McGILL TRAUMA CENTRE AT THE MONTREAL GENERAL HOSPITAL

The Montreal General Hospital has a long history of excellence in trauma care which dates back to Dr. Fraser B. Gurd, Dr. H. Rocke Robertson and Dr. Fraser N. Gurd. They pioneered the concept of a trauma team led by a general surgeon who would co-ordinate all the required surgical specialists such as neurosurgeons, orthopedic surgeons, plastic surgeons and cardiothoracic surgeons, as well as many medical disciplines in a co-ordinated plan of action for the patient with injuries to many body systems. They were guided by their military experience in the Great Wars.

In 1990, when Mr. Marc Yvan Coté became the Quebec Minister of Health, he appointed a provincial task force to come to grips with the increasing high death rate from trauma (please see Trauma, pg.5)

Trauma Center at The MGH

By Rob Brown, M.D.

In 1990, when Mr. Marc Yvan Coté became the Quebec Minister of Health, he appointed a provincial task force to come to grips with the increasing high death rate from trauma (please see Trauma, pg.5)
Letter from Dr. Harry Himal
along with a generous donation. "It was a pleasure to see you and the other young staffmen at the Vic. This homecoming was wonderful for me. Please keep me informed as to what is happening at the Vic".

Dear Editor:
CORRECTION: The J. Hardcraf Society
THE J. HARDCAF SOCIETY was created in the early 1950's by the young General Surgeons recently appointed to the Attending Staff of The Montreal General Hospital. Don Ruddick suggested the name, each letter for the initial of the appointees, vis.: J, for John Palmer; H, Harry Scott; A, Allan Thompson; R, Roberto Estrada; D, Don Ruddick; C, the late Cam Dickson; A, the late Arnold Jones; and F, the late Fraser N. Gurd. Later when Drs. L. Hampson and L. Ogilvy joined the staff, the initial 'L' was added to name of the society (THE J.L. HARDCAF SOCIETY).

It was a Journal Club which held monthly meetings, on a rotation basis, at the residence of the Society members. Each one of us reported on the most interesting and controversial article he had reviewed. This created lively discussions at the time of presentation as well as during the refreshments catered by the wives at the conclusion of the presentations. Another topic was the future of General Surgery of that era. We had been trained and we did skin grafts, repair tendons, reduce fractures both by closed and open techniques, did thoracotomies to repair hiatal hernias, lobectomies, sympathectomies, and peripheral vascular procedures.

During that decade, we saw the creation of the Division of Plastic Surgery, and the Division of Cardiovascular and Thoracic Surgery at the MGH. When Rocke Robertson was appointed as Surgeon-in-Chief at the MGH and McGill, he advised us to transfer the fracture treatment to Orthopaedics. He encouraged the dinners at which the General Surgeons of the McGill Teaching Hospitals now participate. One of the last meetings of the Society was in 1961, when surgeons of the RVH joined us for the last supper, pictured in the FALL 1996 issue of THE SQUARE KNOT.

R.L. Estrada, M.D.

Dear Editor:
I am an avid reader of your publication. I especially enjoyed the historical perspective on the McGill Urology Department in the last issue, written by Dr. Yosh Taguchi. He has been a fine mentor to many residents over the years, and I am glad to hear that he remains active at McGill. I wear my McGill tie proudly. It has even been recognized on occasion in the Desert Southwest, and the McGill name continues to command respect in medical circles far from home.

Barry Krumholz, M.D.
Phoenix, Arizona, Dec. 17, 1996

Dear Editor:
I want to congratulate you for your new position as President of the Canada Association of General Surgeons. I cannot think of anyone who is best suited for this position at the present time. I want to also express again my gratitude for your help in preparing me for my oral exam for the Fellowship of the Royal College of Surgeons of Canada. I have recently received a letter from Mr. Shaun F. Purkiss, Consultant General Surgeon, from the Royal Hospital of St. Bartholomew, The Royal Hospital and the London Chest Hospital, where this consultant met me when I was in Bermuda as a senior resident. He met me when I was there working with you at the King Edward in July 1988. He has recently written me regarding a possible visit to the Cleveland Clinic Foundation. This letter brought nice memories, and has resulted in many friendships as a result of this.

Michel Gagner, M.D.
Cleveland Clinic, Dec. 30, 1996

Dear Editor:
Greetings from Ottawa. I was very happy to read about you and the other members of the surgical staff who trained me in the Square Knot. McGill University and the Department of Surgery was my life for the 10 years I spent there. I have still to find a similar milieu promoting so well the science of surgery. Thank you for everything.

Here are the news about me. I joined recently the staff of the Ottawa General Hospital and the Department of Surgery of the University of Ottawa. I graduated from the General Surgery Program in 1991 followed by a year of practice at the Queen Elizabeth Hospital. I then completed a two years training in thoracic surgery at the University of Montreal. I also completed training in military medicine with the Canadian Forces and served twice in former Yugoslavia. During the second tour, I was in charge of the medical care of well over 2500 NATO troops. I was decorated for my actions after each tour, an accomplishment I was told not seen since the Second World War. My expertise is in teaching, research and care of patients in the field of general thoracic surgery.

I hope you will find the above information useful. Hope to see you again soon.

Reza Mehran, M.D.
Ottawa, Ontario, Dec. 16, 1996

Reza Mehran, M.D.
Dear Editor:

Although I am not an alumnus of the Department of Surgery (Urology) of McGill in the true sense of the word, I am always pleased to receive The Square Knot, apparently through my involvement with the McGill Urology Residency Training Program when I returned to the Jewish General Hospital following completion of my urology training at the State University of New York at Buffalo in 1973.

It was, therefore, with great interest that I read the "History of Urology" at McGill by Yosh Taguchi in the Fall, 1996 edition of The Square Knot. It brought back fond memories of my serving on the executive committee with Dr. Ken MacKinnon who was a wonderful urologist and person, and of my colleagues at the RVH, MGH, and JGH whom I admired and respected. I also fondly remember working with Drs. McClure, Trachtenberg, and Brezenski among others who rotated through the JGH as urology residents.

There is, however, one error in Dr. Taguchi's fine article that I would like to point out. It was I, not Dr. Steve Jacobson, who succeeded Dr. Clarence Schneiderman as Urologist-in-Chief at the Jewish General Hospital, a post I held until I left Montreal in 1977.

Thank you very much for your attention. Please continue your good work with The Square Knot and please keep me on your mailing list.

Dr. Howard A. Rottenberg - McGill 1967
North Atlanta, Georgia, Jan. 9, 1997

Dear Editor:

I enjoy reading your magazine and please keep up the good work.

I am now the President of the Montreal Medical Chirurgical Society (the Med-Chi) for 2 years, the oldest medical society in North America. I am also in the fourth year of my mandate serving on the Executive of the Quebec Orthopaedic Association with, of course, a special interest in McGill medicine and its affiliated hospitals, and also dealing with the orthopaedic presence at CSST meetings with other involved disciplines (general practice, physiatry, psychiatry).

For your readers, here is an amusing story: When Archimedes stepped out of the tub and found that Eureka, his wife, had forgotten to put out any towels, he flew into a rage. As she handed him a towel, she said to him, "Archimedes, restrain yourself. You should be ashamed of yourself after such an outburst. Calm down". To which he could only reply, "Eureka, I lost it!".

Dr. James D. Sullivan - McGill 1962
Orthopaedic Surgeon, St. Mary's Hospital
Dec. 1, 1996

Dr. David M. Fleiszer has been the recipient of a 3.75 million dollar grant from the Molson Foundation to explore and develop teaching programs using interactive multimedia and the internet. He is currently heading up the planning committee to establish a national consortium of all sixteen Canadian Medical Schools to contribute to this effort. One of the current local projects involves taking all of the 7000 pages of notes distributed to McGill students over the first two years of medical school and building them into a website. The next step will be to enhance these notes with colourful graphics animations audio clips, including heart sounds, breath sounds, and video clips. Eventually, they will also encompass online quizzes and patient case scenarios. A second project involves establishing the infrastructure for McGill Faculty to design and develop their lectures using multimedia and to be able to deliver these lectures in the classroom or over the internet. You may be asked to contribute in the near future!

