To fully comprehend the contributions of Edward Archibald, one must re-create the medical scene of his era. Completing medical school at McGill in 1896, he was impressed with the exciting potential of the specialty of surgery. The advent of general anesthesia and Listerian antisepsis rendered all regions of the body amenable to a surgical approach. He emphasized, however, that it was “the logic and finality of surgical decision making and the direct application of the scientific method to a clinical problem which peaked his interest”.

Preparation for a surgical career began at McGill with a 3-year program, basically an apprenticeship here at the Royal Victoria Hospital. As was the custom, he was encouraged by Dr. James Bell to obtain a European experience. He chose a year under the tutelage of Aschoff and Mikulicz. He was overwhelmed by the Mikulicz approach which was to document a surgical problem, formulate an appropriate question, and design a laboratory experiment to tackle the problem. This was a totally different approach to the empiric surgical trials of the time.

Archibald felt that the science of surgery based on the experimental method should be the basis of a master university surgeon’s approach. He also felt that this type of innovation should be taught to every student of surgery. Essentially, he was pioneering the concept of the three traditional values of a university surgeon. His first staff appointment at the RVH was to the Department of Surgical Pathology in 1901. Shortly after his appointment, weight loss, fatigue and a productive cough heralded the diagnosis of tuberculosis.

(Please see Archibald on page 12)
Dear Editor,
I always enjoy reading The Square Knot but seem to know fewer and fewer of the people with each issue. Regards,

Dr. Robert M. Baird
Chief Resident 1963-64
bair@telus.net

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Dear Editor,
I have greatly enjoyed the issues of the Square Knot since its inception, and, for the past 3 years from my retirement base in Seattle, where my wife, Andy, and I relocated to be near both our children and our grandchildren.

I was intrigued by the recent outstanding article by Dr. Bruce Williams reviewing Microsurgery at McGill. In it Dr. Williams cites the limb replant by Dr. Ronald Malt in 1962. In this vein, I would like to add a footnote pertinent to McGill.

On 22 August 1964, a 60 years old engineer had his right arm nearly amputated by a textile machine. On arrival to the Trauma Service of the R.V.H 2 ½ hours later, he was found to have a comminuted fracture of the right lower humerus with his forearm and hand attached only by a small strip of skin and the stretched out median and ulnar nerves. He was splinted and taken immediately to the O.R. mindful of the paper of Dr. Malt. After X-Rays, a 3 cm butterfly fragment, free floating, was removed; the resultant slight shortening of the humerus allowed ready re-approximation of the severed brachial artery, with blood flow to the distal limb reestablished 4 3/4 hours after the accident. After debridement, the venous anastomoses were accomplished, and the fracture internally stabilized. After post-perfusion syndrome, wound infection, and lymphatic leakage, he recovered good function of the median and ulnar function of his arm and hand.

I believe this case constitutes the first limb replantation at McGill, and one of the first in Canada. The case and the discussion of the problems of limb replantation was presented in a chapter in Dr. H. F. Moseley’s book, Accident Surgery III (1)

I have included a picture (see below) of the patient with the team who cared for him and are responsible for carrying out this pioneering achievement. From left to right: Jack White, Brian McKenna (ortho), Vince Piccone, and Charlie Mayo.

Best,

Jack White, MD


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Dear Editor,

Thank you for your note and the returned photo. I am pleased that my letters will be published in the Square Knot.

At the time of the limb replantation, the entire team were residents, all attended to the Trauma Service on that rotation. Because of the urgency and time constraint of the case, we notified our attendings and proceeded directly to the O.R. The operation was performed by the residents in the photo. Vince Piccone was the chief resident. I was the senior assistant resident, and Charlie Mayo, an assistant resident, all in Surgery; Brian Mc Kenna was a senior resident in Orthopedics. Vince obtained his boards in General and CVT Surgery, and practiced in Brooklyn and Staten Island, N.Y. I received my General and CVT Surgery boards, and after training at Johns Hopkins, my Ped. Surgery Boards. As I mentioned in my letter, now retired in Seattle. If there are any further questions, please call.

Best,

Jack White, MD
(206) 367-3379

P.S. I do not know further of either Charlie Mayo or Brian Mc Kenna. ◆
In this issue of *The Square Knot*, special events to honor two prominent surgeons in the history of the McGill Department of Surgery are reported. This was made possible because of the help and contributions of many people. In particular, Dr. Martin A. Entin's tireless effort before his passing was crucial in realizing the official Canadian Government's recognition of Dr. Edward Archibald's historic contribution to surgery at McGill, as described in the lead article. We are grateful to Dr. David Mulder and many others for their help in preparing these articles for our readers.

The content of *The Square Knot* depends on the contributions of the readers, and as always, we will be pleased to consider your submissions included in the appropriate sections of this newsletter. However, we regret that we are often not able to list all of the professional papers and chapters published by our academic staff. With the large number of highly productive surgeons and researchers in our Department, such a list will have to include hundreds of citations, taking up the limited space available. Thus we have chosen to let such lists be published in the Annual Reports of each Surgical Divisions at McGill. We will however publish in the "Kudos" section, for our academic staff, their unique achievements such as prizes, visiting professorships and lectureships, new books or leadership positions etc. In contrast, for encouragement, we may publish in the "Achievements" section the papers and national presentations by our trainees, which are often their first such experience in their young lives. You may find the examples of such a policy in the past issues of *The Square Knot* (http://www.squareknot.mcgill.ca).

As you may find in the Letters to the Editor and McGill Surgery International sections messages from our alumni who have left McGill for many years, some of them are now far away at the other side of the world, expressing their continued affection to the institution where they were trained and matured. Our younger generations here at McGill appreciate to hear from you, and are proud to be following your footsteps.

Editor's Note

By Ray C.J. Chiu, M.D., Ph.D.

The Division of Orthopaedic Surgery is pleased to announce the nomination of Dr Janet E. Henderson as Director of Research.

