Dr. MacLean’s recent election to the presidency of the American College of Surgeons is another jewel in the crown of his accomplishments. He will succeed Dr. Gerald Austen of Boston and take office at the 1993 Clinical Congress.

Dr. Maclean is the seventh Canadian to assume this responsibility since the ACS was founded in 1913. The others were the late Walter MacKenzie of Edmonton, Newell Philpott of the RVH, Charles G. Drake of London, William Edward Gallie of Toronto, W.W. Chipman of Montreal and George Armstrong of Montreal.

Dr. MacLean was Surgeon-in-Chief at the RVH from 1962 to 1988 and Chairman of the McGill Department of Surgery from 1968 to 1973, 1977 to 1982 and 1987 to 1988. He has been Professor of Surgery at McGill for more than a quarter of a century. During this time, he has made significant contributions in the study of shock, peritonitis, host resistance and extended our understanding of the effectiveness of surgery for obesity.

Some of the many honours he received are:
• The Gairdner Wightman Award in 1989 for Outstanding Leadership, Teaching and Administration in Medicine
• Arthur Sims Commonwealth Travelling Professorship 1988-89
• Appointed as the First Edward Archibald Professor of Surgery 1987
• Appointed Officer of the Order of Canada 1985

Last year Dr. Maclean was elected President of the American Surgical Association - a prestigious post once occupied by Edward Archibald, McGill Professor of Surgery 1923-35, whom MacLean greatly respected. As President, Dr. MacLean will host the next annual meeting of the ASA which takes place in Montreal in January 1993.

With election to the presidency of the American College of Surgeons, Dr. MacLean will have occupied the presidency of the two most prestigious organizations in North American surgery.

McGill surgeons are justifiably proud of Lloyd MacLean’s achievements and honours.
Fifth Annual L.D. MacLean Visiting Professor
Dr. Robert Y. McMurtry

Dr. Robert Y. McMurtry, Dean of Medicine at the University of Western Ontario, was the fifth annual L.D. MacLean Visiting Professor on November 26, 1992.

A graduate of the University of Toronto (1965) and an orthopaedic surgeon, Dr. McMurtry began practicing at the Sunnybrook Medical Centre in 1975 where he was instrumental in the development of the hand service and founder of the trauma program. From 1988 to last October when he took up his present position at the University of Western Ontario, he was Professor and Head of Surgery at the University of Calgary and Surgeon-in-Chief at the Foothills Hospital.

At the MGH, Dean McMurtry discussed Requirements for surgical intervention at Trauma Rounds and lectured on Distal radial malunion. His thoughtful and topical presentation at Surgical Grand Rounds at the RVH on Ethics, economics and surgery, coincidentally a subject of particular interest to Dr. MacLean, is herewith summarized.

The annual L.D. MacLean “black tie” dinner was held at the University Club. As usual, many old “L.D.” residents turned out, including Alan Turnbull from New York. The diners enjoyed the customary exquisite food and wine amidst elegant surroundings. Dr. David Mulder, in Dr. Meakins’ unfortunate absence, brought everyone up to date on the accomplishments of the past year and introduced the new recruits. Dr. MacLean gave one of his usual hilarious vignettes of department antics and Dr. McMurtry delivered a clever parable on the attributes of a surgeon.

Dr. McMurtry continues a tradition of distinguished guests at this annual event: Dr. John H. Duff (1988), Dr. John A. Mannick (1989), Dr. Maurice J. Jurkiewicz (1990) and Dr. J. Kent Trinkle (1992).

Dr. McMurtry’s visit was co-sponsored by the McGill Department of Surgery, the Postgraduate Board of the RVH and Merck Frosst Canada.

Ethics, Economics and Surgery

Summary of Dr. McMurtry’s presentation

Dean McMurtry summarized the economic realities of health care delivery in Canada. Our system is egalitarian, universal, comprehensive, portable, without a user fee and supported by government sponsored insurance. The federal government was formerly responsible for 50% of the cost in each province. Latterly, it has withdrawn cash payments and given the provinces more taxation rights which has increased financial pressure on the provinces to support this scheme.

Dr. McMurtry made it very clear that health care costs have remained stable in Canada for at least a decade. Any increases in expenditure of gross domestic product, which also have been very slight, are due to the increased costs of drugs and withdrawal of payment for drugs for many classes of people.

Dr. McMurtry stresses that we must sit down with government to negotiate the best possible treatment for our patients. In fact, we absent ourselves from the negotiating table at our peril. He emphasized that the medicine of the future will be much more regionalized and that training will be geared very specifically to the needs of patients. His report was factual, optimistic and a true challenge.