Molson Foundation Grant

Upcoming Events

April 1-3, 1997
E.J. Tabah Visiting Professor
Dr. Samuel A. Wells, Jr.
Washington University, St. Louis

April 6-8, 1997
American Association for Endocrine Surgeons
Baltimore, Maryland

May 12-14, 1997
The Society for Surgery of the Alimentary Tract - The Annual Meeting will be held in Washington in conjunction with Digestive Disease Week

May 15, 1997
Fraser Gurd Day

May 29 - June 1, 1997
XXVIII Annual Convention - Quebec Association of General Surgeons
Manoir Richelieu, Charlevoix

June 5, 1996
General Surgery Combined Rounds (JGH)

June 12, 1997
Stikeman Visiting Professorship
Dr. John A. Waldhausen
Pennsylvania State University
THE MUHC…A CASTLE IN SPAIN?

In March of 1994, a far seeing Steering Committee reported on the feasibility of the creation of a McGill University Hospital Center. Since the summer of 1992, five University Hospitals (RVH, MGH, MCH, MNH and Montreal Chest) and the Faculty of Medicine in planning for the future had undertaken an intensive review process and considered the appropriateness of consolidating facilities and services. A lot of brilliant work has been done since that time by our representatives and those of the community. It is not our purpose to discuss the findings in detail at this time, but generally the plans were to eventually construct a “superhospital” of some 1,100 beds after a capital campaign of $100 million or more. At that time, the five hospitals together had a total of approximately 1,700 beds. Since that time, the RVH and Montreal Chest have already merged.

As we go to press, the results of a lot of very fine work done by the Clinical Integration Task Force (chaired by Dr. Sarah Pritchard) are starting to bear fruit. Though no decisions have been made, the following are the trends. It appears that Trauma, Orthopedic Surgery, Urology, Ophthalmology, Plastic Surgery, General Surgery Head and Neck, and Thoracic Surgery will all be mainly focused at the MGH. It is expected that Orthopedic Surgery will cease at the RVH on an in-patient basis on May 17 and continue at its new designated site at the MGH. Vascular Surgery, Transplantation, ENT and Urology Day Procedures would be concentrated at the RVH. The whereabouts of Cardiac Surgery and Neurosurgery have yet to be elucidated. Is Neurosurgery to be done at the MNH if Trauma is at the MGH? General Surgery will have its special interest groups in yet to be determined sites at the RVH, MGH or MCH.

Currently, there are 1,632 "dressed" beds in the four University Hospitals being considered to comprise the future MUHC. The RVH has 663 (491 acute, 92 chronic plus 80 at the Chest). The MGH has 672 including 119 Long Term Care, the MCH 180 and the MNH 117. Following a press conference on November 5, confusion and concern arose about the number of beds the new hospital center is actually going to have. Some media reports had the numbers as low as 500. "These various figures were pure speculation," says MUHC Executive Director Gerard Douville. "The new center will be super in terms of the services it offers. It won’t need to be super in size." Dr. Nicolas Steinmetz, Associate Executive Director Planning MUHC affirmed that "The crucial issue is not how many beds the center should have, but what services the MUHC should offer and how. Beds do not equal care, programs do."

And yet, we surgeons remain concerned. If we were all to move into a beautiful modern new hospital say of 800 beds, would we have enough facilities to care for our patients? Aside from the 300 beds for the MCH and MNH, this would leave 500 beds for the RVH and MGH. Currently, the RVH alone has 186 "dressed" beds for surgical patients alone. This includes Ophthalmology, ICU, Otolaryngology, Oral Surgery and Long Term Care. This figure of 186 beds is considered to be about as low as we can go and continue to provide optimal care for our patients. We can only go so far with ambulatory surgery ("virage ambulatoire"). A new Ambulatory Care Centre would be ideal. Also, it would be foolhardy to suppose any plan that does not include the presence of Long Term Care patients.

Where do we go from here? A recent letter to the Editors of the Montreal Gazette by an anesthetist from the MGH suggested that this super hospital might be "a pipe dream." Not if we plan well for the future. Don’t forget that the RVH and MGH were originally designed to care for some 900 patients each! Conrad Harrington, Chairman of the Joint Planning Committee emphasizes that some tough and complex questions need to be answered. Some feel that the proposal for integration "doesn’t go far enough!" Charles McDougall, Associate Director of the RVH/MGH reports that the Department of Medicine proposes a whole new reconfiguration model which would see the RVH turned into a "specialty site" and the MGH an "acute care" site.

What about finances? Is it realistic to believe that a capital campaign along with government funding would pay for such a center? Quebec is imposing major spending cuts to health care and other services as it strives to reduce it’s escalating deficit expected to reach 3.2 billion dollars by the end of 1997. The horizontal merger of organizations of the same type is increasing in large urban centers, while the vertical merger of organizations representing different sectors has started in rural regions. Approximately 60% of these planned mergers are now complete.

It behooves us to plan well. We must be imaginative, inventive and innovative. Perhaps the integration of the five partner institutions is the first step in the organization of the McGill University Health Center. Mr. McDougall points out that the reconfiguration in no way jeopardizes the overall plan for the MUHC. "On the contrary, everyone has made it clear that the ultimate goal is to be under one roof in a new center."
in the province of Quebec. The task force was to make recommendations related to pre-hospital care, hospital care and prevention measures for victims of severe injury.

Dr. David Mulder became an important member of this group and the guidelines for a system for the province were devised. The political skill of Dr. Pierre Fréchette, President of the Quebec Committee on Trauma and Director of the Trauma Services at Hôpital de l'Enfant-Jésus in Quebec City, guided this process to its eventual successful conclusion.

In 1992, with the first integrated surgical service at McGill University, the trauma services presented a proposal to become a Level I Trauma Centre to be housed at the MGH with the support of McGill University, the Dean of Medicine, the Chairman of the Department of Surgery, and the Board Chairmen of the RVH and the MGH. The hospital had on site evaluators who followed the American College of Surgeons Guidelines, and were given a full Level I status on condition that construction be done in the Emergency Room, the Operating Room, and the Intensive Care Unit.

In June of 1993, the MGH was chosen as a Level I Trauma Centre by the Provincial Trauma Committee with increased funding to carry out this mission. A Level I status is the highest level of trauma care under a university umbrella and The Montreal General Hospital is the only one in the province of Quebec. The decision had a condition factor that an emergency O.R. be updated to cover the increased load. It was felt that in five years, the MGH would receive approximately 500 multiple injured patients per year, with over 3,000 total admissions per year of trauma patients.

At that time, a provincial Trauma Registry was devised. Under the guidance and hard work of Dr. John Sampalis of the Departments of Surgery and Epidemiology with enormous input by Dr. David Fleischer, it continues to flourish and is located at the MGH. At the present time, 10,000 cases have been entered, 4,500 of which come from the MGH Trauma Registry. This has allowed us to see McGill's performance as compared to other centres in Quebec, as well as using the American College of Surgeons Data Bank of over 100,000 patients where outcome, mortality and morbidity for all injuries are standardized as the reference point.

In the first year, the Trauma Registry revealed that significant progress was made in approaching the American College standards. In the past year, the American College standards have been equalled and now, a better outcome than the standard is achieved.

In July of 1996, a formal Trauma Service was formed at The Montreal General Hospital. The resident team and medical students have worked very hard and provided outstanding care to these patients. Residents from other Quebec universities are requesting time on this service and are now being accommodated. Trauma Rounds are held Monday afternoons at 4:00 P.M. which provides an educational form as well as regular monitoring of results from this program.

