5000 cheque to the ECHSA for the establishment of a Collaborative Studies Fund between Europe and America

Christo I. Tchervenkov, Montréal, Canada (CHSS and ECHSA)
Giovanni Stellini, Padova, Italy, President - ECHSA

Christo I. Tchervenkov, Director of Cardiovascular Surgery at the Montreal Children's Hospital presented a $ 5000 cheque to the Congenital Heart Surgeons Society for the establishment of the John W. Kirklin CHSS Fellowship and Research Endowment Fund

Constantine Mavroudis, Chicago, USA, President 2004-2006 - CHSS
Christo I. Tchervenkov, Montréal, Canada (CHSS and ECHSA)
William G. Williams, Toronto, Canada, President 2002-2004- CHSS
Since the early 1990's when Dr. Nicolas Steinmetz initiated a project to build a new "superhospital," much planning and effort has been expended and these are finally coming to fruition. After repeated delays but stimulated by the Mulroney-Johnson report, Quebec Health Minister Philippe Couillard in June approved 1.1 billion dollars each for the construction of the McGill University Health Centre and the Centre Hospitalier de Universite de Montreal. Both are to have the synergy between the University and a state-of-the-art new Hospital Centre. Decontamination of the oily 17-hectare Glen railway yards site straddling Westmount and Notre Dame de Grace will begin in 2005 and will last from 6 to 9 months. Construction should follow by the end of 2005, and the new hospital should be opened by the year 2010. There is room on the site for the Shriner's. This charitable fraternity would provide 100 million dollars towards this end. Montreal has been the home of the Shriner's Hospital (the only one in Canada) since 1925. It treats more than 6,000 Quebec children annually as well as many others from across North America. There is some concern that the Shriner's might move to Ottawa or London, Ontario, but at a meeting in mid October, Mr. Gene Bracewell, the Imperial Treasurer of the Shriner's met with Minister Couillard, Dr. Arthur Porter, CEO of the MUHC, Mayor Gerald Tremblay and William Pickard, Chair Person of the Board of the Montreal Shriner's. The result was optimism that the Shriner's might be built in association with the Montreal Children's Hospital on the Glen site after all. The MCH will keep its 144 beds. This would start in the spring of 2006.

An announcement by Treasury Board President, Monique Jerome-Forget, scared everyone however in early October when she affirmed that there might be a delay in funding the whole project since it was necessary to negotiate a public-private partnership or P3. Dr. Arthur Porter exclaimed that this was "unacceptable" and as a result of the meeting with Mr. Bracewell, it seems that this hedge was put aside and Minister Couillard re-assured the MUHC and Mr. Bracewell that planning could go ahead. According to the revised plans, Dr. Porter maintains that the complex will be more like a health care village with fewer beds than had originally been proposed. There will be from 500 to 550 beds, about 332 less than initially projected. The Montreal General will remain open as a complementary site with approximately 300 beds. The Neuro will keep its 60 beds. This new Glen site will offer services in Medicine, General Surgery, Oncology, Women's Health Care, Organ Transplantation, Cardiac Surgery, Vascular Surgery, Plastic Surgery, Urology, Geriatrics, Mental Health, Intensive and Coronary Care as well as the aforementioned Pediatrics. Services that will remain at the Montreal General are Medicine, General Surgery, Trauma (see elsewhere in these pages), Intensive and Coronary Care, Neurological Care for Stroke and Spinal Patients, Respiratory Care, Orthopedics and Oral and Facial Surgery. Both sites will have 24-hour Emergency Departments. Dr. Timothy Meagher has accepted the newly created role of Chief of Clinical Development.

The MGH is 6 kilometers away from the Glen Yard site so a shuttle service will have to be established. Some are also concerned that transit to and from the new hospital will be a problem, but efforts are being made to solve this.