Annual Visiting Professor
Division of General Surgery
Dr. Robert H. Bartlett

On October 22, 1992, Dr. Robert H. Bartlett, Professor of Surgery, Director of the Surgical Intensive Care Unit and Chief of the Critical Care Section of General Surgery at the University of Michigan in Ann Arbor, visited the MGH and the RVH as the Annual Division of General Surgery Visiting Professor.

At Grand Rounds at the MGH, he spoke on New Modalities in the therapy of ARDS. At the RVH he discussed Oxygen kinetics in the critically ill patient.

Dr. Bartlett emphasized that venous admixture obtained through a central catheter is the best way to monitor oxygen delivery and oxygen consumption in relation to cardiac index. This is far more reliable than simply concentrating on pO2 and oxygen saturation.

In the evening, Dr. Bartlett was the guest of honour at the annual general surgery dinner held at the University Club.

This visit was co-sponsored by Upjohn and the Postgraduate Board of the RVH.
EDITORIAL

Article 12

In September 1989, when the Collective Agreement between the Federation of Medical Residents of Quebec, the Association of Hospitals of Quebec and the Ministry of Health and Social Affairs came to an end, new negotiations began. There was disagreement about Article 12 which related to residents’ schedules and, therefore, a special commission was set up under Judge Georges Chassé of the Superior Court of Quebec. This resulted in a Pilot Project for one year, between January 1991 and January 1992, in one teaching hospital in each of the networks of the four Faculties of Medicine of Quebec. At McGill, this was done at the Royal Victoria Hospital. The system was evaluated and analyzed in detail and great difficulties were encountered in a number of specialties including General Surgery, the Surgical Intensive Care Unit, CVT and Neurosurgery.

There are certain advantages to Article 12. It certainly provides for a “new look” at schedules and on-call duties. The residents appreciate the improved “quality of life.” The hospital administration and the Nursing Department have come to the help of the residents and fellows, striving to diminish non-educational administrative duties. The Article stresses pedagogical goals rather than service needs.

However, there are important disadvantages. These can be outlined as follows:

1. It has fragmented the integrity of the Clinical Teaching Unit. The residents who work nights are off during the day and, therefore, the CTU is at half strength most of the time. This means that the CTU team does not move around in the hospital as a unit and this adversely affects ward rounds, attendance at clinics, teaching sessions, etc. There is dissolution of the “spirit” of the service and diminution of peer pressure.

2. The new schedule has forced most residents to take call at home. With recent governmental cutbacks in the number of residents, there is not the critical mass to carry out the 7 in 28 duty schedule in the hospital. Accordingly, services such as orthopaedics, urology and plastic surgery had to institute the 10 in 30 on-call at home. This means that there are less residents working in the hospital. This also has a negative impact on clinical clerks. See Number 3 below.

3. Clinical clerks are frequently working alone on their wards. Clinical clerks should always be under supervision. Their first objective is to learn; patient care is only a second objective. Contrarily, the residents’ first objective is to render patient care and learning is second. There is a dilemma, therefore, with residents from a service working 10 out of 30 at home and the clinical clerks on the wards alone at nights and on weekends.

4. Breakdown of continuity of care, transfer of patients and communications. Since not all residents from a CTU work as a unit at the same time, continuity of care has been breached, though there have been serious attempts to correct this by having rounds early in the morning which combine both the night staff and the day staff. The need for cross coverage has resulted in that services are no longer autonomous.

5. The mandate is inflexible. There should be more flexibility in the application of the guidelines for nights and on-call schedules. The system is also very fragile. If a resident goes on holiday or if there is a shortage of residents on that service, the system falls apart.

6. Working patterns have been adversely affected. Differentiation should be made between working patterns for senior residents and those for junior residents. Senior residents in CVT and in General Surgery and in the ICUs require less supervision than junior residents but in the new Article 12 are given the same hours on call. In the SICU, for example, the chief resident has had to take his duty as 1 in 4 with the three juniors. This means that continuity of care has been negated and the chief resident cannot really act in the established chain of command.

7. Workload. Instead of alleviating the workload, the new schedule may have augmented it. Since one half of the CTU may be absent at any one time, the rest of the team is required to cover the wards, cover the emergency, cover the hospital for consultations, cover the operating rooms. It is very difficult, in fact, to run two operating theatres in surgery under the new rules.

It is noteworthy that the policy of the Royal College of Physicians and Surgeons of Canada stipulates that: “Senior Residency in Surgery is defined as a year in which the resident is regularly entrusted with the responsibility for pre-operative, operative and post-operative care, including the most difficult problems in General Surgery. Senior resident shall be in charge of the General Surgical Unit. No other resident shall intervene between the senior resident and the Attending Staff.”