The old American College Emergency Room Course, which started at the MGH in December of 1971, drew over 250 registrants in 1996. Dr. David Owen is now responsible for this part of the trauma program. The registrants for this popular and successful course continue to come from all over Canada.

This year marks the eleventh year in which The Advanced Trauma Life Support Course has been given to medical students. This course is scheduled to take place in February and the first week of March 1997 and at that time, 1,000 students will have been enrolled in the course since its inception. This emphasizes teaching of the principles of trauma care just prior to graduation.

Last year, it was with a great deal of pride that an Annual Visiting Professorship in Trauma was established, recognizing the great contributions in trauma care that Dr. H. Rocke Robertson made to the MGH and McGill University. The first H. Rocke Robertson Visiting Professor was Dr. Kimball Maull from Chicago. This year, Dr. Thomas Gennarelli from Philadelphia, whose contribution to neurosurgical trauma is recognized worldwide, was the lecturer.

The present trauma team at The Montreal General Hospital is co-ordinated by Dr. Rea Brown who is a senior general surgeon. The key to a successful trauma centre is a high degree of commitment at every level from administration to nursing and all medical disciplines.

Within a short period of time, this integrated surgical program at McGill has achieved excellence of care, teaching and now will work on research. Dr. John Sampalis has had two major publications on the epidemiology of trauma on the island of Montreal, and he has assumed a leadership role in Trauma Epidemiology. The Minister of Health had requested that the mortality rate from trauma be reduced by 20% in five years. At McGill, this has transpired in three years.
CLOSURE PLANNED

In May 1994, surgeons of the Queen Elizabeth Hospital of Montreal awakened to the shocking rumor that the QEH was one of nine Montreal hospitals slated for closure in a restructuring of the Health Care system due to be announced shortly. I sat bolt upright when I heard the news at 5:07 A.M. in CIAD's early morning review of the newspapers. The startling news was the lead story blaring from morning radio programs every half hour. Some surgeons were caught off guard as they dressed for work; others were dumbstruck as they drove to work. We all faced the news with consternation and disbelief.

WHY NOT CLOSURE

It was truly unbelievable! Clearly, Queen E was a hospital on the move. A new ER had recently opened; a state of the art spiral CT scan was being installed; a strong carefully chosen team of hospital directors was in place; strategic hospital-wide planning to align hospital initiatives with objectives espoused by the Regional Board and Ministry was well underway; and in the face of ever increasing cuts by the Ministry, the hospital had been on-budget for two years running.

We considered ourselves leaders in laparoscopic General Surgery, in arthroscopic and Sports Orthopaedic surgery, and in Vascular diagnosis and treatment. By a joint initiative of surgeons, anaesthetists and nurses, and building on an external review undertaken by the administrators, our operating rooms were the site of a Total Quality Improvement experiment, culminating in an average turnover time of 10 to 15 minutes. The Department of Surgery had also engaged in a quality drive, aimed at reducing further stay, costs, and morbidity, already among the lowest; and we were actively considering establishing a 5-day surgical unit. Day surgery, particularly orthopedic, urologic, and general laparoscopic surgery was among the most efficient, and getting better.

RESPONSE

The emotional roller coaster of the next two years should really have been predictable. An innovative hospital proposal that would have combined a severely downsized hospital emphasizing short stay with a CLSC (community health centre), and a prolonged care facility seemed a sure-fire offer, and evoked considerable on-site enthusiasm. Indeed it seemed like the ideal answer - perhaps what the Regional Board was trying to set up in their \textit{irrime ambulatoire}. But the proposal was rejected out of hand. The rumour that McGill had sold out the Queen E in buying support for the proposed (MUHC) superhospital elicited seething anger even from staunch McGill supporters. Ultimately, the news that the Ministry had published a list of all hospitals in the Province in order of efficiency, and that the Queen E was No. 1 confirmed that it was all a bad dream. Nothing made sense! Depression increased as each initiative fell on deaf ears, and closure seemed more and more likely.

In an attempt to offset a growing climate of "every man for himself", I visited the Surgeon-in-Chief of each remaining McGill hospital in search of the right fit for our surgeons. It was immediately apparent that increasingly tight budgets at every turn were a major constraint. Some positions were available, but there seemed little assurance of any real opportunity to work. Still, if we could not keep in one place the caring and excellence of our surgical team, perhaps we could each take it with us to our new institutions, sow and nurture the seed, and await the harvest. Now, almost 9 months after the cessation of clinical activity at the Queen E, how have we done?

THE OUTCOME

First, there seems little doubt that McGill has lost a real opportunity. Could we not have adopted a "modified University of Alberta plan" in which a scaled down Queen E served as an ambulatory surgical centre for all McGill? Surely the setting, and efficiency of the unit would have freed up space, beds and resources precisely fitting the new health care paradigm. Second, almost to a person, our surgeons (practically all over age 40) confirm Paradise Lost. Many are still reeling from the disruption of their practice, from loss of income - 30 percent minimum, and in some cases, from an enforced change of focus. One middle-aged surgeon still has no hospital appointment. Still, for others, there is a second chance, the challenge of exporting and inculing in their new environment the spirit and skills of the Queen E.

Toronto and St Mary's Hospital are the main beneficiaries of the General Surgery Laparoscopic skills. Joe Mamazza, the driving force in laparoscopic general surgery at The Queen E, and arguably the most talented laparoscopic surgeon at McGill, went off to The Wellesley Hospital in Toronto and will be a major cog in the Ambulatory Surgery program of the University of Toronto. Donna Tataryn, also skilled in advanced laparoscopy, will greatly enrich the St Mary's Hospital efforts in that direction. So will Fred Wiegar, who fortified by his multiple recent tours of Trauma duty for the Red Cross will now bring the skill, wisdom, and maturity of the
St Mary's Hospital also inherits the preponderance of orthopaedic talent from the Queen E including the flair, experience, judgement and arthroscopic dexterity of Larry Coughlin, and his close associate Larry Lincoln. Mitch Rubinovitch had long somewhat prophetically gone to the United States. His young talented replacement Tim Heron moved to Hotel Dieu; and Nick Duval transferred to Notre Dame Hospital soon after the initial announcement of hospital closures.

The Royal Victoria Hospital has taken on a Vascular surgeon, Ron Lewis, as head of the new McGill Division of Vascular surgery, and Effat "Mac" Macramalla a talented Urologist. The Vascular Surgery experiment brings together surgeons from the RVH, MGH, and QEH in the forefront of a program of Clinical Integration that will forecast the workings of the projected superhospital. It is also an important bridge to the Jewish General Hospital whose vascular surgeons are an integral part of the new Division, and already work closely with those at the RVH. In a milieu of dwindling budgets, the challenge will be to find the resources required to establish the new Division on a solid footing. Mac takes to the Vic years of clinical research and experience with prostate cancer, and great surgical technical dexterity particularly in endoscopic techniques and treatment of bladder incontinence.

Of the remaining surgeons, the ophthalmologists were previously affiliated with the MGH, and are continuing their activity at that hospital; so too have the oral surgeons. Jorge Schwartz in Plastic surgery, and Brian Morris in Urology were on Staff at St Mary's Hospital and have expanded their activity there. Joe Gauze and Jack Rothstein in Otolaryngology are now affiliated with the Jewish General Hospital and the Lakeshore.

It is clear from this account that the surgeons of the Queen E have been strewn through the hospital system like grains of sand in the wind. What is gained at the receiving hospitals besides the talents of the individual surgeons is a tradition of personalized caring surgery that was the hallmark of the Queen E. What is lost to the community is irreplacable: A unique family of surgical specialists that blended with family doctors, paramedical personnel, nurses, and other specialists to provide a model of Community Surgery - just what a patient needs!!