Dr. Henderson is an Associate Professor of Medicine and a Medical Scientist in the Musculoskeletal Axis of the RI-MUHC. She is a Member of the Divisions of Endocrinology and Experimental Medicine in the Department of Medicine and an Associate member of the Department of Anatomy & Cell Biology.

She served as the Associate Director of the Centre for Bone and Periodontal Research 2002-2005 and as Associate Dean (Research) for the Faculty of Medicine 2005-2008. Her research interests are in the area of stem cell biology and regenerative medicine for the skeleton and her technological expertise includes the phenotypic and molecular assessment of cartilage and bone using pre-clinical models of skeletal disease.

Dr Henderson worked as a research technician in the area of metabolic bone disease associated with chronic renal insufficiency before obtaining doctoral and post-doctoral training in the area of cancer-induced and developmental disorders of the skeleton. She is a Chercheur Boursier Senior of the Fonds de la recherche en santé du Québec and her research program has been supported over the past decade by CIHR, FRSQ, KF, TAS, CAN and VRQ. Her laboratory currently supports the training of 2 undergraduate students, 2 graduate students, 2 post-doctoral fellows and 3 research technicians.

Since my appointment at McGill, it became clear that some coordination and help would be necessary to develop further in a comprehensive way the large array of research ongoing within our division.

On behalf of all members of the McGill Orthopaedic Division, I would like to thank the Research Institute for its collaboration and wish Dr Henderson a very successful career as a new member of our division.

Robert E. Turcotte, MD, FRSC, Orthopaedic Oncology Associate Professor and Chairman, Division of Orthopaedic Surgery, McGill University

Welcome Aboard

Dr. Janet E. Henderson

The Division of Urology at McGill University has recruited Dr. Cristian O'Flaherty as an Assistant Professor as of March 2008. He obtained his Doctorate in Veterinary Medicine and postdoctoral training from the University of Buenos Aires, Argentina. He did a 3-year postdoctoral fellowship...
Dr. O'Flaherty's focus in research is Andrology. More specifically, his program is aimed at better understanding the regulatory mechanisms involved in the complex processes that drive spermatogonia to become mature and competent spermatozoa. Elucidating the mechanisms that drive the process of producing mature spermatozoa will bring a better understanding of the pathophysiology of male infertility and lead to the development of novel therapeutic approaches. He will continue his collaborations with Drs. Peter Chan, Bernard Robaire and Eve de Lamirande, and foster new collaborations with Drs. Armand Zini and Serge Carrier that share interests in elucidating causes of infertility and of abnormal reproductive function in men. With his training and postdoctoral experiences, Dr. O'Flaherty will contribute to increase our knowledge to better intervene in Reproductive Medicine.

Please join us in wishing him all the best and in welcoming him in his new role at the MUHC-RI.

Dr. Hartley Stern has been appointed Executive Director of the Jewish General Hospital, replacing Mr. Henri Elbaz effective March 10, 2008. Dr. Stern is a former Medical Director, Surgery at the Ottawa Hospital. Prior to taking on his position at the JGH he was Vice President of The Ottawa Hospital Regional Cancer Centre and Provincial Head, Surgical Oncology, Cancer Care Ontario. At McGill Dr. Stern is appointed Professor in the Department of Surgery (Division of General Surgery) and the Department of Oncology.

We are delighted with the above appointment of Dr. Hartley Stern, who is a well respected and accomplished colorectal surgeon. He will also be an extremely valuable addition to the Division of Colon and Rectal Surgery.

Philip H. Gordon, MD

Welcome New Fellows

Dr. Willem Strydom is our Pediatric Orthopedic Fellow from Cape Town, South Africa. He will be with us from August 1, 2007 to July 31, 2008.

First Pediatric Anesthesia Fellow, Dr. Rishi Diwan from Liverpool, U.K., will be at McGill from November 2007 to November 2008.

Resident Presentations for Trauma Surgery
Rocke Robertson Visiting Professor, 2008

1st Prize Winner: Dr. Pascale Thibaudeau
"Effect of a Delay in Surgery on Open or Closed Nailing of Pediatric Bone Forearm Fractures"

2nd Prize Winner: Dr. Andrew Rogers
"Trochanteric Fixation Nail vs. Dynamic Hip Screw in the Treatment of Intertrochanteric Hip Fractures: A Randomized Clinical Trial"

3rd Prize Winner: Mr. William Desloges
"Trauma Outcome Scoring in Under-Resourced Environments: The Tanzania Trauma Registry Project"
A promising new drug ADH-1 that Orest Blaschuk, Ph.D. of the Division of Urology discovered at McGill has just been given orphan drug status by the U.S. Food and Drug Administration (FDA) for the treatment of melanoma. This designation was granted for the use of ADH-1 in conjunction with melphalan for the treatment of Stage IIB/C, III and IV malignant melanomas. A drug company Adherex is currently conducting a Phase Ib expansion trial for patients with this serious condition.

Renzo Cecere, M.D. of the Division of Cardiac Surgery was promoted to Associate Professor in the Department of Surgery as of January 1, 2008. He was on the Faculty of the 24th Annual Cardiovascular Conference held at Lake Louise March 16-20, and presented a lecture titled “Ventricular Assist Devices and Transplantation for End Stage Heart Failure”.

Peter Chan, M.D. of the Division of Urology served as Co-Chair of a two-day post-graduate course entitled “Men and assisted reproduction — the missing voice” at the 2007 Annual Meeting of the American Society of Reproductive Medicine at Washington, DC. Dr. Chan (Co-PI) and Dr. Daniel Cyr (PI) of the Armand Frappier Institute received a three-year CIHR operating grant to study the role of the blood-epididymal barrier in male fertility. Dr. Chan also joined Drs. Serge Carrier and Armand Zini of the Division of Urology in organizing the First McGill Andrology Mini-Symposium held on Nov 14, 2007. Over 100 basic andrology research scientists, trainees and clinicians from all over Quebec attended the event to learn about the various clinical and research activities in Andrology at McGill.