The American College of Surgeons, in an official position paper regarding the Basic Principles of Surgical Education (Vol. 73, No. 8, 1988) gives special emphasis to the following: continuity of care, supervision, working patterns and inappropriate duties.

Accordingly, in the spring of 1992, a special meeting was arranged at the RVH so that the Department of Surgery could meet with the negotiating bodies and ask for special consideration for the surgical critical care areas as well as for the surgical specialties.

When the collective agreement was finally signed at the end of June, no such special consideration was given. Since July 1, 1992, all the teaching hospitals in Quebec are subject to this collective agreement which has some 35 articles, 4 appendices and 1 annex.

continued on page 4
Accordingly, once again, the surgical disciplines are finding it difficult to live by these rules. Faculty, which are responsible for the training of postgraduate residents and fellows, seem powerless to affect change since they are not co-signatories to the agreement.

It is sincerely desired that when the new agreement is negotiated next year, these important principles will be reviewed.

E.D. Monaghan, M.D.

DATES TO REMEMBER

- ISCVS/SVS, June 7-9, 1993, Washington, D.C.
- Canadian Urological Association, June 20-24, 1993, Montreal (Dr. M. Elhilali, President).

Dr. Morris Duhaime (Montreal '61) took over as Chief Surgeon at the Shriners Hospital as of July 1, 1992 and is now Professor of Surgery, Division of Orthopaedic Surgery, at McGill. A native of Coniston, Ontario schooled in Sudbury, Dr. Duhaime comes to us from Université de Montréal and Hôpital Ste-Justine, where he was head of the Department of Surgery since 1984. He has been active at the Shriners as well since 1981. Dr. Duhaime, recently became President of the Canadian Orthopaedic Association, after being its Secretary for many years. A paediatric orthopaedic surgeon of international repute he was amongst the first to use instrumentation of the spine in the correction of adolescent scoliosis. He has long been interested in sports medicine and is the leader of the Motion Laboratory at the Université de Montréal.

Dr. Nicolas Duval (Laval '84) joined the Division of Orthopaedic Surgery at the Queen Elizabeth Hospital in October, 1992. After completing his residency training at Laval he did a one year fellowship in hip and knee reconstructive surgery at the University of Western Ontario followed by a year of practice in Alma. He intends to pursue his research in this field and is particularly keen on teaching. Dr. Duval has a long-standing interest in sports, having played volleyball for both the junior and senior Canadian national teams.

Dr. Christopher Oung (Rangoon '76) has been appointed to the staff of the Montreal General Hospital, following completion of his training in general surgery at McGill in June, 1992. However, Dr. Oung will spend the next four years practicing in a designated area, fulfilling a commitment to the Québec government. Amazingly productive in research throughout his residency, he will nevertheless pursue his interest in shock research, maintaining a lab at the MGH to which he will be linked by computer and spending a substantial amount of time in Montreal.

Dr. Ronald Zeit (McGill '84) has joined the staff of the Montreal General in the Division of Plastic Surgery. Dr. Zeit completed his training in plastic surgery at McGill in 1990 where he also obtained an M.Sc. in Experimental Surgery. As a recipient of an R.S. McLaughlin Fellowship, Dr. Zeit did one year (1990-91) of reconstructive microsurgery in Melbourne, Australia with G. Ian Taylor followed by a year (1991-92) at the University of Southern California where he obtained his Master of Science degree in Medical Education. He will be particularly active in undergraduate teaching and pursue his research in electrical injury.
**Hike in Tuition Fees**

We have been informed by the MESS (Ministère de l’Enseignement supérieur et de la science) that effective July 1, 1993 tuition fees for medical residents at Quebec universities who are Canadian citizens will be three times the amount normally paid during the current academic year (i.e. $1,107 x 3 = $3,321).

Non-Canadian citizens will be charged the Canadian fee plus an amount of $2,894 per trimester, which amounts to $12,003.

University officials are currently disputing these astonishing increases with the Ministry.

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**Residents’ Corner**

**Notice to graduating General Surgery Residents**

Photos for the "gallery" must be taken by January 15, 1993 at the Audiovisual Department of the RVH. Better hurry!

**Deadline for applications:**
- Royal College exams - December 31, 1992
- Preliminary Evaluation for the American Board - May 1, 1993
- American Board exams - July 15, 1993

You are asked to submit your application forms to your Program Director, Dr. Gerald Fried, for review and approval before mailing.

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**Resident Salaries**

Some of the surgeons will remember making a salary of $50 per month but laundry was included. Here is the scale of residents’ remuneration effective January 1993.