Dr. G. Pearl is now at the MGH, Dr. E. Flores at the Lakeshore, Dr. I. Weissglas at the JGH, Dr. G. Daniel will be doing private consulting, Dr. M. Adle is in the process of finalizing his plans, and I am retiring from active practice.

In Urology, Dr. E. Macramalla is at the RVH. In Plastic Surgery, Dr. A. Swift is at St. Mary's, and Dr. A. Cloutier will be doing private practice. In O.T.L., Dr. S. Sierra-Dupont is at Charles Lemoyne. In Orthopedics, Dr. D. Wiltshire is at the Lakeshore and the Shriners, Dr. J. Kornacki at Verdun, Dr. P. Stephenson at St. Mary's, and Dr. T. Heron at Hôtel Dieu. Dr. Guy Boileau, our Surgical Oncologist and President of the Cancer Research Society is Associate Medical Director of Pfizer Canada.

Even though separated, we plan to meet periodically and keep the spirit of the Reddy going. Thanks for the memories.
EFFECTIVE INTERVENTION IN SURGICAL CARE IN DEVELOPING COUNTRIES

A summary of a symposium presented at the Third Canadian Conference on International Health, chaired by Dr. A. Louati. A panel of 5 speakers presented their experiences.

Surgical Care in Developing Countries

By Antoine Louati, M.D.

The 1st speaker, Dr. P. Barss, presented a comprehensive approach to injury control as a model for effective intervention for surgical conditions in developing countries. He divided injuries in two groups, intentional and unintentional injuries. Regardless of the group, major determinants such as environmental and personal risk factors during a typical injury incident should be considered. The inclusion of a brief history of the external cause and circumstances of injury in admission records makes it feasible to gradually assemble a profile of modifiable risk factors for specific types of injuries that are a priority for a region as well as the nature of the injuries being treated. Examples include clothing burns from open cooking fires. Dr. Barss emphasized that such information is essential in supplementing hospital data, community survey and other statistics in setting guidelines for the prevention of injuries.

The 2nd speaker, Dr. M. McCusker, presented effective interventions in ophthalmology in developing countries. He started by reporting that the rate of blindness is 1% in developing countries in comparison to 0.2% in developed countries and there are 35 million blind persons in the world, 50% of them because of cataracts. Dr. McCusker who works with the “Christian Blind Mission” organization presented their organizational policies and their training programs using volunteer ophthalmologists from developed countries to perform cataract surgery and to train local doctors and ophthalmic assistants. The program is effective both in training and providing services in developing countries.

The 3rd speaker, Dr. P. Alberti, talked about hearing loss prevention in developing countries. He mentioned data from the World Health Organization (W.H.O.) showing 40 x 10^9 people with disabling hearing loss in 1986. This rose to 120 x 10^9 people in 1994. 50% of the hearing loss can be prevented by the following interventions:

a) Vaccination against rubella, meningitis
b) Treating acute respiratory disease and otitis media
c) Better control of ototoxic drugs (i.e.: streptomycin,
gentamycin)
d) Noise control

In 1991, a program P.B.D. = Prevention of Blindness and Deafness was established. In May 1995, it received wider support under the W.H.O. umbrella. The mainstay of the program is to educate people about preventable hearing losses (i.e.: immunization programs for meningitis) and help them develop hearing aid equipment.

The 4th speaker, Dr. St-Vil, presented his experience about short trips (one to two weeks) by a multidisciplinary surgical team to rural Haiti. They performed pediatric surgery and their experience gave them the opportunity to share medical knowledge and techniques with the local medical staff. They were exposed to different stages of diseases and learned to rely more on their clinical judgement and less on technology.

The last speaker was Mr. M. Strand who presented the Cobbler Program to train rural doctors in China. It is a problem based, skill and clinically based program of on the job training. The training sessions range from 9-15 weeks in duration, each session having 10-15 students. The curriculum for teaching is based on the most important problems which had been defined by local surveys. Expatriate doctors live in the community and use the local language.

Such a program seems to help village doctors acquire the necessary knowledge and skills to deal with diseases in their community and they seem to stay in those rural communities. Dr. Strand said, such programs are “putting shoes on barefoot doctors” in China.

In summary, each of the speakers presented one aspect of interventions in developing countries, some (i.e. Drs. Barss, McCusker, Alberti) at a larger scale, others (i.e. Dr. St-Vil/Mr. Strand) at a smaller scale. All of them have the necessary commitment and are working, in cooperation with the local health authorities, to improve the well being of people in Developing Countries.

In concluding, I would like to extend my special thanks to all the speakers who took time from their busy schedules to present their experience in developing countries. Such work in international cooperation is one way that we can extend a helping hand to the underprivileged of this world.

* A copy in the abstract form of all the presentations at the symposium has been published in the 3rd Canadian Conference on International Health program and abstract book.
How Good Are You at Name Calling?

Associate the following syndromes with the name of the person responsible for its description.

1. Osteomyelitis of the frontal bone, pyrexia, severe pain and pitting edema of the scalp usually following imperfectly treated acute frontal sinusitis.
2. Progressive dementia seen in some hypertensive patients due to diffuse loss of predominantly deep hemispheric white matter in the brain.
3. Hematuria, azotemia, variable proteinuria, oliguria, edema and hypertension.
4. Sudden infarction of the anterior pituitary gland following obstetric shock.
5. A progressive disease inherited as an autosomal dominant in which patients develop jerky, hyperkinetic sometimes dystonic movements affecting all parts of the body and later parkinsonian features and dementia.
6. Insidiously progressive weakness, fatigueability, anorexia, nausea, vomiting, weight loss, hypotension, abdominal discomfort, and hyperpigmentation of the skin and mucous membranes.
7. Hypermetabolic state encountered more frequently in females, manifested by nervousness, rapid pulse with palpitations, fatigability, weight loss despite good appetite, diarrhea, heat intolerance, menstrual changes, excessive perspiration with warm skin, eye changes and enlargement of the thyroid gland.
8. Congenital intrahepatic biliary dilatation. This form of cystic disease leaves the biliary tree vulnerable to cholangitis and must be differentiated from choledochal cysts.
9. Painful redness of the arms and legs in young adults most of whom are smokers. Not associated with diabetes mellitus, hypercholesterolemia or heart disease. Affects the arteries and veins of the extremities.
10. Right upper quadrant abdominal pain, chills and fever, jaundice, mental confusion, arterial hypotension.

(answers on page 21)
The Surgical

Education Corner — By R. Zelt, MDCM, MSED, FRCSC

The Corner is back after a brief absence in the last issue. As usual, much is happening in Surgical Education at McGill and in this issue we'll look at how we did last year in our first run through of ICM, how we managed with the clerks and POMs, how program evaluation is progressing in Core Surgery and a brief look at the future of teaching at McGill.

UNDERGRADUATE

Introduction to Clinical Medicine: As you all remember, McGill's undergraduate curriculum was revamped in 1994 and our first group of students rotating through Surgery in their second year took place from January through June 1996. This period is called Introduction to Clinical Medicine and from now on I'll refer to this as ICM. ICM-A is where the students learn how to perform a history and physical exam and is an excellent one month course organized and run by Medicine. Surgery meets the students on seven afternoons to give them the surgical slant to examination. We're very pleased to announce a positive review of our efforts from the students and a desire to continue such teaching.

The ICM-C Surgery rotations were also a success. This 10-week learning block was made up of Principles of Surgery, Surgery Skills, Anesthesia, Radiology and Emergency Medicine. Although our evaluation process experienced definite growing pains, the satisfaction rate among the students of our efforts was more than 90%. Very impressive! This was possible only because of the many people who spent countless hours preparing and teaching in the new curriculum. Thanks to all who participated.