Simone Chevalier, Ph.D., the McGill Urology Director of Research, was invited by the French Association of uro-oncologists and basic scientists interested in prostate cancer research (called ARTP) to speak at their Annual Research Day held in Paris last December. The topic of the day was “Neuroendocrine Differentiation in Prostate Cancer”, a field of intense research in the area. Dr Chevalier presented on “The activation of prostate cancer cells by diverse neuroproducts, including VEGF, and converging to the kinase FAK that contributes to prostate cancer progression by its implication in cell motility. Clinical data dealing with the heterogeneity of neuroendocrine differentiation in prostate tumors were included. Dr Chevalier has been working in this area in conjunction with Dr. Armen Aprikian, Chairman of Urology, for several years. This research day was a great success and involved approx. 200 participants coming from different regions of France and Europe. Related papers will be published shortly in "Progrès en Urologie".

In December 2007, Lorenzo Ferri, M.D., Assistant Professor of Surgery in the Division of Thoracic Surgery, finally (he says “nearly after a decade”) submitted and successfully defended his doctoral thesis for PhD under the supervision of Dr Nicolas Christou, entitled “Mechanisms and Vascular Consequences for the Diminished Delivery of Neutrophils in Sepsis: A Protective Role For Soluble L-Selectin". Congratulations!

Dr. Philip H Gordon has been cited in “At the top of their game: Profiles of successful health care leaders” This is a project of the Harvard Interfaculty Program for Health Systems Improvement, published by the American College of Physician Executives 2007:136-144. He also published another text book: Gordon PH, Nivatvongs S: Neoplasms of the Colon, Rectum and Anus. 2nd Ed. Informa healthcare. New York, NY 2007.

On March 1, 2007 Reggie Hamdy, M.D. was named Program Director of the McGill Orthopaedic Residency Program.

Robin Poole, Ph.D., Professor Emeritus of the Divisions of Orthopedics and Surgical Research, had been appointed to the Board of Directors of the Osteoarthritis Research Society International for a three year term. In 2007 he stepped down from the Gerontological Advisory Council of Veterans Affairs Canada following his decision to give up his day to day involvement with the Canadian Arthritis Network, A National Centre of Excellence of which he was a Co-Founder and a Scientific Director.

Achievements Residents and Fellows

Dr. Francesco DiFabio (Fellow-Gen Surg) and Associates published a paper in the Journal of Gastrointestinal Surgery on the role of mineralocorticoid receptors in colorectal carcinoma, and presented their work at a number of scientific meetings, including the Society of Surgery for the Alimentary Tract; American Society of Colon and Rectal Surgeons; The Association of Coloproctology of
Great Britain and Ireland; and AACR special conference in Cancer Research – Advances in Colon Cancer Research, all in the year 2007. The supervisors were Drs. Phil Gordon and M. Trifiro at the Jewish General Hospital.

Mr. Yin Ge (Med III) received Student Summer Research Award for 2007 from McGill University Faculty of Medicine. This award was established by Merck, Sharp & Dohme of Canada Limited to recognize the best student research in the field of therapeutics. The research entitled Myocardial Regenerative Therapy: Microencapsulation and Dose Response Study was supervised by Dr. Dominique Shum-Tim, Division of Cardiac Surgery and Professor Satya Prakash, Department of Biomedical Engineering, Faculty of Medicine, McGill University.

Congratulations to Dr. Pascal Lamarre (R4-Gen Surg) and his wife Chantal on the birth of their daughter Charlotte Rose Lamarre, Born January 24, 2008 at 20:18; 7lbs 7oz.

Patrice Nault, M.D. Assistant Professor at McGill (part time) in the Division of General Surgery, at the Centre Hospitalier de la Vallée de l’Outaouais in Gatineau, Quebec, presented a paper at the Canadian Society of Vascular Surgery in Calgary in 2006, which was published recently in the Journal of Vascular Surgery. The title is Modification of outcomes by lowering ischemic events after reconstruction of extracranial vessels (MOLIERE): An internet-based prospective study to evaluate and improve the effectiveness of carotid endarterectomy.

Jonathan Spicer MD, (GS R-3) undertaking research in the lab of Dr. Lorenzo Ferri, Division of Thoracic Surgery, presented on Feb 14th a paper at the Association of Academic Surgeons/Academic Surgical Conference in Huntington Beach California, entitled Systemic Inflammation Increases Esophageal Carcinoma Cell Recruitment in the Liver Vasculature: A Role for Selectin/Sialyl Lewis-X Interactions.
The care of the child and adult with congenital heart disease has undergone remarkable progress in the last 60 years. Even the most complex cardiac malformations can now be treated with real optimism for the future. In recent years the focus has been on improvement of the quality of care, not only early but also the long term outcome of the patients with increasing focus on the adults with congenital heart disease. Unfortunately this progress has been largely limited to the developed world and every year approximately 90% of more than 1,000,000 children born with congenital heart disease across the world receive either suboptimal care or are totally denied care.

The World Society for Pediatric and Congenital Heart Surgery is the brainchild of Dr. Christo I. Tchervenkov, Director of Cardiovascular Surgery at the Montreal Children’s Hospital and Professor of Surgery at McGill University. It brings the contribution of McGill University in the history of the study and treatment of congenital heart disease to a full circle. From its early days with the groundbreaking work of Dr. Maude Abbott and the publication of her famous Atlas of Congenital Heart Disease in 1936, and the pioneering work of Dr. Anthony R.C. Dobell at the Montreal Children’s Hospital, McGill has been at the forefront of the study of congenital heart disease and the development of congenital heart surgery. Today, with the establishment of the World Society for Pediatric and Congenital Heart Surgery, the Division of Cardiovascular Surgery of the Montreal Children’s Hospital is playing a leadership role in the global effort to bring the progress made over the past 70 years since the work of Maude Abbott to the remaining 90% of children born with congenital heart disease.

