The McGill Division of Cardiac Surgery is spread over 3 different sites: The Royal Victoria Hospital, the Jewish General Hospital and the Montreal Children's Hospital. The annual case load of our division is 1500 – 1600 adult and pediatric cases. Every type of cardiac procedure, spanning from complex, bi-ventricular neonatal repairs to the most advanced mechanical support technique, is available at McGill. Even though coronary artery bypass grafting was for a very long time considered the bread and butter of our specialty, McGill has for the longest time concentrated on advanced non-CABG surgery so that only 55% of our patients currently require isolated coronary revascularization. Even though the current Division of Cardiac Surgery at McGill University is composed of only 9 active surgeons, this is probably one of the divisions that require the most support from other specialties. In fact, the advanced complex care that is offered to our patients is possible only through the very intense collaboration the division entertains with Critical Care, Cardiology, Respiratory Service, Medicine, Nursing, Perfusionists and all other para-medical professions. The changing nature of our patients who are becoming older and require more complex operations does in fact make it absolutely necessary that our division interacts very closely with almost every single specialty of the hospital. The reputation of the division is not based solely on the quality of its clinical results, but also on its very strong academic training program and academic productivity.

Such a situation is the result of a longstanding tradition of quality and innovation that started right from the foundation of the division many years ago through pioneers such as Dr. Arthur Vineberg in the mid 40s when he joined McGill and started working on the mammary implant for surgical revascularization of the ischemic heart. Our Division was always among the first to apply the most recent developments in its day-to-day activities. For example, Dr. Anthony Dobell returned from Philadelphia where he had worked with the only proven heart lung machine in the world, and within a few months of his arrival in Montreal

(See Cardiac Surgery on page 8)
Dear Editor,

I hope that you are well. You certainly look as though the years have been kind to you in the photos that they have taken. I recognise that Gerald Fried has done very well for himself and obviously has continued to evolve and develop into a distinguished leader of surgery at your hospital.

Once again Ray, nice to see that you are still going strongly and perhaps we will have opportunity to meet at some stage in the future.

Regards,

Peter Brady, MBBS (HONS) FRACS
North Shore Private Hospital
St Leonards, New South Wales, Australia

Editor’s Response:

Very pleased to hear from you again since you did surgical residency training at McGill two decades ago. Your compliment that “… you look as though the years have been kind to you in the photo.…” is nice, but I did not say when the picture was taken 😊. In stead I regret not seeing you when I gave a guest lecture at the meeting of The Cardiac Society of Australia and New Zealand in 2003 at Adelaide, Australia. Time is short and world is small indeed!

Dear Editor,

I was very pleased to see the latest issue of this newsletter. It helped me to catch up on McGill Surgery news. Please convey my well wishes to Gerald Fried, M.D., the new Department Chair.

Enclosed is a cheque as my contribution. I would like to have a new tie. When I go to ACS meetings, usually I see someone with a McGill emblem or tie, but this year, in Washington, D.C., I did not. I would be very glad to wear it in the future instead of my Johns Hopkins or USC tie.

Attached is some recent news about an award I received*. There are not many for orthopaedic surgeons taking care of physically disabled and handicapped adults and children. I was very happy to have received it, in the twilight of my career. The last page in the last issue of The Square Knot showed many persons in addition to Ed Monaghan and Dr. Webster whom I recognized. 2011 will be my 50th anniversary of graduation from McGill and hopefully, there may be a chance to visit.

With best wishes,

John D. Hsu, MD, CM
Emeritus Clinical Professor, Orthopedics, University of Southern California Keck School of Medicine. Chair, Department of Surgery and Chief of Orthopedics at Rancho Los Amigos Medical Center, Downey, California. (retired)

In response to the Editor’s inquiry, Dr. Hsu (MD CM '61) responded as following:

Nice to hear from you. Keep up the ‘good work’. In 1961-62, I was a Rotating Intern at the Vic.; 1962-63 – Jr. Assistant Resident, Surgery; 1963-64 – Assistant Resident, Surgery at RVH (that year was sometimes called the “Middle” Assistant Resident). At the end of that year, I left RVH and started my Orthopaedic residency at Johns Hopkins Hospital. (‘Editor’s Note: Dr. Hsu also received the honored “Weinstein-Goldenson Medical Science Award” this year from Glenn Tringali, CEO of the Cerebral Palsy International Research Foundation.)

Dear Editor,

I note in your newsletter, The Square Knot, of October 2010 that you would like to hear where graduates are currently and about their careers. In this regard, I don’t know whether you would consider my résumé of interest since there are not too many of my colleagues still around, but will appraise you in any case. My CV is enclosed.

As you can see I received my MD at McGill in the fall of 1944 at age 22. After discharge from the RCAMC I spent 5 years on the Diploma Course in Surgery at McGill. I have fond memories of my mentors during training, particularly Drs. Mark Kaufman, John Armour, Gavin Miller and Arthur Vineberg. It was exciting to assist Dr. Vineberg in his first internal mammary artery transplantation operations at the Royal Victoria Hospital. While in practice in Montreal, I enjoyed the pleasant association and support of Dr. Alan Thompson when I was Chairman of the Department of Surgery at the Reddy Memorial Hospital, and that of Dr. Donald Webster who was very supportive of my research activities at the Donner Building. I also enjoyed the collaboration of my good friend and colleague Dr. Robert Levin. At present I am retired, but still do some teaching and lecturing, mainly to residents.

Sincerely Yours,

Paul Nileff, M.D.
Palm Beach, Florida

Dear Editor,

I am glad to report that I spent my half sabbatical year in the Department of Cell Biology and Developmental Genetics, the National Institute for Medical Research, Mill Hill, London, UK from January to July in 2010. ♦

Sincerely,

Teruko Taketo
Associate Professor
Division of Urology, McGill University
In this issue of The Square Knot, we report the establishment of David S. Mulder Distinguished Surgeon in Trauma Award at McGill. Dr. Mulder, who served as the Chairman of The Department of Surgery at McGill twice, is contributing not only as the Director of the Thoracic Surgery Division, but also as an internationally renowned trauma surgeon, travelling worldwide as a consultant and leader. Dr. Tarek Razek, who had successfully dealt with a number of major disasters, should be congratulated as the first recipient of this Award.