From our data, we have modified our program this year and altered our objectives. The Surgical Skills rotation was very well received and is incorporated this year into a 5-week Principles of Surgery rotation where each Monday the students spend the day learning Skills. There is a new 1-week rotation called Educational Skills where the students have learning sessions on self directed learning, how to give a lecture, how to answer oral exams, all about journal clubs, how to do Medline searches and a full day workshop of wounds and wound management including all those dressings we have trouble remembering. The remainder of the 10 week rotation remains the same with minor modifications. This year's class is down from 132 to 119 students, with 60 students completing ICM-C from Feb through April and the other half of the class doing Surgery from April to June. In the past we had LINK (ICM equivalent in old curriculum) for 13 months whereas now we see them only from January to June and not for the remaining 7 months of the year. In order to keep our staff up to date on all the new changes taking place in ICM, we have created a monthly ICM Newsletter to be circulated to all hospitals during the 5 months of ICM each year. The first edition seemed to be well received.

Principles of Medicine: In the new curriculum the clerks are now called POM's. They started in September of 1996 and for 5 months the old and new curriculums overlapped leaving us with twice as many clerks on the wards. With a little creative scheduling along with sending students to St. Mary's Hospital, we managed to provide quality learning experiences to all students with few problems. So successful was St. Mary's in their teaching that it was decided to continue sending POM's there on a regular basis. Congratulations St. Mary's on a job well done!

Finally, Dr. Debbie Danoff, who has chaired the Curriculum Implementation Committee and who successfully organized a smooth transition for McGill's medical students into their new curriculum, is leaving McGill to work in Washington for the American Association of Medical Colleges. Changing a curriculum is a herculean task and we are indebted to her for the tremendous amount of time and effort she has put into making this happen. The Department of Surgery wishes her well in her new position and acknowledges her departure as a great loss to our teaching programs.

CORE SURGERY

Our next issue of the Corner will deal primarily with our Core Surgery program evaluation and all its plans and improvements. To ensure good acceptance of the new program among the residents, we have a Program Evaluation Committee made up of 20 residents from the R1 through the R5 levels. There is great interest among the residents in improving our teaching program and their input is much appreciated. We are planning to begin the new Core Surgery Program July 1997 and much work must be completed in the next 4-1/2 months in order to accomplish this goal. The Royal College is also reviewing Core Surgery so the timing of our program evaluation could not be better to produce a Core Surgery program that is new and poised to face the future changes taking place in Surgery and Education.

PROGRAM DIRECTOR OF GENERAL SURGERY

I'm sure congratulations appear in at least a dozen places in this issue, but let us again acknowledge Dr. Judith Trudel as the new Program Director of General Surgery.
are many challenges facing all our postgraduate program directors and with Judith's energy and commitment, I'm sure General Surgery will become a national leader.

SURGERY WORKSHOP
On Jan 21, 1997, we held a workshop designed especially for McGill's surgery staff with the help of the Faculty Development Office under the direction of Dr. Yvonne Steinert. The small group teaching workshop, held from 4:00 pm to 8:30 pm, was a great success with overwhelmingly positive feedback. We would like to acknowledge the following surgeons for taking the time to improve their learning skills - Drs Caron, Conochie, Emond, Ergina, Fassier, Fleiszer, Laberge, Lenczner, Loutfi, McLean, Meterissian, Milne, Morehouse, Obrant, Shennib, Sigman, Stein, and Sullivan. We would also like to thank Drs Larry Conochie (Ortho) and Judith Trudel (Gen Surg) who were among the small group leaders in this workshop along with.

DIVISION OF SURGICAL EDUCATION
A proposal has been submitted to Dr Mulder and Dean Fuks for the creation of a Division of Surgical Education at McGill under the Department of Surgery. The response has been positive and a search committee has been struck for a Division Director.

THE MUHC
The twenty planning panels for the new McGill University Health Center are busy outlining the future of health care for McGill and the world for the next 30 to 50 years. There is a separate committee to study research and education and this committee will begin its mandate this week to study the future trends and how they will affect McGill's programs. Our own Dr. Judith Trudel (Gen Surg) will be the lone surgeon on this twelve member committee.

CARDIO-THORACIC DIVISION VISITING PROFESSOR
DR. CHRISTOPHER FEINDEL—
Associate Professor, University of Toronto

On January 16th, Dr. Feindel gave Surgical Grand Rounds at the RVH. His topic was Aortic Valve Sparing Surgery.

DR. THOMAS F. O'DONNELL, JR. —
Chief Executive Officer and President,
Andrews Professor of Surgery,
Tufts University School of Medicine, Division of Vascular Surgery, New England Medical Center.

At the RVH on January 23rd, Dr. O'Donnell gave Surgical Grand Rounds entitled Surgical Management of Venous Disease.

DR. JOHN REX—
Associate Professor of Surgery,
University of Texas Medical School at Houston, University of Texas MD Anderson Cancer Center.

On January 30th, he gave Surgical Grand Rounds at the RVH entitled Management of Fungal Infections in the Intensive Care Unit.

Visiting Professors
R. LASALLE D. LEFFALL, JR.

RETURNS TO MCGILL
On Wednesday, December 4, 1996, Dr. LaSalle D. Leffall, Jr. was the Charles R. Drew Visiting Professor at McGill University. It is noteworthy that the late Dr. Charles R. Drew was a graduate of McGill University in 1933 who became Professor of Surgery and Chairman of the Department at Howard University in Washington, D.C. Dr. Leffall who is the outgoing President of the American College of Surgeons was welcomed at McGill by Drs. David Mulder, Jonathan L. Meakins and Lloyd D. MacLean. His address given at the Palmer Howard Amphitheater was on Ethics in Medicine. He was introduced by Miss Anne Andermann, President of the Medical Student Society. She had just been awarded a Rhodes Scholarship to Oxford.

On Thursday, December 5, he gave Surgical Grand Rounds at the RVH speaking on the Current Status of Surgical Oncology.

Dr. Leffall was the 1995 Fraser Gurd Visiting Professor.
Dr. Vincent Arlet, Paediatric Orthopaedic Surgeon at the Montreal Children’s Hospital, has been honoured by the Scoliosis Research Society of America. He has been chosen one of three Travelling Fellows to visit the Orient for a three week period of lectures and teaching. Dr. Arlet has been on the attending staff of the Montreal Children’s Hospital for the past six years after training in Orthopaedic Surgery in his native Paris, France. His special interest is paediatric spinal surgery and he has a long list of presentations and publications in this area.

Dr. Jeffrey Barkun has been named a Chercheur-boursier clinicien junior 1 by Fonds de al Recherche en Santé du Québec. There are two projects: the first is that of a randomized prospective study comparing open versus laparoscopic heminorchy. The second project re-evaluates the permeability of choleodochal stents for extra-hepatic biliary tract obstruction. Jeffrey will also work in a multidisciplinary team including his twin brother Alan, a gastroenterologist; Lawrence Joseph, a biostatistician. Dr. Patrice Bret of the Department of Radiology at McGill will work on the evaluation of the costs and effectiveness of diagnostic and therapeutic techniques as applied to diseases of the digestive system. Again in this endeavor, they are supported by the Fonds de la Recherche en Santé du Québec. Jeff and his wife Susan are also the proud parents of a new baby boy, Nicholas, born on Nov. 29th, a brother to Kate.

Dr. Paul Belliveau recently attended an investigators meeting in Boston for an international clinical trial of the dynamic graciloplasty for fecal incontinence. Five patients have been enrolled in the trial at McGill which makes our centre the most active in North America. European centres are ahead, but they began this project one year earlier. The procedure has been initiated in Toronto and Dr. Belliveau travelled there to demonstrate how to do the operation in two patients at St. Michael’s Hospital in January 1997.