The Centre Hospitalier de Universite de Montreal also has plans to develop a 700 bed facility at the current St. Luc Hospital in downtown Montreal at the corner of René Lévesque Blvd. and St. Denis St. As we go to press, however, the authorities at CHUM are considering a new proposal to construct the Centre Universitaire at the railway "triage" yards in northern Outremont.
W

gen I was told last year, that I had been chosen to be the James IVth traveling fellow for Canada for 2004, my initial reaction was one ofcredulous pride. Pride, because of the distinguished list of previous travelers from Canada (John Duff, Wil Keon, Rich Finley, Robin McLeod . . . ), and in particular from McGill: David Mulder, Jonathan Meakins, Harry Shizgal, Nick Christou and Gerry Fried. But I was also embarrassed because of my near total ignorance of the James the IVth Association, its history, and its raison d'être.

This is what I learned through the James IVth Association of Surgeons. James IVth was born in 1473, and was king of Scotland from 1488 until 1513, when he was killed at the poorly planned battle of Flodden. Although his accession to the throne was marred by a rebellion, leading to the murder of his father, he was able to bring stability, prosperity, and a stronger monarchy to his kingdom. His reign in fact became known as the "Golden Age" because it allowed for blossoming of the arts and promoted a deep respect for education and novel learning. Not only did he support the foundation of the University of Aberdeen in 1495 (the third in Scotland at the time), but he also passed an Act of Parliament requiring schooling to be compulsory for sons of Barons and "men of property". James IVth himself was interested by all aspects of Science and was instrumental in allowing for the incorporation of Surgeons and Barbers of Edinburgh, whose charter he ratified, free of charge, in 1506. He was said to have been "skillful in curing wounds"); a talent that many of us could still be envious of today.

James was said to have been impetuous, impulsive, extravagant, and an epicurean yet he was never made chairman of a surgical department. It is on this canvas that the Association of James IVth surgeons was created in 1957, as a way of exchanging and cross-fertilizing Surgeons from around the world with comparable ethical and professional standards. There are currently members in a dozen countries on all continents, and most countries designates one traveler every year to promote professional and cultural exchanges.

With this as a background, I set off to organize two 3-week travel cycles, the first of which I have just completed. I found that it certainly was not a simple task to coordinate 16 flights, 5 hotels, and 23 health provider contacts to be visited over a period of 20 days. I can only shudder at the thought of organizing this in a time before e-mails and faxes, as did my elders, Gerry and Nick. More importantly, I appreciated the ingenuity and organizational talents of my wife as

Lt. to Rt: C.L. Liu, J. Barkun, Susan Barkun, S.T. Fan and 3 international fellows.
As well as the good will of my partners and family. The task fell to my fellow three Purple Service colleagues to cover both my daily, and dreaded on-call duties. Similarly, my wife’s family, my brother Alan (whom many of you know as Head of Gastroenterology at McGill), and my father Harvey (whom many knew as Associate Dean at McGill), covered the daily and equally dreaded homework duties with respect to our two young children, Kate and Nicolas.

As well as a lesson in history, my travels were also about to provide me with a real-life, albeit forbidding lesson in geography. I learned that the terms Southeast Asia and Oceania do not refer to obscure neighboring southeastern pictures on a world map, but rather represent a very large area crossing multiple time zones, and requiring dozens of hours of interior travel time.

Having initially flown from Montreal to Vancouver, my wife Susan and I enjoyed the pampering of a 13-hour Cathay Pacific flight to Hong Kong where Professor John Wong, true to form, had arranged for an unforgettable experience. Ten hours after having been driven to our hotel, I gave the first of two lectures at the 07:00 am Saturday morning departmental rounds. I was certainly surprised to see a nearly full auditorium, but perhaps even more impressed by the absence of nodding-off heads and snores, which have come to sometimes characterize our own rounds. Over the next six days, I had the privilege of attending rounds, visiting wards, and partaking in biliary Endoscopy, as well as several operations including a living-related liver donor hepatectomy. I should point out that the Queen Mary Hospital group, headed by Professor S.T. Fan, has published over the past 15 years what have become the landmark articles related to the endoscopic early treatment of cholangitis and acute biliary pancreatitis. Moreover, they performed the first successful living-related right liver transplantation and have developed one of the largest such experiences in the world. They have also just completed over one hundred living-related donor liver operations without a significant bile leak, a true technical feat. When I left Hong Kong six days later, I had been thoroughly impressed with the grueling work ethic (all surgeons are expected on a daily basis), the technical meticulousness of their operative skill, and the humanity with which they conduct their professional and research activities. I believe I will also always remember a dinner at the reputed “China Club”, remnant of a now distant glorious colonial era, where paintings and pictures of Chiang Kai-Shek’s widow, Mao Tse Tung and Tianmen Square adorn the walls side by side in seemingly peaceful equanimity.

