THE SQUARE KNOT

What's New at The JGH

The JGH Department of Surgery is alive and well and very active. Most recently our departmental GFT offices and clinics have been redone, renovated and enlarged on the fifth floor of the 'A' Pavilion. New clinics and a full-time teaching office will certainly improve our teaching program. The very convenient physical space is ample and will satisfy our expansion needs for the next five years. Serious efforts to acquire endownment funding has been initiated to provide necessary funding for more academic pursuits.

Our Division of CVT continues to be headed by Nate Sheiner. He continues a very active surgical practice and enjoys visiting his two granddaughters in the USA. Normand Miller is Program Director of Vascular Surgery at McGill and is very actively involved in the executive committee of the hospital. Bob Goodman, one of our cardiac surgeons, recently took a leave of absence. However, Yves Langlois continues a very ambitious surgical program as we recruit a new surgeon.

Tassos Dionisopoulos has been GFT since 1993 adding strength and depth to our Plastic Surgery Division which is guided by Maynard Shapiro. ►

(please see **The JGH** pg. 4)

Sir Mortimer B. Davis Jewish General Hospital

Inside

DEPARTMENT OF SURGERY
NEWSLETTER
McGILL UNIVERSITY
VOL. 6, NO. 1, WINTER 1996

Letters to The Editor

Best wishes from Peter, Joanne, Johnny, Shirley and **Dr. Clarence James** of *Hamilton, Bermuda.*

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Letter from Dr. Bill Gammie —

He relates the news of The London Hospital and its surgeons: Mr. Herman Taylor who was 90 in May 1995; Mr. Sam Richardson; Mr. Vernon Thompson who died in November 1995 at the age of 90 and Mr. Clive Butler.

Bill and his wife Vren welcomed Dr. and Mrs. H. S. Morton to Clymping when they visited there in September 1995. The Gammies plan to visit South Africa this year to attend their son's wedding.

Bill has now retired from active surgery. He was here at McGill in the early 60's in The London Hospital/RVH exchange.

.....

I have been meaning to let you know how much I have enjoyed the Square Knot over the years. I have extremely fond memories of my teachers and colleagues at the RVH and thought you would like to hear from your friends in Southern California. Last week at the scrub sinks at St. Mary Medical Center in Long Beach were the following alumni:

- Myron Goldstein - General Surgery
- Bill Wilson - Orthopedic
- Alberto DeLeon - Ob/Gyn
- Paul Smith - Ob/Gyn
- Bert Sohl - Ob/Gyn
- Victor Smart Abbey - Neurosurgery
- Guy Lemire - CVT Surgery

We thought it would be fun to let you all know that you are in our thoughts. We all continue to be active in medicine and in McGill Society in Southern California.

We did, however, agree not to mention the weather in Montreal vs LA because we know how fond Montrealers are of their survivability.

We hope you are all well and look forward to seeing you at the ACS next October.

Myron Goldstein, MD CM
Long Beach, California

.....

I would just like to let you know what one of your old medical students is doing. After completing my fellowship at Mayo, I finished my chief year at the Neurological Institute. This was followed by an 18 month fellowship at the Toronto Hospital in Toronto, which I recently finished. I am now working a Temple University as an Assistant Professor.

I would like to thank you for all your help when I was a medical student and also as Dean while I was a resident at McGill.

If you are ever in Philadelphia, please be sure to let me know and look me up.

Michael Munz, MD FRCS(C)
Temple University, Philadelphia, Penn.

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I really enjoyed reading the Square Knot, in particular the progression and professional success of my earlier colleagues and mentors at the Surgical Research Lab-RVH. Please find enclosed photocopies of the front page and content of a recent book edited by two former "McGillers".

Jose M. Tellado
Madrid, España

Ed's note: Drs. J. M. Tellado, R. A. Forse, J. S. Solomkin are the editors of a textbook pulished by Karger entitled Progress in Surgery 1995. The forward is written by Dr. J. L. Meakins.

I was delighted when I received for the first time the Square Knot, ... and I hope to send some "written" contribution to the news letter in the near future.

Abdulmajeed Al-Abdulkareem
(A. Majeed A. Kareem) Riyadh, Saudi Arabia

.....

Letter received from Doug McSweeney —

Doug writes that he is looking for news about the old McGill Diploma Course in Surgery. (This ended in 1963. The last graduates were Drs. Harvey Sigman, George Wlodek, Ed Monaghan, and Guilano Maximo Luccioli). He also recalls working at the Donner Building with Dr. Stanley Skoryna on "The effects of saliva on gastric secretion". He is the editor of the UVM Surgery newsletter and recently penned a tribute to the late Dr. Fraser Gurd.

He is delighted to receive "The Square Knot". He trained at the RVH, the MCH and the MGH.

Ed's Note: Doug has served the College of Medicine at the University of Vermont in Burlington with distinction, for more than 30 years. He has been recognized as a distinguished surgeon by his Chairman, Dr. Steven Shackford. He was last here to attend the Trauma Lecture on Rocke Robertson Day. ◆

.....

How long would it take to count one billion dollars if you counted one dollar a second non-stop?

— answer on page 17

Editorial

By E.D. Monaghan, M.D.

CORE CURRICULUM SURGERY IN GENERAL

Recently some concern has been expressed and some questions are being asked about gradual changes which have taken place in Core Curriculum for Surgery programs across Canada.

When the Core Curriculum was originally designed, the Royal College Committee on Specialties (COS) received input in order to prepare the Objectives and Training Requirements from all the Surgical Specialties. For example, Dr. Paul F. Odell of Ottawa, Chairman of Otolaryngology submitted those for E.N.T.; Dr. W. Rennie of Manitoba submitted those for Orthopedic Surgery; Dr. M. T. Richard submitted those for Neurosurgery. The idea was that we structure a common core of training of a generic type so that our "undifferentiated" Surgical Residents would develop the knowledge, skills and attitudes in Surgery in General so as to pass the Principles of Surgery Exam in two years.

A council resolution in April 1990 (#90-074) stipulated that Core Training Program Committees include the Program Directors of each Residency Program which is dependent on core training. This seemed to be a good idea at the time.

Gradually, however, it has evolved so that these very same Program Directors are requiring Core Surgical Residents to attend rotations in their Specialties, so that all across Canada right now, the Core Curricular Programs have become different in many ways, since they have become "rotation based".

That therefore is the problem.

These matters have been discussed at the Royal College both by the Accreditation Committee (Head - Ms. Jo Cassie) and by the Credentials Committee (Head - Ms. Sheila Waugh). The Accreditation Committee stipulated that henceforth, it would accredit two types of Core Surgery - the "Common Core" model and the "Core Surgery directly under the control of the Surgical Specialty" model.

In order to resolve some of these issues, a meeting of the Chairs of the Royal College Specialty Committees in surgical disciplines was held on January 12 at the Royal College. This meeting was organized by Dr. J. P. DesGroseilliers and was chaired by Dr. Gilles Beauchamp, Chair of the Test Committee for Principles Of Surgery.

PRESENT WERE

Dr. Brian Evans, representing Dr. L. Hurst, Chair, Plastic Surgery
Dr. John P. Girvin, Chair, Neurosurgery
Dr. E. D. Monaghan, Chair, General Surgery
Dr. Paul F. Odell, Chair, Otolaryngology
Dr. Ernest W. Ramsey, Chair, Urology
Dr. T. R. Todd, Chair, Thoracic Surgery
Dr. James P. Waddell, Chair, Orthopedic Surgery
Dr. Ken Harris, Coordinator, Core Surgery, UWO
Mrs. J. Cassie, Head, Accreditation
Mme. L. Papineau, Head, Exams
Mrs. S. Waugh, Head, Credentials Section
Dr. R. D. Weisel of Cardiac Surgery was unable to attend.