Dr. Nicolas Christou has been elected President of the Surgical Infection Society. He attended a symposium on surgical infections in Madrid in October at the invitation of one of his former fellows, Dr. José Maria Tellado. His visit was written up in the Diario Medico, a Spanish newspaper. Nick will be presenting a paper at the International Conference on Shock, Trauma and Septic at where he was appointed to the Order of Canada.

Dr. A.R.C. Dobell has been awarded the Order of Canada.

Dr. Philip H. Gordon has been appointed Chairman of the Specialty Committee in Colorectal Surgery of the Royal College of Physicians and Surgeons of Canada.

Dr. Jean Martin Laberge has been appointed to the Advisory Council for Pediatric Surgery at the American College of Surgeons.

Dr. R. Margoese of the JGH was appointed to the Order of Canada.

Dr. Jonathan L. Meakins has been elected for a three year term as a Regent by the Board of Governors of the American College of Surgeons. Joe was the Visiting Professor at Creighton University on Feb. 21st. He was the keynote speaker at a Medical Research Forum and his topic was Learning How to See a Midwestern Student. Joe will also moderate a seminar at the International Conference on Shock, Trauma and Septic to be held in Munich, March 4th to 8th.

Dr. Sarkis Meterissian became the Program Director in the McGill Surgical Oncology training Program on February 1, 1997. He replaces Dr. Henry R. Shibata who pioneered this specialty of the Royal College.

Dr. Peter Metrakos and his wife Amalia are the proud parents of a son, Yanni, born in November 1996.

Dr. Normand Miller addressed two topics at the meeting of the Canadian Society of Phlebology in Montreal in October: The Ischemic Foot and The Role of Duplex Ultrasound in the Diagnosis of Deep Vein Thrombosis. In November, he discussed the Diagnosis and Treatment of Thrombophlebitis at the Journées Scientifiques du Centre Hospitalier Régional de l’Outaouais, Montebello, Quebec.

Dr. David S. Mulder was appointed as a Specialty Governor by the American College of Surgeons and he is to represent the Royal College of Physicians and Surgeons of Canada.

Dr. L.T. Nguyen, Paediatric General Surgeon at the MCH, has become President of the Vietnamese Community of Canada, Region of Montreal from October 1996 to October 1998.

Dr. Lawrence Rosenberg has been promoted to Professor of Surgery at McGill.

Dr. Jean Tcherenkov was a Visiting Professor at Harvard in November. He discussed the Treatment of Hepatitis B and Liver Transplantation. He
has also recently been accepted as a member of the American Surgical Association.

Dr. Judith Trudel became the Program Director of the McGill General Surgery Postgraduate Training Program on January 1, 1997. She replaces Dr. Gerald Fried who held the position for the last five years.

Vijay and Pierrette Balsingam (and first son Shankar) are proud to announce the arrival of their second baby boy (Zavier) weighing 6 pounds, 9 ounces on Sept. 29th, 1996 at the LaSalle General Hospital.

Achievements Residents and Fellows

Dr. Nabil Barakat, Resident in Plastic Surgery, successfully passed his examinations for the American Board of General Surgery in October, 1996.

For the second consecutive year, Dr. Peter Chan received the award of excellence in fundamental research at the Quebec Urological Association's 21st Annual Meeting in Montreal, November 1996 for his work entitled The Use of a Cytoprotective Lipid Peroxidation Inhibitor in Preservation of Penile Erectile Function Post-Prostatectomy in Rat. The co-author on this project was Dr. Gerald Brock of the Department of Urology, with whom Peter is working on several projects aimed at minimizing erectile dysfunction after extensive pelvic surgery.

Dr. T.S. Chughtai along with Drs. J.-E. Morin, N. Sheiner, J. Wilson, and D.S. Mulder presented the following paper at the meeting of the Central Surgical Association in March in Chicago: Bronchial Carcinoid - 20 Years Experience Defines a Selective Surgical Approach.

Dr. Mohammad Elahi, a Resident in Plastic Surgery, along with Dr. Lucie Lessard who is Acting Director of Plastic Surgery at the RVH, won Second Prize in the Poster Session for the Association Quebecoise de Fabricant de L'Industrie Medicale on November 4th, 1996.

Dr. Liane Feldman along with Drs. J. Barkun, A. Barkun, J. Sampalis and L. Rosenberg presented the following paper at the meeting of the Central Surgical Association in March in Chicago: Tracking Post-operative Complications Using a General Surgery Outcomes Database: Comparison with Complications Presented at Morbidity and Mortality Rounds.

Dr. Jonathan Fridell is engaged to Jennifer Schwartz, a senior McGill medical student. The wedding will take place in November 1997.

Dr. Kent MacKenzie and France Morin are planning their wedding which will take place on Aug. 30th, 1997.

Dr. Ginette Martin who graduated from the General Surgery Residency Program at the Universite de Montreal in 1994 is about to complete her Fellowship in Surgical Oncology at McGill in June 1997. She is also taking her M.Sc. in Epidemiology and Biostatistics at McGill at the same time. She will be working at Pavilion A (Notre Dame) of the Centre Hospitalier de l'Universite de Montreal.

Dr. Brian D. Mott (a fifth year General Surgery resident) has been accepted to a two year, board certified cardiothoracic surgery residency program at the Albany Medical Center in Albany, New York. He has also had a chapter entitled Dynamic Cardiomyoplasty: Multi-Center Clinical Trials which will be published in the second edition of D.K.C. Cooper's book "The Transplantation and Replacement of Thoracic Organs". In addition, he presented a paper at the Canadian Cardiovascular Society entitled Clinical Pathological Correlation of Dynamic Cardiomyoplasty which will be published in the Journal of Heart and Lung Transplantation.

Steven Paraskevas and Line Vautour are planning to be wed in early August 1997 in Montreal.

Congratulations to Mackenzie Quantz and Melanie Davies who will be married on May 17th, 1997 in the McGill Chapel.

Tarek Razek and Karen Brown are engaged to be married on July 26th, 1997 in Montreal.

Dr. Andrew Seely and Dr. Daniel Swartz along with Dr. Nicolas Christou presented a paper at the 4th International Congress on the Immune Consequences of Trauma, Shock and Sepsis in Munich, Germany. The title of their paper was Both Specific (Delayed Type Hypersensitivity [DTH]) and Non-Specific (Phytohemaglutinin [PHA] Flare) Skin Test Responses are Associated with Clinical Outcome.

Dr. Kayvan Taghipour-Khiabani, Research Fellow in the Microsurgical Laboratories of the Division of Plastics and Reconstructive Surgery at the RVH, won the first prize in the Paul Cartier competition for presentation of his work entitled (continued on page 20)
L.D. MacLean Day
November 21, 1996
—Dr. Carlos A. Pellegrini

McGill was delighted to welcome Dr. Pellegrini as the Ninth Annual L.D. MacLean Visiting Professor on November 21, 1996. Dr. Pellegrini is a native of Argentina and a graduate of the Universidad Nacional de Rosario. Currently, he is Professor and Chairman of the Department of Surgery at the University of Washington School of Medicine. In the morning at the MGH, he spoke at Surgical Grand Rounds on Esophageal Surgery in Minimally Invasive Techniques. In the afternoon at the RVH, his address at Surgical Grand Rounds was Bile Duct Injury and Laparoscopic Approach: Etiology, Diagnosis and Management. That evening, he was the guest at the Annual L.D. MacLean Banquet at the University Club. In attendance were: Drs. Lloyd D.