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<tr>
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<th>Salary</th>
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**Tuition Fees for Medical Residents in Canadian Universities 1992-93**

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</tbody>
</table>

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**Saudis at McGill**

Dr. Jasser Al-Jasser, Cultural Attache of the Saudi Arabian Mission in Ottawa, informs us that since 1982 172 trainees from Saudi Arabia have graduated from the various postgraduate medical programs in Canada. The majority have been certified by the Royal College of Physicians and Surgeons of Canada prior to returning to their country. Presently, 135 are training in eight Canadian universities and the majority (50) are at McGill. The most popular programs are Internal Medicine, Paediatrics and General Surgery but Saudis have been involved in all 52 of the Royal College Specialty Programs. The Education Mission is very happy about our liaison and is most pleased to continue this relationship. During the current academic year, 17 trainees (34%) are in the surgical specialties.

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**1st Vivian Saykaly Visiting Professor in Oncology**

**Dr. Richard L. Schilsky**

The Cedars Cancer Institute at the Royal Victoria Hospital welcomed Dr. Richard L. Schilsky as the 1st Vivian Saykaly Visiting Professor in Oncology at McGill University November 17-19, 1992. Dr. Schilsky is Professor and Director of the University of Chicago Cancer Research Center.

During his stay at McGill, Dr. Schilsky met Drs. G. Batist and S. Caplan at the Lady Davis Institute of the Jewish General Hospital and Drs. E.J. Tabah and A. Langleben at the Royal Victoria Hospital. The subject of his talk at the MGH was Current status of biochemical modulation in cancer treatment - Science and clinical care do work together. At Surgical Grand Rounds at the RVH, his topic was The role of chemotherapy in the management of colorectal cancer.
KUDOS

Dr. Max Aebi and Dr. Morris Duhaime were welcomed to McGill on November 9 at a reception given by Dr. Carroll Laurin and his wife Madeleine at their home in Outremont. Dr. Aebi is the new Head of the Division of Orthopaedic Surgery at McGill and his wife Christine is a paediatric endocrinologist. Dr. Duhaime is Surgeon-in-Chief at the Shriners Hospital for Crippled Children and his wife Denise is director of the Sorelcomm conferences.

Professor Lynne W. Baker, a former Surgery resident at the Royal Victoria Hospital, has been named a Member of Council of the College of Medicine of South Africa. He recently bestowed an honorary fellowship on Dr. Ralph A. Straffon, President of the American College of Surgeons.

Dr. Nicolas V. Christou was Visiting Professor of Surgery at the University of Hawaii November 9-14, 1992. He spoke on the following topics: The APACHE scoring system for surgical infection; The management of pancreato-biliary sepsis; Infectious complications in the transplant patient; and at Surgery Grand Rounds he presented an Update on the management of infections in the elderly trauma patient.

Dr. A.R.C. (Tony) Dobell received the Distinguished Service Award of the Royal Victoria Hospital at a dinner held on November 24, 1992 at the University Club.

Dr. Frank M. Guttman was one of the invited faculty for the thirteenth Annual Paediatric Residents Conference in Kansas City, Missouri on October 2-4, 1992. In 1993 this conference will be held at the Montreal Children's Hospital. Dr. Guttman has been very busy lately. He was a panelist at the Paediatric Surgery Motion Picture Session at the American College of Surgeons in New Orleans in October, 1992. He went to Tokyo in November where as Guest Lecturer at the Japan Low Temperature Society he presented on Progress in Organ Preservation. While in Japan he was also visiting professor at the Department of Paediatric Surgery at Kyushu University in Fukuoka. Dr. Guttman has recently been elected to the Executive of the Paediatric Oncology Group.

Dr. Normand Miller of the Jewish General Hospital has been appointed to replace Dr. James Symes as Director of the Vascular Surgery Training Program at McGill.

Dr. Nelson Mitchell has been chosen to succeed Dr. Donald Lawrence as Associate Dean for Admissions, at the end of this academic year.

Dr. David Mulder has been appointed to the very prestigious American College of Surgeons Committee on Surgical Research and Education. He is the only Canadian on this Committee.

Dr. Normand Sullivan, who graduated in 1975 from the Postgraduate Program in Urology, was recently elected President of the Northeastern Section of the American Urological Association. Dr. Sullivan has been President of the Quebec Urological Association and is involved in fundraising activities for the Canadian Urological Foundation. His wife Marjorie is a graduate of the McGill School of Nursing (1969) and they have three children. Normand practices General Urology in Sorel.

Correction
In the 1992 Summer edition of THE SQUARE KNOT, it was reported in error that Dr. Lawrence Rosenberg had been appointed the representative for Regional Council IV at the Royal College. In fact, Dr. Rosenberg was awarded a Detweiller Clinical Fellowship in the Spring of 1991 by the Regional Advisory Council.