Dr. Benoit DeVarennes nicely introduced cardiac surgery at McGill for the lead article in this issue of The Square Knot. In recent years many of the well established cardiac surgical procedures evolved. Some are replaced by techniques such as intra-coronary dilatation, which had been taken over by medical cardiologists. A less invasive approach to replace cardiac valves is also being developed by cardiologists with surgeon stand-by. Thus for the future of cardiac surgery, continued advance is critically important.

In an Appendix to this lead article, we tried to describe some of the newer procedures being explored in a series of “translational research” at our research laboratory. Here we invented a word Google hit reflecting the number of hits upon a Google search. The common sense is that the more “hit” for a new operation, the greater its scientific or clinical impact would be! To be honest, however, although a “Google hit” usually reports a success, yet it may sometimes indicate a failure of a new approach. In spite of this ambiguity, however, one may say: “for better or for worse, we have learned something new!”.

Like good three legs are required to provide a stable chair, the strength of our Department of Surgery requires excellence not only in patient care, but also in teaching and research.

The start of a new year is a time for reflection over the events of the past year and for resolutions as we look forward to the year ahead. The past year was remarkable for the commitment to redevelop the health care landscape of the city of Montreal with a number of construction projects. It also has been a time of change in several key leadership positions in the department.

HOSPITAL CONSTRUCTION PROJECTS

After many years of talking and planning, the McGill University Health Centre redevelopment project is finally up and running. This massive project will bring together pediatric and adult care at the new Glen Yards site with a new Cancer Centre, a new Shriners Pediatric Hospital, and a Centre for Innovative Medicine. The Montreal General site will also be redeveloped, and the past few years have already seen the opening of a new ICU, endoscopy suites, MIS integrated operating rooms and recovery room. We expect to hear shortly about further plans to redevelop this facility in alignment with its clinical programs. The Lachine campus has been incorporated into the MUHC and will be the hub of a Bariatric Surgery Centre of Excellence.

The Sir Mortimer B. Davis Jewish General Hospital has announced plans to expand its facility with the construction of Pavilion K. This new wing will house the emergency room, intensive care and coronary care units, expansion of the operating room and recovery rooms and the birthing centre.

The flurry of construction projects has generated a new energy and an opportunity for us to plan our physical spaces to meet the challenges of delivering surgical care in the new millennium.

Dr. Ray C.J. Chiu

By Ray C.J. Chiu, MD, PhD

Dr. Gerald Fried

Words from the Chair

Department of Surgery, McGill University

By Gerald Fried, MD, MSc, FRCSC, FACS

THE SQUARE KNOT ♦ WINTER 2011
DEPARTMENT LEADERSHIP

After six years as Director of the Division of General Surgery at the MUHC and McGill, Dr. Jeffrey Barkun will step down at the end of January to take on added responsibility as the clinical lead on the OACIS project to build an innovative electronic medical record for the MUHC that will be developed specifically to meet our needs in Quebec. Jeff has shown excellent leadership, and the Division of General Surgery and the Department of Surgery are very grateful for his efforts on our behalf. Dr. Patrick Charlebois will step in as Interim Director and a search has begun to identify candidates to replace Jeff.

We have also begun a search for a new Director of the Division of Thoracic Surgery to replace Dr. David Mulder. Thanks to the enormous support of the community and the Foundation of the Montreal General Hospital, an endowed chair has been established in Dr. Mulder’s name to help us attract a world-class thoracic surgeon to McGill.

The McGill Department of Surgery has been recognized for its excellence and commitment to Surgical Education. We are also searching for candidates to fill the position of Adair Family Chair of Surgical Education. This is another important endowed chair and we are committed to recruit a distinguished individual to this Vice-Chair position to take on the leadership of all educational activities and research within the department.

INTERNATIONAL PROGRAMS

McGill has been renowned for its diversity for many years. We welcome residents and fellows from around the world who come here for training in all surgical disciplines. Our graduates return home as great ambassadors for the department and the university. Under the leadership of Dr. Renzo Cecere (Cardiac Surgery) and Dr. Michael Churchill-Smith, the McGill Faculty of Medicine and the McGill University Health Centre have signed an agreement with the Ministry of Health in Kuwait to develop a program of excellence in cardiac surgery to be located at the Chest Diseases Hospital in Kuwait. This endeavor will strengthen our relationship with our Kuwaiti colleagues as we expand our teaching activities from Montreal to Kuwait. We hope this effort will provide a paradigm for further international collaborations with our alumni.

HAPPY NEW YEAR

On behalf of the McGill Department of Surgery, I wish all our readers a happy new year, filled with peace, good health, and success. I invite you to support the Department by ordering the new red McGill Department of Surgery tie and wearing it proudly. Please keep us informed of your accomplishments and celebrate your attachment to McGill.

Gerald M. Fried, MD, MSc, FRCSC, FACS
Adair Family Professor and Chairman
Department of Surgery, McGill University
Surgeon-in-Chief, McGill University Health Centre

Message from Dr. MacLean

Remember the L.D. MacLean Scholarship Fund which provides $12,500 on an annual basis for scholarly activity by a surgical staff member or resident at McGill University. Activities that are welcomed include: learn a new technique, write a paper, attend a course, collect data, support a student’s attendance at a national meeting… etc.

Past awardees include Drs. K. Lachapelle, R. Turcotte, O. Steinmetz, and M. Tanzer.

Apply to Dr. Gerald Fried, Chair Department of Surgery, McGill University.

Many thanks, Lloyd MacLean

Editor’s Note:
The younger generation of our readers may wish to know that Dr. Lloyd MacLean, our highly respected past Chairman of the Department of Surgery, trained many outstanding surgeons at McGill. Known as an authority on shock and on surgery for obesity, he served in succession as President of the most prestigious American Surgical Association (1992) and the American College of Surgeons (1993-94).
Welcome to the New Chief Residents, 2010-2011

_NOT submitted in time for the last issue of The Square Knot_

DIVISION OF ORTHOPEDIC SURGERY
PROGRAM DIRECTOR: DR REGGIE C. HAMDY

Dr. Michael Bensimon is from Toronto, originally from Paris, France. He studied medicine in French at the University of Ottawa, where he graduated in 2006, and completed an MSc in Cellular & Molecular Cardiac Physiology at the University of Ottawa’s Heart Institute. Shortly after completing a BSc in Psychology & Biology at McMaster University, he married Alexandra, a Parisian whom he met in Israel while volunteering at the Shaare Zedek Hospital. When Michael is not with his five children, he enjoys refurbishing antique furniture and fixing what his boys enjoy breaking for further exploration! He is looking forward to joining the University of Toronto’s Sick Kids team to complete a fellowship in pediatric orthopedics.