Dr. L.D. MacLean

Carlos A. Pellegrini

Drs. Carlos Pellegrini and David Mulder

Lt. to Rt.: Drs. Henry Shibata, Michael Thirlwell, Robert Estrada, Ray Chiu, Stanley Skoryna
In October, a very emotional reunion of gratitude was held at the RVH in which a good many of Dr. MacLean’s patients honoured him. These formerly obese patients had all had a gastric operation for morbid obesity. The reunion was mainly organized by Miss Barbara Rhodes.
The Second Annual H. Rocke Robertson Visiting Professor—Dr. Thomas A. Gennarelli

Dr. Gennarelli is a native of Illinois where he received his undergraduate education at Northwestern University. He attended Loyola University Stritch School of Medicine and did his training in the neurosciences at Harvard and Georgetown University Hospitals. He is now Professor and Chairman of the Department of Neurosurgery and Director of the Center for Neurosciences at Allegheny University of the Health Sciences in Philadelphia, Pennsylvania. The latter is now the second biggest medical school in the United States and results from a merger of Hahnemann Medical School and Penn State.

On Thursday, January 23, 1997, at the MGH, he gave Surgical Grand Rounds. His topic was The Neurobiology of Traumatic Brain Injury. At this meeting he was welcomed by Dr. David Mulder, Dr. Peter Richardson and Dr. R. Brown. The Osler Amphitheatre was almost full with interested Residents and Surgical Staff. Among the latter were Drs. R. Ford, D. Owen, H. Sigman, J. Hinche, R. Estrada, E. Lenczne; K. Shaw, J.M. Laberge, J. Stratford, J.A.S. Wilson, H. Scott, J. Trudel, S. Skoryna, M. Adebi, H. Brown, D. Fleischer, G.M. Fried, M. Churchill-Smith, and A. Hreno.

After a lunch and meeting with the Surgical Residents, Dr. Gennarelli gave Surgical Grand Rounds at the MCH. His topic was Pediatric Current Concepts of Diffuse Brain Injury.

The H. Rocke Robertson Resident Presentations were as follows:

MODERATOR: Dr. J.M. Laberge

Dr. A. Seely - Pelvic Packing in Massive Bleeding from Pelvic Fractures

Dr. S. Abou - Traumatic Neurogenic Dysphagia

Dr. C. Cordoba - Management of Gunshot Wounds of the Upper Extremity

Dr. T. Razek - Changes in Intracranial Pressure with CO₂ Pneumoperitoneum

Dr. J.P. Capolicchio - Massive Bladder Disruption
Dr. L. Feldman - A Unusual Case of Hypotension in Multiple Trauma
Dr. J. Atkinson - Hypothermia for Head Injuries

MODERATOR: Dr. E. Monaghan

Dr. T. Ferrario - Our Experience with Penetrating Injuries to the Chest

Dr. K. MacKenzie - Interesting Vascular Injury of Liver Management

Dr. S. Nicolaidis - Preservation of Denervated Muscle Following Nerve Injury Using an Implantable Electrode Stimulator

Dr. J. Gallucci - Bile Duct Injuries

Dr. V. Bulczynski - Interesting Cases of Spine Fractures

Dr. Francine Wein - Traumatic Optic Neuropathy

Dr. Tarek Razek - won the prize for the best presentation. ✶

Lt. to Rt.: Dr. Andreas Nikolis, Dr. Kent MacKenzie, Dr. Eric Labelle

Standing Lt. to Rt.: Dr. Peter Richardson, Dr. Tarek Razek, Dr. Stephen Nicolaidis, Dr. Jeffrey Atkinson, Dr. Rea Brown. Seated Lt. to Rt.: Dr. David Mulder, Dr. Thomas Gennarelli.
DR. BERNARD LANGER —
PROFESSOR OF SURGERY, UNIVERSITY OF TORONTO

Dr. Langer obtained his medical degree from the University of Toronto and completed his postgraduate surgical training at the University of Toronto, at the M.D. Anderson Hospital in Houston, Texas and at the Peter Bent Brigham Hospital in Boston, Massachusetts. He was certified in General Surgery and became a Fellow of the Royal College of Physicians and Surgeons of Canada in 1961. He was Chair of the Division of General Surgery, University of Toronto from 1982 to 1989 and was the Colonel R.S. McLaughlin Professor and Chairman of the Department of Surgery from 1982 to 1992. He has been on the editorial boards of Advances in Surgery, British Journal of Surgery, Canadian Journal of Surgery, Evidence Based Medicine, HPB Surgery, and the World Journal of Surgery. He served on several grants committees of the Medical Research Council of Canada and was a member of Council from 1971 to 1976, and an executive committee member from 1973 to 1976. He is currently a member of the Board of Governors and Board of Regents of the American College of Surgeons, and is a past President of the Canadian Association of General Surgeons, the Canadian Association of Clinical Surgeons (Eastern Division) and the Society for Surgery of the Alimentary Tract. He is currently Council member of the Royal College, Chairman of the College's Committee on Specialties, member of the Research Committee, and was Chairman of the Clinician-Scientist Implementation Committee of the College.

The day's events began with Grand Rounds at the MGH and Dr. Langer's topic was Hepatocellular Cancer: New Developments.

The following were video presentations from the Sherwood Davis+Geck Film Library:

1. Pancreatoduodenectomy with Pyloric Preservation for Ampullary Carcinoma
2. Transhiatal Esophagogastrectomy for Adenocarcinoma of the Gastroesophageal Junction
3. Vascular Isolation for Hepatic Resection
4. Hepatic Cystectomy (Enucleation) for Large Simple Cyst and Cystadenoma
5. The Surgery of Choledochal Cyst
6. Operation for Zenker's Diverticulum
7. Pylorus Preserving Whipple Procedure for Pancreatic Carcinoma with Splanchicectomy for Pain Control

After a luncheon with the staff and residents, staff presentations were as follows:

- Dr. David Fleiszer: Stereotactic Incisional Breast Biopsy
- Dr. Sarkis Meterissian: The Role of Apoptosis in Colorectal Cancer Progression
- Dr. Gitte Jensen: Signaling via Human L-selection
- Dr. Kenneth Shaw: Fetal Enteral Nutrition
- Dr. Dickens Saint-Vil: Chromosomal Anomalies and Survival in Fetuses with Omphalocele
- Dr. Lawrence Rosenberg: Islet Cell Survival and Islet Transplantation
- Dr. Rea Brown: Evolution of a Trauma Program
- Dr. Jeffrey Barkun: Comparative Efficacy and Outcomes in Inguinal Hernia Repairs
- Dr. Judith Trudel: Toxic Megacolon Secondary to Pseudomembranous Enterocolitis
- Dr. Gerald Fried: Determinants of Conversion in Laparoscopic Cholecystectomy
- Dr. Jean Tchervenkov: Hepatitis B: A Contraindication to Liver Transplantation?
- Dr. Jonathan Meakins: Surgical Infections: A New Optic

The day's events concluded with a dinner held at the University Club.

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Survey on Surgical Research

I want to thank all of those who took the time to return last issue's Survey on Surgical Research. The response rate has been excellent. For those who have not had a chance to return the questionnaire, your response would be very much appreciated. The data is currently being tabulated in order to assess the surgical alumni's view on surgical research training. ✪

Marc Pelletier
Residents Versus Staff
Ice Hockey

By Daniel Swartz, M.D.

On Wednesday, December 11, 1996, the First Annual Staff versus Residents Hockey Challenge took place at McGill’s McConnell Arena. The benches were full and a plethora of spectators turned out for this historic event. The staff team, led by Captain Dr. Ash Gur-sahaney, dominated the first period with 4 consecutive goals at 5:00, 7:00, 10:30 and 12:00 due to the cohesiveness and strong play-making ability of Drs. David Fleischer, Larry Stein, Peter Goldberg, Ken Aiken, Jean-François Morin, Jim Foxford, and Scott Delaney. Medical students Étienne Belleville, Robbie Stein and residents Brian Mott and Stephanie Helmer added to the early lead by the staff team. A potential shutout performance in nets by Dr. Ken Shaw was rejected when the residents scored their first goal at 13:00 of period one.

