Visiting Members of the International Surgical Group, photographed at the University Club.

The 33rd Annual Meeting of the International Surgical Group was held in Montreal from September 12 to 15, 1990. This function was generously supported by several drug, instrument and suture companies. It was attended by members of the Group from Great Britain, the Scandinavian countries, Germany, Australia, Hong Kong, the United States and Canada.

Over a two-day period, 29 papers were presented by both the members and our local group. The meetings were held at the Royal Victoria Hospital J.S.L. Browne Amphitheatre and at the Montreal General Hospital Osler Amphitheatre.

Principal David Johnston welcomed the Group and Dr. Richard Cruess gave an outstanding lecture on *Health Care Delivery in Quebec and Canada* which was very interesting to these surgeons from many different countries.

continued on page 2
International Surgical Group, continued ...

Several social events were held in conjunction with this meeting including a visit to the David M. Stewart Museum on Ste-Hélène's Island followed by dinner at Hélène de Champlain Restaurant. The spouses went on a visit to the Botanical Gardens and a walking tour of Old Montreal. A reception and buffet was held at the Museum of Fine Arts where we had the opportunity to hear I Medici (Jacqueline McClaran-Meakins being a prominent performer) as well as to see the E.G. Bührle collection then on exhibit at the Museum, an impressive collection of pre-impressionist, post-impressionist and impressionist paintings that had never been on tour before.

On the final evening a reception and dinner was held at the University Club and this was followed by a lecture on Frederick Banting and the Discovery of Insulin by Michael Bliss of the History Department, University of Toronto. Both our visitors and members of the Department of Surgery presented new and extremely interesting work in several areas including pancreatic islet cell transplantation, laparoscopic cholecystectomy, new advances in liver surgery and information on reconstruction of malfunctioning ileo-anal pouch procedures.

Next year's meeting will be in Malmo, Sweden.

When an appropriate opportunity finally appeared a few months ago, I was already doing a craniofacial fellowship in Sweden on a Cedars Foundation grant. The timing was perfect: the trip was planned during Sweden's winter sports week, when the operating room would be closed.

A dynamic team from Virginia orchestrated the planning of the mission, from airplane tickets and surgical equipment to lecture schedules, accelerating the process with liberal use of fax and international phone lines. Surgeons from the United States would meet others from Sweden and Israel in Manila, before dispersing to smaller towns and to a charity hospital in Manila.

Operation Smile, the Filippino land and culture, surgical work with limited facilities — all this was quite new to me. I looked forward to the challenge and to meeting others interested in medical volunteer work.

Operation Smile

Operation Smile was founded in 1982, in Norfolk, Virginia, by Dr. William MaGee, a plastic surgeon, and his wife, Kathy MaGee, a nurse and social worker. The goal of the organization is not only to provide surgical care to people in need with no access to it, but also to teach specialized techniques to local surgeons. There is also a dental program and a sophisticated medical record system for further studies.

The Naga City mission was one of three sites in the Philippines and two in Vietnam which make up the Southeast Asia Medical Mission. On this trip, one of their biggest, a total of 715 surgical procedures were carried out.

My team was composed of: four plastic surgeons and one resident; two orthopaedic surgeons; five anaesthetists; one emergency medicine specialist; seven nurses (including preop, operating room, recovery room and postop care); one dentist and a few dental technicians; one medical student; one child life specialist; four international youth club teenagers; one youth coordinator; one medical photographer; and one American Rotary Club member.

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**Plastic Surgery in the Philippines**

by Lucie Lessard, M.D.

Operation Smile International offered me the great opportunity of joining a medical mission to the Philippines, as a plastic surgeon. About 15 years ago, inspired by Dr. Albert Schweitzer's biography, I began to dream of going to a third world country. More recently, while training at Harvard, I met plastic surgeons who had travelled to Korea to operate, and had enjoyed their experience tremendously. I was sold on the idea.
One hundred and fifty boxes of surgical supplies, most of them donated, were packed and brought to the site. We surgeons also brought a few instruments and some suture material to augment the limited supply. Before our arrival, a team screened patients and did preop preparations. After we left, part of the team stayed to ensure good postop care.

The Philippines

The Philippines has a population of 54.6 million with 7 million in Metropolitan Manila, the capital city. Although Tagalog is the national language, there are 87 different dialects spoken. English is the language of communication, government and higher education. Ninety one percent of the population is Christian, five percent are Muslim. This country has the highest literacy rate in the East Asian and Pacific area — 88% of the population over ten is literate.

The infant mortality rate is still very high: 52.5/1,000. There are 28 plastic surgeons, most of them in Manila, none in Naga. Most of them work in private practice and charge fees. All the cases to be done during our mission were charity cases who could not afford to pay the local physician.

There was considerable concern at the time of our visit about the political situation in the Philippines. There had been a violent coup attempt in Manila in December, and another was rumoured for February 14, the date of our arrival. Security precautions were extensive. However, all was quiet.

Surgical Experiences

After a short plane trip followed by a long bumpy bus tour from Manila to Naga, our jetlag began to fade and our acclimatization to begin. The next day, we were ready to visit the hospital and admit patients.

Regional Hospital of Camarines Sur is the biggest hospital in the area, with about 200 beds. Radio announcements about Operation Smile's visit brought patients in from the mountains and villages before we arrived.

Dr. Lessard stands in front of a large blackboard filled with the next day's patients' names and procedures.