Dr. Alan Turnbull

Dr. Alan Turnbull graduated from McGill in 1961. After completing the McGill Postgraduate Training Program in General Surgery in 1967, he left Montreal to do a two year fellowship at the Memorial Hospital for Cancer and Allied Diseases in New York. Following this, he was taken on staff and is having a very successful career working with Dr. Murray Brennan. Dr. Turnbull is a member of the G.I. and Mixed Tumour Service. Alan returns to visit his Alma Mater a few times a year and he and his wife Nancy have a home at Mont-Tremblant.

Alan's hobbies are marathon running as well as deep sea diving for which he has been to the Red Sea, the Caribbean Sea and the Great Barrier Reef off the coast of Northeast Australia.

ACHEVEMENTS
Residents and Fellows

Dr. Mitchell Stotland (R3 in General Surgery) is the recipient of an MRC Fellowship Award (1992-94) for his work on Leukocyte pro-adhesive mechanisms in ischemia reperfusion injury. His supervisor is Dr. Carolyn Kerrigan at the RVH.

Dr. Heidi Tonken, an R4 in General Surgery, has presented at important plastic surgical meetings. In September, at the meeting of the American Society of Plastic and Reconstructive Surgery in Washington, D.C., her presentation was entitled Microsurgical anastomosis of the common bile duct. At the November meeting of the American Society of Reconstructive Microsurgery in Scottsdale, Arizona she presented two papers: Experimental microvenous thrombosis following anastomosis and Transfer of anterior and posterior gracilis muscles in the rat.
Royal College of Physicians and Surgeons of Canada
Annual Meeting
Ottawa, September 11-14, 1992

Many McGill residents and surgeons presented papers at this meeting:


J.S. Barkun, A.N. Barkun, J.S. Sampalis: Gallbladder stone shock wave lithotripsy vs laparoscopic cholecystectomy: a randomized clinical trial.

S. Bayntner, B. Mitmaker, P.H. Gordon, E. Wang: Immunohistological expression of mutant p53 oncogene in transitional mucosa adjacent to human colon cancer.

P. Belliveau chaired a conference on Colorectal Pathology.

R.A. Brown delivered the W.R. Ghent Lecture: Where has the clinical surgeon gone in trauma care?

R.L. Cruess made the concluding remarks at the Symposium The future of health research in Canada: Health research planning for the year 2000.


J-M. Laberge co-chaired a session for paediatric surgery


M.S. Li, B. Smith, P. Richardson, R. Ford, R.A. Brown: Blunt carotid trauma: a teaching hospital's experience compared to results in one hundred cases from the literature.

L.D. MacLean gave the CAGS Guest Lecture: Surgery for obesity: a progress report.

J. Mamazza, E. Poulin, G. Breton, C. Fortin, R. Whaba, P. Ergina: Haemodynamic and respiratory changes during laparoscopic cholecystectomy.

E. Poulin and C. Thibault (Laval), J. Mamazza (McGill), R. Letourneau (Laval): Laparoscopic splenectomy: Operative technique and preliminary report.


P. Metrakos, L. Hornby, D. Tanguay, L. Rosenberg: Cyclosporine (CsA) blocks islet cell proliferation by inhibition of ornithine decarboxylase (ODC) activity.


E. Monaghan: The view from the Royal College regarding the training of community surgeons.

D. Mutch (Val d’Or): How I would like to see the training programs in general surgery changed.


C.M. Oung, D. Shum Tim, RC-J. Chiu, E.J. Hinchey: In-vivo study of bleeding time and arterial hemorrhage in hypothermic vs normothermic animals.


C. Serrick, R. Adoumie, H. Shenbub (Joint Marseille Montreal Lung Transplant Program): Early release of IL-2, TNF-alpha and IFN-gamma after ischemia-reperfusion injury in the lung allograft.

H. Shibata discussed surgical oncology from the manpower perspective at a Symposium entitled Manpower in Oncology.

D. Shum-Tim, D. Fleiszer, B. Ligier, R. Brown: A preliminary report of the morbidity and mortality of the surgical intensive care unit: age related outcome in cardiac and non-cardiac surgery.


M.J. Wexler, P. Belliveau: Initial experience with sutureless intestinal anastomosis using a biofragmentable anastomosis ring (bar).

McGill University was well represented at the General Sessions:

P.H. Gordon: Suppurative disease of the anus and the practical application of surgical anatomy in anorectal fistulas.
J.L. Meakins: Is laparoscopic clearly superior to open cholecystectomy?
R.J. Tabah: Technique of radical and modified neck dissection.
N.Y. Christou moderated a session on Critical Care: ICU Care Controversies.
L.D. MacLean was the moderator of a Paper Session on various surgical topics.
D.S. Mulder was the co-moderator of a Trauma Symposium entitled Use of new diagnostic techniques in the trauma patient.