The World Society for Pediatric and Congenital Heart Surgery held its Inaugural Meeting in Washington, D.C. in May 2007, which was attended by 385 delegates from 61 countries. This historic meeting generated a lot of enthusiasm and was a great success. During his Inaugural Presidential Address entitled “Hearts for Life across the World”, President Tchervenkov from McGill University presented his vision for the global future of pediatric and congenital heart surgery. He talked about the need for a major paradigm shift to extend our services to the 90% of children born with Congenital Heart Disease who are completely devoid of care or who are only offered suboptimal care. He also suggested that this paradigm change requires the following key elements: Responsibility, Education, Sustainability, Partnership, Empowerment, Care & Commitment, Teamwork & Trust. It spells: Medicine of R.E.S.P.E.C.T.

The Vision of the World Society is that every child born anywhere in the world with a congenital heart defect should have access to appropriate medical and surgical care. Its Mission is to promote the highest quality comprehensive care to all patients with pediatric and/or congenital heart disease, from the fetus to the adult, regardless of the patient’s economic means, with emphasis on excellence in education, research and community service. Currently the membership of the World Society includes over 510 members from more than 70 countries. Its constituency is growing and its projects and achievements are following.

The World Society for Pediatric and Congenital Heart Surgery is in a unique position to truly improve care for pediatric and congenital heart disease across the world. Indeed, being the largest society for pediatric and congenital heart surgery in the world, its potential for playing a defining role in the global improvement of care is significant. The vision and mission of the World Society are being pursued by working towards clearly defined objectives in the following domains: patient care, training and education, research, and community service. In the area of patient care, the World Society hopes to promote the professional and educational development of surgeons specializing and practicing pediatric and congenital heart surgery across the world as well as the dissemination of informational support to patients, parents of patients, families of patients, and health care professionals. It also wants to develop global standards for the training and education of pediatric and congenital heart surgeons and for the practice of pediatric and congenital heart surgery across the world. Finally, its members originating from all areas of the globe will form a forum for the respectful exchange of knowledge in the form of scientific meetings and publications across the world.
In terms of research, the World Society wants to encourage basic and clinical research in pediatric and congenital heart surgery across the world with emphasis on long-term and regional outcomes and organize and maintain a global database on operations and outcomes built upon extant continental databases.

Finally, and maybe most importantly, the World Society aims to promote collaboration across medical and surgical subspecialties and is working hard to facilitate the establishment of a multi-societal World Federation for Pediatric and Congenital Heart Disease. The World Society wants to establish and maintain an accurate database of pediatric and congenital heart surgeons and programs across the world and facilitate mentorship between surgeons and centers. It will also work towards facilitating training across the world for pediatric and congenital heart surgery in order to achieve its goals, particularly in areas of need. This will be done partly by sensitizing governments and public organizations of the necessity to support and adequately fund pediatric and congenital heart surgery programs across the world. The World Society is also in a unique position to provide professional advice to global organizations regarding issues pertaining to pediatric and congenital heart surgery and interact as well as cooperate with existing continental organizations in the pursuit of its mission and its objectives.

In June of this year, the World Society is organizing in Montreal a World Summit on Pediatric and Congenital Heart Surgery Services, Education and Cardiac Care in Children and Adults with Congenital Heart Disease. With this Summit, the World Society hopes to bring together surgeons, cardiologists, intensivists, anesthesiologists, perfusionists, nurses, administrators and everyone else involved in the care of patients with congenital heart disease to present and discuss the full spectrum of issues pertaining to the care of those individuals. The current status of the study, research, investigation (diagnostics), treatment and optimal care for pediatric and congenital heart disease will be presented. Discussions regarding the optimal training, education and maintenance of competence of health care professionals dealing with pediatric and congenital heart disease will also represent a significant portion of the agenda. This will be done while giving a special emphasis on issues specific to underserviced areas and vulnerable subpopulations in each continent. This forum will also be a great opportunity to elaborate a global plan for improving the care of pediatric and congenital heart disease across the world.

The objectives and roles that the World Society for Pediatric and Congenital Heart Surgery has given itself are numerous and broad and will likely have a real impact on the remaining 90% of children born with congenital heart disease who are not offered treatment. However, the process we have embarked on will be long and arduous and may be filled with many frustrations. It will not be a sprint, or even a marathon, but perhaps more a long arduous triathlon. Nevertheless, we have taken the first few steps on this challenging and exciting journey.

We are proud of the leadership role played by the Division of Cardiovascular Surgery of the Montreal Children’s Hospital of McGill University and its Director, Dr. Christo I. Tchervenkov, as the Founding President of the World Society and the principal architect in the global organization of the health care professionals involved in the care of pediatric and congenital heart disease.

Pierre-Luc Bernier, MD, CM
Resident, Cardiac Surgery, McGill University
Research Fellow, World Society for Pediatric and Congenital Heart Surgery
My Days at the McGill University Surgical Clinic

I was an international visiting research fellow at the McGill University Surgical Department under Professor Ray Chiu-Jeng Chiu between 1984 and 1985. It is a great challenge for me to recall the history some 23 years after the good old days when my mentor Dr. Chiu invited me to do this two months ago. It is not a simple task when my poor memory tries to revive a fading image. However, as a Chinese saying: “Being obedient to one’s mentor is a virtue”, I will briefly describe my recollection of my days at McGill.

Dr. David S. Mulder, then Chief of the Department of Surgery at McGill, visited the newly opened Chang Gung Memorial Hospital (CGMH) at Linko, Taiwan, along with Dr. Chiu in 1980, through invitation by the Superintendent Chang Chau-Hsiung. One or two years later, a general surgeon Dr. Alan Kwan from McGill was invited as a visiting professor to CGMH. Through Dr. Kwan’s introduction, it was the first time that I had an idea of what McGill University was doing in the world, particularly the special research training offered by the McGill University Surgical Clinic. Research training in the department of surgery was not offered by any university hospital in Taiwan then and now. Dr. Mulder and Dr. Chiu offered me the opportunity and necessary support to study at McGill. I studied hard in order to pass TOEFL, as well as the exam to obtain a government scholarship granted by the Ministry of Education, Taipei, Taiwan, Republic of China for studying abroad in 1983.