Our visit to the medical ward started by the tetanus room, a six-bed room filled with patients, mainly children and newborn.

The second room was the TB-meningitis room. We knew we were not at home: there was a tragic lack of antibiotics for use in treatable infectious diseases.

The improvised surgical "ward" was a hallway with about 25 patients on sunchairs. On one "bed" we would find patient, family and their food packages (mainly rice patties in banana leaves) prepared for the duration of the hospitalization.

Our cleft lip patients ranged from one to 57 years old. Priority was given to children, but now that so many of the cases had been operated on previous missions, we could accept older people and infants. Needed dental extractions were done while children were asleep for their surgery. The dentist commented that he did more dental extractions in one week than he had done in his entire practice in the States. He blamed the unfluoridated water and poor dental hygiene for the situation.

The anaesthesiology team was fantastic, efficient and very adaptable.

We generally operated without suction and without cautery for cleft lip repair. A 100 watt bulb in a goose neck lamp provided our light (and heat: not
welcome in 35 degree Centigrade weather! Several times, brief power failures forced us to continue surgery by flashlight. We had about twenty different scrub nurses in one week — all nursing students.

I never would have believed it possible, but we managed. Instruments were cleaned in Cidex between cases and sterilized nightly. There were no surgical infections nor respiratory complications. Everyone undergoing palatal surgery got a tongue suture so we could act quickly in case of oropharyngeal obstruction in the early postoperative period.

In the clinics, patients with extensive squamous cell cancer of the head and neck had to be sent home without surgery because of the limited resources. Children with hydrocephaly could not be treated — no neurosurgeon — and they had to be sent back home to die. The distress in the eyes of these mothers was heart-breaking.

Two severely disfiguring cases were undertaken during this mission. One young adult with a very large orbital mass displacing the globe in a severe exorbitism was operated using a coronal approach.

The other severe case was a young woman who had a large ameloblastoma of the maxilla impeding eating and beginning to impinge on the upper airway. The mass had created such a disfigurement that her husband left her and her 2 children. The main challenge was to operate knowing there was almost no blood available for transfusion. It is difficult to get blood donation in the Philippines. The surgery went well and she was fitted immediately with an obturator made by the dental technician prior to the end of the mission.

Burn contracture (about ten cases) were severe and long-standing; it was rewarding to help teenagers who could not eat or walk properly.

During that week we enjoyed comparing tricks and techniques, as each of us had a different training and background. One hundred and eighteen patients were operated on that week: about 20 - 25 procedures per surgeon. The orthopaedic surgeon did congenital and adult work of all kinds; and we often operated on the same patient simultaneously for practicality.

The camaraderie that developed while we worked with and taught the local

Anaesthetic induction of a three year old boy for dental extraction and "Combo" surgery: cleft lip and cleft palate repair. Note the goose neck lamp on the right side.
surgeons was special indeed. Despite their limited resources, they were extremely keen on learning. In the middle of the week, I gave Grand Rounds on cleft lip and palate to fifty health workers, nurses, physicians and surgeons. The question period was dynamic and some of the general surgeons were quite well read in the field. Another lecture was given to their group of dentists. The topics were craniofacial surgery and cleft lip deformity, dental concerns.

The hospitality of the Filipinos was unique and although I had never seen so much misery, I also had never seen so many wonderful smiles. They were very generous and gracious. They love to celebrate and even after 12 hours of surgery, every night was an occasion for parties with shows and singing in our honour.

We had all sorts of encounters with lizards. We got used to them. I never thought that lizards could become friendly, especially at the hospital.

We spent half a day at the beach close to the Mayon Volcano. Fresh food and grilled fish were served on banana leaves. We were discreetly escorted by a jeep of soldiers with machine guns. This reminded us of the difficult political situation that people confront in day-to-day life, which contrasted sharply with the tropical natural beauty.

The week finished with a nice farewell party given by Governor Luis R. Villafuerte who is the governor of the region. The Filippino cuisine served was so good, in my opinion, that it could challenge some French cuisine.

In summary, the working hours of each day were very long but they went by quickly. We had restored some smiles with our surgical instruments and we were going home, our heart filled with great memories and the gratification of having been very helpful.

Thanks to S. Corriveau, M.D., who introduced me to Operation Smile.

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**Dates to Remember**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date and Location</th>
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<tr>
<td>Sixth International Symposium on Limb Salvage abstract deadline</td>
<td>January 31, 1991, for Montreal meeting, September 8-11, 1991</td>
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<tr>
<td>Clerks exam at MGH (RVH and MGH Staff participate)</td>
<td>February 7, 1991 at 12:00.</td>
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<td>Society of University Surgeons meeting</td>
<td>February 7-9, 1991 in Galveston, Texas.</td>
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<td>Links exam at RVH</td>
<td>February 8, 1991 at 12:00.</td>
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<td>American College of Cardiology meeting</td>
<td>March 3-7, 1991 in Atlanta.</td>
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<td>Central Surgical Association meeting</td>
<td>March 7-9, 1991 in Indianapolis.</td>
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<td>New rotation for residents</td>
<td>April 8, 1991.</td>
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<td>Surgical Infection Society annual meeting</td>
<td>April 8-10, 1991 in Fort Lauderdale, Florida.</td>
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<td>American Surgical Association meeting</td>
<td>April 10-12, 1991 in Boca Raton, Florida.</td>
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<td>American College of Surgeons meeting</td>
<td>April 14-17, 1991 in New York.</td>
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<td>FCAR Centre Grants:</td>
<td>April 15, 1991 deadline for receipt of applications.</td>
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<td>Canadian Association of Clinical Surgeons will meet in Montreal</td>
<td>April 26-27, 1991.</td>
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McGill Fraser Gurd Days, May 29-30, 1991. The visiting professor will be Dr. Donald S. Coffey. For more information see page 8.