Papers presented at the Surgical Forum:


Representation on Standing Committees

Harvey C. Brown – Committee on Trauma
Nicolas V. Christou – Pre- and Postoperative Care Committee
Fraser N. Gurd – Emeritus Consultant, Committee on Trauma
Lloyd D. MacLean – Chairman, Program Committee
Jonathan L. Meakins – Committee for the Forum on Fundamental Surgical Problems and Committee on Medical Motion Pictures
Edmond D. Monaghan – Committee on Continuing Education
David S. Mulder – Surgical Research and Education Committee

Representation on Advisory Councils

Philip H. Gordon – Colon and Rectal Surgery
Marvin J. Wexler – Surgery

It was fun too!
At the McGill Cocktail Reception ....

Drs. Roger Tabah, Hélène Flageole (R5 General Surgery), Annie Fecteau (R4 General Surgery) and David Owen

Drs. Marvin Wexler, Gerry Fried, Jonathan Meakins and Douglas Mirsky (General Surgery '76)
Specialty of Surgery (General Surgery) Defined by American Board of Surgery

Dr. Ward O. Griffen Jr., Executive Director of the American Board of Surgery, in the Booklet of Information for July 1992 to June 1993, writes as follows: (Dr. Griffen will be visiting McGill next May as the Fraser Gurd Visiting Professor.)

"The Board interprets the term "General Surgery" in a comprehensive but specific manner, as a discipline having a central core of knowledge embracing anatomy, physiology, metabolism, immunology, nutrition, pathology, wound healing, shock and resuscitation, intensive care and neoplasia, which are common to all surgical specialties.

The General Surgeon is one who has specialized knowledge and skill relating to the diagnosis, preoperative, operative, and postoperative management in the following areas of primary responsibility:

• Alimentary tract
• Abdomen and its contents
• Breast, skin and soft tissue
• Head and neck, including trauma; vascular, endocrine, congenital, and oncologic disorders — particularly tumors of the skin, salivary glands, thyroid, parathyroid and the oral cavity.
• Vascular system, excluding the intracranial vessels, the heart and those vessels intrinsic and immediately adjacent thereto.
• Endocrine system
• Surgical oncology, including coordinated multimodality management of the cancer patient by screening, surveillance, surgical adjunctive therapy, rehabilitation and follow-up.
• Comprehensive management of trauma, including musculoskeletal, hand and head injuries. The responsibility for all phases of care of the injured patient is an essential component of general surgery.
• Complete care of critically ill patients with underlying surgical conditions, in the Emergency Room, Intensive Care Unit and Trauma/Burn Units.

Additionally, the General Surgeon is expected to have significant preoperative, operative and postoperative experience in pediatric, plastic, general thoracic and transplant surgery. Also, the Surgeon must have understanding of the management of the more common problems in cardiac, gynecologic, neurologic, orthopedic, and urologic surgery, and of the administration of anesthetic agents.

The General Surgeon must be capable of employing endoscopic techniques, particularly proctosigmoidoscopy and operative choledochoscopy, and must have experience with a variety of other endoscopic techniques such as laryngoscopy, bronchoscopy, esophagastroduodenoscopy, colonoscopy and laparoscopy. The General Surgeon should have opportunity to gain knowledge and experience of evolving technological methods, e.g., laser applications and endoscopic operations."

McGill Health Sciences Academic Centre

At a regular meeting of the Attending Staff on Monday, November 9, 1992, Mr. Phillip Aspinall, C.E.O. of the Royal Victoria Hospital, related the progress made in the feasibility study for the merger of the Royal Victoria, Montreal Chest, Montreal General, Montreal Neurological and Montreal Children's Hospitals. A consultant firm has been hired and the major objectives established. A report will be submitted in March 1993 which will provide the basis for a decision as to whether to go ahead with the project or to refurbish the existing institutions. Mr. Aspinall, being an accountant, gave some figures which are staggering:

The five participating McGill hospitals currently:

• have combined annual operating budgets of $450 million;
• have some 8,750 employees;
• staff 1600 beds (1,450 acute care and 150 chronic);
• admit some 45,000 patients annually;
• experience 450,000 hospital days of care;
• have some 790,000 ambulatory care visits;
• perform 61,800 surgical interventions;
• operate on 20 different sites;
• utilize some 3.4 million square feet of space.

Preliminary guestimates of the capital cost of an integrated facility (excluding the Faculty of Medicine and the cost of land) are of the order of $600 million.