A number of matters were clarified. It was emphasized that Program Directors are still in charge of the rotations of their trainees and it is the job of the Coordinator of Core Curriculum working with the Specialty Programs to arrange the appropriate rotations.

In discussion, there was a general sense that two years "Common" core training are not required to attain the objectives of Core Surgery, and that many of the objectives can be attained in the course of training in the surgical specialty concerned. If training in the specialty concerned could start sooner, it would add flexibility to the rotations possible in the later years of residency. These Specialties wish to add rotations in their own discipline during the two years of Core and that these be " double counted" to extend the length of training in their own discipline.

The Committee agreed to the following definition of "Core Surgery": *two years of training in an accredited surgery residency to meet the Core Surgery objectives, with at least twelve months of clinical activity outside the specialty concerned.* However, this was not approved by the Royal College Credentials Committee in late January.

It was agreed that all the Surgical Specialty Committees will be invited to propose amendments to their residency requirements to reflect this current thinking.

The objectives for Core Surgery are to be reviewed by a small "ad-hoc" committee chaired by Dr. James Waddell. The current objectives date from April 11, 1992. It will be necessary to "harmonize" these objectives with the contents of the Principles of Surgery Exam.

Core Surgery is still a relatively recent concept and has been working quite well judging from the results of the ▶

► P.O.S. exams. Though it needs some fine tuning, there is a danger of tampering too much and compromising its objectives.

It is to be noted that the University of Montreal and McGill were the first two medical schools in Canada to institute such Core Curricula in their surgical postgraduate programs. ◆

PRINCIPLES OF SURGERY

	1994			1995		
Residents Training In	**Total No.**	**Number Passed**	**Percent Passed**	**Total No.**	**Number Passed**	**Percent Passed**
Cardiothoracic Surgery	2	0	0.0	2	1	50.0
General surgery	117	106	90.5	138	135	97.8
Neurosurgery	12	11	91.6	23	21	91.3
Orthopedic Surgery	57	48	84.2	73	67	91.7
Otolaryngology	24	22	91.6	30	28	93.3
Plastic Surgery	10	8	80.0	17	17	100.0
Urology	23	20	86.9	28	26	92.8
TOTAL	245	215	87.7	311	295	94.8

Results of the P.O.S. exam of the Royal College by Specialty AFTER the institution of Core Program in Surgery in General.

The JGH

(continued from pg. 1)

► Tassos brings expertise in free flap reconstruction after his fellowship training at Sloan Kettering in New York. Maynard is very much involved in the administrative functions of the department and the hospital. Dave Elkin and Jack Cohen continue their varied and busy plastic surgical practices.

The Colorectal Unit is strong academically and now has three surgeons in the group. Phil Gordon has profoundly distinguished himself and most recently chaired the meeting of the American College of Colorectal Surgeons, in Montreal, as its President. Phil has been a tower of strength in our department being actively involved in all affairs. Carol-Ann Vasilevsky continues in active practice after having had her firstborn, a girl, one year ago. The division has been strengthened by Barry Stein who returned to the JGH after completion of a fellowship at the Lahey Clinic in Boston. Barry has established an Anal Physiology Laboratory and is very much involved in surgical teaching.

Harvey Sigman, recently appointed as Full Professor, is our Chief of General Surgery. He has a very full schedule being the Assistant Dean of Medical Education and Student Affairs at McGill and carries on an active surgical practice as well as being responsible for the teaching program in General Surgery. He also has important responsibilities in national and international medical education societies. Harvey has great energy and still has time to enjoy his grandchildren who live in Montreal and enrich his life. Al Spanier busily runs the ICU and is responsible for CTU 1. He has been very involved in international critical care societies, writing and lecturing throughout the world. Ben Mitmaker and Jacob Garzon carry a heavy surgical load doing a full range of general surgery while carrying ►

► a large responsibility for teaching. Jacob's grandchildren are a joy and Ben's young family continues to mature. Roger Fenster, whose first child was recently married, and Issie Shanfield who was recently married, both continue in active surgical practice. Richard Margolese is the Chief of Oncology at the hospital and is in active surgical practice within our department. Richard participates in teaching while actively maintaining his high profile in oncology. Steve Karp has been awarded the Chercheur Boursier and substantial peer reviewed grants for his immuno-oncology program in surgery and the Department of Oncology. Steve's expertise and distinguished record enhances both departments.

Our staff is rounded out with the participation of Drs. Harry Glick, Arthur Freedman, Bernard Rothstein, Jeff Rivilis and Henry Korman. They contribute to the department in a continuing and ongoing fashion.

Dr. Robert Levine has retired from active surgical practice. He continues to be associated with the department and the hospital in his position as DPS at the Jewish Hospital of Hope.

In 1993, Martin Black was appointed Chief of Surgery. He is Chief of Head and Neck Oncology at McGill and has pursued a vigorous recruitment campaign to augment the full-time academic staff of the department. He remains in active surgical oncologic practice at McGill.

Many changes in the health care system are on the horizon. The Department of Surgery at the JGH looks forward to being an active participant in fulfilling its university role. ◆

The JGH Department of Surgery

Seated, Left to Right:
Dr. David Elkin, Dr. Robert Levine, Dr. Bernard Rothstein, Dr. Martin Black (Chief), Dr. Carol-Ann Vasilevsky;

Center Row, Left to Right:
Dr. Harvey Sigman, Dr. Barry Stein, Dr. Yves Langlois, Dr. Harry Glick, Dr. Jeffrey Rivilis, Dr. Arthur Freedman, Dr. Jack Cohen, Dr. Roger Fenster, Dr. Ben Mitmaker, Ms Judy Pollack (Admin. Assistant);

Top Row, Left to Right:
Dr. Tassos Dionisopoulos, Dr. Jacob Garzon, Dr. Isidore Shanfield, Dr. Philip Gordon, Dr. Maynard Shapiro, Dr. Normand Miller;

Missing from photo:
Dr. Nathan Sheiner, Dr. Allen Spanier, Dr. Robert Goodman, Dr. Richard Margolese, Dr. Stephen Karp, Dr. Henry Korman.

KUDOS !!

Dr. Pnina Brodt is the editor of a new book entitled *Cell Adhesion and Invasion in Cancer Metastasis* published by the Landes Co. (Austin) and Springer (Berlin). The book provides up to date reviews on cellular and molecular mechanisms in the process of cancer metastasis and is geared to both clinicians and basic scientists in oncology and related disciplines. In addition to Dr. Brodt, review chapters in this book were also contributed by **Dr. Orest Blaschuk** from the Division of Urology and by **Drs. John S. Mort and Anneliese Recklies** of the Joint Diseases Laboratory at the Shriners Hospital.

