

VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

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A REPRODUCTIVE ENDOCRINOLOGIST IN HAITI

This month, instead of our usual editorial, we are featuring a fascinating report of relief work in Haiti by our own **Dr. David Morris**. Dr. Morris, whose usual primary role is as a reproductive endocrinologist, was pressed into service during the recent relief effort in Haiti. We hope you will enjoy reading about his experience and that his example will help set the stage for longer term action by the Department and its members.

Experience starts in strange ways. Many years ago when I was a competent acute care resident, I attempted to enlist to help the Israeli Army during the Yom Kippur war. They didn't need my help then. Thirty seven years later, I received a phone call from Dr. Portnoy of the JGH asking if I still wanted to help and if I would be willing to go to Haiti. The Israeli Defense Forces would then select volunteers to accompany a group of fourteen volunteer nurses from the JGH. To my total surprise, he rang again the next day and told me that "Jerusalem would like you". This, at face value, seemed a strange choice – a specialist in Infertility seemed less than needed – but I had previously worked in the third world (including Britain). After a brief and stressful discussion with my wife, I found myself at Trudeau Airport the



Group leaving for Haiti (Dr. Morris far right)

next day in the Cargo section. The human dynamo behind the mission was a remarkable woman – Joey Adler – who, in days, had arranged air transport, donations, and thousands of boxes of medical supplies.

The nursing team were emergency room and intensive care specialists, all Francophone and nearly half of Haitian origin. This was to be our real strength for as we were to find soon enough, no one else in the teams of volunteers could speak French – let alone Creole. In Toronto, we picked up Jeff Saltzman – a transplant specialist – who had been equally puzzled by the IDF choice. As it was gently put to me, "Do you think we want

(Continued on page 2)

IN THIS ISSUE:

- * [Dr. Michael Libman on Infectious Diseases](#)
- * [McGill MedSpecs featuring Dr. Ning-Zi Sun](#)
- * [Recruitments](#)
- * [Promotions, Awards, Appointments and Honours](#)
- * [In memory of Dr. John Seely](#)

We are pleased to announce the inaugural **McGill University Department of Medicine's RESEARCH SYMPOSIUM**, which will be held on Friday, May 7, 2010 at the Mount Stephen Club. As space is limited, we ask that you please confirm your participation to domenica.cami@muhc.mcgill.ca by Friday, April 30th. We hope to see you there!

(Continued from page 1 / HAITI)

another ****ing orthopedic surgeon?" Our group turned out to be a fantastic team – the nurses were amongst the most effective professionals I have ever seen. Jeff was a cool and wonderful physician.

We arrived in Port-au-Prince in an atmosphere which was more Hollywood than reality. Vast aircraft flew in at short intervals from all over the globe, discharging enormous quantities of supplies, which were immediately shrink-wrapped and lost by an ever-present US military. To add to the air of complete fiction, we found six Montréal policemen waiting for us at the foot of the plane steps. We then had to unload our supplies by hand – I shall never think of Frank McKenna as a politician again as he man-handled boxes off the plane. True to form, the US Air Force managed to lose our supplies and it was not until 2:00 a.m. that we finally found them and repackaged them all. Our bus, whose name was 'One Love' and which carried Che Guevara's portrait on every window, then set off to find the IDF base. There was only one problem – they didn't know where it was – and neither did the Montréal police. It was thanks to my wife who looked it up on Google Earth that we eventually got there. By then it was 4:00 am and the officer on duty had not been told we were coming. We went to bed at 4:30. At 6:00, they sounded reveille – it was a military base – and giant American helicopters began to roar. Our working day started after 90 minutes of sleep!

The hospital was one of the best organized enterprises I have ever seen. Tent-based, it was divided into specialist sub-sections connected by a Wi-Fi information system. Every patient was photographed and bar-coded, and all details were recorded. We had a laboratory, Radiology Unit, a neonatal ICU with ventilators and incubators. In fact it was a true tertiary level hospital. But it was also every inch a military base. The commander was a Colonel with an upright back, energizing stare and whose word was never contradicted. Every small detail had been planned – including a fully functioning mess-hall, showers, and toilets. We shared the camp-ground with a Colombian Navy Field Hospital who paraded with us every morning at 7:00 and also worked with great skill and kindness.

Patients were transferred from the ruins by a rescue group which set out every day with trained sniffer dogs. Others just appeared at our gate, or

came on the backs of pick-up trucks. Some of the injuries were the result of violence – the worst was the result of a police shooting. We had a triage unit, an adult and pediatric ER and the quality of care was extraordinary. The tales of horror we heard will haunt me however forever. Our nursing group integrated completely and worked 12 hour shifts straight off the plane. Our advantage was simple – it was language and the fact that we were not all white. Dr. Saltzman and I worked in the ER and marveled at the superb facilities – which even included full discharge summaries with care-plans!

