A discussion or description of the evolution of colorectal surgery at McGill University should best be put in the context of the development of the specialty worldwide where the specialty has deep roots. The origin of colorectal surgery is attributed to Frederick Salmon who in 1835 founded his own institution “The Infirmary for the Relief of the Poorly Afflicted with Fistula and other Diseases of the Rectum” which was the forerunner of St. Mark’s Hospital in London, England. In North America, the specialty of colorectal surgery has matured from its fledgling beginnings in 1899 to its current status as a leader among leaders in the world of medicine. At the dawn of the 20th century 13 physicians with a special interest in proctology met in Columbus, Ohio on June 7, 1899 to form the American Proctologic Society. Proctology was not then a well known or respected medical specialty. The new Society’s chartered members were pioneers who had chosen a specialty ignored by mainstream medicine leaving patients with rectal disease in the hands of quacks and charlatans. Reputable physicians at that time would not even examine the rectum! The curriculum in medical schools had not included instruction in rectal diseases throughout most of the 19th century. The first President of the American Proctologic Society was Dr. Joseph M. Mathews, an eloquent and admired physician who 20 years prior to the formation of the American Proctologic Society decided to limit his practice to the treatment of diseases of the colon and rectum becoming the first U.S. physician to do so. In 1978, he journeyed to St. Mark’s Hospital in London, then, and for many years to follow, the world’s leading medical institution in the treatment of colon and rectal diseases. Dr. T. Chittenden Hill in his 1916 Presidential address of the American Proctologic Society asked “Why proctology has been made a specialty?”. He gave the answer in one word — fistula, a common ailment with only a 45% cure rate. The conclusion of course was that surgeons at that time had too little experience to be proficient in the management of fistula and other anorectal conditions.

(please see Colorectal on page 6)
Dear Editor,

I thoroughly enjoyed the 20th edition of The Square Knot and its history as enunciated by Dr. Joe Meakins. As I enter happily into semi-retirement, I am totally indebted to my mentor, Dr. Tony Dobell and to all the McGill surgeons (1968-1974) who prepared me so well for a very satisfying and productive career in CVT surgery.

I spent 2 years at St Luc Hospital with alum Dr. Tony Rabbat, 2 years at University of Saskatchewan under Dr. Fred Inglis and eventually 30 years in Long Beach, California in private practice. As a matter of fact, I have always worn my McGill University post grad education with pride and as a badge of honor.

I wish to pay tribute to McGill as a great institution which permitted me to have a career of which I am proud.

Guy Lemire M.D., FRCSC, FACS(thor)

---

Dear Editor,

How are you? Henry and wife Natchiko Shibata came visiting in mid-August and it was our pleasure to show them around Mont-Tremblant. I thought it would be fun to see it in TSK. Hope you agree.

Best regards to you and yours,

Ed Monaghan

---

Editor's note: Dr. Monaghan was the preceeding editor of The Square Knot. We are trying to keep up with the legacy he left us.◆

---

Letters to The Editor

---

Drs. Henry Shibata and Edward Monaghan in Mont-Tremblant.

---

E. John Hinchey, MD, FRCSC
Director of McGill Surgical Scientist Program
Honored as “Professor Emeritus”

Dr. John Hinchey, retired Past Chairman of the Division of General Surgery at the Montreal General Hospital, McGill University, has been appointed as an honorary Professor Emeritus at McGill, recognizing his important past achievements as well as his ongoing contribution as the Director of the Surgical Scientist Program.

About ten years ago, the McGill Surgical Scientist program evolved out of the General Surgical Scientist Program, as the latter was experiencing increasing difficulty in funding it. Dr. Jonathan Meakins knew then that Dr Hinchey had a source of funds from a family foundation controlled by a friend of his, and asked if he would stay on as the Director of the program if his friend agreed to fund it. It was also decided then that the General Surgery Program should be expanded to include residents from all divisions in the Department of Surgery.