Dr. Ray Chiu was an Invited Speaker at the following International Conferences: Congestive Heart Failure: From Molecular Biology to the Clinic, in Venice, July 1st, 1995; World Conference in Surgical Efficiency and Economy, in Kiel, Germany, September 15th, 1995; Symposium on Current Perspectives in Cardiovascular Disease, in Saint John, New Brunswick, October 14, 1995; Surgical Workshop on New Approaches to Cardiomyopathy, in Toronto, October 26, 1995; and Symposium on Heart Failure and Transplantation, at UCLA, Los Angeles, November 11, 1995. He was a Visiting Professor at Jichi Medical College in Japan on November 6th, 1995, and a Guest Lecturer at the Japanese Society for Artificial Organs in Osaka, Japan on November 9th, 1995.

Dr. Nick Christou has been appointed an examiner in General Surgery by the Royal College.

Dr. R.L. Cruess has been named to the Order of Canada.

Dr. David M. Fleiszer has been named by the Royal College as a representative of General Surgery on the Plastic Surgery Examinations Board.

Dr. Carroll Laurin has received the Order of Canada.

Dr. Jonathan L. Meakins was invited to be a speaker at the Hong Kong Surgical Forum held at the end of January at Queen Mary Hospital at the University of Hong Kong. This is a postgraduate meeting held twice a year and all presentations are given by invited guest speakers including leading surgeons from overseas. Jo's topics were as follows:

- *Art and Medicine - Medicine in Art*
- *Intraabdominal abscess: modern management*
- *Biliary pancreatitis in the modern era*
- *Peritonitis- 1996*

Dr. John R. Moore has just celebrated his 80th birthday in Gagetown, New Brunswick.

Dr. Harry S. Morton in the Canadian Medical Association Journal, December 1 1995, published a paper *At One Time, Operations Outside The Hospital Were Not Uncommon*. Dr. Harry Morton, a 1932 General Surgery graduate of the University of London, is retired and lives in Lunenberg, Nova Scotia with his wife Rachel. He used to be an Attending Surgeon at the RVH.

Dr. Anie Philip of the Division of Plastic Surgery at The Montreal General Hospital has won the Fraser, Monat and McPherson Medical Research Award for 1995 to 1998.

Dr. Hani Shennib was nominated as member of the Program Committee of the Society of Thoracic Surgeons. A new text edited by Dr. Shennib, *Immunology of the Lung Allograft*, has been released by Springer-Verlad.

Dr. Jean Tchervenkov was honoured at the Milos Restaurant on Park Avenue during the Royal Victoria Hospital Transplant First Annual Fundraising Dinner on November 5 1995. The honorary presidents of the gala evening were the husband and wife team of **Dr. Julius Metrakos** and **Dr. Kay Metrakos** (uncle and aunt of **Dr. Peter Metrakos**). An amount of $40,000 was raised for the Liver Transplant Fund. The Masters of Ceremonies were Mr. George Balcan, CJAD morning man, and sportscaster Ted Blackman. Blackman who received a liver transplant asked his wife, Lyane, to thank his surgeon, Dr. Tchervenkov. He quipped, "I am not really qualified to tell you about the doctor's fine work since I was in a coma at the time he was doing it".

In November 1995, **Dr. Marvin Wexler** addressed the 46th Annual McGill Refresher Course for Family Physicians on *"Surgical Treatment of Breast Cancer - Past, Present and Future - A New Paradigm"*. He also gave a Workshop on *"Problems in Breast Cancer Management"*. This was his 20th consecutive year in addressing this gathering of 300-400 family physicians from throughout Canada. Marvin was the 1995 A.J. Grace Memorial Lecturer of the Southwestern Ontario Surgical Association which met in London, Ontario in November. The title of his address was *"Will Bassini, McVay and Shouldice Rise From the Ashes"*. Also, after dinner, he was the Guest Speaker at the London Hunt and Country Club, and showed a video entitled *"Living and Dying in Ethiopia"* based on travels there several years ago. Previous McGillians accorded this honor have included **Donald Webster** 1956, **L.D. MacLean** 1973, **Dave Mulder** 1992, and **J.Meakins** 1994. As a Guest of the Detroit Academy of Surgery in January 1996, he spoke on *"Laparoscopic Versus Open Inguinal Herniorrhaphy: A Methodical Evaluation Through Phase 1, 2 and 3 Controlled Clinical Trials"* Recently he was the Visiting Professor - William Beaumont Hospital - Royal Oak, Michigan January 1996.

►

*(**KUDOS** continued on pg. 22)*

The Canadian Network for International Surgery

By Antoine Loutfi, M.D.

The Canadian Network for International Surgery (CNIS) was established and incorporated in August 1995. Its purpose is to promote the delivery of essential surgical care in developing countries. Therefore, the CNIS will be a forum for those concerned with surgical care and training in the developing world. It will also be a bank of technical and theoretical expertise, a means of raising funds and an organization to support and implement specific projects.

It had its first meeting in Ottawa in November 1995 during the 2nd Canadian Conference for International Health. Its first directors are Dr. R. Lett, Dr. P. McLean and Mrs. J. VanDuzer. They were elected for a one year term. Dr. Lett was chosen to be President.

During the Ottawa meeting, it was felt that the CNIS should establish links with the Canadian Society for International Health and should provide representation on its Executive Board for Obstetrics, Orthopedics and Anesthesia.

We are actively seeking members to join. The cost for individuals is $50.00 CDN. Anyone interested should contact one of the following:

Dr. Ron Lett
1669 Victoria St., #310
Prince George, British Columbia V2L 2L5
Tel.: (604) 561-1280
Fax: (604) 561-1286
e-mail: lett@unbc.edu

Dr. A.P. McLean
Royal Victoria Hospital
687 Pine Avenue W., Room S7.30
Montreal, Quebec H3A 1A1
Fax: (514) 843-1503

Dr. Antoine Loutfi
Royal Victoria Hospital
687 Pine Avenue W., Room S10.22
Montreal, Quebec H3A 1A1
Fax: (514) 843-1503
e-mail: emulfati@is.rvh.mcgill.ca

I hope that the CNIS will become the medium bringing together all those interested in working in developing countries. ◆

Dr. A. Loutfi with Dr. Haile Legasse and the O.R. Staff in Bale, Ethiopia.

Propranolol for Small Abdominal Aortic Aneurysm Trial

ENTRY CRITERIA
Asymptomatic Infrarenal AAA between 3.0 - 4.5 cm

EXCLUSION CRITERIA
- ❶ Contraindications to Propranolol
  a) HR ≤ 50 BPM *b)* Asthma
  c) Symptomatic CODP *d)* IDDM
- ❶ BETA BLOCKERS
- ❶ LIFE EXPECTANCY ≤ 1 YR

For further information or to refer a patient please contact:

MGH —
Dr. J. Morin (514) 937-6011, ext. 4324
Lise Morin, RN (514) 988-7007(pager)
Dr. A. Hill (514) 937-6011, ext. 4326

RVH —
Dr. O. Steinmetz (514) 842-1231, ext. 4981

JGH —
Dr. N. Miller (514) 340-8304
Stephanie Goyette, RN
(514) 340-8232 (pager)

Surgical Education in Developing Countries

By Antoine Loutfi, M.D.

Since 1988, the Department of Surgery at McGill has been involved in surgical education programs in Ethiopia. These programs were supported by the Canadian International Development Agency (CIDA). Our involvement with the Department of Surgery at Addis Abeba University included training of surgical residents and undergraduate students. It ended in 1991. In 1992, a six month training program in surgical emergencies for general practitioners (GPs) working in rural areas was developed and conducted. An evaluation of such a program was subsequently done nine months later by Dr. P. McLean. It showed that the trained GPs were providing much needed life saving emergency services in rural Ethiopia.