After a very brief period, the Israeli government decided that the Mission had done its job and to our great distress decided to leave. We had to find somewhere secure to move, and by then, I had made friends with Major Coote. He was a US Special Forces officer who drove around in a rusty Hummer trying to bring order to chaos. He introduced me to a brand-new hospital which was being set up by Miami University Medical School and project Medishare. This was a completely different world. Initially when we moved there we were worried – it had none of the smooth efficiency of the IDF hospital. It was based in some Circus tents, with two wards with a total of nearly 200 patients. It had no laboratory, no blood products, but it did have an operating theatre. It also had some of the greatest professionals I have ever encountered. The "boss" was a gigantic orthopedic surgeon – Dr. David Pitcher – who quietly made everything function. What I had not realized was that the whole structure was completely new. When he heard our story, he just looked at me and said, "so do what the IDF did". Within a day, we had an information system with patient identification, using the only machine which worked reliably in Haiti – the Blackberry. We built hand-washing stations, and made pharmacies at the end of each ward. We divided the space into functional units; we built an ICU (and labour ward). We moved the children into a separate space to avoid abuse. Intravenous infusions were suspended from strings attached to the ceiling. Basic care was supplied by family members and by a strange chorus of Scientologists flown from Hollywood – who performed acts of outstanding kindness on a continuous basis. And all the time the surgeons operated on the devastating injuries presenting to the ER. We had no blood transfusion, but in one week we had only one peri-operative mortality – and that was from tetanus. We treated pulmonary

(Continued on page 3)

(Continued from page 2 / HAITI)

emboli, pneumonia, heart failure, and even cardiac arrest on entirely clinical criteria – and most recovered unless damaged by overwhelming injury. We held twice daily multidisciplinary rounds on all the patients. Every night, all the staff would meet and discuss the minutest details of our work – even the ethical problems. What was consent – what was privacy – what to do with the ever-present press. And all this was in an atmosphere of total unreality, with helicopters chattering overhead, sleeping on the ground in Canadian Tire tents, grabbing army rations from self-heating packs. Leaving the country was hard – not just emotionally – but because the Canadian authorities refused to believe we were there! We had to fight to get on the plane – a moment of total farce.

We hardly had time to see the devastation, the landscape which resembled a nuclear bomb blast, with homeless crowds of shocked people staring sadly into space. The state had been decapitated. Every major centre of administration had been demolished, and its workers killed. Judges, physicians, an entire class of nursing and medical students, and the police – all killed. The future will require a rebuilding not just of buildings but of a society which has been left in disorder for too long. There may just be room for an elderly reproductive endocrinologist to help with that.

Please visit the following websites for Dr. Morris' blog and other reports:
http://www.shaarhashomayim.org/index.php?option=com_content&task=view&id=96
<http://www.montrealgazette.com/health/Montreal+nurses+endure+heat+taranutulas+Haiti/2501598/story.html>



UPDATE: DIVISION OF INFECTIOUS DISEASES

*Dr. Michael Libman
Associate Professor and Director of
the Division*

The Division of Infectious Diseases of the Department of Medicine faced major challenges over the past year. Concerted and collaborative efforts across all our sites resulted in numerous achievements we can all be proud of.

At the beginning of the year, the Division and the University suffered a tragic loss with the sudden passing of Dr. J. Dick MacLean, leader and prime mover behind the Tropical Disease Centre. Under the interim direction of Dr. Michael Libman, physicians in the Centre and several other division members, together with all support staff, made extraordinary contributions to keep the clinical, teaching, and research activities running on track. Although the Centre, now renamed the J. D. MacLean Centre for Tropical Medicine at McGill University, falls under the administrative aegis of the Division of ID, it is actually a partnership among ID physicians, internists, and even a pediatrician! The parasitology section of the MUHC Department of Microbiology (run by Dr. Vivian Loo) is located within the Centre, and ultra-specialized diagnostics are provided by members of our Centre working under Dr. Brian Ward in the National Reference Centre for Parasitology, a section of the federal National Microbiology Laboratory. Our regular clinic physicians come to us from the MUHC, the JGH, St. Mary's, the Lakeshore, and Maisonneuve-Rosemont, proving that the inter-institutional model of cooperation can indeed be highly successful.