In the last ten years, 43 residents have registered in the program, 31 for Master's degrees and 12 for PhD degrees. McGill along with the University of Toronto offers the largest program of this type in Canada, and attracts residents interested in academic careers to McGill. These young Surgeon Scientists with their achievements have strengthened our residency programs and many have since joined the McGill surgical staff.◆
Congratulations to Dr. Gerald Fried. McGill University Faculty of Medicine and McGill University Health Centre have announced his appointment as our new Chairman of the Department of Surgery, succeeding Dr. Mostafa Elhilali. His impressive achievements to date are summarized below. We look forward to publishing a future issue, an article from Dr. Fried which will describe his vision on how he will steer our Department into a challenging and promising future.

In the last issue of The Square Knot, we celebrated the 20th anniversary of this publication, but we have to continue to evolve. Some submissions from Divisions and Services look like a regular annual report, which is not the mission of this newsletter. In describing “Kudos” and “Achievements”, we have traditionally listed them by their names alphabetically to avoid the appearance of favoritism. But when several people are involved equally, should the “events” being recognized reported repeatedly? Starting with this issue of The Square Knot, rigidities such as the order of listing etc. are being ignored. Our core readers are a hard working bunch, so we continue to welcome news and stories that are humorous or curious...which may help you to relax a bit after a long day in the OR or the ICU.

Finally, if any members of this Department or readers of this publication wish to submit a letter or an article, it should be understood that the contributor automatically consents to have it published both in print and on the internet at http://www.squareknot.mcgill.ca. In general, we do not welcome re-published essays or reports which have already appeared elsewhere. All contributions will be edited for space and style to be consistent with the main goal of this newsletter, which is to inform and to advance l'esprit de corps of our Department. ◆

Gerald Fried, MD, FRCSC, FACS,
New Chairman of the Department of Surgery,
Faculty of Medicine, McGill University,
and Director of Surgical Services, MUHC

Dr. Gerald Fried graduated from Medicine at McGill and completed his residency training in general surgery at The Montreal General Hospital and a clinical fellowship in gastrointestinal surgery and gastroenterology at The Ohio State University. Following this he went to the University of Texas Medical Branch in Galveston for a research fellowship in gastrointestinal physiology. He then returned to McGill and The Montreal General Hospital where he has developed a clinical practice in gastrointestinal surgery. In 1990, Dr. Fried went to Cologne, Germany to learn the technique of laparoscopic cholecystectomy, and then returned to establish minimally invasive surgery as a clinical and academic program. In the past 20 years, he and his colleagues at McGill have made the MIS program at McGill one of the foremost such programs in North America. They have made seminal contributions to surgical education, simulation, and to the process of introducing innovative technology into clinical practice.

Dr. Fried is currently Professor of Surgery and the Adair Family Chair of Surgical Education at McGill, a senior surgeon and Director of the Steinberg-Bernstein Centre for Minimally Invasive Surgery and Innovation at the McGill University Health Centre. At McGill he has been recognized for his commitment to education, having been chosen by the residents twice for the best faculty teacher award and elected to the McGill Honour Role for Educational Excellence. Nationally, he was awarded the Association of Faculties of Medicine of Canada John Ruedy Award for Innovation in Medical Education.

In addition to his contributions to the university and hospitals, Dr. Fried is past-president of the Canadian Association of General Surgeons, and plays an important leadership role in the American College of Surgeons, The Society for Surgery of Alimentary Tract, The Society of American Gastrointestinal and Endoscopic Surgeons, the International Society for Digestive Surgery, Central Surgical Association, and is on the editorial board of many of the leading surgical journals. He has given over 250 invited lectures and published more than 200 scientific papers. He is a former James IV traveler and currently a Canadian and international director of The James IV Society of Surgeons. ◆
I was last year’s recipient of the 2008 Lloyd MacLean Fellowship from the Department of Surgery. This supported my unique opportunity to spend 3 weeks at the famous Instituto Ortopedico Rizzoli in Bologna, Italy. I had thought about visiting this hospital for many years and the fellowship finally gave me the opportunity.

Rizzoli is an all orthopaedic hospital of 350 beds founded in 1896. It is located on a beautiful hill overlying the old city. Parts of its buildings are located in the 15th century monastery San Michele in Bosco which makes it quite spectacular. Historically popes have used this palace as a relay to rest while travelling! About 90 orthopaedic surgeons work thereof whom 9 devote their time to orthopaedic oncology. It is the largest bone and soft tissue tumor centre in Europe and they address yearly close to 100 osteosarcomas and 50 Ewing sarcomas. They are referred roughly 60% of all bone sarcomas diagnosed in Italy. But patients do come from all over Europe. Five full time medical oncologists provide chemotherapy to patients. It is quite an impressive set up.