Dr. James P. Halloran is from Lake of the Ozarks, Missouri and graduated from University of Missouri-Kansas City School of Medicine in 2006. He began his surgical training at Rush University in Chicago. J.P. then immigrated to Montreal to start Orthopaedic Surgery residency at McGill. After finishing residency, J.P. is moving to Detroit for a fellowship in Sports Medicine where he’ll be working with the Detroit Red Wings, Detroit Pistons, and Detroit Tigers. After Detroit he will then pursue a fellowship in Foot/Ankle Surgery. Unlike many of his colleagues he doesn’t have a wife, girlfriend, or child. Most would say that he has enjoyed the finest things Montreal has to offer!

Dr. Yung Han is from Chicago, Illinois. He was a former US National Team Member and Resident Athlete at the US Olympic Training Center in taekwondo. His life has come full circle now that he has learned to fix bones rather than break them. During residency he was involved in research in ACL reconstruction, presented at national conferences, and published a book chapter and papers in recognized journals. He will be completing a fellowship in shoulder arthroscopy in Seoul, Korea.

Dr. Jerod Hines is from Burley, Idaho. He completed his undergrad in Zoology and Masters in Bio Sciences at the University of Idaho. He went to the Medical School of Utah. He has applied for a fellowship in Sports Medicine and plans to return to Idaho to practice. Jerod was an Hospital Corpsman in the US Naval Reserves for 8 years, and served in Al Jubail, Saudi Arabia during Operation Desert Storm. He has also worked fighting forest fires as a crew boss for 5 years prior to medical school. He is most proud of annually winning “Father of the Year” award from his wonderful son, Ben.

Dr. David Le was born in Vietnam, immigrating to the United States at the age of 3. Settling in the great state of California, he graduated from University of California at San Diego. He attended medical school in Boston at Tufts University after which he spent a year on the beach at the University of California at Los Angeles. He joined the Orthopaedics department at McGill in 2006 and is planning on attending a fellowship in arthroplasty at Stanford Medical Center.

Dr. Drew Rogers is from Framingham, Massachusetts and graduated from Boston University School of Medicine in 2006. He began his surgical training at Vanderbilt University and met his wife, Lindsay, on a blind date 3 weeks prior to moving to Montreal to finish his orthopaedic training at McGill. He has many unique skills in the orthopaedic community, including professional Zamboni driver. He will be moving back to Boston for a fellowship in Sports Medicine at BU, and is expecting his first child the day he moves- he may have to deliver in the moving van (hope he remembers his OB training)!

_It is the solemn and imperative duty of a surgeon to give to able and worthy young men a chance to become surgeons. He should train them ---weed out the unfit ---stimulate and encourage the fit ---stand by them till they can go it alone. Next to a good name there is no heritage I would so much like to leave as a group of fine young surgeons to whom I had had the good fortune of open doors of opportunity. Think of the benefit to humanity of such a heritage. Think of those men remembering the man who helped them with enduring affection._

- J. Chalmers Da Costa [1986 – 1933]
The Trials and Triumphs of the Surgeon, Ch. I.
Distinguished Surgeon in Trauma

FROM THE INTRODUCTION OF THE “DR. DAVID S. MULDER DISTINGUISHED SURGEON IN TRAUMA”
— By Gerald Fried, MD, MSc, FRCS, FACS

It is a very special pleasure for me to honor Drs. Mulder and Razek.

Vince Lombardi said “The quality of a person’s life is in direct proportion to their commitment to excellence regardless of their chosen endeavor.” Incredibly, it was more than 40 years ago that I first met David Mulder. I was an undergraduate student in physiology and Dave had just returned from his CVT surgery training in Iowa. I worked as his research assistant for a summer job that lasted more than two years. He inspired me to want to be a surgeon, and a person just like him. About 12 years later, as Chief of Surgery at the Montreal General Hospital and Chair of the McGill Department of Surgery, Dave offered me my first and only academic position. Over the 40 years that I have known him, David has taught me, mentored me, and motivated me, but most importantly, he set an example for me. David is the most talented surgeon that I have ever worked with. He is the person we all go to to help us out of a difficult situation. He is always there to back us up without ever making us feel less for having asked for his help. He never loses his cool in the most difficult situations, and on the rare occasion that he raises his voice, you better pay attention. Dave’s leadership style can best be captured by a quote from General George S. Patton: “Never tell people how to do things. Tell them what to do and they will surprise you with their ingenuity.”

In addition to his elective practice as a cardiovascular-thoracic surgeon, more recently focused as a thoracic surgeon, David has always been interested in the care of the injured patient. He has risen to the highest leadership levels of the trauma world, where his thoughtful approach has had a huge impact on trauma systems worldwide. He has directed the MGH to assume leadership in trauma care in Quebec, pushing us to constantly improve our care to match or exceed the highest standards. His interest in sports medicine is a natural evolution for someone who loves hockey and is devoted to the care of the injured. David has been a constant figure behind the Montreal Canadiens bench, helping the walking wounded get over their injuries and get back into action. It is however David’s contribution to the community at large and the MGH community that we are here to celebrate today. When someone in the community or their loved one is ill or injured, more often than not David is the one they call. He takes ownership of their problem and helps them navigate the intimidating health care system.

It is the appreciation of these grateful patients and the broad Montreal community, under the leadership of Ron Collett and the MGH Foundation, that led to this award that we will initiate this evening, The David S. Mulder Distinguished Surgeon in Trauma. This award will serve as a perpetual recognition of David Mulder and his commitment to improve the care of the trauma patient. I can think of nothing more fitting than establishing a prestigious hospital award in honour of an icon of the Montreal General Hospital made possible through the support of people who know him, care for him, and the foundation that has provided the life blood for all the good things that we do as part of the MGH community.

DR. TAREK RAZEK ON BEING NAMED AS THE “DR. DAVID S. MULDER DISTINGUISHED SURGEON IN TRAUMA”
— By Gerald Fried, MD, MSc, FRCS, FACS

Dr. Tarek Razek

Unfortunately it is a time of terrible tragedies that the community usually hears about the MGH Trauma Program. The Concordia massacre, the University of Montreal Ecole Polytechnique shootings, and the Dawson College shootings are black marks in Montreal history, but times of triumph for the trauma group who have taken remarkable care of the victims and saved many lives. Tarek Razek has become an outstanding leader of the Trauma Program. He has recruited talented surgeons and organized an excellent teaching program. He has brought together surgeons across many specialties, anesthesiologists, emergency room physicians, radiologists, nurses, respiratory therapists, and rehab specialists into an interdisciplinary team of professionals committed to excellence. They have adopted best evidence to develop care plans that have resulted in outstanding outcomes. The MGH Trauma Program is the busiest and the best in the Province.