The H1N1 epidemic turned out to be less of a crisis than it might have been, partly due to a superb collaboration among the Division, Microbiology, Infection Control, Public Health, and the Ministry. By serendipity, just as the epidemic hit, Dr. Makeda Semret, who is primarily based at St. Mary's, was polishing up a new home brewed multiplex diagnostic PCR test for respiratory pathogens at the MGH microbiology lab. This allowed us to take the lead in providing diagnostic services for the region. Ultimately, the MUHC and JGH provided many thousands of test results for much of the province, and many of you probably recall getting personal calls from technologists working until midnight to inform you of results on your patients. Also by chance, Dr. Andre Dascal at the JGH had recently joined the Montreal Public Health Department to provide input and direct coordination with the Infectious Disease community. This allowed Public Health and the Infection Control Services under Dr. Charles Frenette, Dr.

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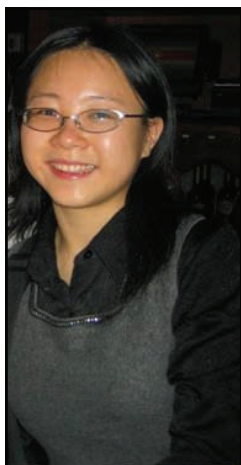
(Continued from page 3 / INFECTIOUS DISEASES)

Mark Miller, and Dr. Semret to keep the entire McGill community informed and organized during the complex response to the epidemic.

The Division has always worked closely with the Infection Control services at all our hospitals, through the leadership of Drs. Frenette, Miller, and Semret, with Dr. Miller also chairing the regional committee charged with coordinating the efforts of all the health care institutions in western Montreal. As one example of a successful venture at the MUHC, over the last two years, we have instituted a program to decrease central line associated bacteremias and MRSA transmission. Together, both programs have yielded incredible results: in 2007 the MUHC adult sites had 38 nosocomial MRSA bacteremias, for 2009 we had only 11. At an estimated direct cost of treatment of \$30,000 per bacteremia, we see the wisdom of investing in infection control.

We are looking forward to new developments in the coming year. The two units caring for HIV patients at the MUHC are being reorganized as an autonomous centre under the Division, and a search committee has been struck for a joint leader. This is the first step in the ultimate goal to streamline patient care, teaching, and research across all our sites for HIV medicine and other chronic viral diseases. We look forward to welcoming at least two new recruits in the coming year: Dr. Cedric Yansouni will help expand our activities in tropical medicine, and Dr. Don Vinh will strengthen our links with Immunology, working in the area of adult immunodeficiencies.

MCGILL MEDSPECS



MUHC Shadowing Program: Share your passion for medicine with undergraduate students!

By Suhair Bandedali and Catherine Lin, Undergraduate students

Featuring: Dr. Ning-Zi Sun, Internal Medicine Resident, RVH

It is an understatement to say that Dr. Ning-Zi Sun has made immense contributions to the MedSpecs program. Dr. Sun is the current Chief Medical Resident in Internal Medicine at RVH and the VP Liaison of MedSpecs (Medical Perspectives). She has worked tirelessly with a team of undergraduate students to establish the affiliation with MUHC for a shadowing program. In addition, she has shared her knowledge of a career in medicine with 65 students, volunteering more than 520 hours of her time as a preceptor! She believes that, "before applying to medical school, it is very important for applicants to carefully weigh their passion for the career with the time and energy

commitment that will be required of them." With the continued guidance of Dr. Linda Snell, Dr. Sun established a medical education study that evaluates students' change in perception of the career, following their shadowing experiences. The project will be presented at the 2010 Canadian Conference on Medical Education.

Although being a doctor may not be as glamorous as envisioned by many today, Dr. Sun can definitely be called a MedSpecs star. Cherry Gao, a second year student who shadowed Dr. Sun, was "astonished at the amount of dedication and passion she has for her profession" and "felt truly comforted that people like Dr. Sun exist in the hospital."

MedSpecs is a student-run organization created for those who are eager to explore the medical profession. The preceptors for the shadowing program are all volunteers and we would like to thank all the physicians who have given of their time, as without them, this program would not exist.

Interested in being a preceptor? Please contact the MUHC International Division at ext. 71372 or email susan.colton@muhc.mcgill.ca. For more information, please visit ssmu.mcgill.ca/medspecs.

RECRUITMENTS



We are pleased to welcome **Dr. Catherine Brodeur** as an Assistant Professor, joining the Division of Geriatrics based at the MGH site. Dr. Brodeur comes to the MUHC from the Université de Sherbrooke, where she developed a specific interest in the evaluation and treatment of dementia after having completed a clinical fellowship in cognitive assessment from the Université de Montpellier, France.