Members of this department have considerable input to the orthopaedic and oncologic literature and have been credited of many new surgical techniques. Professors Codivilla, Putti and Campanacci are all historical figures of the orthopaedic world. They have hosted numerous fellows and surgeons like me as they are one of the few "must have been at" institutions in this field of expertise. They are leaders in the treatment of and research in sarcoma. The hospital employs 7 full time PhDs in sarcoma research and trains more than 15 post-doctoral research fellows at a time. Researchers can access and link their investigations to an impressive tumor database that contains more than 30,000 patients!

During my stay I attended outpatient clinics, surgical procedures and participated on a clinico-pathologic research project about low grade osteosarcoma. It was invaluable to discuss cases, attend surgery and meet experts in all the fields that relate to sarcoma. Among the major benefits I got from my visit were their innovative management of children with sarcoma, and the combined use of vascularized fibula and massive bone allograft for limb reconstruction. I also was exposed to the use of massive endoprostheses with silver coating for infection or with ceramic coating for metal allergy. I was also fascinated by their use of dynamic enhanced contrast MRI which helps them to refine their surgical margins for epiphysal sparing surgery. I attended their weekly tumor boards which could last up to 3 hours! Following these, surgeons come to an agreement and split among themselves the cases to be done for the coming week. In fact most patients are taken care of by the team instead of a specific orthopaedic surgeon. I was also invited to give 2 separate lectures at their department rounds.

Their OR facility is only 2 years old and quite spacious and functional. It holds 5 theatres, all of which has its own induction room and scrubbing room. There is a large room between each OR theatre for storage. The operating rooms do not communicate directly with the circulating corridors. Interestingly the ORs run from 7:00 am to 8:00 pm with two shifts of nurses and anesthesiologists. Each room is covered by 4 nurses but one is there to help the anaesthesiologist. Often times 2 surgeons help each other with additional help from 2 residents or medical students. The orthopaedic oncology unit runs a daily OR with the same nursing staff all year around, so the procedures and equipment are well standardized.

Interestingly, albeit being a public hospital with salary based surgeons, they are allowed to do some private care but within and under the supervision of the hospital. There is a private patient ward. But within oncology this remains unusual and relates mostly to foreigners.

Rizzoli has an orthopaedic resident training program but also get students and residents for rotations from nearby Italian medical schools. It recruits 3 trainees yearly. Resident duties are for the ward and the OR. The emergency room is covered by staff surgeons only. There are two staffs on call at any
time and the call schedule is for 12 hours. This gives them a frequency of 2-3 calls per month.

To summarize, the Lloyd Maclean award allowed me to extend my understanding in the field of MSK oncology that will benefit our patients. But it also gave me the opportunity to make new friends, to learn about differences among our health care delivery and to immerse myself into the very special Italian way of life. I recommend to every member of the department to apply for the unique experience this fellowship can provide. I would like to thank Dr Maclean for his enlightened vision and the department of surgery for its support.

Robert E. Turcotte, MD, FRCSC
Associate Professor and Chairman,
Division of Orthopaedic Surgery, McGill
Associate member, McGill Department of Oncology
Chief, Department of Orthopaedic Surgery, MUHC
Medical Director, MUHC Supra-Regional Sarcoma Program

The Division of Cardiac Surgery at McGill has been selected to participate in a clinical trial named “Osiris AMI 403”, which is a Phase II, multi-center, randomized, double-blind, placebo-controlled study to evaluate the safety and efficacy of cultured adult human mesenchymal stem cells, intravenously infused following acute myocardial infarction to induce myocardial regeneration. This trial, with Dr. Renzo Cecere as the Principal Investigator at our site, and Drs. Nadia Giannetti and Ray Chiu as Co-Investigators, is in a sense the fruition of tireless experiments in animal models at our research laboratory, lasting over a decade by Drs. Ray Chiu and Dominique Shum-Tim with many of our past residents participating in these studies. Our first patient for this trial was enrolled in this project on October 16, 2009.