In 1994, I returned to Ethiopia to start a two month training program for GPs in collaboration with King's College from London, U.K. A year later, in October 1995, I went back and visited the trained GPs from the two month program conducted in 1994 and the six month program of 1992. It was very encouraging to see that most of the trainees from the 1992 program are still enthusiastic about their work despite the lack of proper equipment and supplies. They are managing complicated fractures, treating acute abdominal emergencies and confident in performing caesarian sections for obstructed labor. Some of them are the only providers of surgical care for areas of one to two million population. The trainees from the two month program seem to be making good progress and are feeling more confident about their experience.

Since 1993, Dr. Ron Lett from our Department of Surgery has made several trips to the Jimma Institute of Health Sciences in Ethiopia. He developed and implemented an educational program for medical students in surgery using a novel approach of simulation and problem based cases adapted to developing countries. This new approach was well received by the students and the faculty. It is now accepted into their surgical curriculum.

In November 1995, a surgical day was conducted at the 2nd Canadian Conference for International Health in Ottawa. During that day, Dr. Lett presented a workshop on essential surgical skills introducing his teaching methods for medical students in developing countries. He was assisted by several colleagues including Dr. Alemseged Janka from Ethiopia and Dr. Peter McLean from McGill. I also chaired a symposium on international surgical development programs which included topics on: education and training, surgical relief and emergency work, and organization and resources.

It is of interest to know that the cost of each of these programs is low and can be made even cheaper once they are conducted by national doctors. However, outside assistance is still very much needed especially for the provision of materials, supplies and teaching support. Unfortunately in these days of budget cuts, government funding (i.e. money from CIDA) for even such low cost projects is hard to obtain. Alternative sources of funding, mainly from private donations, are being explored. We hope we can continue to lend a helping hand to our colleagues in developing countries so that the provision of essential surgical care be made possible. ◆

Dr. Bal Mount To Stay

By Dr. E.D. Monaghan, M.D.

In the summer issue of the Square Knot, it was announced that Dr. Bal Mount had resigned his position as Director of the Royal Victoria Hospital Palliative Care Service because, at that time, there were problems with funding and lack of support by government.

Happily, circumstances have changed. Because of a number of initiatives by the government, McGill and the affiliated hospitals, he withdrew his resignation in view of the resolution of these vexing problems - particularly the physician staffing of the Palliative Care Service, and the amelioration of the home care staffing problems. A major further step was the institution of a task force chaired by Dr. Joseph Stratford to recommend what form of the Palliative Care Service will be needed to serve the needs of the patients and families within the amalgamated MGH/RVH complex. The task force report has just been tabled. Copies are available from Mr. Charles MacDougall of the RVH. ◆

McGILL GENERAL SURGERY PROGRAM TO HAVE ROTATIONS AT THE BARRIE MEMORIAL HOSPITAL

The Accreditation Committee of the Royal College has approved the application to extend the residency program in General Surgery to the Barrie Memorial Hospital. Residents enrolled in the McGill University program in General Surgery will be able to complete a mandatory 3-4 month rotation in this institution as part of their residency in a rural site. ◆

CONTINUATION OF THE HISTORY OF PLASTIC SURGERY AT McGILL

In 1967, Drs. Drummond and Woolhouse worked to create a combined McGill Plastic Surgery Resident Training Program.

Dr. Robert D. Midgley

Dr. Robert Midgley, MGH and MCH trained, was appointed geographical full-time to the staff of the RVH. This appointment broke with tradition. The resulting amalgamation and integration of resident rotations was a first for any Division of Surgery at McGill. Residents started rotating through the MGH, RVH and MCH in equal aliquots and the stimulating Wednesday afternoon Plastic Surgery Rounds of case presentations, discussions, arguments and bravado were held in equal rotation through the three hospitals. In 1976, Dr. Midgley resigned his Associate Professorship at McGill and his staff positions at the RVH, also Queen Elizabeth and Queen Mary's where he was Director of Plastic Surgery. During his nine years on staff at McGill, Dr. Midgley served as Examiner in Plastic Surgery for both the Quebec College and the Royal College. In 1988, he was elected President of the Canadian Society of Plastic Surgeons. He may be remembered at McGill for his clinical teaching, acquiring RVH Ward-10E exclusively for plastic surgery patients and collaborating with Drs. Daniel and Terzis in the 1976 publication of the first recorded clinical microneurovascular free flap in the Western world.

For the past twenty years, Dr. Midgley has been doing Plastic, Reconstructive and Hand Surgery in Charlottetown, P.E.I. He is married to hematologist, Dr. Elizabeth Ross. ◆

EDM

Welcome Aboard

On July 1 1996, **Dr. Peter Metrakos** will join the McGill section in Organ Transplantation headed by **Dr. Lawrence Rosenberg** at the RVH. He will be involved in transplantation of the liver, pancreas and kidney and he will join **Drs. Jean Tchervenkov** and **Jeff Barkun** in this capacity. Dr. Metrakos is a graduate of the McGill Residency Training Program in General Surgery finishing in June 1994. He obtained a McLaughlin Scholarship and went to train in transplantation at the University of Western Ontario and in Minnesota.

Dr. Dao Nguyen, who is completing a two year fellowship at the MD Anderson Cancer Center in Houston, Texas studying gene therapy for lung cancer under the supervision of Dr. Jack Roth, will return to McGill University and The Montreal General Hospital as an Assistant Professor in the Division of Cardiovascular and Thoracic Surgery on July 1st, 1996. ◆

EDM

Departure

By Dr. Rea Brown, M.D.

DR. EMERSON BROOKS —

A farewell dinner party was held for **Dr. Emerson Brooks** and his wife **Mary** on Jan. 25th, 1996 at the Mount Stephen Club which was organized by Dr. Ross Murphy's committee. Fifty-five colleagues and friends attended the occasion. Dr. Ross Murphy recounted Emerson's career as an orthopedic surgeon at The Montreal General Hospital and his many contributions to the academic community of McGill University. Dr. Dennis Bobyn, Director of Orthopedic Research at the MGH, detailed the growth of the Orthopedic Lab under Dr. Brooks' guidance which is recognized nationally and internationally for hip arthroplasty research. Dr. Brooks' secretary, Diane Motherwell, who has worked for him since he came to the MGH, talked about the excitement of working with such a dynamic person and how sad his departure will be to the whole McGill community. Dr. Max Aebi, Chairman of the Division of Orthopedic Surgery at McGill, presented Emerson with a plaque acknowledging his outstanding work as Program Director of the Orthopedic Residency Training Program. Dr. Rea Brown recounted the beginning of Dr. Brooks' era at McGill and his commitment to building an outstanding group of orthopedic surgeons, especially related to trauma. Drs. Michael Tanzer, Dave Burke, Eric Lenczner, Larry Conochie and Ross Murphy make up the team that Dr. Brooks put together to comprise a vibrant Division of Orthopedic Surgery at the MGH. Dr. Bobyn then closed the evening by presenting Dr. Brooks with a personal laptop computer. A good time was had by all. ◆

After a very warm day,
a lady said to Yogi Berra,
you look pretty cool.
He said to her "you don't
look so hot yourself".