Sixth International Symposium on Limb Salvage, Montreal, September 8 - 11, 1991. The topic is Complications of Limb Salvage: Prevention, Management and Outcome.

Abstract deadline for the American Association for the Surgery of Trauma, June 1, 1991. Meeting will be held September 12-15, 1991, in Philadelphia.


Dateline: The Persian Gulf

From January 8th to January 13th, as the world stood on the brink of war, Dr. David Mulder travelled to the Gulf with a group of American trauma surgeons to assess and improve the civilian hospitals. The doctors assessed ten civilian hospitals, of various calibres, in the United Arab Emirates, and gave the Advanced Trauma Life Support Course to local doctors. In accordance with local tradition, the course was given separately to men and to women. Dr. Mulder returned safely, much to the collective relief of the McGill Department of Surgery.

Dr. David Latter returns to McGill in January 1991. Dr. Latter has been studying new cardiac techniques at Stanford University for the last year and a half.

Dr. Latter has been extremely successful at Stanford and it is with great relief and enthusiasm that we greet David on his return from the USA.

Welcome home!

KUDOS
with International and National Flavour

Dr. P. Belliveau has been appointed Vice-President of the Canadian Society of Colon and Rectal Surgeons.

Dr. J.D. Bobyn received the Carmley Award, from the Hips Society of the American Academy of Orthopaedic Surgeons.

Dr. R.A. Brown was named Chairman of the Examining Board of the Royal College of Physicians and Surgeons of Canada, President-Elect of the Trauma Association of Canada and Region XII Chief, American College of Surgeons Committee on Trauma.

Dr. R.C.J. Chiu was named to the Editorial Board of the Annals of Thoracic Surgery, and Associate Editor of Biomaterials, at Artificial Cells and Artificial Organs. Dr. Chiu's success at cardiomyoplasty was highlighted by an article in this fall's McGill News.

Dr. N.V. Christou was named the James IV Travelling Professor for 1991. Dr. Christou was also a member of the RVH team which ran in the 10 km Canderel Corporate Challenge in May, raising $2000 for cancer research at McGill University and the Université de Montréal.

Dr. B.G. Costello was the Organizing Chairman of the Canadian Academy of Sports Medicine held at Château Mont Ste-Anne in Quebec last spring. The turnout was excellent, and included physicians from all parts of Canada.

Dr. M. Elhilali was named to the Vice Presidency of the Canadian Urological Association. Dr. Elhilali also received a gold medal of the Egyptian Urological Association during 1990.

Dr. Gerry Fried held a seminar on Laparoscopic Cholecystectomy at the MGH on October 24, 1990. Dr. Fried was also honoured on the cover of Generally Speaking, the MGH Newsletter, for his work on laparoscopic cholecystectomy.
Dr. Michel Gagner, a surgeon at the Hôtel Dieu Hospital, will receive his Ph.D. from McGill University this fall. His thesis topic was *The Adrenergic Control of Human Lipolysis in Sepsis*.

Dr. Claude Gagnon has edited a book, *Controls of Sperm Motility: Biological and Clinical Aspects*, which is being published by CRC Press Inc, USA.

Dr. Julius Gordon's MRC Career Investigator Award has been approved for another five years.

Dr. P.H. Gordon won the Pennsylvania Society of Colon and Rectal Surgery Award, 1990. Dr. Gordon also attended the Fifth National Congress of the Spanish Society of Emergency Surgery, in Benidorm, Spain. He participated in a round table discussion on *Management of Patients with Anorectal Suppuration*, and chaired a conference on *Management of the Patient with Acute Hemorrhoidal Disease*.

Dr. Fraser Gurd has been awarded the Canadian Medical Association's highest honour, the F.N.G. Starr Award. Now retired from surgical practice, Dr. Gurd is the 23rd recipient of this award. Dr. Gurd's career has included notable accomplishments in clinical work, research, education and administration.

Dr. E. John Hinchey was honoured on the cover of *Generally Speaking*, the MGH newsletter, for his work on laparoscopic cholecystectomy.

Dr. C.A. Laurin was named to the newly founded Maurice E. and Marthe Müller Chair in Orthopaedic Surgery. For further details, see page 12.

Dr. A. Loutfi is the Director of the McGill/University of Addis Ababa surgical link program. This is his second year in Addis Ababa, Ethiopia. Dr. Loutfi successfully raised CIDA funds to help establish a surgical training program, staffed by McGill staff members, in Ethiopia.

Dr. L.D. MacLean won the Gairdner Wightman Award and became an honorary member of the Colombian Surgical Society.

Dr. J.L. Meakins attended the Fifth National Congress of the Spanish Society of Emergency Surgery, in Alicante, Spain. He participated in a round table discussion on *Prognostic Factors in Critical Care Patients: Identification of the Septic Patient* and chaired a conference on *The Knife as Organic Support in Septic Patients*.