I look forward to relating my experiences in Australia and future James IVth travels in upcoming Square Knot issues.

Jeffrey Barkun, M.D.
Visiting Professors

THE 5TH ANNUAL STEINBERG-BERNSTEIN VISITING PROFESSORSHIP — September 22-23, 2004

Dr. Dennis Fowler, U.S. Surgical Professor of Clinical Surgery at Columbia University College of Physicians and Surgeons in New York, and Director of the Minimal Access Surgery Center of New York Presbyterian Hospital, was the 2004 Steinberg-Bernstein Visiting Professor in Minimally Invasive Surgery.

Dr. Fowler graduated from medical school at the University of Kansas School of Medicine in Kansas City and completed his general surgery residency at St. Luke's Hospital in Kansas City. He then did a fellowship in Surgical Endoscopy at the Massachusetts General Hospital. During that time, he learned laparoscopy as well as endoluminal endoscopy. Since his fellowship in GI endoscopy 25 years ago, he has pursued an endoscopic approach to the treatment of GI disease. When therapeutic laparoscopy became available, he embraced it and assisted with the development of techniques and instruments for laparoscopic colectomy, gastrectomy, and pancreatic surgery.

During his visit, Dr. Fowler gave two lectures. The first was entitled Current Status of Laparoscopic Surgery for Colon Cancer. The second lecture given at Surgical Grand Rounds was entitled The Role of Technology in Surgery.

It was a pleasure to have as our visitor a true innovator in Minimally Invasive Surgery, and it was an honour to welcome Dr. Fowler to McGill as the 2004 Visiting Professor in Minimally Invasive Surgery.

EKL

7TH ANNUAL ANTHONY R.C. DOBELL VISITING PROFESSOR — November 1, 2004

Dr. Leonard Lee Bailey, Chief of Pediatric Cardiac Surgery at Loma Linda University Medical Center and Chairman of the Department of Surgery at Loma Linda University, Loma Linda, California was this year's A.R.C. Dobell Visiting Professor. An outstanding pediatric cardiac surgeon, Dr. Bailey is known throughout the world as the father of newborn and infant cardiac transplantation, a field he single-handedly established in the mid-1980's. He also has a longstanding interest in xenotransplantation and who does not remember "Baby Fae", the baboon-to-newborn heart transplant in 1985 that launched worldwide interest in newborn heart transplantation. Dr. Bailey's spectacular career has earned him numerous honors and he has had a leadership role in many medical societies.

At Surgical Grand Rounds at the MCH, Dr. Bailey spoke on Pediatric Heart Transplantation: Current State of the Art, followed by presentations by residents and staff. Later in the afternoon at the McGill CVT University Grand Rounds, he spoke on Quest for Cardiac Xenotransplantation. A reception dinner was held at the Mount Stephen Club that evening.

A great speaker, motivator and teacher, Dr. Bailey is a very much sought after guest all over the world, and we were greatly honored to welcome him as the A.R.C. Dobell Visiting Professor of Congenital Heart Surgery to the Montreal Children's Hospital and McGill University.

EKL

Dr. Virginia Byers Kraus, Associate Professor of Medicine, Division of Rheumatology at Duke University Medical Center in Durham, North Carolina gave the lecture entitled Gravity Surfing with Biomarkers for Arthritis at the Shriners Hospitals for Children.