Dr. Paola Fata hosted the 7th Annual Soccer / BBQ Event for the General Surgery Residents on Sunday, July 19th, 2009. It was a very competitive soccer game with the residents losing against the staff. Thanks to all who participated in making this a successful and fun event.
The Division of Pediatric General Surgery recently formalized an International Fellowship Rotation which will begin in 2010. This added feature will enhance and strengthen our Program. Furthermore, it is the only international rotation, in Canada, set for a duration of one month. We will be collaborating with Dr. Dan Poenaru, a Canadian Royal College certified pediatric surgeon, at Bethany Kids Pediatric Surgery Unit of Kijabe Hospital, Kijabe, Kenya.

The pediatric surgery Fellow will be under the direct supervision of Dr. Poenaru and will function as a pediatric surgery chief resident. The Fellow will be integrated in the house staff team at Bethany Kids, and together with other African pediatric surgery fellows, will provide house staff leadership and teaching, as appropriate. They will actively participate in the full spectrum of pediatric surgical care, including pre-operative, operative, and post-operative components. Residents will also expand their experience in urology, neurosurgery, otolaryngology, ophthalmology, orthopedics and gynecology. Some of the objectives of this rotation are to have the Fellow gain exposure and experience in a range of pediatric surgical pathologies rare or absent in Canada, and gain appreciation for specific challenges confronting pediatric surgeons in the developing world, enhancing the understanding of global health issues pertaining to pediatric surgery. The first Fellow to take part in this international rotation will be Dr. Robert Baird. Planning is underway for a trip to Kenya as early as March or April 2010.

Colorectal surgery

Colorectal surgery was conceived from an idea that a group of dedicated individuals could help promote and advance colon and rectal surgery care in Canada. Since that humble beginning, the Canadian Society of Colon and Rectal Surgeons has brought and continues to bring educational programming such as postgraduate courses and symposia to surgeons. Despite our small member numbers, the Canadian Society of Colon and Rectal Surgeons has made disproportionately large contributions to clinical care, teaching, and research. Recognition of the specialty at a national level did not come swiftly. Correspondence with the Royal College of Physicians and Surgeons of Canada seeking recognition of the specialty was not initially met with enthusiasm but due to the persistence of dedicated individuals, in September 1990, the Royal College adopted a resolution recognizing colorectal surgery as an adult subspecialty of general surgery by accreditation without certification. They subsequently appointed a specialty committee in colorectal surgery which oversees the specialty training requirements and established guidelines for accreditation of residency programs in colorectal surgery. The training would be two years — 12 months clinical and 12 months “elective” which could be either clinical or research. They subsequently appointed a specialty committee in colorectal surgery which oversees the specialty training requirements and established guidelines for accreditation of residency programs in colorectal surgery. The training would be two years — 12 months clinical and 12 months “elective” which could be either clinical or research. They subsequently appointed a specialty committee in colorectal surgery which oversees the specialty training requirements and established guidelines for accreditation of residency programs in colorectal surgery. The training would be two years — 12 months clinical and 12 months “elective” which could be either clinical or research. They subsequently appointed a specialty committee in colorectal surgery which oversees the specialty training requirements and established guidelines for accreditation of residency programs in colorectal surgery. The training would be two years — 12 months clinical and 12 months “elective” which could be either clinical or research. They subsequently appointed a specialty committee in colorectal surgery which oversees the specialty training requirements and established guidelines for accreditation of residency programs in colorectal surgery. The training would be two years — 12 months clinical and 12 months “elective” which could be either clinical or research. They subsequently appointed a specialty committee in colorectal surgery which oversees the specialty training requirements and established guidelines for accreditation of residency programs in colorectal surgery. The training would be two years — 12 months clinical and 12 months “elective” which could be either clinical or research. They subsequently appointed a specialty committee in colorectal surgery which oversees the specialty training requirements and established guidelines for accreditation of residency programs in colorectal surgery. The training would be two years — 12 months clinical and 12 months “elective” which could be either clinical or research. They subsequently appointed a specialty committee in colorectal surgery which oversees the specialty training requirements and established guidelines for accreditation of residency programs in colorectal surgery. The training would be two years — 12 months clinical and 12 months “elective” which could be either clinical or research. They subsequently appointed a specialty committee in colorectal surgery which oversees the specialty training requirements and established guidelines for accreditation of residency programs in colorectal surgery. The training would be two years — 12 months clinical and 12 months “elective” which could be either clinical or research. They subsequently appointed a specialty committee in colorectal surgery which oversees the specialty training requirements and established guidelines for accreditation of residency programs in colorectal surgery. The training would be two years — 12 months clinical and 12 months “elective” which could be either clinical or research. They subsequently appointed a specialty committee in colorectal surgery which oversees the specialty training requirements and established guidelines for accreditation of residency programs in colorectal surgery. The training would be two years — 12 months clinical and 12 months “elective” which could be either clinical or research. They subsequently appointed a specialty committee in colorectal surgery which oversees the specialty training requirements and established guidelines for accreditation of residency programs in colorectal surgery. The training would be two years — 12 months clinical and 12 months “elective” which could be either clinical or research. They subsequently appointed a specialty committee in colorectal surgery which overs...
Teaching has been an integral part of the contributions of colorectal surgeons. Medical students, general surgery residents, and colorectal surgeons have made many educational presentations to community groups throughout the province. Colorectal surgeons have been invited as guest lecturers for presentations around the world. Many poster presentations have been made at national and international meetings. Colorectal surgeons have been responsible for many publications in peer-reviewed journals, many textbook chapters contributed to a wide variety of textbooks, and several textbooks published on the subject of colorectal disorders have been made and presented at local as well as national and international meetings. Colorectal surgeons have been responsible for many publications in peer-reviewed journals, many textbook chapters contributed to a wide variety of textbooks, and several textbooks published on the subject of colorectal surgery.