Pantaloon Hernia

Everyone knows that a "pantaloon" or "saddle-bag" hernia is one in which the peritoneal sac is astraddle over the inferior epigastric artery so that it is both direct and indirect. The terminology can be traced all the way back to St. Pantalone, a fourth century doctor and martyr who had a church in Venice named after him. Pantalone became a popular Venetian nickname and was given to a tight-trousered buffoon character in a medieval stage comedy set in Venice. Pantalone came into English as the word for a clown and pantaloons for trousers. So the word can be traced back to an early saint who was a doctor!

Thoracoscopy is Here

Dr. Jean Morin, Chief of Cardiothoracic Surgery at the RVH, in reporting at the Journal Club, November 2, outlined the procedures that can be done by thoracoscopic surgery:


<table>
<thead>
<tr>
<th>Procedure</th>
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<tr>
<td>Wedge resection (nodule)</td>
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<tr>
<td>Lobectomy</td>
<td>9</td>
</tr>
<tr>
<td>Mediastinal mass resection</td>
<td></td>
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<tr>
<td>Anterior</td>
<td>9</td>
</tr>
<tr>
<td>Posterior</td>
<td>4</td>
</tr>
<tr>
<td>Mediastinal biopsy</td>
<td>31</td>
</tr>
<tr>
<td>Percardiectomy</td>
<td>22</td>
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<tr>
<td>Esophageal disease</td>
<td></td>
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<tr>
<td>Myotomy</td>
<td>4</td>
</tr>
<tr>
<td>Leiomyoma</td>
<td>1</td>
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<tr>
<td>Thoracic duct ligation</td>
<td>1</td>
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<tr>
<td>Sympathectomy</td>
<td>10</td>
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<tr>
<td>AICD*</td>
<td>1</td>
</tr>
<tr>
<td>Spinal disease</td>
<td>2</td>
</tr>
</tbody>
</table>

* AICD = automatic implantable cardioverter defibrillator


Dr. David Mulder has taken a special interest in thoracoscopy. Last summer, he travelled with his wife Norma to Marseille and Cologne in order to perfect his skills in this new field. At Cologne, he was reunited with his colleague and friend, Dr. Hans Troidl.

Dr. Hani Shennib of the MGH has performed over 120 such procedures and he and Dr. Arthur Pagé of Sacré-Coeur Hospital have chaired some seminars on the topic.

Participation of the R.V.H. in N.S.A.B.P.

The National Surgical Adjuvant Breast and Bowel Project (NSABP) is an organization involved solely in the adjuvant treatment of potentially curable patients with breast and bowel cancer. The aim of these multi-institutional prospectively randomized clinical trials is to determine whether the use of such treatments as an adjuvant to surgery will result in the improvement of overall survival.

The Department of Surgery at the Royal Victoria Hospital has actively participated in such trials since 1974. Beginning with Protocol B-05, we have placed 647 patients in every breast protocol since that time - we have now reached B-25. This ranks us No. 6 for most patients accrued to clinical trials, among the 386 participating institutions of the NSABP.

As for the colorectal cancer protocols, since November 1977 we have accrued 181 patients in protocols ranging from C-01 to C-05 and R-01 and R-02. This number of accruals makes us No. 4 amongst the NSABP institutions.

Beginning in May 1992 the NSABP has embarked on a completely new project, i.e. the Breast Cancer Prevention Trial (BCPT). The Royal Victoria Hospital was selected as one of the 188 institutions affiliated with NSABP to carry out this most important trial to see whether Tamoxifen will prevent breast cancer. The Montreal General Hospital and the Queen Elizabeth Hospital, our affiliates, are also participating in this trial. To date, the three institutions have put 35 patients on this trial.

I would like to thank the many surgeons, medical oncologists, radiation oncologists, pathologists and nurses who have contributed to the care and follow-up of these patients. I would also like to give special thanks to Grace Selitmann, Josie Pepe and, more recently, Rosie Tavares for their efforts in maintaining patient care follow-up and record-keeping. Their efforts have won us a distinguished service plaque for 1991.

Henry R. Shibata, M.D
Director of Surgical Oncology, RVH.

McGill Prostate Centre

The McGill Prostate Centre was officially opened at the Royal Victoria Hospital on June 22, 1992. Its main purpose is to evaluate and treat benign prostatic disease but also to detect and treat prostate cancer. Dr. Michel Bazinet is Director of the Centre. Dr. Mostafa Elhilali, Head of the McGill Division of Urology, maintains that prostate cancer is the second most frequent and most lethal cancer among Canadian men, surpassed only by lung cancer. Dr. Bazinet avows that surgery for BPH "is the second most frequent operation performed in the USA after those involving cataracts."
The McGill University Department of Surgery hosted the 26th annual meeting of the Association for Academic Surgery in Montreal November 18-21, 1992. The AAS is a society of young academic surgeons representing university departments in the United States, Canada, South America and Europe. This was the first meeting of the AAS held outside the continental United States. We are proud to have had the opportunity to host this active group, and to say that the 383 people who registered made this the largest attendance of any meeting of the AAS in the past 26 years.