The Surgical Education Corner

— By R. Zelt, MDCM, MSEd, FRCSC

Welcome back to the Corner. Much has been happening here in Surgical Education, especially in undergraduate surgery with the beginning of the all new Introduction to Clinical Medicine (ICM) Surgery rotation on February 5, 1996. Our Core Surgery program is gearing up for an internal review and we hope to have a "new and improved" program up and running by July or August of this year. I'll fill you in on evaluations in surgery and how important they are to the way we provide learning experiences for students and residents. And finally, we'll profile another great educator at McGill, Dr. Ed Monaghan.

UNDERGRADUATE SURGERY

As you remember, undergraduate surgery is broken down into three parts. Their first year and a half is called Basics of Medicine (BOM) and during these 8 subject based rotations the students get an introduction to various surgical problems in the lecture or small group discussion format. The second part, called Introduction to Clinical Medicine (ICM) begins half way through their second year. In ICM they begin to work in the hospital and concentrate mainly on collecting information (histories and physical examinations), pathophysiology and the differential diagnosis. The final phase, their Clerkship, is now called the Practice of Medicine rotation. This begins in their third year and runs for about a year. In their clerkship they learn how to work up a patient and how to management surgical problems.

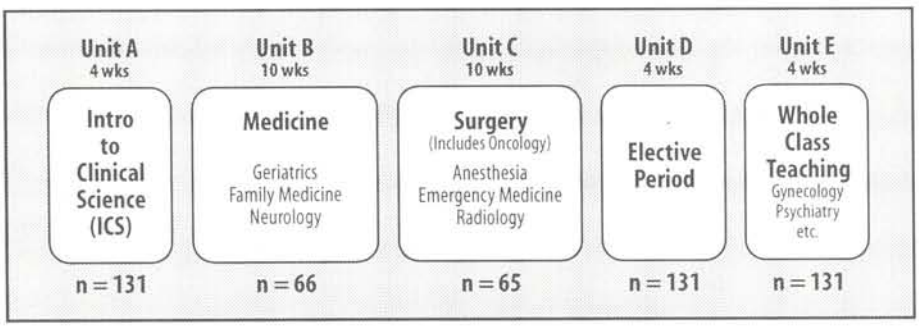


Illustration of the ICM Rotation From January to June, 1996.

On February 5, 1996 the first ever Introduction to Clinical Medicine rotation in Surgery began at the four McGill teaching hospitals - Jewish General, Montreal General, Royal Victoria and St. Mary's Hospital. We have half the medical class (66 students) for a total of 10 weeks then the other half for an additional 10 weeks. By the end of June 1996, the ICM period for surgery will be completed and we will not see them again until February of 1997.

As you can see in the illustration, the 10 weeks of surgery includes 1 week of Anesthesia, 1 week of Radiology, 2 weeks of Emergency Medicine, and 4 weeks of the Principles of Surgery. During their 1 month on Surgery, the students participate in small group learning sessions covering a wide range of surgery topics given by all subspecialties including Otolaryngology-Head and Neck Surgery, Neurosurgery and Oncology. They have 38 of these sessions during the 4 week period. They are assigned to a tutor who meets with them weekly to review their histories and physical examinations. We have introduced a new rotation called Surgical Skills. During this two week learning experience, the students have lots of "hands-on" practical sessions and learn about sutures, clips, staplers, drains, tubes, how to cast and splint, all about wound management and dressings, suturing and knot tying and even how to give a lecture.

The ICM period has been running now for 2 weeks and all early feedback has been very positive. We'll be collecting a great deal of data to analyze our efforts and make judgements on how to better provide learning experiences for our students. In a future edition of the Knot, I'll report back on our successes and criticisms.

CORE SURGERY

The lecture series planned for the Core Surgery residents is progressing well. For the next 4 to 6 months, we'll be closely examining our teaching methods, resources and the needs of our residents to review and improve our Core program. There are many changes taking place concerning the overall goals of Core Surgery and Dr. Monaghan's editorial in this issue discusses them in detail. In our next issue, I'll elaborate more on how McGill's program is structured and tell you about our plans for the future.

WHAT'S NEW

"Education by objectives is not possible unless examinations are constructed to measure attainment of those objectives..."

The process of evaluation is vitally important in any education system. Remember, the evaluation of education must begin with a clear and meaningful definition of its objectives. Once you tell the learners what you want them to know at the end of the learning experience (i.e., their objectives) you must then evaluate those objectives to see if they've been met. This sounds so simple but we frequently overlook this critical relationship between the two. But why do we need to evaluate? Whom are we evaluating? Or what are we evaluating?

The first thing to realize, is that an evaluation does not mean the final exam we give the student at the end of his or her learning period. Rather, evaluation is a process by which we assess not only the performance of the students but the effectiveness of teachers and the quality of the program itself. We collect this data and make judgements in these three areas. For example, our evaluation data will tell us which students can be promoted (evaluation of the learner), that we must organize faculty development workshops to improve our small group teaching (evaluation of the teacher) and that the time allotted to a surgery rotation may have to be extended to accommodate ambulatory care teaching (evaluation of the program). As you remember from our discussion about the education spiral, we make these judgements to modify our program objectives and the process or cycle of education begins again - the "spiral". In the next issue of the Knot, we'll look more closely at the various methods of evaluating the learner.

SURGICAL EDUCATOR PROFILE —

E. D. Monaghan, C.D., B.A., M.D., M.Sc., F.R.C.S. (C), F.A.C.S.

Dr. Monaghan began his training at McGill University back in 1958 after graduating from medical school and he started his surgical career at the Royal Victoria Hospital in 1965. Since that time, he has developed a local, national and international reputation as one of Surgery's outstanding educators. He received Education training at the University of Illinois in Chicago shortly after coming on staff at McGill and was soon awarded "The Golden Apple", the Meritorious Award for Teaching by McGill's graduating class of 1974. Locally, Dr. Monaghan became involved as Program Director of the McGill Postgraduate Training Program in General Surgery from 1979 to 1986 and he served as the Coordinator of the Undergraduate Surgical Teaching program at McGill from 1966 through 1985. Along with other education related committees, he was an active member of the Curriculum Committee at McGill. He started the residency program in Emergency Medicine at McGill in 1971 and was its director until 1980. On the national stage, he was Chairman of the Committee on Education and Chairman of the Postgraduate Education Committee, both of the Canadian Association of General Surgeons. He is or has been a member or chairman of many other education related committees and societies. He played and continues to play a key role in the development of the Core Surgery training program in Canada. He also served as Examiner in Surgery for the Royal College of Canada and as Chief Examiner of the Quebec College of Physicians and Surgeons. He was the Associate Dean for Postgraduate Education at McGill from 1986 to 1993. Currently, he is the Chairman of the Specialty Committee in General Surgery of the Royal College.

Dr. E.D. Monaghan

With a background so rich in Educational activities, it is no wonder why he is considered one of McGill's premier Surgical Educators by both the staff and all trainees who have been fortunate enough to learn from him. On behalf of all of us who learned Surgery from him, thanks for being one of our staff who truly cares about his students.

BULLETIN BOARD

Not much to add here this edition. Word has it Dr. Gerry Fried and a few General Surgery residents are furiously preparing a McGill Department of Surgery homepage for the Internet. This will allow people around the world to see what we're doing here at McGill at all levels of Surgical Training. This will be constantly updated to keep current with program "upgrades" if you will. I'm told this should be online in early spring if not sooner. I've had a sneak preview of their efforts and it looks fantastic.