Dr. Razek has expanded the mission of the trauma group way beyond Quebec to areas of need worldwide. Whether it is in the earthquake ravaged Haiti, Rwanda, or the Sudan, the trauma and surgical team from the MGH have shown empathy and
provided wonderful care. Their group has developed educational programs designed to help these developing countries become self sufficient through training the trainers. Their goal is to provide these local surgeons the skills to treat their own injured patients. The impact of these programs is fantastic.

Tarek was educated at McGill where he received his BA and MD degrees then trained in general surgery. He completed a fellowship in trauma and critical care at the University of Pennsylvania in Philadelphia, a world-famous trauma centre, where he worked under the leadership of Dr. Bill Schwab, a friend of Dr. Mulder's. Dr. Razek returned to McGill and the MGH in July 2000 to start his career in trauma and critical care. He soon took on the leadership of the trauma program and brought it to international recognition. Tarek has been an invited speaker on trauma care around the world. His passion for teaching has been recognized by his residents, winning the best teacher award 3 times!

George Patton said: “Accept the challenges so that you may feel the exhilaration of victory”. On behalf of the entire hospital community it is my honour to recognize Dr. Tarek Razek, leader of our trauma program as inaugural Dr. David S. Mulder Distinguished Surgeon in Trauma of the Montreal General Hospital.

TAREK TAZEK, MD, OUR FIRST “DR. DAVID MULDER TRAUMA SCHOLAR” AT MCGILL UNIVERSITY
— By Dr. David S. Mulder, Professor and Past Chairman, Department of Surgery, McGill University and MUHC

To have this program to support a trauma scholar in my name is clearly the highest honour in my career. There are so many to whom I am indebted. Firstly, I would like to acknowledge the incredible generosity of all the donors. Their level of support has been overwhelming. The leadership role of Colin Adair and Ron Collett has been exceptional.

Secondly, I must recognize my good fortune to follow a series of grants at the Montreal General Hospital/McGill University in the field of trauma care. These include H. Rocke Robertson, Fraser N. Gurd, Fred Woolhouse, Joe Stratford who were world leaders in making innovations in care of the injured patient. Never has the quotation attributed to Sir Isaac Newton (in a letter to Robert Hooke – February 1676) been more applicable to my role in Quebec Trauma Care. “If I have seen further, it is by standing on the shoulders of giants”.

H. Rocke Robertson described a type of trauma system where the most seriously injured would be concentrated in the most experienced trauma centre/hospital. On the basis of his WWII experiences, he emphasized the variable of “time from injury to definitive care” being the most influential in a successful outcome. He had a dream of a trauma system for all of Canada based on this principle. Don Trunkey introduced this concept in Orange County California. It is now the basis for regionalization of trauma care – first discussed with H.R.R. in 1963.

Fraser Gurd emphasized the management of hemorrhagic shock in the injured patient and introduced the concept of improved nutrition and critical care monitoring.

Joe Stratford emphasized the importance of intensive care for the patient with a brain injury. All of these developments paved the way for today's trauma systems.

The multitude of trauma surgeons with whom I worked was pivotal in further advancing trauma care in this hospital.

Trauma remains a major societal health care problem, being the commonest cause of death up to age 42. It predominantly affects young males and when viewed as “mass years of life lost”, it surpasses cancer, heart disease and AIDS combined as a cause of death.

Trying to convince Quebec Health Ministers on the value of a regionalized trauma system with a co-ordinated pre-hospital program was not an easy task, and it required negotiations with five different health ministers before being implemented in 1993 (thanks to Marc-Yvan Coté). These developments have reduced overall mortality and morbidity dramatically, but many challenges remain and I will mention just two of these.

I am proud to tell you that Tarek Razek has been selected as the First Trauma Scholar. Tarek is a Montrealer, McGill trained in General Surgery. He then pursued a two-year fellowship in Philadelphia at the University of Pennsylvania under Dr. Bill Schwab. Returning to the M.G.H. and at a very young age he took a leadership role locally and at the Provincial level. He has continued to develop care both in the M.U.H.C. and indeed internationally. Tarek is the ideal candidate to address future issues in order to bring our program to the next level.

I have only words of encouragement and a little advice for Tarek. I am reminded of the adage “success in life is not a sprint, but a marathon”. I think two of the biggest challenges facing trauma care in Quebec are related to its financing (the money must follow the patient). There must be the same high level of care for every citizen of Quebec. The system needs to be revised to address the realities of Quebec geography, population density (helicopter program), and climate. Resolution will not be easy.

Dr. David S. Mulder
Founder of the Outstanding Trauma Program at McGill

Dr. Tarek Razek, MD, McGill University's first "Dr. David Mulder Trauma Scholar."
Clinical innovation being a priority, basic science research remains extremely important in our Division and has been made possible through the active influence of individuals such as Dr. Ray Chiu who has mentored many of our residents. Past research included the development of dynamic cardiomyoplasty where latissimus dorsi muscle was utilized as a pulsatile cardiac pump for patients with failing ventricles. More recently, our laboratories have pioneered the application of stem cell research to the failing heart as well as for myocardial angiogenesis (See Appendix of this article). Our laboratories have also extensively studied myocardial preservation techniques such as extracorporeal perfusion of explanted hearts and nuclear magnetic spectroscopy in order to better understand the heart metabolism under hypothermia.

Nowadays, laboratories are also involved in the evaluation of placenta-derived stem cell utilization for heart failure. Also in the transplantation arena, we are currently looking at utilizing subcutaneous implantation of bone fragments for prevention of acute rejection.

Despite very active basic science laboratory activities, our group remains very involved in clinical research. In the last few years, we have aggressively looked at the quality of life and clinical results in octogenarians who have undergone cardiac surgery. This is extremely pertinent as approximately 20% of our patient population is now in this age group. Our interest towards innovative complex valve surgery led to a landmark paper on surgical treatment of atrial fibrillation after such procedures. We also participate with the Engineering Faculty in the development of bio-compatible materials for endovascular stents. Again through collaboration with the Montreal Children’s program, the effect of neonatal hypoxia on myocyte contractile reserve has also been extensively studied. Our group is also involved in research on the effect of skeletal muscle aging on post-cardiac surgery complications and mortality.