We are pleased to announce the recruitment of **Dr. Ines Colmegna** as Assistant Professor in the Division of Rheumatology, based at the MUHC. Dr. Colmegna is an honours graduate of the *Universidad del Salvador*, Argentina. After her internal residency and rheumatology fellowship, she came to the U.S. where she completed additional training at Louisiana State University and Emory. Dr. Colmegna's primary clinical and research activities will be at the RVH. Her laboratory will focus on defining the role of hematopoietic progenitor cells in the pathogenesis of rheumatoid arthritis.



We are pleased to welcome **Dr. Maziar Divangahi** as an Assistant Professor to the Respiratory Division and as a Medical Scientist at the MUHC, based at the Meakins-Christie Labs (MCL). Dr. Divangahi received his PhD from McGill University in 2005, followed by three distinguished postdoctoral fellowships, the first one in Molecular Immunology at McMaster University, the second one in Infectious Diseases at McGill, and the third one in Immunology at Harvard University. His research is focused on cross-talk between innate and adaptive immunity against two intracellular pulmonary pathogens: influenza and *Mycobacterium tuberculosis*.



We are happy to announce that **Dr. Eric Ehrensperger** has also joined the Division of Neurology of our Department, and jointly the Department of Neurology and Neurosurgery as an Assistant Professor. Dr. Ehrensperger is a graduate of the University of Western Ontario (MD 1997) and completed his neurology residency at McGill in 2003. From 2003 to 2005, he was a fellow in cerebrovascular disease, also at McGill, and in 2009, he completed a MSc in epidemiology and biostatistics. Dr. Ehrensperger will contribute his expertise in cerebrovascular disease to the ongoing clinical and research activities in the McGill cerebrovascular program and the MGH-based Stroke Prevention Clinic.



We are happy to announce the arrival of **Dr. Audrey Lovett** as Assistant Professor in the Division of Dermatology, based at the MUHC. Dr. Lovett completed medical school and dermatology residency at the Université de Montréal. She then pursued further training in 2007-2008 with a one-year fellowship in pediatric dermatology at Ste-Justine Hospital, focusing on genodermatoses and congenital naevi associated with neurocutaneous melanosis. Dr. Lovett will be working at the adult site of the Royal Victoria Hospital as well as at the Montreal Children's Hospital, where she joins a dynamic trio of dedicated pediatric dermatologists.



Photo by Owen Egan

It is a pleasure to announce the arrival of **Dr. Stuart Lubarsky** as an Assistant Professor to the Division of Neurology of the Department of Medicine, and jointly to the Department of Neurology and Neurosurgery. Dr. Lubarsky is a graduate of McGill (MDCM 2003) and completed his neurology residency at McGill in 2008. He has recently returned from a medical education fellowship at the University of Maastricht (Netherlands), where his thesis work examines the theoretical underpinning of the script concordance test, a new tool for assessing clinical judgment in medical trainees. Dr. Lubarsky's clinical work will be centred at the MGH, where he will direct the MGH Urgent Neurology Clinic. His scholarly activities in medical education will be based at the McGill Centre for Medical Education.

FULL PROFESSOR PROMOTIONS

Congratulations to our Faculty members for their achievements.

Dr. Chantal Autexier: Based at the Lady Davis Institute, Dr. Autexier is also a member of the Department of Anatomy and Cell Biology. Her laboratory is internationally recognized for its work in investigating the molecular basis for the development of anticancer therapies that target telomerase or telomere integrity.

Dr. Konstantinos Pantopoulos is a leader in the field of iron metabolism. His lab, which is based at the Lady Davis Institute, is focused on the study of mechanisms that control mammalian iron homeostasis at the cellular and systemic level.

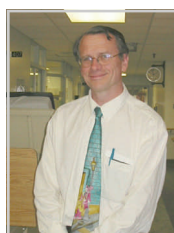
CONGRATULATIONS

We are delighted to recognize the following milestones:

Dr. Arnold Kristof - CRC Tier 2 (renewal): A member of the Critical Care and Respiratory Divisions, Dr. Kristof is located at the RVH. His research is focused on studies of the molecular control of the fate of pulmonary epithelial cells using advanced techniques to understand the role of the protein kinase mTOR in the response to lipopolysaccharide and interferon. He is also investigating the abnormal cellular proliferation in lung disease.

Dr. Murray Baron - CFI LOF: Dr. Baron is Head of the Division of Rheumatology at the JGH and one of Canada's leading clinical investigators in the field of rheumatic diseases. He successfully obtained funds to establish the infrastructure for the McGill Systemic Autoimmune Rheumatic Diseases (SARD) Project.