Dr. G. Mohr, Acting Chief of the Department of Neurosurgery, Sir Mortimer B. Davis- Jewish General Hospital, presented two papers, entitled *Supragiant Intracranial Aneurysms: Surgical Management and Pathophysiology and Hemodynamic Monitoring in Patients with Subarachnoid Hemorrhage from Ruptured Aneurysms* at the Tenth International Symposium on Microvascular Surgery for Cerebral Ischemia in San Francisco, California last July. He also presented a paper entitled *Neuroanatomical and Neuropsychological Correlations in Aneurysms of the Anterior Cerebral - Anterior Communicating Artery Complex* at the Annual Meeting of the Société de Neurochirurgie de Langue Française in Dijon, France in June.

Dr. E.D. Monaghan went on a photo safari in Kenya for two weeks last March. He spoke at Grand Rounds on August 23, 1990 about his trip.

Dr. D. Mulder, in collaboration with Hans Triodl from the University of Cologne, Walter Spitzer from the McGill Department of Epidemiology and Biostatistics and four Americans, edited the second edition of the *Principles and Practice of Research: Strategies for Surgical Investigators*, now available from Springer-Verlag.

Dr. Mulder is the Secretary of the International Trauma Society, President of the Canadian Association of Clinical Surgeons, a member of the Board of Directors of the James IV Association of Surgeons, and a member of the Editorial Boards of both the Journal of Trauma and the Journal of Theoretical Surgery.

Dr. C.M. Oung presented *Computers in Surgical Research: A Case Study*, with Drs. E.J. Hinchey and R. C-J Chiu, at the CAGS Research Conference in Mont Gabriel. He also presented *Hemodynamic Effects of Dopamine in Hypothemic Subjects* with Drs. Salim Rainani, M. English, R. C-J. Chiu and E.J. Hinchey at the Surgical Forum in San Francisco.

Dr. L Rosenberg received the American Federation for Clinical Research Award for research excellence in 1990.

Dr. Peter Roughley was promoted to full professor with tenure, effective January 1, 1991.

Dr. J. Sampalis' paper, *Evaluation of the Reliability and Validity of the Arthritis Impact Measurement Scale in Adult Still's Disease* was published in the *Journal of Rheumatology*. 
Dr. H. Shizgal was re-appointed Director of the Royal Victoria Hospital Research Institute.

Dr. J.F. Symes was named Chairman of the Medical Advisory Committee of the Heart and Stroke Foundation of Canada.

Dr. C. Tchervenkov was a visiting professor at the University of Ottawa on September 25 and 26, 1990. He spoke at their Pediatric Grand Rounds on Primary Repair of Critical Congenital Heart Disease in Early Life. Dr. Tchervenkov was also elected to membership in the Congenital Heart Surgeons' Society.

Dr. J. Tchervenkov received a grant from the Canadian Association of General Surgeons for his research into tolerance induction through antigen presentation in cyclosporin®.

Dr. H.B. Williams is the 1990 President-Elect of the American Society of Plastic and Reconstructive Surgeons.

Residents and Fellows
Achievements

Dr. T. Hosseinzadeh presented his paper entitled "Newborn Myocardial Protection: Comparison of Cooling Rates" at both the Royal College meeting in Toronto in September and at the Canadian Cardiovascular Society meeting in Halifax in October.

Dr. Reza Mehran was a medical advisor and Donald Sutherland's understudy in the recent film "Bethune: The Making of a Hero." Dr. Mehran was the medical advisor for all the Montreal scenes, and helped Sutherland imitate Dr. Bethune's rapid and skilful surgical techniques.

Dr. P. Metnakos won the 1990 CAGS Resident Research Prize, sponsored by Davis and Geck, for his work with Dr. L. Rosenberg, Dr. W.P. Doguid and Dr. G.M. Fried. See the article on the CAGS meeting, page 10.

Dr. José Tellado-Rodriguez, a former research fellow at the RVH, has been funded to visit McGill on his trip to North America. José is a talented researcher and a tireless worker who now lives in his homeland of Spain; no doubt he will tackle his whirlwind tour, which includes Montreal and San Francisco, with the same energy he displayed at McGill. José also received a Student Travel Award from the Society of Leukocyte Biology, to their International Conference in Crete.

We Can't Do It Without You!

Are there kudos missing here? Has one of your, or your colleagues', accomplishments been omitted from THE SQUARE KNOT? Is there an important date you'd like to remind everyone about? Would you like to write an article?

We can't find out what you've been doing, unless you tell us! Please feel free to write us at the address on the last page of this issue, or phone us at 842-1231, local 5544, or FAX us at 843-1503. We'd love to hear from you!

Fraser Gurd Visiting Professor

Dr. Donald S. Coffey will be the next Fraser Gurd Visiting Professor. Dr. Coffey is a Professor of Urology, Oncology and Pharmacology, and the Director of Research at the Brady Urological Institute, Johns Hopkins Hospital, in Baltimore, Maryland.

His presentations will focus on molecular biology. We are looking forward to Dr. Coffey's visit, and we expect his talks will be of interest to people from many different clinical and research areas.

Welcome!

A warm welcome is extended to Diane Goudreau, who now coordinates the surgical residency training program at the Hôpital. Diane comes to us from the McGill Medical Undergraduate Program. She can be reached at 934-8209.

Welcome!

We are happily anticipating a new member of the Department of Surgery: Dr. Enice P. Lee, from the Department of Anatomy of the University of Ottawa. Beginning July 1, 1991, Dr. Lee will be working as the principal investigator in the Electron Microscopy Unit at the Shriner's Hospital's Labs. Dr. Lee will also be an assistant professor at McGill.