MERCK FROSST

THE MERCK FROSST ARTHRITIS RESEARCH LECTURE SERIES — November 17, 2004
Annual BBQ/Soccer Game
General Surgery Residents

Dr. S. Meterissian and his wife Mrs. Marcelle Lavoie hosted their 1st Annual BBQ/Soccer Game for the General Surgery Residents on Saturday, August 28, 2004. It was an amazing summer day filled with fun and an abundance of food. The residents played soccer against each other with Drs. Meterissian, Salasidis and Shaw keeping up. There was storytelling of residents' hilarious experiences. Thanks to all who participated in making this an exciting event and special thanks to Marcelle Lavoie for being a gracious host. We can't wait for next year.

Rita Piccone
2nd Annual Hepatopancreato-biliary and Liver Transplant Surgery Symposium

Dr. Peter Metrakos hosted the 2nd Annual Hepatopancreato-biliary and Liver Transplant Surgery Symposium on November 10th and 11th at the Ritz Carlton Hotel. The Symposium is part of the Hepaticopancreateco Biliary and Transplant Surgery Program at McGill University and aims to create an arena for interchange of opinions on the care and management of the full spectrum of hepatic, pancreatic and biliary disease. The Visiting Professor this year was Professor S. T. Fan, the Sun CY Chair of Hepatobiliary Surgery at the University of Hong Kong. Professor Fan performed the first successful adult-to-adult right lobe live donor liver transplantation in the world.

The first part of the morning was dedicated to the pancreas, with talks from Dr. Josée Parent on Endoscopic ultrasound and Dr. Jeffrey Barkun on Palliative options for pancreatic cancer amongst others. Then followed presentations on Liver Transplantation with the Adult-to-adult live donor liver transplantation, a talk by Professor Fan.

Then followed a section on Biliary Tract Cancer with presentations by Radiologists Dr. Giovanni Artho, Dr. Sharad Maheshwar and Dr. David Valent. Dr. Pascale Burtin gave a presentation on Chemotherapy. The Hepatobiliary Surgery Fellows, Dr. Peter Horton, Dr. Prosanto Chaudhury, Dr. Tammy Znajda and Dr. John Martinie did case presentations.

The last section focused on Colon Cancer Liver Metastases with Dr. Gerry Batist speaking on Novel anti-cancer therapeutics. Dr. Metrakos presented on Trends in Liver Surgery: Number of lesions, CT/PET, local ablative techniques, portal vein embolism, staged procedures and hepatic pumps.

A banquet was held at the Ritz that evening. 

HPB Fellows Left to right top: Dr. Mark Zerey, Dr. Peter Horton, Dr. John Martinie, Dr. Melina Vassiliou

Left to right bottom: Dr. Caroline Rochon, Dr. Tammy Znajda, Dr. Prosanto Chaudhury, Dr. Vadim Sherman

Professor Fan’s Table Left to right top: Dr. Mathangi Ramani, Dr. David Valent, Dr. Jeffrey Barkun, Dr. Steven Paraskevas, Dr. Sarkis Merissian, Dr. Gerry Fried, Left to right bottom: Dr. Peter Metrakos, Professor Fan, Dr. Phil Gordon
Oops!

Submitting Digital Photos to The Square Knot

Digital photography has become so popular and convenient these days that you generally don't need a basic knowledge of photography to operate a digital camera—just point and shoot. The best part is that you download your image files directly into your computer. No more negatives to develop and prints to wait for—it's instant—very convenient for printing at home or sending via the internet. There are a few things to keep in mind however when you plan to submit your photos to a journal or a newsletter publication such as this one—just follow the simple guidelines listed below:

1) Set your camera to a MINIMUM of 1 or 2 megapixels (setting from Medium to High resolution).
2) Make sure you're in focus.
3) Use your auto-flash when photographing indoors.
4) Avoid high reflecting backgrounds such as windows or mirrors.
5) Save your images as UNCOMPRESSED JPG files when you download them to your computer. If you have an image manipulation program such as Adobe Photoshop, save your image files as either TIFF or PSD.
6) DO NOT include your images in a Word or any other word-processing document.
7) DO NOT convert your color images to grayscale (black and white) the publisher takes care of that.
8) Save your image files onto a CD and submit it to the editor.

By following these few steps, you'll gain a better understanding of how your digital camera works and how to take a great shot every time. ♦

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