As always, your comments, criticisms and suggestions are always welcome. If any of you have any good ideas with regards to learning methods, program ideas or anything else related to Surgical Education, we'd love to hear from you. Keep in touch! ◆

Until the next edition, here's how you can find us:

McGill Surgical Education
surged@is.mgh.mcgill.ca
Undergraduate Coordinator
gmorgan@medcor.mcgill.ca
Core Surgery Coordinator

The First Annual H. Rocke Robertson Visiting Professor

Dr. Kimball I. Maull January 18, 1996

January 18, 1996 was a memorable day for the Department of Surgery. **Dr. Kimball I. Maull,** Professor and Vice-Chairman, Stritch School of Medicine and Loyola University Medical Centre in Maywood Illinois was the first Rocke Robertson Visiting Professor in Trauma. The morning started at 07:45 in the Osler Amphitheater at the MGH when the Chairman, **Dr. David Mulder**, welcomed everyone to this new event in the academic calendar. Present were **Dr. Rocke Robertson** who in 1962 was appointed Principal and Vice-Chancellor at McGill. **Dr. David Johnson,** Principal of McGill until recently and the current Principal, **Dr. Bernard Shapiro** were also present and the latter said a few words honouring Dr. Roberston. A good number of surgical colleagues of Dr. Roberston as well as some former Residents were also in attendance (please see accompanying photographs). An excellent program had been arranged and there was standing room only in the amphitheatre.

Dr. Maull gave an excellent address at Surgical Grand Rounds entitled *Missed Injuries, the Trauma Surgeon's Nemesis.* Dr. Maull's entire career has focused on trauma care and trauma systems development. He is Director of the Division of Trauma and Emergency Medical Services in Maywood. He has taken a leadership role in the American College of Surgeons Committee on Trauma having served as Vice-President. He is a Past President of the American Trauma Society. He is the recipient of the ACS Trauma Achievement Award and the ATLS Meritorious Service Award.

During the day, Dr. Maull spent time with the Residents and attended M&M Rounds at the RVH at 16:00. At the end of the afternoon at the RVH, he spoke on the *Innovative Techniques in Controlling Liver Hemorrhage.* ◆

EDM

Here is the Program Presented by the Residents:

MODERATOR: DR. M. CHURCHILL-SMITH

- *Hypothermia in the Trauma Patient: The Efficacy of Radiant Ceiling Rewarming in the ICU Setting.* — **Dr. V. Badhwar**
- *Renal Pedicle Injuries.* — **Dr. M. Plante**
- *Nonpenetrating Trauma to the Carotid Artery.* — **Dr. M. Li**
- *Modern Management of Compound Mandibular Fractures.* — **Dr. M. Stotland**
- *Traumatic Thoracic Aneurysms.* — **Dr. S. Ahmed**
- *Ocular Trauma: Review of Unusual Cases.* — **Dr. M. Cohen**

MODERATOR: DR. E. D. MONAGHAN

- *Penetrating Vascular Injuries to the Shoulder.* — **Dr. D. Obrant**
- *Pancreatic Injuries in Children.* — **Dr. A. Fecteau**
- *Management of Fractures in Multiple Injured Patients.* — **Dr. P. Gill**
- *Brachial Plexus and Peripheral Nerve Injury Management* — **Dr. G. Chu**
- *Penetrating Injuries of the Heart.* — **Dr. S. Tahta**
- *Preservation of Denervated Muscle Following Nerve Injury Using an Implantable Electrode Stimulator.* — **Dr. S. Nicolaidis**
- *Duodenal Trauma in Children.* — **Dr. A. Fecteau**

Three judges (K. I. Maull, D. Owen, H. Brown) judged the best papers to be as follows:

❶ Dr. V. Badhwar ❷ Dr. M. Plante ❸ Dr. P. Gill

Winners are shown here with Dr. Robertson

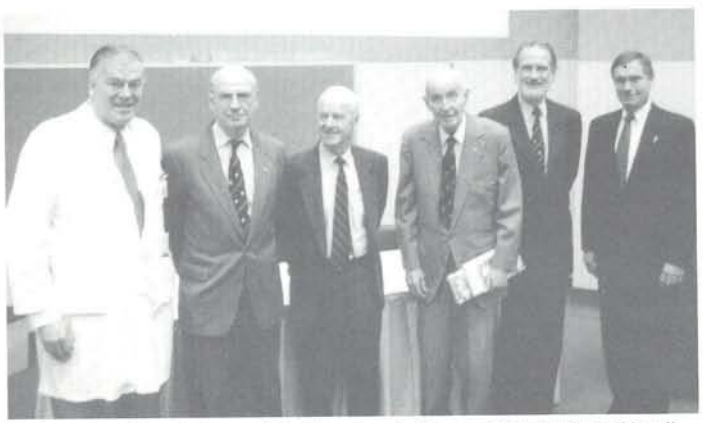
Dr. H. Rocke Robertson

Dr. Robertson was born in Victoria, British Columbia in 1912. In 1932 he graduated with his B. Sc. and in 1936 he obtained his MD CM from McGill University. His post-graduate surgical training was done under the direction of **Dr. Fraser B. Gurd**. He served in the Medical Services of the Canadian Army and reached the rank of Lieutenant Colonel.

His interest in wound infections led to his work in surgical infections and a data collection system. He became the first Chairman in the Department of Surgery at the University of British Columbia. Dr. Robertson returned to his Alma Mater in 1959 as Chief of Surgery at The Montreal General Hospital, and Professor and Chairman of the McGill Department of Surgery. He has received many awards and honourary degrees in recognition of all facets of his brilliant career.

The Department of Surgery is pleased to have this Visiting Professorship in Trauma in order to recognize Dr. Robertson's many accomplishments. ◆

EDM



Current and Past Chairmen of The Department of Surgery With Dr. Kimball Maull
***From Left**: Drs. David Mulder, Lloyd MacLean, Alan G. Thompson, H. Rocke Robertson, Jonathan L. Meakins, Kimball Maull*

Principals of McGill
***From Left:** Dr. Bernard Shapiro, Dr. David Johnston, Dr. Rocke Robertson*

Colleagues and Former Residents With Dr. Rocke Robertson
***From Left:** Drs. Doug McSweeney, E. John Hinchey, Gerald J. Pearl, H. Rocke Robertson, Kimball Maull, David Mulder, Joe Meakins, Harry L. Scott, Ed Monaghan, Michael Laplante, Frank Guttman, Joe Stratford, Rea Brown, Alan G. Thompson*

My Experiences in Texas at The M.D. Anderson

By Dr. Sarkis Meterissian

Well it's 1996 already which means I've been back on staff at the Royal Victoria Hospital for 1-1/2 years - how time flies. I still vividly remember my 2 years at the M.D. Anderson Cancer Center in Houston, Texas. In the following paragraphs, I would like to share my experiences south of the border.

The M.D. Anderson Cancer Center was founded in 1948 by the State of Texas to provide topnotch cancer care to Texans. It was initially called the M.D. Anderson Hospital and Tumor Institute and its initial director was a surgeon, Dr. R. Lee Clarke. Dr. Clarke was a general surgeon with a special interest in thyroid surgery who had recently graduated from the Mayo Clinic. He set up the hospital in the home of Mr. Baker, the father of the former Secretary of State of the United States (under Mr. Reagan). There was a single operating room which was fortunately air-conditioned. Dr. Clarke was an expert administrator who was able to attract excellent chiefs of medical and radiation oncology. He was the first to introduce the concept of the multidisciplinary approach to cancer management and this is indoctrinated into the surgical fellows from day one. This is why I strongly believe that the days when a surgeon could independently decide on the management of breast, melanoma, sarcoma and rectal cancer are long gone.