In the second period, the staff scored an early goal to bring the score to 5-1. The residents responded with two more goals from the notorious Marc Pelletier, Andrew Seely, Michel Boivin line with defensive support by John Borkowski, Khan Lam, Dan Swartz, Craig Baldry, Kent MacKenzie and Brian Birchenough. Thanks to the insurmountable goaltending feats of staff goalie Dr. Ken Shaw, the residents, although clearly dominating the second period with shots on goal, were unable to capitalize on the scoreboard. A shameful member of the Staff team who will remain nameless was caught for tripping and served a three minute minor penalty, but the residents were unable to capitalize due to the penalty-killing prowess of the staff. Notable performances by residents Ian Patterson, Tim Assimes, Lorne Goldman, Vinay Badhwar, Jeff Sankoff, and Roman Jednik went unrewarded as the second period closed with the staff leading 5-3.

The residents found their second wind and fought back with a vengeance in the third period. An unassisted goal by Jeff Sankoff at 4:00 brought the score to 5-4. The next twelve minutes were scoreless not for lack of effort on either side, but rather to the credit of the outstanding goaltending by resident Tarek Razek and Shaw for the staff. Medical student Étienne Belleville scored what was to be the winning goal for the staff at 16:00 while the residents returned a volley of shots and potted their fifth one and a half minutes later. A power play attempt in the final minute failed to produce a tie for the residents who were defeated by the staff with a final score 6-5. Dr. Rea Brown came on to the ice to present The Rea Brown Cup to the jubilant staff team and the three stars of the game to: staff goaltender Ken Shaw, resident goaltender Tarek Razek and hat-trick scoring staff team player Étienne Belleville.

Casting aside their collective humility, the residents were overheard to vow sweet revenge in 1997. Central to their strategy will be limiting the number of fingers allowed on the staff team.
Were You There?
C.V.T. Meeting - 1967

Lt. to Rt.: The late Dr. Claude Mercier, Dr. Ed Busse, Dr. David R. Murphy, the late Dr. Ed Charette, Dr. M.S. Chughtai, and Dr. A.R.C. Dobell

Were You There?
<- 1968

The first heart transplantation done at the RVH and in Canada was on November 3, 1968 (Mr. P.). At the same time, in two other operating theatres, two kidney transplants were done.

Surgeons from Left to Right are: Drs. Ed Busse, Tony Dobell, the later Arthur Vineberg (in the background), and M.S. Chughtai.

(continued from page 13) Determination of Spatial Patterns and Temporal Variability of Flow within Reperfused Cutaneous and Myocutaneous Flaps. This work, co-authored by Dr. Carolyn L. Kerrigan, was presented at the Entretiens Vasculaires XIV meeting and is one of the several ongoing projects aiming at further understanding the pathophysiology of ischemia reperfusion injury in surgical flaps.

Adi Yoskovitch and Shawna Fleischer plan to be married on March 23rd, 1997 at Shaare Zion in Cote St. Luc.
The Blue Surgery Team
— RVH

From Lt. to Rt.: Dr. Gabriela Ghitulescu (Chief Resident), Peter Gholi, Dr. Tarek Razek, Dr. Aayed Al-Qahtani, Conrad Sichler, Rebecca Canner Missing: Dr. Mark Martin who was in the O.R.

Were You There? — 1963
SIMS Commonwealth Travelling Professor

During Ward Rounds at the Royal Victoria Hospital, Mr. Clifford Naunton Morgan, M.S., F.R.C.S.(Eng.), Hon.F.A.C.S., F.R.C.O.G. (centre), 1963 Sims Travelling Professor of the Royal College of Physicians and Surgeons stops to chat with a patient. On the left is Dr. Lloyd D. MacLean, Surgeon-in-Chief, RVH and at right is Dr. Fraser Gurd, Surgeon-in-Chief, Montreal General Hospital and Professor and Chairman of the Department, McGill University.

How Good Are You at Name Calling?

ANSWERS FROM PAGE 9:

1. Pott's puffy tumour - Sir Percival Pott, English surgeon, 1714-1788.
3. Bright's disease (acute glomerulonephritis) - Richard Bright, English physician, 1789-1858.
6. Addison's disease - Thomas Addison, English physician, 1793-1860. He was a colleague of Bright at Guy's Hospital.

Real Life Adventures

A key part of being effective in a hospital is problem identification. (Apologies to Gary Wise and Lance Aldrich)
AAS Bayer Resident Research Fellowship Award

The First Annual AAS Bayer Resident Research Fellowship Award was presented to Dr. Maureen A. Chung (an alumna of the McGill Division of General Surgery) from Roger Williams Medical Center in Providence, Rhode Island. The title of Dr. Chung's work is A Study of Recombinant BCG Vaccine Secreting Mucin and Interleukin for Breast Cancer Immunotherapy.

CORNELL, BRENDA A.
At the RVH on Nov. 16th, 1996. Dearly loved wife of Ross L. and Mother of Brenda Ann. A memorial service was held at the RVH on Jan. 17th, 1997. Commemorations were done by Dr. E.J. Tabah and by Mr. P. Aspinall, Past President of the RVH. Mrs. Cornell was a gracious member of the RVH Administration from 1950 to 1996. She worked with J. Gilbert Turner (Executive Director), Paul Shannon (Director of Finance), Ray Clark (Plant Services), and Frank Wall (Building Engineer).

DONNELLY, GRACE C.
An obstetrician/gynecologist, Dr. Donnelly graduated from McGill in 1941.

LINGARD, WILLIAM FREDERICK
A graduate of Queen's in 1947, Dr. Lingard was a member of the Department of Urology at The Montreal General Hospital which he served for well over 30 years. He was also at one time Medical Officer of the Royal Montreal Regiment.

DR. DONALD W. RUDDICK, M.G.H. 1951-1986
On March 4th, 1997, Dr. Donald Ruddick, a beloved staffman in the Department of Surgery at The Montreal General Hospital for over 35 years. He was a kind and gentle man who always had the welfare of the house-staff and medical students foremost in his mind. He was a great teacher and took great pride in his lectures and ward rounds. Dr. Ruddick graduated from McGill in 1942. He served in World War II and rose to the rank of Captain. From 1946 to 1951, he did his postgraduate training in London, England including the famous St. Bartholomew's Hospital. In 1951, he was appointed to the staff of the MGH by Dr. Fitzgerald where he had a truly General Surgical practice. He taught many of us on staff how to repair fractured hips and care for fractures. He had the largest personal experience with the surgery of gastro-esophageal reflux associated with hiatus hernia of any member in this hospital. He had operated on more than 500 cases with curial repair and gastrostomy.

In 1944, prior to his overseas posting, he published a paper with Dr. T.R. Waugh on blood coagulation done at the Royal Victoria Hospital. This interest he transferred to the late Dr. William Mersereau when they did studies with Dr. H.R. Robertson on venous thrombosis. He was the first General Surgeon at The Montreal General Hospital to be named Co-ordinator of Trauma Services by Dr. H.R. Robertson. His patients, students, residents and colleagues have lost a very talented surgeon, teacher, friend and colleague. A Memorial Service was held on Monday, March 10th at The Montreal General Hospital.

SEMENIUK, KONSTANTIN HARRY
An anesthetist who graduated from Alberta in 1959. •

The Association of Academic Surgery received more than 50 applications for the award. Dr. Chung was selected from five finalists who were chosen for a personal interview conducted during the Fundamentals of Surgical Research Course in July. Final selection was made by the AAS Selection Committee. The Bayer Resident Research Fellowship Awards consists of a $30,000 grant per year for two years. Dr. Chung's grant began in July 1996 and will end in 1998. •

EDM
We can't do it without you!

Write to us! Send us your news!

We want to hear from our readers!
If you have any information you want published in THE SQUARE KNOT, comments about our newsletter or suggestions, we want to hear from you!

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