Research and publications have been a goal of the division of colorectal surgery. Scholarly activity has, from the outset, been deemed a priority. Many residents and students have been given an opportunity to participate in research projects under the supervision of appropriate investigators. The research has been either clinically oriented or of a basic science nature. Many residents have had papers accepted for presentation at national/international meetings and have done McGill proud at these conventions. Many publications have emanated from these projects. At the basic science level a multi-disciplinary team including a colorectal surgeon, research fellow, medical geneticist, genetic counselor, molecular biologist, pathologist, medical oncologist and medical biochemists has been assembled. As a team, we have engaged in the study of the genetics of hereditary colorectal cancer. Over the past several years a number of previously not described genetic mutations in colorectal cancer have been discovered and various publications have emanated from our exciting findings. Research grants for the study of various colorectal problems have been received. Over the years the colorectal staff has been invited as guest lecturers for presentations around the world. Many poster presentations have been made at national and international meetings on research conducted at McGill. As well, teaching films demonstrating the management of different colorectal disorders have been made and presented at local as well as national and international meetings. Colorectal surgeons have been responsible for many publications in peer-reviewed journals, many textbook chapters contributed to a wide variety of textbooks, and several textbooks published on the subject of colorectal surgery.

Administratively, members of the division of colorectal surgery have contributed handsomely to the welfare of the Department of Surgery. They have served as CTU directors, assistant director of the division of general surgery, Undergraduate Surgical Education Committee, postgraduate surgical education committee, RUIS McGill representative for Quebec Colorectal Cancer, and research director.
Screening, mock oral examiners, representative for Centre Intégré du Cancer, Surgery Program Promotions Committee, McGill Department of Surgery Promotions and Tenure Committee, Executive Committee Division of General Surgery, and McGill University Honours Committee.

We have collaborated with other disciplines for both purposes of teaching and research. Together with the Department of Gastroenterology, the McGill Inflammatory Bowel Disease rounds meets regularly. Interesting cases are presented and there is ample opportunity for discussion by general surgery residents, gastroenterologists, colorectal surgeons, radiologists and other trainees. Colorectal oncology rounds have been established and attendees, in addition to colorectal surgeons, include general surgery residents, medical oncologists, radiation oncologists, medical geneticists, molecular biologists, gastroenterologists, clinical nurse specialists, and other trainees.