At the administrative level, every surgeon in the Division of Cardiac Surgery at the MUHC is actively involved at multiple international, national, provincial and university levels. Dr. Benoit de Varennes is the chairman of the division and he sits on multiple university and provincial committees. Dr. Christo Tchervenkov is the current Director of Congenital Cardiac Surgery and he is also the President of the World Society of Cardiac Surgeons. Dr. Kevin J. Lachapelle is the Director of the McGill Simulation Centre. Dr. Renzo Cecere is the president of the Council of Physicians and Dentists of the MUHC. Dr. Patrick Ergina is the Director of the Core Surgery Training Program and Dr. Dominique Shum-Tim is establishing strong links in cardiac surgery with China and has been actively working with the engineering faculty of McGill University.
As the currently accepted way to measure academic productivity of an institution is to look at the number of peer-reviewed publications or presentations at national and international meetings, it is quite easy to demonstrate that our Division has been extremely productive and all its members and founders should be very proud of this result. On a lighter note, nowadays as Internet is rapidly becoming the search engine favoured by most, a Google search on our Divisional innovations will lead to some of the new terms and inventions that originated from McGill (see Appendix below).

Benoit DeVarennes, MD, MSc, FRCSC
Associate Professor of Surgery, McGill University
Director, Division of Cardiac Surgery

Appendix: **Google Impact Factor**

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<th>NEW TERM PROPOSED</th>
<th>YEAR INVENTED</th>
<th>GOOGLE HITS (2010)</th>
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<tbody>
<tr>
<td>A historic invention at McGill: &quot;Internal mammary artery graft&quot; known as the &quot;Vineberg Procedure&quot;</td>
<td>1946</td>
<td>127,000 HITS</td>
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<tr>
<td><strong>SPIRAL VEIN GRAFT</strong></td>
<td>1974</td>
<td>24,700 HITS</td>
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Dawn of surgical therapy for myocardial ischemia, pioneered at McGill University by Dr. Arthur M. Vineberg (Can Med Assoc J. 1946 Aug; 55 (2):117–119) It was taken over by coronary bypass grafting in the late 1960s.

Using a dispensable narrow-caliber saphenous vein to replace a vital but occluded, wide-caliber vena cava.
## Appendix: Google Impact Factor (cont'd)

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<th>NEW TERM PROPOSED</th>
<th>YEAR INVENTED</th>
<th>GOOGLE HITS (2010)</th>
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<tr>
<td>RETROGRADE CARDIOPLEAGIA</td>
<td>1984</td>
<td>68,800 HITS</td>
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**Fig. 1** Retrograde coronary sinus perfusion with Microfil, demonstrating runoff through the thebesian system and venovenous connections into the left ventricular (A, C) and right ventricular (B) cavities. (D = great cardiac vein).

**Fig. 2** Intramyocardial temperature (left ventricular midlayer) using retrograde coronary sinus perfusion for core cooling.

Myocardial protection by retrograde coronary vein perfusion (taking advantage of its absence of venous valves), while procedures such as aortic root repair are carried out. (Ann. Thor. Surg. 25: 201-8, 1978)

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<th>DYNAMIC CARDIOMYOPLASTY</th>
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<tr>
<th>CELLULAR CARDIOMYOPLASTY</th>
<th>1995</th>
<th>39,600 HITS</th>
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Implanting stem cells to regenerate contractile muscles in a heart, within a massive myocardial infarction scar. (Ann. Thor. Surg. 60: 12-8, 1995)
A Hypothesis to explain why multipotent MSCs (Mesenchymal Stem Cells) are immune tolerant, allowing un-matched allotransplantation for myocardial repair... (J. Heart & Lung Transplant. 24: 511-516, 2005)

Ray C.J. Chiu, MD, PhD, FRCSC, FACS, FACC
Divisions of Cardiac Surgery and Surgical Research

Were You There? Montreal General Hospital 1981

Drs. Yves Dion, David Mulder, Viking Bjork (Visting Professor), Davis Drinkwater and Joe Mammazza.
DIVISION OF CARDIAC SURGERY

Dr. Dominique Shum-Tim, Associate Professor in the Division of Cardiac Surgery at McGill, made the following report on his recent visit to China: “Guiyang in China is a city with over 3 million population and Guiyang Medical University Affiliated Hospital is one of the largest hospitals in that city. Their emergency department has over 400 beds. I was invited to visit the Guiyang Medical University Affiliated Hospital to give two talks entitled: 1) Regenerative Medicine and Stem Cell Myocardial Regeneration: Lessons learned and future perspectives. 2) A Strong Cardiac Surgery Program in a General Hospital Set-up: A burden or opportunity? I was invited as a consultant to modernize their Cardiac surgery program. During my stay, we successfully performed a complex cardiac surgery in an adult, and through the process we had valuable exchanges in ideas as well as upgrading their operative protocols and cardiopulmonary bypass management. I will continue to serve as a consultant to their cardiac surgery program and will oversee their progress and modernization in the future.”

DIVISION OF ORTHOPEDIC SURGERY

Dr. Greg Berry was awarded a Hypothesis Development Award from the US Department of Defense Peer-Reviewed Orthopaedic Research Program for a pre-clinical study on phononomyography as a non-invasive technique to monitor compartment syndrome in the theater. The award falls under the DoD priority research area aimed at acute care of battle injuries.

Dr. Edward J. Harvey was appointed Presidential Consultant for the Orthopaedic Trauma Association and invited to join the Editorial boards of the World Journal of Orthopaedics and the Journal of Biosensors & Bioelectronics. As Co-Director of the J.T.N. Wong Lab for Bone Engineering he was awarded a CIHR Catalyst grant for proof-of-principle studies on implantable devices to detect orthopaedic infection, with Co-applicants J.E. Henderson (McGill Medicine & Surgery) and V. Chodavarapu (McGill Electrical & Computer Engineering).