American College of Surgeons
Dr. H.C. Brown is a Region Chief of the Committee on Trauma.

Dr. N.V. Christou is a member of the Executive Committee on Pre- and Postoperative Care. He also moderated the Pre- and Postoperative Care Committee Panel and a session on Pre- and Postoperative Care: Surgical Infection, speaking on *Antibiotic Classification: What's Old, What's New*.

Dr. A.R.C. Dobell is a member of the Cardiothoracic Surgery 1990 Advisory Council, and a member of the Board of Governors.


Dr. P.H. Gordon is a member of the Colon and Rectal Surgery 1990 Advisory Council.

Dr. Lloyd D. MacLean was Chairman of the Program Committee and moderated a papers section.

Dr. A.P.H. McLean participated in the Pre- and Postoperative Care Committee Panel, speaking on *Hospital Infection Control System: A Working Model*.

Dr. J.L. Meakins was a member of the Committee for the Forum on Fundamental Surgical Problems, moderated the Panel Discussion on Peritonitis, and spoke on *Primary Peritonitis*. He also moderated a session on Pre- and Postoperative Care: Surgical Infection, speaking on *Immunocompromised or Transplant*.


Dr. D.S. Mulder is the liaison member of the Surgical Research and Education Committee, a senior member of the Committee on Trauma, a member of the Board of Governors, a member of the Fiscal Affairs Committee and a member of the Nominating Committee.

Drs. C.M. Oung, M.S. Ratnani, M. English, R.C-J. Chiu, and E.J. Hinchey's paper, *Hemodynamic Responses to Dopamine in Hypothemic Subjects*, was presented in the Critical Care forum.


Drs. J.M. Tellado and N.V. Christou had a paper, *Increased Polymorphonuclear Neutrophil Delivery to Inflammatory Lesions in Anergic Patients is Mediated via Interleukin-1 and Interleukin-6*.

Dr. C.A. Vasilevsky spoke on *Definition of Safe Margins — All Dimensions of Resection* in a Session on Colon Cancer.

Dr. M.J. Wexler is a member of the General Surgery 1990 Advisory Council.

Many McGill surgeons were active participants in this year's CAGS meeting:

Dr. R. Brown was the Chairman of the Trauma Committee.

Dr. N.V. Christou was the Chairman of the Surgical Infections Committee.

Dr. G. Fried was a member of the Program Committee, and the Chairman of the Research Committee.

Dr. J.L. Meakins was the Chairman of the Merck Frosst Symposium on *Prophylaxis in Surgery*.

Dr. E.D. Monaghan was the Chairman of the Education Committee.

Dr. L. Rosenberg co-chaired the first Paper Session.

Dr. M.J. Wexler coordinated a CAGS/CAG Postgraduate Course on *Controversies and Recent Advances in Management and Surgery of Biliary Tract Disease*.

Many other McGill surgeons, and residents, had papers presented at the conference:

Drs. C. Barba, A. Hreno, and M. Atri, *The role of Graded Compression Ultrasound in the Patient with Suspected Acute Appendicitis*.

Dr. P. McLean participated in a lunchtime symposium on...
Sexually Transmitted Disease/AIDS: The Surgical Perspective, speaking on Acute Abdominal Problems in Patients with AIDS.


Drs. B. Mitmaker, L.R. Begin, and P.H. Gordon, Nuclear Shape as a Prognostic Discriminant in Colorectal Carcinoma.


Drs. L. Rosenberg, and R.A. Brown, Sandostatin® in the Management of Non-endocrine Gastrointestinal and Pancreatic Disorders — A Preliminary Study.

Dr. R. Tabah, Cervical Adenopathy — A Diagnostic and Therapeutic Challenge.

Dr. M.J. Wexler, Acute Cholecystitis in the Critically Ill. Dr. Wexler also held a practical workshop on Short Stay Miniholecystectomy.

Drs. P. Wizman, and C.I. Kerrigan, Acute Venous Injury: Comparison of Total Venous and Arterial Occlusion.

The Royal College of Physicians and Surgeons of Canada Annual Meeting
Toronto, 1990

Many McGill residents and surgeons presented papers at this meeting:


Dr. Dobell gave the Wilfred Bigelow Lecture: Training Cardiothoracic Surgeons.


Dr. P. McLean, Precautions to Protect You and Your Staff in the Operating Room.

Dr. J.L. Meakins was the President of the Merck Frosst Symposium: Prophylaxis in Surgery.

Drs. B. Mitmaker, L.R. Begin, and P.H. Gordon, Nuclear Shape as a Prognostic Discriminant in Colorectal Carcinoma.


Drs. C.M. Oung and G.M. Fried, Nd-Yag Lasers in Colorectal Disease.

Drs. M. Plante, R.A. Brown and D.M. Fleisher, Combination of AIS and GCS as a Predictor of Outcome in Multiple Injury Trauma Patients with Head Injuries.
Drs. L. Rosenberg and R.A. Brown, Sandostatin® in the Management of Non-Endocrine Gastrointestinal and Pancreatic Disorders.


Drs. R. Schneider, N. Christou and C. Nohr, Increased B Cell Activity in Surgical Patients.

Dr. H. Shennib, Diagnosis of Rejection and/or Infection.

Dr. A.H. Spanier chaired the symposium on Perspectives in Canadian Critical Care.