In May 1984, after a long flight from Taiwan to New York and then to Montreal, I arrived in a city where the landscape was entirely different from what I lived in Taipei. Carin Whittnich, then a graduate student in Dr. Chiu’s lab, picked me up at the airport. On the way to the Montreal General Hospital, I was surprised to smell the cold air and the trees were budding, while in Taiwan, it was approaching summer with hot and humid air and green leaves everywhere. Carin put a peony flower in a bottle in the laboratory room which I shared with her. It was the first time I saw a true, gorgeous peony flower, although I had already seen the flower in Chinese paintings many times before. Later on, I enjoyed watching and taking photos of bunches of peony flowers at the Montreal Botanical Garden, because they gave me as a Chinese a feeling of wealth and splendor.
Dr. Mulder and Dr. Chiu had already arranged the course of my training at the University Surgical Clinic laboratories. Although both of them are cardiothoracic surgeons, it is not difficult for me as a pediatric surgeon to start my research project, because we had already reached a consensus to study adult respiratory distress syndrome (ARDS) before I arrived in Montreal. ARDS is an important manifestation of the respiratory system consequent to many disorders that can be encountered in various medical and surgical disciplines, including septic patients in pediatric surgery. Dr. A. Hope McArdle, a PhD in the Surgical Clinic, was very active and energetic. Her help in my research was not simply technical; she was actually good at cheering us up. Later on, I found others such as the animal OR nurse Maureen, and the two animal tenders as well as the secretary Emma, were all very helpful. In one word, I realized that the animal experimentation at the Surgical Clinic was not simply a one-man show, but a team work, which facilitated greatly the progress of my research. The producer of the team should be Dr. Mulder and the conductor of course was Dr. Chiu (Fig.1). Once the main theme of my research was established, Dr. Chiu was more or less liberal in the details of the procedures. However, he would keep an eye on the progress of my research and discussed with me any time when he thought it would be helpful. Through the team and mostly Dr. Chiu’s help, I published three SCI articles when finishing my training at that extraordinary unit located at the Montreal General Hospital.

One team member that I should emphasize here is Dr. Chengxin Gao. It was about two months after I arrived in Montreal, Dr. Chiu introduced Dr. Gao to me. Dr. Gao was a thoracic surgeon from Shanghai Chest Hospital in China, and was doing his visiting clinical fellowship at the Montreal General Hospital. He was a capable surgeon and would like to spend sometime in research. I had never thought of having a partner in my experiment before and his joining in was a great surprise and a wonderful experience to me. Dr. Gao was very nice and was easy to get along with. We talked a lot during the experiment and found time went by quickly because of sharing load on boring procedures. (Fig. 2)

One year passed by exceedingly fast. It was about time to say good bye in the summer of 1985. Because we came from Taiwan and Mainland China, which were ruled by hostile Kuomintang (the Nationalist Party) and the Communist Party, respectively, communication between Dr. Gao and I became a problem within a few years after I left Canada. Another reason we lost contact for over two decades was that both of us were busy in developing our own careers as surgeons in different subspecialties.

I established the section of the Pediatric Surgery and became the first director of that specialty in a newly opened Chang Gung Memorial Hospital at Kaohsiung (KCGMH) in southern Taiwan in 1986, just a few months after I came back to Taiwan. I had been appointed as the Deputy Director of the Graduate Institute of the Clinical Medical Sciences, Chang Gung University College of Medicine at Linko since 1997, and was in charge of the studies of graduate students who were working in KCGMH but at the same time pursuing a MS or PhD degree 300 kilometers from the main campus. Since 2003, I have been the Chairman of the Department of Surgery at KCGMH. The latter is currently a major modern 2,400 bed general hospital.

My experience at the McGill University Surgical Clinic has been very helpful throughout my career. I invited Dr. Ray Chiu as visiting professor several times to help me in both the clinical and the research aspects. Meanwhile, through Dr. Chiu’s help, I contacted Dr. Gao and realized that he became the
Chief of Thoracic Surgery at Shanghai Chest Hospital, famous not only in Shanghai, but also well known on the Mainland China. We had a reunion when my family took a tour to Shanghai in January 2007 (Fig.3). It was almost 22 years after we studied together in Montreal. We were happy that we were able to make good use of what we learned at the McGill University and contributed it to our patients in two different cities across the Taiwan Strait.

Editor’s note: Professor Chuang is currently the President of the Pediatric Surgery Association of Taiwan, and Dr. Gao is the Head of Lung Transplantation Program at his institution in Shanghai, P.R. China. Carin Whittnich, DVM, MSc (McGill) is now a Professor at University of Toronto.

Fig.3 Dr. Gao (center) met Dr. and Mrs. Chuang at Shanghai in 2007.

Jiin-Haur (George) Chuang, MD, MSc (McGill)
Kaoshung City, Taiwan

The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years under teachers is but a preparation.

Sir William Osler [1849 – 1919]

A MESSAGE FROM: SIRAM R. IYER
(CHENNAI CITY, INDIA)

Respected Sir . . . I am Siram. R from Chennai Tamil Nadu India. I am currently in my final year M.B.B.S. I was a delegate at the FRONTIER CONCLAVE 07. I would consider myself lucky to have gotten a chance to meet stalwarts like you. The way you took us through your inspiring paper “Basic and Clinical Overviews of Stem Cell Research for Cardiac Regenerative Therapy” was simply mind blowing. I owe my heartfelt thanks to you for selecting my poster titled “Isolation of Human Umbilical Cord Blood Derived Mesenchymal Stem Cells” for the first prize at the Conclave’s poster competition. I’m treasuring the certificate of the poster competition which carries your signature. I never have even dreamt of it. My heart swells with gratitude and you will be always source of inspiration to all students like me.