It is clear that the colorectal faculty at McGill University has been an integral part of the landscape and has made major contributions along the way. The establishment of a colorectal Fellowship will add yet another dimension of the program whereby the training of the next generation of colorectal surgeons will ensure continuity of patient care. I believe a vibrant image and vital subjects of study will sustain the future direction of the specialty. Dedication to clinical excellence, education, and research will result in better patient care — our ultimate goal.

As a final comment, on a personal level I have experienced enormous satisfaction in observing a previously unrecognized surgical discipline grow in numbers from one to nine colorectal surgeons at McGill University, and fully mature and succeed as a well respected specialty among specialties.

Philip H. Gordon, M.D., FRCSC
Professor of Surgery, McGill University
Director of Colorectal Surgery,
Jewish General Hospital, Montreal

The McGill Faculty of Engineering has appointed Dr. Renzo Cecere as Associate Member of its Centre for Intelligent Machines (CIM). The CIM and its Associates has among its notable achievements the design optimization of the CanadArm of the Space Shuttle Program, and the development of haptics technology (intelligent sensors). Dr. Cecere has been involved in teaching and supervision of many BSc and PhD Engineering students, and in the analysis and development of various biomedical devices.

Dr. Cecere has been granted a U.S. Provisional Patent as Lead Inventor of a novel method and system for the percutaneous repair of mitral valve regurgitation.

Dr. Sherif Emil, Associate Professor and Director, Division of Paediatric General Surgery was featured in multiple news outlets, including a live interview on CBC Newsworld on September 2, 2009, after performing an endoscopic removal of a pediatric benign forehead mass for the first time in Canada. The procedure, performed in collaboration with Dr. Nabil Fanous of the Department of ENT-Head and Neck Surgery, succeeded in removing a deeply imbedded dermoid from the frontal bone of an 18 month old child through an incision made above the hairline, leaving no visible facial scar.

Dr. Sherif Emil also accepted an invitation by the Dean and graduating class of the University of California, Irvine School of Medicine to deliver the keynote address at the School of Medicine graduation ceremonies on June 5, 2010.

Dr. Paola Fata has been named Chair of Postgraduate Education Committee at Canadian Association of General Surgery (CAGS). Congratulations!

Dr. Lorenzo Ferri received both CIHR and NCIC peer reviewed grants in 2009 for his laboratory’s research into the role of systemic inflammation in esophageal cancer metastasis. He was the 2009 American College of Surgeons Travelling Fellow to Japan and spent the month of April visiting 5 centres in Japan specializing in stage directed therapy for Upper GI malignancy.

The Sir Mortimer B. Davis Jewish General Hospital bestowed the 46th Annual Andre Aisenstadt Memorial Clinical Day to Dr. Philip H. Gordon, Professor and Director of Colon and Rectal Surgery, for his devotion and dedication to the advancement of colorectal surgery locally, nationally and internationally.

Dr. Sarkis Meterissian was

KUDOS !!

Dr. Liane Feldman received a grant of $10,000 from the Canadian Surgery Research Fund to pursue her research. The title of her work is: Development and validation of the Goals-IH module to assess performance of laparoscopic incisional hernia repair.

Dr. Lorenzo Ferri received both CIHR and NCIC peer reviewed grants in 2009 for his laboratory’s research into the role of systemic inflammation in esophageal cancer metastasis. He was the 2009 American College of Surgeons Travelling Fellow to Japan and spent the month of April visiting 5 centres in Japan specializing in stage directed therapy for Upper GI malignancy.

Dr. Sherif Emil also accepted an invitation by the Dean and graduating class of the University of California, Irvine School of Medicine to deliver the keynote address at the School of Medicine graduation ceremonies on June 5, 2010.

Dr. Paola Fata has been named Chair of Postgraduate Education Committee at Canadian Association of General Surgery (CAGS). Congratulations!

Dr. Liane Feldman received a grant of $10,000 from the Canadian Surgery Research Fund to pursue her research. The title of her work is: Development and validation of the Goals-IH module to assess performance of laparoscopic incisional hernia repair.