Dr. R. Tabah spoke on Cervical Adenopathy — A Diagnostic and Therapeutic Challenge, in the Postgraduate Course on Head and Neck Surgery.

Dr. M.J. Wexler co-ordinated the postgraduate course on Controversies and Recent Advances in Management and Surgery of Biliary Tract Disease, chaired the session on Acute Cholecystitis, spoke on Acute Cholecystitis in the Critically Ill and on Cholangitis — Suppurative or Non-suppurative and made a video presentation on Short Stay Minicholecystecomy.


Quarter Century Club

McGill's Quarter Century Club, for staff who have been with McGill for twenty-five years, welcomed 88 new members this year. Each new member was given a special captain's chair. Eight of the new members were from Surgery:

Dr. David Forbes
Dr. Andrew Hreno
Dr. A. Peter H. McLean
Dr. Edmond D. Monaghan
Dr. Douglas D. Morehouse
Dr. John Oliver
Dr. Harvey H. Sigman
Dr. Harry D. Stevens

Surgical Forward Planning Retreat

Dr. Williams, Chairman of the McGill Department of Surgery Forward Planning Committee, oversaw a day-long retreat at the McIntyre Building.

Five working groups were set up under the following headings:
1. Clinical Programs.
2. Governance of the Department and Interrelationship Between Central and Affiliated Hospitals.
3. Teaching — Graduate and Undergraduate.
4. Core Surgical Training.
5. Research — Basic and Clinical.

A paper is being prepared that will outline the current situation and proposed direction for the Department.

The event was well attended and it was very reassuring to see the JGH, QEH, SMH, MCH, MGH, RVH, etc. and the surgical divisions, including urology and research, were all well represented.

A special thanks is extended to all those who took the time to offer their input and suggestions regarding our future. The residents and staffmen who participated made a very valuable contribution.

McGill Surgery Tie

Do you have yours yet?

If you were unable to attend last year's Fraser Gurd Day banquet and you are a member of the McGill Department of Surgery (all surgical divisions and subspecialties), you can still get a tie, at the price of $60.00 each. We have had requests from alumni all around the world.

Contact: Dr. J.L. Meakins' office, (514) 843-1504.
Third Annual
LD MacLean Visiting Professor:
Dr. M.J. Jurkiewicz

Dr. Maurice Jurkiewicz was a tremendous success as the third annual L.D. MacLean Visiting Professor on November 13-16, 1990. Dr. Jurkiewicz is Chief of the Division of Plastic and Reconstructive Surgery at Emory University's School of Medicine in Atlanta, Georgia. During his stay, he was able to visit both the MGH and the RVH. Later, he expressed how informative he found his tours with the residents.

Dr. Jurkiewicz’s presentations at the McGill Combined Plastic Surgery Rounds on Flap Coverage for Head and Neck Deformities, at the MGH Surgery Grand Rounds on Surgical Training Today and Experiences with the American College of Surgeons, and at the RVH Surgical Grand Rounds on Current Management of Complex Chest and Abdominal Wounds, were all extremely well received.

The banquet at the University Club was a most enjoyable summation of several days of interesting exchange.

In Memoriam
Mary Warnock, R.N.

Mary Warnock was an employee of the Royal Victoria Hospital from 1938 to 1980. She served as nursing supervisor of the main operating room from 1946 to 1967, when she became Assistant Director of Nursing. She also held a second position, as of 1974: Nursing Director of the Critical Care Areas.

Miss Warnock received a Commemorative Jubilee Medal of Her Majesty’s Accession to the Throne, and in 1987, a Royal Victoria Hospital Distinguished Service Award.

Mary Warnock contributed greatly to the Royal Victoria Hospital, and to the patients and surgeons she helped. She will be missed.

Chair in Orthopaedics
Funded by Swiss Foundation

During the enormous Société international de chirurgie orthopédique et traumatologie (SICOT) Conference held at the Palais des Congrès last fall, one of our orthopaedic surgeons was bestowed a very prestigious honour. The Board of Governors at McGill University approved the Principal’s recommendation that Dr. Laurin be appointed the Maurice E. and Marthe Müller Chair in Orthopaedic Surgery as of September 1, 1990. The Maurice E. Müller Foundation is supporting this chair with an endowment for orthopaedic research and education at McGill.

Dr. Maurice E. Müller was born and educated in Switzerland. He helped to set up the Arbeitsgemeinschaft für Osteosynthesefragen (AO), an international organization which was, at the time, the leader in the treatment of fractures.

Dr. Müller has also written more than 600 original papers and published or contributed to more than 200 books. His work focuses on both the treatment of fractures and arthroplasty. Dr. Müller has also placed much emphasis on the link between evaluation, learning and teaching in orthopaedic surgery. The new McGill chair in his name will strengthen this link at McGill.

Dr. Laurin was born and raised in Hull. He studied medicine at McGill, and completed his postgraduate training at the University of Toronto. Dr. Laurin has received numerous prizes, research and travelling fellowships, as well as major grants from the Medical Research Council and the National Research Council. Dr. Laurin is currently Chief of Orthopaedics at both McGill and the RVH.

Suzuki Show on Transplantation

On November 14, 1990, CBC aired an On the Nature of Things show about heart transplantation, which included some McGill events.