Thank you so much sir,

McGill Surgery International
(III: MERCI)

A NOTE FROM INDIA TO A MCGILL SURGEON VISITOR

Early depictions of the science of regeneration in Hindu Mythology; each drop of blood spilt gives rise to a replication of the demon (stem cell regeneration?) as it hits the earth (tissue scaffold?). Courtesy of Dr. K.M. Cherian, Chennai, India

Opening ceremony for Front Conclave 2007: The International Conference on Stem Cell, Tissue Engineering and Regenerative Medicine, Chennai, India.
After confirmation by the Chief of Medicine, he elected to go to the Trudeau Sanatorium at Saranac Lake for “the cure”. This was a common phenomenon amongst many of his surgical generation. This experience clearly influenced his future career and his determination to eliminate this scourge of society. His clinical improvement led to his appointment to the RVH Department of Surgery in 1904. Dr. T. Ruddick was in charge and encouraged Archibald in the new ideas related to his preceptorship with Mikulicz. His initial clinical work encouraged by Bell was in the area of Neurosurgery and indeed some have referred to him as Canada's first neurosurgeon. His work was based on clinical observations, careful documentation and the compilation of a monograph in 1908 which was entitled “Surgical Affection and Wounds of the Head”. It was 378 pages and was the authoritative manuscript of the time. He even received a congratulatory note from Sir William Osler on his work. Having no formal training in Neurosurgery, he benefited in 1906 from three months with Horsley at the National Queen's Square Hospital in London. He also had a short observational experience at Johns Hopkins during which time he observed their neurosurgical program, but also became enamored with the residency training program. His sense of inferiority related to his neurosurgical expertise prompted his search for “a real neurosurgeon”; and this of course led him to Wilder Penfield, a 36 year old brilliant young man who was recruited to come to McGill and, as we have heard earlier with the assistance of Meakins, established himself in the McGill Department of Surgery. His efforts along with the support of a generous Rockefeller Grant led to the development of the Montreal Neurological Institute.

Archibald's work and thoughtful research on pancreatitis led to his hypothesis that a sphincterotomy or dividing the common channel between the bile duct and the pancreas was of value in the animal afflicted with pancreatitis. This operation is still used on a selective basis today.

His work on tuberculosis was monumental and he really sought to leave Neurosurgery to further his efforts in his fight against tuberculosis. While he did not originate the operation of thoracoplasty, he certainly refined it as a technique to result in a selective collapse of lung. He refined the operation and its indications, and developed an international reputation in this area. This combined with his war experience in Thoracic Surgery really allowed him to be considered the father of Thoracic Surgery, not only in Canada but in North America.

Perhaps one of Archibald's greatest contributions was the re-vitalization of the McGill Department of Surgery to which Meakins has stated that there had been nearly 30 years of academic sterility prior to Archibald's leadership. This led him to concentrate his efforts on the education process for a surgeon and his influence has been enormous. He was a leader in the Royal College of Surgeons of Canada, and under the directions of Jonathan Meakins along with Gallie in Toronto, served as the first Examining Board in Surgery commencing in 1929. He was greatly influenced by the Johns Hopkins or Halstedian program for training the surgeon, and was strongly influenced by the Flexnor report of 1910 which went a long way to “discredit the shoddy proprietary medical schools”. He felt that as a profession, surgeons must elevate their standards and lead to the optimal care of the surgical patient in our society. His classic presidential address to the American Surgical Association in June of 1935 was titled “Higher Degrees in the Profession of Surgery”. It clearly led to the formation of the American Board of Surgery and also contributed to the Royal College Examination System. It established measurable standards and has been the single most important factor in improving the quality of surgical care in North America. He frequently used quote of “fingers replace brains and handicraft outrun sciences”. I think this effort alone would credit him with being a leader in the area of professionalism, something I'm sure Dick Cruess would support. His second major contribution in the area of education was the influence he had on brilliant young minds and seeding Canada with surgical leaders in the area of Thoracic Surgery. These include names like Bethune, MacIntosh, Perrin, Schafner, Vineberg and Shellet.

The traditional measure of an academic is his curriculum vitae, and I have alluded to some of his accomplishments, but what about the man. He was Scottish Presbyterian by birth and this undoubtedly influenced his work ethic and his character. Rocke Robertson referred to Archibald's absentmindedness and his communication problems which he felt were caused by a gradual loss of hearing, but nonetheless did not detract from his ability to probe, push, beguile and encourage students and staff to achieve or surpass their academic goals. Martin Entin refers to his uncanny capacity for concentration not balanced by a simultaneous awareness of the passage of time. Bill Howell in a jingle that he composed for Archibald's recognition with an Honorary Doctorate at the University of Paris goes like this referring to Archibald's vice which I've referred to once or twice in our long friendship – “How irate you have often made me being late”; and his final sentence is “O Edward you would be sublime if only you could be on time”. I believe that all assessments are perhaps best made by the individual in recognizing how he has lived up to the natural abilities and the environment which he has been provided with. This aspect of his life is summarized when he expresses his personal life's credo at the inauguration of the
Montreal Neurological Institute in September 1934. “To gather knowledge and to find out new knowledge is the noblest occupation of the physician. To apply that knowledge with understanding to the relief of human suffering is his loveliest occupation and to do both with an unassuming faithfulness sets the seal on the whole”. In assessing his overall contribution, nothing could be better than the resolution which was issued by the Board of Governors and the Senate of McGill University at the time of Archibald’s death and I quote – “The Board of Governors and the Senate of McGill University mourn with the medical profession and the people of Canada the passing of a great surgeon and a gracious gentleman. To learning and scholarship, Dr. William Edward Archibald added wisdom, understanding and sympathy to technical skill that was superb. He added research and bold originality. Honored by his colleagues in many lands, he wore his laurels lightly and remained to the happiness of friends a simple man, delighting in adventures of the mind and creation of the human spirit, devoted to the patients rather than to fame”. If I have one regret today it is that Dr. Martin Entin could not be here to visualize the fruition of his efforts to have Archibald recognized by Parks Canada today. This recognition combined with Archibald’s biography places Archibald as one of the foremost of all Canadian surgeons.