Joe Miller Laboratory members Dr. Denis Bobyn and Dr. Michael Tanzer, with co-authors Dr. Letitia Lim (McGill Experimental Medicine), Kristian M. Bobyn and Louis Phillipe Lefebvre (NRC-Industrial Materials Institute, Boucherville, Qc) received The Hip Society's Otto Aufranc Award for their paper entitled Demineralized Bone Matrix Around Porous Implants Promotes Rapid Gap Healing And Bone Ingrowth, to be published in Clinical Orthopaedic and Related Research in the Spring 2011.

Jean A. Ouellet was appointed to the Board of Trustees and as Chair of the Technical Commission for Spinal Deformity of the AO foundation and awarded a Chercheur Boursier Clinicien 2 from the Fonds de la recherche en santé du Québec.

Neil Saran, with Co-Investigators J.A. Ouellet and J.E. Henderson of the J.T.N. Wong Labs, was awarded a peer-reviewed grant by DePuy Spine, a Johnson & Johnson Company, for a project that will examine the potential utility of a novel anti-apoptotic peptide to impede the progression of scoliosis in a genetically modified mouse.

DIVISION OF PEDIATRIC GENERAL SURGERY — Dr. Sherif Emil testified before the Assemblée Nationale Commission Spéciale sur la question de mourir dans la dignité on September 9, 2010. Dr. Emil presented his strong position against euthanasia, emphasizing his concern for its implications to children and young people.

At the 42nd Canadian Association of Pediatric Surgeons (CAPS) annual meeting held in Saskatoon, Saskatchewan from September 22-25, 2010, Dr. Sherif Emil was invited to speak at a special symposium on “After Hours Surgery” . This symposium was sponsored by CAPS and the Canadian Pediatric Anesthesia Society (CPAS).

On November 6, 2010 Dr. Sherif Emil delivered the keynote address at the annual conference of Physicians for National Health Program in Denver, Colorado. The title of his address was “Single Payer? An American Surgeon’s Northern Exposure.” The PNHP is an American organization of more than 10,000 physicians advocating for a national health care system in the US.

Dr. Pramod Puligandla was invited as a visiting professor at the University of Vermont Pediatric Grand Rounds.

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The University of Vermont Visiting Professor Day was held on November 18, 2010. Dr. Puligandla’s talk was entitled “CAPSNet -- Changing the Paradigm of Outcome Based Research.”

Achievements Residents and Fellows

From the Division of Pediatric General Surgery, residents and fellows had several abstracts and posters presented at the 42nd annual meeting of the Canadian Association of Pediatric Surgeons held in Saskatoon, Saskatchewan September 22-25, 2010. Accepted for poster presentations were:

- **Success in the Pediatric Surgery Match: A Survey of the 2010 Applicant Pool** presented by Dr. Alana Beres, supervisor Dr. P.S. Puligandla. Alana won 1st prize for best poster presentation.
- **Prematurity, not Age at Operation or Incarceration, Impacts Complication Rates of Inguinal Hernia Repair**, supervisor Dr. P.S. Puligandla;
- **Practice Outcome Variation in Gastrochisis in Canada**, supervisor P.S. Puligandla;
- **Disorder of Sexual Differentiation (DSD): Culturally-Sensitive Management for Resource-Poor Settings**, supervisor Dr. D. Poenaru, BethanyKids at Kijabe Hospital;

This last presentation received 2nd prize for best poster. In the oral presentation category, Dr. Robert Baird presented **The Management of Bladder Extrophy in a Resource-Poor Setting: A role for urinary diversion?**. Supervisor Dr. D. Poenaru, BethanyKids at Kijabe Hospital.

Congratulations to Dr. Thamer Nouh (Fellow, Trauma Surgery) for being awarded the MUHC Director General Award for his exceptional contribution to Resident/Fellow education and patient care. Dr. Nouh has exemplary qualities. He has an extremely pleasant nature, even when taking charge of a complex, critically ill patient. He is a powerful communicator and dedicated teacher. Dr. Nouh is a very approachable and humble individual, which is what makes him such an exceptional mentor. Recently, Dr. Nouh worked with colleagues on integrating Saudi residents into the FMRQ. “It was a lot of work” he says “after negotiations with McGill, the FMRQ and the Saudi Cultural Mission; the Saudi residents will be integrated starting next year.”

Congratulations to Dr. Pascal Lamarre who has successfully passed the Critical Care Medicine Board exam from the Royal College.

The day’s events began with Surgical Grand Rounds at the Montreal Children’s Hospital where Dr. Gaynor gave a talk on **Prevention of Neurodevelopment Disability after Cardiac Surgery in Infancy: There is no “Magic Bullet”**. This was followed by presentations by residents and staff. After lunch, Dr. Gaynor met with the cardiac surgical residents. Later that day, CVT/Cardiology Conference took place followed by McGill CVT University Grand Rounds where Dr. Gaynor spoke on **Evidence Based Therapy for Coarctation of the Aorta**.

That evening, a reception dinner in honor of our Visiting Professor was held at the Mount Stephen Club. It was a privilege to welcome Dr. J. William Gaynor as the 13th Annual A.R.C. Dobell Visiting Professor of Congenital Heart Surgery to the Montreal Children’s Hospital and McGill University.

O

n December 6th, 2010, Dr. J. William Gaynor was this year’s Dobell Visiting Professor for Congenital Cardiac Surgery. Dr. Gaynor is an Associate Professor of Pediatric Cardiac Surgery in the Division of Cardiothoracic Surgery at the Children’s Hospital of Philadelphia. He performs a full range of reconstructive congenital operations as well as cardiothoracic transplantation. He co-ordinates the program in extracorporeal membrane oxygenation and also organizes the Division of Cardiothoracic Surgery’s Implantable Ventricular Assist Device Program. Dr. Gaynor currently serves as the Chairman of the Neurocardiac Research Program at the Children’s Hospital of Philadelphia and his research interests are focused on the long-term outcomes of children with congenital disease, especially neurodevelopmental outcomes.
Divisional Activities

McGill Urology held its 10th Annual Canadian Senior Resident Urologic Oncology Course on October 15 and 16, 2010 at the Omni Hotel in Montreal. Senior urology residents from all across Canada attended this conference. This year’s guest speaker was Dr. Christopher Wood from the MD Anderson Cancer Clinic in Houston, Texas. Dr. Wood’s lectures were on “Kidney Cancer – Management for locally recurrent and metastatic RCC” and “Testicular Cancer – Optimal management of clinical stage I NSGCT”.