APPOINTMENTS



It is with great pleasure that we announce the reappointment of **Dr. Dick Menzies** as McGill Director and MUHC Chief of the Division of Respiratory Medicine, effective February 15, 2010. Dr. Menzies is an internationally recognized authority in the field of tuberculosis and respiratory medicine and a well known leader in the

McGill academic community. In addition to being an indefatigable champion of respiratory medicine, Dr. Menzies is a talented clinician, teacher and investigator. Most importantly, he has served as an outstanding role model and mentor for numerous students and faculty members alike. The Respiratory Division has thrived under his leadership during his first term and we are confident that it will continue to do so. We wish him continued success over the coming mandate.

We are pleased to welcome **Professor John Bergeron** as a full-time member of the Department of Medicine, Division of Endocrinology and Metabolism. Dr. Bergeron is well known to the McGill community, having served as Chair of the Department of Anatomy and Cell Biology from 1996 until 2009. His scientific interests are focused on proteomics and the emerging field of systems medicine. Dr. Bergeron has been remarkably successful in grant funding and is the author of many high-impact publications. His laboratory will be on H5 at the Royal Victoria Hospital.



HONOURS

Dr. Vassilios Papadopoulos and **Dr. Leon Glass** have been awarded the distinction of [American Association for the Advancement of Science](#) (AAAS) Fellow. The rank of Fellow is the highest honour awarded by AAAS and is bestowed upon members by their peers in recognition of scientifically or socially distinguished efforts to advance science or its applications. **Dr. Papadopoulos** was honoured for his distinguished contributions to the field of biochemical pharmacology, particularly in steroid and neurosteroid biosynthesis, and to the development of university medical center research organizations. **Dr. Glass** was recognized for his seminal contributions to the application of nonlinear dynamics to the understanding of vision, dynamics in genetic networks, cardiac arrhythmias, and dynamical disease.

(Continued on page 7)

(Continued from page 6 / HONOURS)



Dr. Thomas Maniatis, Assistant Professor in the Division of General Internal Medicine and Director of the McGill Internal Medicine Residency Training Program, has been selected for the Canadian Association of Medical Education (CAME) Certificate of Merit.

Dr. Linda Snell, Professor in the Division of Internal Medicine and Vice-Chair, Education for our Department, has been chosen this year's recipient of The Association of Faculties of Medicine of Canada ([AFMC](#)) Award for Exemplary Contribution to Faculty Development in Canada.

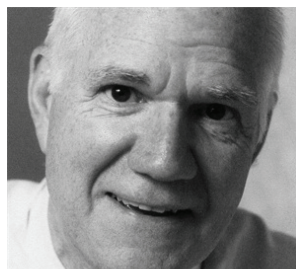


Dr. Jacques Galipeau, Associate Professor in Medicine and Oncology, earned top marks in [Québec Science](#)'s Top Ten Discoveries of 2009. A new experimental treatment for multiple sclerosis (MS) completely reverses the devastating autoimmune disorder in mice, and might work exactly the same way in humans, according to the breakthrough work led by Dr. Jacques Galipeau and researchers at the LDI. .

Dr. Simon Rousseau, Assistant Professor and Medical Scientist based at the Meakins-Christie Labs, has been awarded the 2010-2011 Robbie Promising New Research Award. This award is meant to recognize the outstanding contributions of an established Cystic Fibrosis investigator.

IN MEMORIAM

By: *Dr. Andrey Cybulsky*



Following a courageous battle with cancer, **Dr. John F. Seely** passed away peacefully at the Hospice at May Court in Ottawa on December 18, 2009. He was 72.

Dr. Seely was a medical graduate of McGill University (1962). He completed training in nephrology at the Royal Victoria Hospital and postdoctoral research training in physiology in the United Kingdom and at Yale University. He then joined the Department as a physician-scientist, focusing his research on the electrophysiology of sodium transport in the renal proximal tubule by micropuncture techniques. Dr. Seely was the Director of the Nephrology Division at the Royal Victoria Hospital from 1976 to 1984, at which time he moved to Ottawa where he became Physician-in-Chief at the Ottawa Hospital, and subsequently Dean of the Faculty of Medicine at the University of Ottawa. Later, Dr. Seely developed a clinical interest in Palliative Care and practiced as a physician in this discipline.

During his distinguished career, Dr. Seely served on several national medical committees and authored more than 40 scientific papers. He was an accomplished clinician, scientist, author, and teacher. Dr. Seely was a kind, loyal and very generous person, and an inspiration to many.

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The Department of Medicine's number of successes is prolific. Although every attempt is made to acknowledge them all, we may involuntarily forget to mention some of them and we apologize for it. Do not hesitate to contact us to let us know of your successes.