Dr. Lorenzo Ferri received both CIHR and NCIC peer reviewed grants in 2009 for his laboratory’s research into the role of systemic inflammation in esophageal cancer metastasis. He was the 2009 American College of Surgeons Travelling Fellow to Japan and spent the month of April visiting 5 centres in Japan specializing in stage directed therapy for Upper GI malignancy.

The Sir Mortimer B. Davis Jewish General Hospital bestowed the 46th Annual Andre Aisenstadt Memorial Clinical Day to Dr. Philip H. Gordon, Professor and Director of Colon and Rectal Surgery, for his devotion and dedication to the advancement of colorectal surgery locally, nationally and internationally.

Dr. Sarkis Meterissian was
invited to the meeting of Breast Surgery International (BSI), which is a member of the International Surgical Society, from September 6th to 10th in Adelaide, Australia. He presented at the Breast Cancer Postgraduate Course as well as giving a plenary talk on Advances in Clinical Trials. He was also named to the council of BSI and will be chairing the Program Committee for the 2011 in Yokohama, Japan.

Dr. Pramod S. Puligandla has been appointed Chairman of the Canadian Association of Pediatric Surgeons Publication Committee. This appointment is for five years (2009-2014). Also, the Canadian Institute for Health Research (CIHR) granted an award of $10,000.00 to Dr. Puligandla (Principal Investigator) for his project entitled: The Canadian Pediatric Surgery Network Extension (CAPSNet-X). The award was granted on September 1, 2009 and is valid for 1 year.

Achievements
Residents
and Fellows

Congratulations to Saima Hassan (R4-GS) who successfully defended her doctoral thesis, entitled The diagnostic and therapeutic role of stromal cell-derived factor (SDF)-1/CXCR4 axis in breast cancer metastasis.

Congratulations also to Drs. Saima Hassan (R4) and Carlos Chan (R3) for the Breast Cancer Achievement Award, at The 11th Annual Lynn Sage Breast Cancer Symposium (Northwestern University, Chicago, Illinois).

Jonathan Spicer (R3-Gen Surg) was a Royal College Leadership Award finalist (one of four). Jeremy Grushka (R3-Gen Surg) and George Melich (R1) each received the CAGS Stevens Norvell Award second place, on the 2009 Resident In Training Examination for their respective levels of training in Canada (with a prize of $300).

The following residents carried out research at the laboratory of Dr. Lorenzo Ferri, MD, PhD, FRCSC. They are:

(1) Carlos Chan MD PhD — A third year general surgery resident doing post-doc training received a Canadian Association of General Surgery Research Grant for his proposal entitled Molecular mechanism of the CEACAM family genes in cancer metastasis.

(2) Jonathan Spicer MD - A fourth year general surgery resident and a PhD candidate presented his works at the following meetings: 1) Predictors for Anastomotic Leak Following Esophagectomy: Highlighting the Importance of the Learning Curve. Digestive Disease Week – Society for Surgery of the Alimentary Tract. Chicago, IL June 1, 2009. 2) Is Intraoperative consultation with frozen section necessary for the resection of foregut adenocarcinoma? Canadian Association of Thoracic Surgery annual meeting, Victoria, BC, September 12, 2009.

(3) Mathieu Rousseau MD - A third year resident doing a PhD study presented his works at the following meetings: (1) The management of dysphagia in patients undergoing neoadjuvant chemotherapy for esophageal cancer. American Society for Clinical Oncology – Orlando, May 30, 2009. (2) He also received a poster of distinction at the Society of American Gastrointestinal Endoscopic Surgeons annual meeting in April 2009, at Pheonix AZ, for the following presentation: Patient Satisfaction Best Determines the Management of Recurrent Dysphagia After Heller Myotomy for Achalasia.

(4) Lawrence Lee MD - A first year resident in general surgery received the best poster award at the Canadian Association of Thoracic Surgery annual meeting, in Victoria, BC September 12, 2009. His presentation was entitled The Role of Pleural Based Surgical Adjuncts in Preventing Prolonged Airleak after Major Lung Resection.

(5) Jonathan Cools MD - A first year resident in general surgery presented the following paper at the Digestive Disease Week – Society for Surgery of the Alimentary Tract. Chicago, IL, June 1 2009: Characterization of Eosinophilic Infiltration in Patients with Achalasia.