They featured Dr. A. Guerra (now working in Virginia), Dr. N. Poirier (now at Notre Dame but also a liaison in the combined McGill-Université de Montréal heart-lung transplant program) and Dr.
J.E. Morin, of the RVH, now working with Dr. Dobell and Dr. J.F. Morin to maintain the program.

The show portrayed the heroic efforts of hospital staff to arrange transplants. Such publicity helps maintain public awareness of the importance and difficulty of the work surgeons do.

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**Coming Together to Move Ahead**

**THE DIVISION OF GENERAL SURGERY**

The division of general surgery has been formally recognized as a distinct division at both the hospital and McGill level. A McGill Division of General Surgery Executive Committee was established. Its members are: Dr. J.L. Meakins (chairman), Dr. F. Gutman, Dr. J. Hinchey, Dr. A. Hreno, Dr. J. Keyserlingk, Dr. R. Lewis, Dr. H. Sigman, Dr. M. Wexler and Jane Hutchison. The committee's mandate is to help guide the future of this fully integrated post-graduate program and newly formed division.

With a more unified and directed approach, the members of the division hope to guide this McGill program to greater prominence at the local, national and international level. Some of the areas of clinical expertise are: hepatobiliary surgery, laparoscopic cholecystectomy, transplantation, critical care and trauma.

Just as clinical expertise is a goal, so too is research. Some of the new developments include unprecedented multi-hospital studies on laparoscopic cholecystectomies — open versus closed, learning curve protocol and registry — as well as several antibiotic studies and trauma studies.

To celebrate these developments and to set the stage for the future, a general surgery dinner was held on September 27, 1990, at the University Club. Dr. Paul Roy, the President of the Quebec Association of General Surgeons was the dinner speaker. Twenty-six general surgeons, from the Montreal Children's Hospital, the MGH, St. Mary's, the JGH, the Queen Elizabeth and the RVH, attended the dinner.

We look forward to an even better 1991!

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**McGill Performs First Liver Transplant in 20 Years in a Unique Collaborative Effort**

by Marvin J. Wexler, M.D.

On June 5, 1990, 47 year old Mr. André Labelle underwent the Royal Victoria Hospital and McGill's first adult liver transplantation in 20 years. Mr. Labelle, suffering from idiopathic cirrhosis, had become bedridden as a result of encephalopathy and ascites and had been under the care of Dr. Paul Cleland at the Montreal General Hospital.

An interhospital collaborative transplant team was assembled and after a two month wait a donor became available at Notre Dame Hospital. Mr. Labelle was transferred to the 10 East Transplant Unit at the Vic. Dr. Carl Nohr of Royal Victoria Hospital went to St. Luc to harvest the donor liver while a collaborative group composed of Drs. Lorrie Rosenberg, MGH, Marvin Wexler, RVH and Jean Martin Laberge, MCH removed the diseased liver and performed the transplant, assisted by Dr. J.L. Meakins. The procedure was accomplished without adverse event and the donor liver functioned normally immediately upon insertion. Mr. Labelle had a totally uneventful and uncomplicated course, was discharged in a record time of two weeks and continues to do well.

The Royal Victoria Hospital will serve as the McGill center for liver transplantation in the future but the collaboration efforts between surgeons and departments will continue. Two more such transplants have recently been performed under the supervision of Dr. Jean Tchervenkov, who has now returned to the Department of Surgery to head the liver transplant program.
Laparoscopic Cholecystectomy

Across McGill, General Surgery is actively developing new clinical and research programs, one of which is laparoscopic cholecystectomy.

McGill's first course on laparoscopic cholecystectomy, run by General Surgeons, will be offered on February 18 and 19, 1991. The course conforms to the standards of the Society of American Gastrointestinal Endoscopic Surgeons and the Canadian Association of General Surgeons. It will be repeated at frequent intervals.

by Marvin J. Wexler, M.D.

Symptomatic cholelithiasis, chronic cholecystitis, and biliary colic are problems which are often seen by general surgeons. Up to 15 million people in the United States alone endure gallstones. Approximately 600,000 cholecystectomies are performed annually.

The incidence of gallstones increases markedly with age; because of the overall aging of the North American population, gallstones will continue to be an important health problem. In Canada, the prevalence seems to have doubled between 1961 and 1971 although this increase may be partially caused by a greater frequency of diagnosis, due to the increased use of ultrasound.

Treatment

Until recent years, open surgical cholecystectomy was the only available means of treatment. It remains the golden standard to which any gallstone therapy is compared.

More recently, gallstone dissolution using oral bile salt therapy — principally cheno and ursodeoxycholic acid — has been shown to dissolve cholesterol stones. It is ultimately successful in only a small percentage of patients and has not gained widespread usage.

Lithotripsy of gallstones, using the same technology successfully applied to renal stones, is currently undergoing extensive investigation but is only feasible in less than 15% of patients. While this treatment is minimally invasive, it requires long term medical therapy and leaves the diseased gallbladder in place, making recurrence of stones probable.

Laparoscopy has been a standard form of treatment for gynecological diseases, but has only recently shown promise in the treatment of general surgical disorders such as cholelithiasis. Successful laparoscopic cholecystectomies have been performed in Europe and the United States since 1988. Initial experience has established the feasibility and efficacy of this procedure, which is a major advance in General Surgery. The techniques involved are now being applied to appendectomy, enterolysis, vagotomy, etc. and are generating tremendous excitement.