The 6th Annual Urologic Oncology Visiting Professor, organized by Drs. Simon Tanguay and Armen Aprikian, of the Division of Urology, was held at the Jeanne Timmins Amphitheatre of the Montreal Neurological Institute on Wednesday October 20, 2010. This year’s guest speaker was Dr. Peter Carroll, Professor and Chairman Department of Urology, University of California, who gave a state-of-the art presentation, entitled “Refined Risk Assessment Leads to Refined Treatment.” Dr. Carroll also gave a presentation at the Department of Surgery Grand Rounds the following day entitled “Active Surveillance–Follow-Up to Early State Prostate Cancer: Rationale or Risky?”

The Second Annual Urologic Oncology Golf Tournament took place on Wednesday, September 29, 2010 at the prestigious Royal Montreal Golf Club. All proceeds went to benefit the Giuseppe Bruno Urologic Oncology Centre of the MUHC for the establishment of an endowed Chair in Kidney Cancer Research. This year’s honorary patrons were Mr. Glenn Rourke and Mr. Yvan Cournoyer. Amongst the invited guests were Dr. Porter, Dr. Aprikian, Dr. Tanguay, Dr. Taguchi and Mr. Collet. The event was a great success. A big thank you to Suzanne Beaudin and Mr. Frank Bruno.

Congratulations to Dr. Jacques Lapointe who has obtained a major grant of over $500,000 from the U.S. Department of Defense for prostate cancer.

Dr. Serge Carrier has been Program Director of the Urology Residency Training Program since 2005. Since that time, he has made a significant contribution to our program and we would like to thank him for his excellent work and dedication. Dr. Carrier’s term will come to an end in January 2011.

The new Urology Program Director as of January 2011 will be Dr. Wassim Kassouf. Please join us in wishing Dr. Kassouf all the best in his new role.
As the newly appointed Chief of Paediatric Orthopaedic Services at the Shriners Hospital for Children – Canada, Dr. Reggie Hamdy will provide leadership during the transition from the 85 year-old facility on Cedar Ave. to the Glen Campus facility, slated for completion in 2014. The Shriners revealed their plans for a new hospital at the Glen Campus adjacent to the Montreal Children’s Hospital (MCH) of the McGill University Health Centre (MUHC) in July 2010. The clinical facilities with four operating rooms, 22 single patient rooms and a rehabilitation facility will share services with the MCH and be supported by fundamental and translational research activities in 25,000 square feet of dedicated space. Dr. Jean Ouellet, appointed as Deputy Chief of Staff in December 2010, will work closely with Dr. Hamdy to ensure the timely and effective transition of clinical and research activities from the existing location on Cedar Ave. to the Glen Campus.

The Division of Orthopaedic Surgery welcomes Dr. Neil Saran to the Montreal Children’s and Shriners Hospitals. Dr. Saran joined the Paediatric Orthopaedic Surgery team in September 2010 after completing fellowships in Paediatric Orthopaedics & Scoliosis at the Texas Scottish Rite Hospital for Children (Dallas, Texas) and Paediatric Spine & Hip Surgery at the BC Children’s Hospital (Vancouver, BC) and a concomitant MHSc in Clinical Epidemiology. In addition to his strong interest in Evidenced-Based Medicine, he has joined the expanding group of surgeon scientists in the Division. Dr Saran brings a multitude of much needed new skill sets to the McGill unit including hip realignment procedures such as the Ganz periacetabular osteotomy and surgical hip dislocations for adolescent and young adult patients with hip dysplasia or femoroacetabular impingement to prevent early onset osteoarthritis of the hip. In addition, he has a keen interest in minimally invasive spinal surgery to improve post operative management and outcomes of patients undergoing spinal surgery. Congratulations to Dr. Saran on performing the first minimally invasive adolescent idiopathic scoliosis corrective surgery in Canada outside of British Columbia!

In October 2010, the Division hosted Mininder S. Kocher MD, Associate Professor of Orthopaedic Surgery, Harvard Medical School and Associate Director of the Division of Sports Medicine, Children’s Hospital Boston as the 25th Annual Eugene Rogala Visiting Professor. Dr. Kocher is the head team physician for Babson College and the Boston Public School Sports Medicine Initiative and serves as physician for the Boston Ballet, the USA Figure Skating and Ski Teams, USA Track & Field and the Boston Marathon. He is the recipient of numerous awards for clinical excellence including the 2005 American Academy of Orthopaedic Surgeons (AAOS)/ OREF Kappa Delta Award/ Clinical Research Award, which is the highest research honor in orthopaedics.

DR. FREDDIE FU IS THE "KING OF ARTHROSCOPY"
On this past Nov 4th & 5th, The McGill Medical Simulation Centre once again hosted the Annual McGill / Universite de Montreal Arthroscopy Course.

This one of a kind collaboration between Montreal’s two academic institutions is a two days course, organised by Dr. Mark Burman (MGH), Dr. Monika Volesky (JGH) and Dr. David Blanchette (U de M).
What makes this collaborative effort unique, is that it is structured to offer Arthroscopic training in a didactic & hands on manner to community orthopedic surgeons from across Quebec, the Maritimes & Eastern Ontario while a second day is dedicated to resident teaching offered to Orthopedic residents from all 4 Quebec university teaching programs. This year marked the 5 year anniversary of this course and it has continued to grow each year. Aside from a strong group of local McGill and U de M faculty, we welcomed representation from other Quebec teaching programs, and we were honored to have Dr. Freddie Fu as the Special Invited guest faculty.

Dr. Fu, is the Chairman of Orthopedics at the University of Pittsburg, a world renowned Orthopedic leader in the field of Sports Medicine & Anterior Cruciate Ligament Reconstructive surgery. Dr. Fu shared his thoughts on Anatomic ACL reconstruction with our course participants and residents during a Special Grand Rounds presentation, followed by a surgical cadaveric demonstration, which was appreciated by all. The course was once again a big success, and Drs. Burman, Volesky & Blanchette are already at work to put together next year’s course for November 2011.

In the spirit of international exchange and to allow an opportunity to pediatric surgery fellows from the BethanyKids Pediatric Surgery Unit of Kijabe, Kenya, to experience what it is like to train in a North-American setting, the Division of Pediatric General Surgery hosted its first international fellow. Dr. Frehun Ayele Asele joined our Division September 27 - November 12, 2010 under the supervision of Dr. Sherif Emil. He attended all our academic teaching sessions including weekly rounds, observing all our clinics and our operative cases. What is quite remarkable is that during his stay in Montreal, the family of a former patient of the Division volunteered to host him. Frehun spent his entire month with the family. This was very generous of them and we are truly grateful.