Dr. Clarke recruited excellent surgeons including Dr. Robert Hickey who was the President of the American Association of Endocrine Surgeons in 1993 and Dr. Richard Martin, who retired while I was there and specialized in sarcoma surgery. Dr. Martin reminded me very much of our beloved Dr. E. Tabah since he also was on staff for about 40 years starting from the mid-50's and was an excellent technical surgeon who was fearless. Dr. Martin performed liver surgery in the days before the segmental anatomy of the liver was developed and I doubt there is a single operation in surgical oncology he did not perform. But, much to his credit, he was the first to introduce the concept of radiation therapy in the treatment of soft tissue sarcomas of the extremities and, as we all know, this led to our present day limb salvage techniques. Dr. Charles MacBride, a Canadian surgeon who trained at the Vic in the 1950's, was hired in the early 60's and was best known for his work on limb perfusion. He unfortunately passed away in 1992 from pancreatic cancer. In his later years, Dr. Clarke excelled at attracting attention and money for cancer research. He died at the age of 87 while I was a fellow at Anderson, ironically of pulmonary complications following a sigmoid resection for cancer.

Although Anderson was always well known for its medical and radiation oncology, its Department of Surgery became more academic starting in 1985 with the appointment of Dr. Charles Balch as Chief of Surgery. Dr. Balch gained an international reputation in the field of melanoma and was the Chief during my 2 years at Anderson. He was an excellent academic surgeon who taught us how to write grants, how to critically read a paper and how to teach general surgery residents. He also left clinical surgery to become Executive Vice President of Anderson in 1994. Some of the present staff are Canadians and should be well known to you such as Garrett Walsh (Thoracic Surgery) and Ian McCutcheon (Neurosurgery). Although my experience at Anderson was unforgettable, our stay in Houston was unfortunately quite forgettable.

Houston is the 4th largest city in the United States both in population and crime. Temperatures in the summertime soar to 100oF with near 100% humidity making it unbearable. Our neighbors quickly informed us not to let our kids play outside during the afternoons unless we wanted to set up a kiddie ICU in the living room.

When we first arrived in Houston we glanced at the local newspaper, the Houston Chronicle while house-hunting and were horrified by the crime. On any given day, there will be at least one or two people shot or stabbed to death. Thus we decided to attempt to escape the crime infested downtown area and rent a home in beautiful Sugarland, a planned suburb 45 minutes (without traffic) from Anderson. We lived on Rainbow Run just off Sunshine Drive, truly Paradise! Our neighbors were fantastic but we quickly returned to the real world shortly after moving in when we heard of a family who had been carjacked at McDonald's, of all places. Carjacking, if you don't already know, is very popular in the Southern United States and unfortunately may be moving north. Most of my colleagues at Anderson were so scared of being carjacked that they kept a loaded gun under the front seat. Athough tempted, I was able to resist the urge to buy a gun, chew tobacco and wear a big hat but I must admit that when I got called after midnight, I did not stop at stop signs or red lights.

I learned a lot while in the States (I also spent 2 years in Boston at the Dana-Farber Cancer Institute), but maybe my greatest lesson was to realize what a beautiful country we have. Of course Anderson is a Disneyworld for oncologists since if you have a good idea, it is easy to obtain the patients and the institutional funding to carry it out. But, in return, you must live in crime-infested areas and subject ►

► your family to potential dangers. In addition, the lack of universal health care is a veritable nightmare for the health care consumer (we had a baby while in Houston) but that is for another article. For the residents reading this, remember that we have excellent hospitals in Canada which are free and easy to get to at night. ◆

Surgical Epidemiology

By Dr. John Sampalis

In the recent years, Surgical Epidemiology has evolved as a well defined discipline that integrates Clinical Epidemiology with surgical research. The development of this new discipline has been in various directions including health care services evaluation, outcomes research, and clinical trials. The McGill Department of Surgery was one of the pioneers in this area by conducting numerous clinical trials in cooperation with epidemiologists and by initiating pure epidemiological research aimed at the study of surgical patients or health care services. A number of surgeons in the Department have acquired graduate training in Epidemiology, while others have developed strong interest in the field and are involved in research within this domain. As the number of such individuals is growing to a critical mass, the establishment of a forum to allow discussion, exchange of ideas and initiation of a stronger collaboration was considered appropriate.

With this objective in mind, early this year a first meeting of individuals in the Department with an interest in Surgical Epidemiology was held. The purpose of the meeting was to bring together members of the Department who have background in Epidemiology or who have been involved in research within the domain of Clinical Surgical Epidemiology in order to discuss common interests as well as perceived needs for the development of research in this area.

The participants identified the need for better interaction, collaboration and training. The possibility of pursuing infra-structure support and the establishment of a formal group within the Department was discussed. The participants also realized that it will be essential to recruit others in the Department who have an interest in Surgical Epidemiology to partake in the group's activities. In view of this, a second meeting will be held in the near future. Any member of the Department who has an interest or background in Epidemiology is invited to attend this meeting. Those who are interested please call, write, e-mail, or fax a note to Dr. John Sampalis indicating your availability during February and March at the following coordinates: ◆

Dr. John Sampalis
Telephone: (MGH) 937-6011 ext. 4715 or 4634
Telephone: (RVH) 842-1231 ext. 4851 or 4848
Fax: 934-8293 or 845-8156
e-mail: mcss@musica.mcgill.ca

CAGS Position Statement on Ambulatory Care

Dramatic changes are occurring in the delivery of Canadian Health Care. Technological advances, hospital reorganization and cuts in funding have all had a profound effect on the way health care in general and General Surgical services in particular are delivered. One of the major determinants of these changes is the reduction in funding which has resulted in a desire to obtain the maximum benefit for the scarce health care dollar. This in turn has increased the demand for ongoing outcome evaluation, the development of clinical practice guidelines and other mechanisms of quality assurance.

For General Surgery, one of the most dramatic changes is the shift in the delivery of service from an in-patient to an out-patient basis. Patients undergoing surgery which previously required prolonged hospital stays are now being treated as out-patients. Patients requiring in-patient treatment frequently are admitted to hospital on the day of surgery. Technological advances such as the advent of laparoscopic surgery have facilitated this shift to out-patient based surgery. There are economic and medical advantages which derive ►

► from this shift to ambulatory care. However, there is a danger that economic considerations will override medical considerations in some instances. The Board of CAGS agrees with and encourages out-patient based surgery provided certain principles are met.

THESE INCLUDE

❶ It is unethical to define fixed numbers or percentages of procedures which must be performed on out-patients. The numbers or percentages should be determined by the health care needs of the population. Even minor procedures may be more safely performed on certain individuals as an in-patient.

❷ The final decision regarding the appropriateness of out-patient surgery should be made by the surgeon taking into account the individual circumstances of the patient and his or her condition.

❸ The quality of care and patient safety must not suffer because of the shift to out-patient services.

❹ There must be ongoing evaluation of the impact of ambulatory surgery on the overall health and well-being of the population and of individuals undergoing surgery.