From the Division of Pediatric General Surgery, many residents and fellows had abstracts and posters accepted for presentation at the 41st annual meeting of the Canadian Association of Pediatric Surgeons held in Halifax, Nova Scotia from October 1-3, 2009. Accepted for podium presentation were: Incarceration Rates in Pediatric Inguinal Hernia: Don’t Trust the Coding presented by Dr. Suad Gholoum, supervisors Drs. P.S. Puligandla and J-M. Laberge; Management of a Giant Omphalocele with an External Skin Closure System, presented by Dr. Robert Baird, supervisors Drs. P.S. Puligandla and J-M. Laberge; The Effect of In Vitro Tracheal Occlusion on Branching Morphogenesis in Fetal Lung Explants from the Rat Nitrofen CDH Model presented by Dr. Jeremy Grushka, supervisors Drs. J-M. Laberge, P.S. Puligandla, F. Kaplan. All of these podium presentations were accepted for publication in the Journal of Pediatric Surgery. Dr. Jeremy Grushka also submitted his project to the Canadian Association of General Surgeons Resident Research Operating Grant Competition and won a $10,000 grant.

On May 21, 2009, at the annual Fraser Gurd Research Day Dr. Robert Baird submitted a poster presentation entitled Infectious Complications in the
Doctor George Wlodek passed away on Saturday, January 10, 2009 at the age of 75. George slipped away peacefully at North York General Hospital with his loving wife Carol (Opper) of 29 years by his side.

George Wlodek was born in Poland where his father was a minister in the Government. The family including his parents and a brother fleed the country ahead of the Nazi invasion in 1939.

George was one of the youngest graduates in Medicine of Queens University in Kingston and came to McGill to do his surgical residency. He carefully honed his surgical skills by seeking out and adopting the best techniques of the staff surgeons during his training. He became a superb surgeon and with his interest in academic surgery and research, was invited to join the staff of the Montreal General Hospital.

He was among the first of the new generation of surgeons to set up his own research lab with grants and graduate students in the recently opened University Surgical Clinic on the 9th floor of the MGH. His major interest was in GI surgery especially the stomach. He studied the unique property of the gastric mucosa which allowed the lumen to contain a highly concentrated solution of hydrogen ion. He was particularly interested in factors which affected the back diffusion of H+ into the mucosa with subsequent damage.

He was President of the Quebec Medical Association during the October crisis when the FLQ were blowing up mail boxes and murdering a Quebec Minister. As the President of QMA during the Doctor’s strike, he received telephone death threats and his family pet was poisoned. Following these events he decided to leave Quebec. He moved to Toronto and established a successful private practice and soon became chief of surgery at the North York Hospital.

George was a wonderful person and good friend who had three children with his first wife Elaine who died of lung cancer and three with his second wife Carol. He will be sadly missed by his family and many friends.

E. John Hinchey, MD
Tie one on for McGill!

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

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

Please send me the McGill Department of Surgery Tie or Scarf

Name ..............................................................
Address .............................................................
City ........................................ Province .................
Country ................................ Postal Code .................
Telephone: ( ) ..................................................

Costs:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Qty</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tie</td>
<td>$50.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarf</td>
<td>$95.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Taxes are included

Postage and Handling add $2.00 per item

Total ..............................................

Method of payment (Please check one)

☐ Cheque  ☐ Money order
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!

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

McGILL SURGERY ALUMNI & FRIENDS
Contributions of $100.00 are appreciated in ensuring the continued publication of “The Square Knot” and supporting McGill Surgery Alumni activities. Please make cheque payable to the McGill Department of Surgery and forward to Maria Bikas, McGill Surgery Alumni & Friends, The Montreal General Hospital, 1650 Cedar Avenue, Room: L9-420, Montreal (Quebec) Canada H3G 1A4 Telephone: (514) 934-1934, ext.: 42028 Fax: (514) 934-8418.

MOVING?
If you change your address, or if you know someone who would like to receive this newsletter, please drop us a line.

Sponsors of the McGill Department of Surgery

ETHICON ENDO-SURGERY
a Johnson & Johnson company

STORZ
KARL STORZ ENDOSCOPY

COVIDIEN