Dr. Frehun Ayele Asele in the Operating Room at the Montreal Children’s Hospital, McGill University.

From the “House of the Surgeons”
Pompeii, 1st Century BC

“The original instruments were excavated from the House of the Surgeon at Pompeii, so named because of the materials that were recovered there....The collection is one of the best surviving examples of the tools at a surgeon’s disposal in the first century BCE. Since there was relatively little innovation in surgery and surgical tools from the time of Hippocrates (5th century BCE) and Galen (2nd century CE) this collection is typical of surgical practice for nearly a millennium. In fact, the technology of some tools.....did not change significantly until the 20th century”.

Excerp from University of Virginia Health Systems, Claude Moore Health Sciences Library Website www.hsl.virginia.edu/historical/artifacts/roman_surgical/
The World Health Organisation (WHO) studied the maternal mortality rate in 157 nations world-wide, and Sierra Leone (West Africa) tied for 157th! I recently had it suggested to me to do a three-week surgical mission there, at a hospital in the poor northeastern sector of this poverty-stricken nation, by a very effective Canadian NGO called CAUSE Canada (www.cause.ca), which has worked there for 25 years. Total travel time from Montreal to Freetown was 31 hours and the 4x4 trip up-country was 6 ½ hours. Daytime highs there were 88 – 104° F (roughly 30 – 40°C), so dealing with the heat was a significant challenge.

The government hospital at which I worked was an impressive, almost imposing structure, but unfortunately was under-funded and understaffed. Sierra Leone’s federal government is too poor to afford universal medical care, so patients have to pay for each shot of antibiotic, each bag of I.V. fluid, each test, and each operation, etc. Needless to say, it is under-utilized by the citizenry until their medical status has become critical.

As elsewhere in Africa, mothers that go into labour in an outlying village tend to be kept there too long by the traditional birth attendants, so by the time the mother is brought to the hospital, the foetus has frequently already become stillborn and no foetal heart is audible. The rationale for urgent C-section is to save the mother’s life. Women are the economic lynchpin of African families, so while losing a baby is sad, losing a mother is well-nigh catastrophic.

I got called on my cell phone urgently one night at bedtime to go to the hospital to do an emergency C-section (there are no landlines here, so cell phones are a gift from God for Africans). The hospital 4x4 arrived shortly thereafter, and when I examined the mother in the O.R., I mentioned to the nursing staff that we might be in for a surprise. In western hospitals it is considered ‘de rigueur’ to do an emergency C-section within 30 minutes of the decision having been made — so I hustled! To our utter delight both twins came out readily and were okay. I made rounds the next morning and mother and both her lads were just fine. Through an interpreter, I suggested she consider calling one Fred One and the other Fred Two-Two — however, she didn’t seem amused at all, thus revealing that she is not only strong and brave — but wise as well!

Sierra Leone has been stable since 2002 when a peace accord was finally reached with Charles Taylor, the criminal psychopath who led his band of 10,000 brigands for ten years, basically holding the 6 million citizens there hostage, while committing unspeakable atrocities. His rebels, before chopping a woman’s arm off would ask her if she “preferred long sleeves or short sleeves”. In fact, a woman I saw in hospital had had one hand removed thus.

It was the dry season there (late January 2010), so one has dust for breakfast, dust for lunch, and dust for dinner. In addition to the locally developed dust, there is a strange phenomenon called the “harmattan winds” which actually blow very fine sand dust down from the Sahara Desert hundreds of kilometers away, which is enraging southwards, thus encroaching on sub-Sahara African nations. Everyone has a cough, so a cough there is, for all practical purposes, a form of address! Some intriguing idiosyncrasies of the salad of languages spoken there in this nominally Anglophone republic (they are primarily “Krio” dialect, but are locally called “creole”).

As ever, it is extremely hard to get a proper night’s sleep in the developing world, not only because of time-challenged roosters that crow at all hours of the night, but dogs maintaining their “bark territory”, motor scooters and motorcycles more or less 24/7/365. All nations of the world have problems, although not necessarily the same ones. Some of the main problems affecting a number of developing nations include:

1. Overpopulation, relative to what the ecology of that nation can realistically support; the birth rate in several sub-Sahara nations thus leads into markedly high unemployment rates (25 - 50%)
2. Charcoal use is working against the well-being of many African nations. While only 4% of all electricity generated worldwide is generated in Africa, 80% of Africans rely on wood or charcoal fuel for energy. In Africa each year, 4 million hectares of forest are cut down; in 2009 the nation of Chad barred the use of charcoal in order to protect what is left of its ecology, with only minimal success.

3. Well-digging and/or irrigation often works to lower the water table, a phenomenon already underway in the U.S. Mid-west, central California, etc. and a select number of African nations.

4. Largely related to charcoal-making (and selling), Haiti had only 2% of its forestation left before the recent devastating earthquake.

Near the end of my stay in Sierra Leone, and exhausted by three weeks without a proper night’s sleep, to say nothing of remarkably enervating heat, I was called to operate on a young mother who had delivered a live foetus successfully at her home village, only to have another foetus's arm descend through her birth canal and get stuck there. She required an emergency C-section, at which time we were able to deliver not only the stuck foetus, but also a third one as well! Eventually, the mother and her triplets were able to leave hospital, all A & W! Experiences like that make helping the sweet, kind and courteous people of Africa worthwhile, and the patients exhibit such remarkable courage, resiliency and gratitude, you feel deeply honoured to be able to call yourself their doctor.

P.S.: Any general surgeon or ob-gyn who would care to help by working even a short rotation there, please don’t hesitate to call me at (514) 489-9574!

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On “Improving the Health of a Billion People...”

A surgeon from McGill was invited in 1995 to present our experience for residency training to our counterparts in the People’s Republic of China, who aspire to improve the health of a population of 1.4 billions in their country. Dr. Ray C.J. Chiu (Front row, 3rd from left) was the guest speaker. Following this conference, a Chinese team visited McGill and the Office of the College of Physicians and Surgeons of Canada.
Tie one on for McGill!

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

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

Please send me the McGill Department of Surgery Tie or Scarf

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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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CALL US at: (514) 934-1934, local 42839  FAX US at: (514) 934-8289
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Contributions of $100 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
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MOVING?
If you change your address, or if you know someone who would like to receive this newsletter, please drop us a line.