Dr. Archibald’s grandchildren, Mrs. Entin, Mr. Angus, Dr. Mulder

Mr. Angus, Drs. Elhilali and Mulder

Dr. Archibald’s family, Mrs. Entin, Dr. Mulder, Mr. Angus

Mr. Daniel Petit
Member of Parliament for Charlesbourg—Jonquière on behalf of Canada’s Environment Minister John Baird and the Historic Sites and Monuments Board of Canada invite you to the unveiling of a plaque commemorating the national historic significance of DOCTOR EDWARD WILLIAM ARCHIBALD

The ceremony will take place at the Medicine Library of the Royal Victoria Hospital, 687 Pine Avenue West, Room H-411, Montreal, Québec on Friday, February 8, 2008 at 11:00 a.m. RSVP by February 6, 2008, at 438-447-1804

Canada

“To gather knowledge and to find out new knowledge is the noblest occupation of the physician; To apply that knowledge...with sympathy born of understanding, to the relief of human suffering, is his loveliest occupation.”

Edward Archibald, (1872-1945)
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**Book Review**

**Rocke Robertson: Surgeon and Shepherd of Change** – **Richard W. Pound**

The life of the war surgeon who became principal of McGill University in the midst of political, student, and faculty unrest.

**Rocke Robertson** (1912-1998) was a McGill-trained surgeon who served at the front lines in the Sicilian and Italian campaigns in World War II. His post-war experience took him to the top of the medical profession and appointments as chief of the Department of Surgery at McGill and surgeon-in-chief at the Montreal General Hospital.

In 1962 Robertson was named principal of McGill University, a position he held for eight years during one of the most unsettling periods in the university’s history. Apart from the usual demanding job of running the university, Robertson was forced to deal with political upheaval, student unrest and revolt, and defending the rights of the English-speaking minority in Quebec. While all around him university leaders cracked under the pressures, Robertson persisted until workable governance solutions were put in place at McGill.

**Rocke Robertson: Surgeon and Shepherd of Change** is a compelling portrait of a remarkable man who handled the greatest challenge of his career - running a primarily English-speaking university in Quebec during the Quiet Revolution - with courage, wisdom, and success.

**Richard W. Pound** is a senior partner at Stikeman, Elliott, chancellor of McGill University, and former chairman of the World Anti-Doping Agency.

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DR. FRANK M. GUTTMAN, Professor of Surgery and former Chief of General Pediatric Surgery at the Montreal Children’s Hospital (1981-1996), has recently published a political biography of Télesphore-Damien Bouchard. “The Devil from Saint-Hyacinthe, Senator Télesphore-Damien Bouchard, a tragic hero.” iUniverse Press, 2007. Bouchard, Mayor of Saint-Hyacinthe for twenty-five years and Member of the Legislative Assembly for an equal amount of time, represented the radical anti-clerical movement in Quebec. (From 1904-1944). He successfully opposed Maurice Duplessis as acting Liberal House leader from 1936-1939. He was a major power and an outstanding personality in Quebec politics during the years of 1935-1944. He represents many French-Canadians of the nineteenth and twentieth centuries who advocated compulsory education, a ministry of education, the municipalization and eventually the nationalization of electrical power, enlightened labour laws, and the vote for women. In 1944 he was appointed the first President of Quebec-Hydro after the nationalization of the Montreal Light, Heat, and Power and the Beauharnois Power companies, and named Senator in Ottawa. Yet, he remains a tragic hero in Quebec history, vilified for his attacks on the narrow-minded ultramontane nationalists. The book emphasizes that the French-Canadian people have never been monolithic in their outlook. Broad and narrow-minded attitudes have coexisted since the establishment of the colony. Bouchard was a forerunner of the “Quiet Revolution” in Quebec.  

Hepatopancreatobiliary and Transplant Surgery Symposium

HEPATOPOCREATOBILIARY and Transplant Surgery’s 5th Annual Symposium was held at the Ritz Carlton Hotel on Wednesday November 7th 2007. The Visiting Professors were Dr. Christophe Penna from the Pierre and Marie Curie Faculty of Medicine in Paris and Dr. Riad Salem from Northwestern University in Chicago. 

Dr. Penna spoke on “Neoadjuvant chemotherapy for colorectal liver metastases” and Dr. Salem gave a talk entitled “Radioembolization with Yttrium-90 Microspheres for the Treatment of Primary and Secondary Liver Malignancies.”

Dr. Peter Metrakos spoke about sorafenib and hepatomas. Dr. Prosanto Chaudhury presented his recent experience with cavoaplasty during liver transplantation.

Fellows of the HPB and Transplant Program presented as well. Dr. Hassanain talked on Yttrium-90 theraspheres and improving glycogen liver content during major liver resections. Dr. Gabriel Chan presented his data on sandwich chemotherapy.

The group enjoyed a banquet at Brontë Restaurant in the evening.
Happy Birthday, Harry...
You Are 90 Years Young!

By Ray Chiu, M.D.

It is not an everyday event when a respected and beloved senior McGill surgeon celebrated his ninetieth birthday in good health and with great spirit. This special birthday party for Dr. Henry J. Scott took place on January 19, 2008 at the Curling Club in Montreal. With an encyclopedic mind, he is said to know everything about everything in Montreal and at McGill, which may be related to his unique heritage: his great-grandfather was a surgeon and a professor of anatomy at McGill!

Born in Montreal in 1918 and graduated from McGill in 1941, he served in the Army during the World War II, and received surgical fellowship training at the Lahey Clinic in Boston. He returned to Montreal General Hospital, and in the following half a century, rose from a resident to a Professor and the first Director of the newly emerging specialty of Thoracic and Cardiovascular Surgery at the Montreal General Hospital.

Celebrating the happy 90th birthday were his wife, Mrs. Audrey Scott who worked for decades as an exemplary nurse and then for the women's auxiliary as a dedicated volunteer at the MGH, and generations of family members, colleagues and friends. How this man will never lose the sense of curiosity is reflected in his contribution to this issue of The Square Knot, described (see to the right →).

“...it is not by muscle, speed, or physical dexterity that great things are achieved, but by reflection, force of character, and judgement; in these qualities old age is usually not only not poorer, but is even richer.”

Cicero (106-43 B.C.)
On Old Age, VI. 17 (tr. by W.A. Falconer)

An Eternally Young and Curious Mind!