On the afternoon preceding the meeting the president, Dr. Joel Roslyn (from the Medical College of Pennsylvania) organized a workshop on Educational Challenges for the 1990’s. Small group forums were organized to discuss teaching in the ambulatory surgery setting, teaching laparoscopic surgery, counselling of students and residents (career choices, harassment, women in surgery, substance abuse, etc.), and evaluation methodology. These workshops were superb and show the importance of constant re-evaluation of teaching programs in surgery.

The main body of the meeting was composed of high quality scientific presentations in the surgical topics of shock, gastrointestinal surgery, transplantation, peripheral vascular disease, oncology, cardiothoracic surgery, metabolism, immunology and surgical education. The program is highly competitive and we are proud to have had posters presented by three of our residents, Drs. Peter Metrakos, Joseph Tector and L.Q. Pu.

On Thursday night, the Association held a cocktail reception followed by dinner at the Palais de la Civilisation. The evening was crisp and clear and the guests were treated to a spectacular view of the City of Montreal. Our own Dr. Phil Gold was the guest speaker at the presidential banquet held on Friday night. He spoke about creativity in research, using the example of Leonardo Da Vinci applying for a research grant to the NIH. Da Vinci was turned down, of course.

One of the highlights of the meeting was the local program put on by the McGill Department of Surgery and chaired by Dr. Meakins. The speakers were Drs. Jean Tchervenkov, Chirsto Tchervenkov, Nicolas Christou, Lawrence Rosenberg, Judith Trudel and Gerald Fried. It was an opportunity for us to demonstrate the breadth and quality of original research put out by our department and there was universal praise for the quality of this work.

The opportunity for McGill to host this prestigious organization was greatly appreciated. It allowed us to be in the spotlight of the North American academic future, and the success of the meeting was commented on by all who attended.

Gerald M. Fried
Local Program Committee

Dr. Cathy Milne in the Bermuda Triangle
A Seafaring Adventure

On November 15th, Dr. Catherine Milne, her husband Donald Bishop, and three friends left Beaufort, North Carolina en route for Antigua on the 38 foot sloop Early Bird. Ian Bruce of Laser fame was the Captain and owner. After 1 1/2 days of wonderful sailing, the weather steadily deteriorated despite good forecasts. They crossed the gulf stream and entered the Bermuda Triangle.

The sails had to be progressively decreased as the wind and seas increased. Late on November 20th, the triple reefed main sail was taken down and the storm jib alone set. At 0245 on November 21st, a huge rogue wave broke over the boat and she rolled 360 degrees breaking the mast in three places. The two crew on deck were thrown into the sea but climbed back on board, using their safety harnesses and the swimming ladder. Ian Bruce sustained multiple rib fractures (right 5-11). Cathy rendered first aid. The rest of the crew were not significantly injured. The motor and all electronics including radios were ruined by salt water.

Over the ensuing hours the crew bailed, cut away the broken mast, lit flares, set a sea anchor and cleaned up the mess. They were very relieved when a Coastguard plane flew overhead 10 hours after the roll in response to their EPRB signal (emergency position radio beacon). The Coastguard dropped a canister containing a radio to establish communications and then organized rescue in conjunction with the U.S. Navy who were on manoeuvres in the area. The Navy sent two helicopters to lift the crew to safety and carry them to destroyer U.S.S. Peterson and subsequently to the supply ship U.S.S. Seattle.

After an interesting 48 hours on the two ships, the crew were delivered to Roosevelt Roads Naval Base in San Juan, Puerto Rico and subsequently flew home. All were very impressed by the professionalism and skills of the U.S. Navy and Coastguard and are very grateful to them and happy to be alive.

Sailing anyone?
Debts

Money is easy.
Pay the interest and repay the capital.

Go to a party, give one.
Same people, same talk, easy.

But whom do I pay for learning, comfort, prodding, or excitement?

Or for the first time I heard Bach or saw Da Vinci?
Does playing Bach repay?

In medicine, give a vitamin, get a present;
save a life and
don't expect a postcard.

Debts that large cause bankruptcy.

My unpaid debts hang heavy, so I teach or treat, and hope that scattered help repays.

Frances L. Drew, M.D.
University of Pittsburgh
Source: New England Journal of Medicine

Submissions Welcome!

We can't do it without you — 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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Moving?

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THE SQUARE KNOT

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Publication of THE SQUARE KNOT is supported by grants to the McGill Department of Surgery from Ethicon and Merck Frosst Canada.