Technique

The technique of operative laparoscopy using video observation via the laparoscope allows us to perform a total cholecystectomy through four small punctures. Prior to the first puncture, a pneumoperitoneum is established with CO₂ gas. A small 1/2 inch stab incision is made in the umbilicus and a 10 mm trocar and cannula is inserted. A laparoscope (essentially a telescope shaped like a long tube) is then inserted through this trocar. A tiny video camera attached to the laparoscope gives the surgeon a magnified view of what is inside.

Three small puncture holes are made in the abdomen along the costal margin to admit probe-like instruments. These instruments, inserted through air tight cannulas, are used to hold the gallbladder and sever it from surrounding tissues with the aid of electrocoagulation or laser. The neck of the gallbladder is then pulled through the skin. A single stitch in the umbilicus closes the facial defect.

The patients go home the next morning and return to normal activity without limitation within seven
days. Half of the patients are now being sent home on the same day and many return to work in 2-3 days. No restrictions are placed on the patient after discharge. Activity depends entirely upon abdominal tenderness, which is usually minimal by the second postoperative day. Patients may return to work when their abdominal pain disappears. They are seen one week postoperatively and released from follow-up.

Advantages and Disadvantages

Laparoscopic cholecystectomy offers all the advantages of a minimally invasive surgical procedure:

1. Reduced recuperation time — shortened from 4 weeks to 1 week.
2. Minimal scarring — reduction of a sometimes large operative scar to 4 trocar puncture wounds.
3. Reduced hospitalization time — shortened from 2-5 days to overnight or outpatient basis.
4. Reduced costs — based on the reduction of hospital stay and recuperation period.

The technique appears to be safe but a learning curve effect has been recognized. Reports are too preliminary to allow for an accurate determination of rates of morbidity and retained common bile duct stones. Data is also too sparse to allow for a precise estimate of the average duration of the operation and frequency of conversion of a laparoscopic approach to an open procedure. Because of technical limitations, the failure rate of the laparoscopic approach is 2-20% but its use in biliary surgery can no longer be considered experimental as thousands of patients have been treated worldwide. For those for whom it is successful, laparoscopy allows outpatient or overnight stays in the hospital and enables the patient to return to normal activity in a few days. Traditional surgery requires a 4-6 inch incision through major abdominal muscles. Patients who undergo standard surgery often require major narcotics for pain relief and often lie still in bed for several days. It may then take them 3-6 weeks to recover.

When contrasted with the postoperative course after open cholecystectomy, the significant benefit to the patient and the cost savings of laparoscopic cholecystectomy are unquestionable. When made aware of these techniques, patients prefer to have a laparoscopic procedure. However, the procedure needs further development and evaluation in specialized centres. The enthusiasm for laparoscopic cholecystectomy must be tempered with the realization that this procedure is dangerous if improperly performed.

For the present, laparoscopic cholecystectomy should be confined to specialized centres that participate in studies designed to optimize the technique and carefully redefine its indications. During our initial uses, our patients were young to middle aged, of normal weight, and presented with non acute symptoms. Although we would still prefer to limit our utilization of the endoscopic approach to this smaller, easier-to-treat group, we have found that it is possible to perform this procedure on almost any patient who is a candidate for open surgery. Laparoscopic cholecystectomy is and always should commence as a trial dissection, with the patients prior knowledge and consent that if the procedure does not proceed smoothly for whatever reason, it will be immediately converted to an open operation. The surgeon who embarks on this procedure must be fully trained, credentialled and privileged in general biliary surgery. This technology is the general surgeon’s answer to competitive approaches such as lithotripsy and chemical treatments.
G'Day from Down Under. I'm spending a year in Melbourne, Australia learning the finer skills of microsurgery from Mr. Ian Taylor at the University of Melbourne. My fellowship combined clinical work (operating, clinics and ward rounds), research study (anatomical investigations on arterial and venous anatomy, vascularized bone transfers) and teaching (weekly teaching sessions with the University of Melbourne medical students). The people are very friendly and show a kind hospitality towards visiting researchers and their families.

For those of you who have yet to experience Australia, it's definitely a holiday worth planning. Winter is just finishing and the warm springtime weather has daytime temperatures up to ... but it's not very hot! Jogging in their large and abundant parks is a whole new experience for us Canadians. Brightly coloured parrots and parakeets fly overhead and sulphur crested cockatoos are seen in flocks of over 100! The two national sports here are "Footy" or Australian rules football (this just finished with their Grand Final, and yes, there are in fact rules to this game) and cricket, which is played during the summer months. Having a great time learning their lingo as well.

I'm planning a trip to a surgical conference in Alice Springs in the Northern Territory (bloody hot up there I'm told), and a fly fishing tour of Tasmania in March. I'm having a great time, I've even seen a kangaroo in the wild!

I hope all is well in Montreal. A special thanks to everyone who made my surgical training at McGill a memorable experience. Good on you and no worries mate!

Ron Zeh, MD, CM, MSc.

LETTER FROM THE EDITOR

A Warm Welcome

This Newsletter is intended to be interactive. Our goal is not only to provide our readers with information, but to get information from you. For this reason, we are always pleased to hear from our readers, no matter what the issue. Comments and information are always welcome.

Please write to us at the address given on this page.

Jane Hutchison.

Submissions

Welcome

We can't do it without you — if you have any information you want to have published in THE SQUARE KNOT, comments about our newsletter or suggestions, forward them to us!

Send submissions to:

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Or call us at (514) 842-1231 local 5544, or FAX us at (514) 843-1503.

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