Just before I retired, I became interested in finding the first reference to the traumatic tamponade of the heart. I found some very dubious sources on this topic from the early 1800s, but there was nothing before that. Then I stumbled upon a letter in the journals by W. Edmund Farrar Jr. in which he mentioned Parzifal’s description of Sir Gawan’s Pericardial Puncture. This Parzifal was a medieval German heroic poem written around 1200 AD by Wolfram von Eschenbach who was a German minnisinger.

...Sir Gawan was riding on a horse one day and came across a group of people and a young lady attending a knight who was prone on the ground. He asked what was happening, and whether the young man was dead, and the young lady said she feared he was going to die soon. So Gawan made a tube by stripping the bark of the nearby tree, put it into the wound, asked her to suck on it, got blood out, and promptly the man recovered....

There was some question as to whether von Eschenbach was helped by providing a vision of the Holy Grail. What interested me was that von Eschenbach was a German knight who lived between 1195-1225 AD in Thuringia, Bavaria, so how did this man know about cardiac tamponade is a mystery. I have looked into medical histories in the Osler library but I have found no contemporary material on this topic. In any rate, how on earth he knew about cardiac tamponade is to me a very interesting thing, and I bring this up to The Square Knot, because possibly some enterprising young man who has interest in surgical history may find out something else on this saga. ♦

Harry J. Scott, M.D.

REFERENCES:

(1) W. Edmund Farrar Jr.: Department of Medicine, Medical University of South Carolina, Charleston, South Carolina, USA
The 2007 MUHC Men’s Health Day
Division of Urology

This past Father’s Day weekend (June 15 and 16, 2007), the Division of Urology of the MUHC organized the second MUHC Men’s Health Day, a two-day public health awareness event, at the Rockland Shopping Centre. Drs. Peter Chan, Armen Aprikian, Wassim Kassouf and Jordan Steinberg, the organizers of this event, were joined by a team of volunteers (Fig. 1) and healthcare professionals to promote various health issues pertaining to men.

WHAT IS MEN’S HEALTH?
The goal of this event was to educate the general public on various health issues either more commonly, or exclusively found in men. Common conditions such as prostate cancer, benign prostatic hyperplasia, erectile and sexual dysfunction, testis cancer, infertility, respiratory diseases, and kidney and bladder cancers, were some of the key areas highlighted during the event. Increasing the public’s awareness of these conditions, through educational events like the MUHC Men’s Health Day, is the first step in achieving disease prevention and early diagnosis, the best strategy in combating diseases.

ACTIVITIES ON THE MUHC MEN’S HEALTH DAY
Through a series of presentations, the public in attendance learned about various men’s health issues from a team of skilled MUHC healthcare professionals, including Drs. Maurice Anidjar (minimal invasive surgery), Assad El-Hakim (robotic surgery), John Kimoff & Andy Nguyen (sleep apnea), Ronald Olivenstein (asthma), Yosh Taguchi (prostate health, Fig. 2), Armand Zini (infertility) and many others. Participants also learned the importance of healthy eating habits, how to prepare healthy meals, and how to keep in shape through exercise.

Additionally, all men were encouraged to participate in a free-of-charge health-screening program, which included on-site consultation with an MUHC Urologist for a prostate examination, a PSA blood test for cancer screening, lipid profile measurements, urine analysis, and fitness and blood pressure measurements.

Several patient support groups, including the Montreal West Island Prostate Cancer Support Group, Fondation Québécoise du Cancer, Canadian Cancer Society, Cedar’s Can Support, Procure, McGill Urologic Oncology Group, also provided information on the various support systems available to the public. The organizers were grateful to the team of MUHC nurses, lab technicians, secretaries, medical students, residents, and fellows, who volunteered their free time on the Father’s Day weekend to help promote public health awareness. Everyone benefited from the experience. The volunteers found the time they spent helping extremely rewarding, the residents found it an ideal opportunity to fulfill their “Health Advocate” role of the CanMed assessment criteria, and the men, who often have a hard time finding a Urologist or who are too embarrassed to talk about men’s health conditions, were able to have all their questions answered.

The event was well publicized locally and nationally by CTV, Global news, and CJAD radio. In addition, this year we had Shaun McMahon from 940 News broadcasting the event live to help promote public health awareness.

We were honored to have the Mayor of Town of Mount Royal Mme. Vera Danyluk join us for the event (Fig. 3). She commended the volunteers and the Division of Urology for organizing this large-scale, public, educational event for the community. Canadian soccer star Lloyd Barker also came to speak to our participants complimenting their initiatives to stay healthy and encouraging them to stay in shape.

FINAL WORDS ON THE MEN’S HEALTH DAY
For years, the Division of Urology at the MUHC has taken a leading role in the promotion of men’s health issues, both nationally and internationally. We are committed to promoting the early detection and the prevention of disease in our
population. Men, in general, are less health-conscious than women. They often ignore the early signs and symptoms of diseases, and neglect to follow-up with their doctors. It is therefore important for healthcare professionals to adopt a pro-active role in bringing public awareness to health-related issues through activities such as the Men’s Health Day. It is our hope that the MUHC Men’s Health Day will continue educating the public each year for many years to come.
Tie one on for McGill!

The McGill Department of Surgery invites you to tie one on for the old school! The McGill blue silk tie and scarf with CREST, SQUARE KNOT and FLEAM are available for purchase from the Alumni Office as follows:

McGill Dept. of Surgery Alumni, Montreal General Hospital
1650 Cedar Avenue, Room L9.420, Montreal (Quebec) H3G 1A4
Telephone: (514) 934-1934, ext. 42028
Fax: (514) 934-8418

Please send me the McGill Department of Surgery tie or scarf.

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Ray Chiu, M.D. • Editor • THE SQUARE KNOT • The Montreal General Hospital
1650 Cedar Ave., Room: C9-169, Montreal (Quebec) Canada H3G 1A4
CALL US at: (514) 934-1934, local 42839  FAX US at: (514) 934-8289
E-MAIL US at: maria.bikas@muhc.mcgill.ca
ray.chiu@mcgill.ca
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