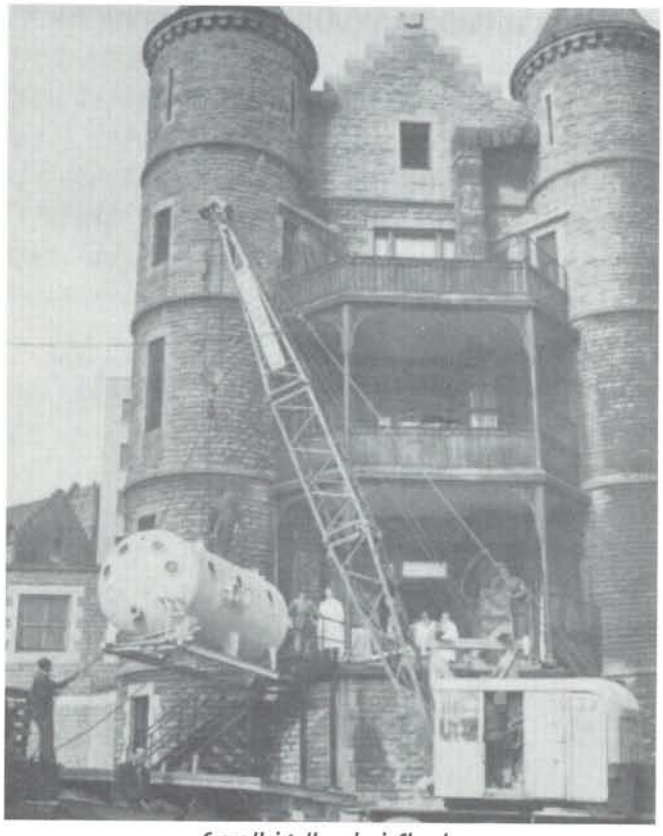
❺ There should be ongoing evaluation of the impact of the shift to ambulatory services on the education of medical students and residents.

❻ There should be ongoing evaluation of the impact of ambulatory-based surgery on clinical research.

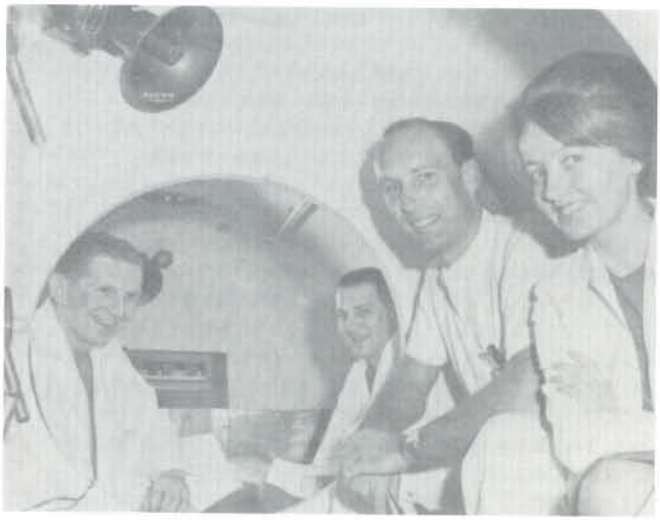
❼ There must be adequate resources and organizational structures to ensure patient education, good pre-operative evaluation, post-operative care and follow-up of patients who undergo ambulatory surgery. ◆

CLINICAL PRACTICE COMMITTEE
Dr. Bill Pollett, Chairman
St. John's, Newfoundland

Were You There Then?



Crane Hoists Hyperbaric Chamber



Trying out the interior of the Hyperbaric Chamber
Left to Right: Dr. John Duff, Earl Mowlan, Dr. Sholto Cole and Mrs. Ute Portner

McGill Anaethesia

By Francesco Carli, M.D., MPhil, FRCA

CELEBRATING FIFTY YEARS OF EXCELLENCE

I came to McGill in August 1994 from Northick Park Hospital in England. "You need little time to acquire the McGill spirit", said to me by an old friend. No specific job description was handed to me on my first day. My mandate was to consolidate what had been achieved and enhance the academic strengths of the department. I realized during my initial negotiations with the Dean of Medicine, who was Dick Cruess at the time, that a great challenge was waiting for me.

Having witnessed the reorganization of hospitals in the London area, I was already familiar with such jargon as reengineering, downsizing, rightsizing easily dropped by our administrative colleagues. During my first few months at McGill, I became acquainted with the intricacies of the system which were reminiscent, to some extent, of the European style, but indoctrinated with North American pragmatism.

The evolution of health care and scientific reasoning together with the budgetary pressures imposed by western governments have challenged the way we operate and make decisions. Whether these challenges are related to a worldwide economic and political instability, or a health care redefinition or our academic insecurity, we are compelled to reflect on one clear issue "Do we need an academic Department of Anesthesia?". A critical analysis of academic anesthesia in major countries indicates a great difficulty in recruiting academic chairs, the sharp reduction in postgraduate trainees and decreased research funding.

It is my strong belief that academic anesthesia has a greater chance to survive this challenge here at McGill than in some other institutions. 1996 is the year we celebrate fifty years of existence as an academic department. Wesley Bourne, the Founding Chairman, understood the needs of the specialty, and some of his thoughts expressed in his presidential address to the American Society of Anesthesiologists' meeting in New York in 1942 are well worth repeating:

"...the more I contemplate this our institution, the more convinced I am that it is sound at heart, and that its strength is the strength of youth. As time goes on, my successors will, I hope, be able to boast of glorious achievement; they will be able to vindicate that boast by citing a long list of eminent men, great masters of experimental science, great artists in clinical procedure. They will, I hope, mention with high honour some of my young friends who now hear me; and they will, I also hope, be able to add that their talents and learning were not wasted on selfish or ignoble objects, but were applied to the service of humanity....".

The challenge for anesthesia at this point is to integrate fully its valuable human and intellectual resources into one academic environment. This way of thinking implies a mind open to any possibility, including impossibility, a mind profoundly questioning but buoyantly hopeful. Of course there is a risk in questioning our performance and in making choices, but unless there is change by taking the risk of failure, we limit our opportunity for success.

It must be our choice to be a community of scholars involved not only internationally but locally as well. We are a great public anglophone institution in a francophone environment. Close ties with his French Canadian colleagues were important to Wesley Bourne. He promoted an inviting and congenial place for active academic collaboration. McGill and our colleagues at the Université de Montréal must continue this passionate spirit fostered by Dr. Bourne which will help to carry us as a strong force into the next millennium.

It is an honour to be part of this historic occasion as we celebrate the 50th year of the Department of Anesthesia at McGill. I would like to take this opportunity to cordially invite you to join us at any of the following events, some of which form part of our celebration activities:

February 27-March 1
CAE Patient Simulator comes to McGill Anesthesia
Virtual Reality in Medical Education - Workshops and Lectures
April 13
McGill Anesthesia Research Day
May 27-30
38th McGill Annual Refresher Course, Montreal
June 14-18
Canadian Anaesthetists' Society Meeting, Montreal
September 20
McGill Anesthesia 50th Celebration
September 21-22
McGill Open House-McGill Anesthesia Display

Also, two books will be published in 1996 - one covering the History of the Department and the other a Biography of Dr. Wesley Bourne. ◆

☞ **Answer to question on page 2: 32 years!**
—USA Today

Visiting Research Fellows

By Ray C.-J. Chiu, M.D.

INTERNATIONAL VISITING RESEARCH FELLOWS AT THE MCGILL UNIVERSITY SURGICAL CLINIC

Over the years, the research laboratories in the McGill University Surgical Clinic at The Montreal General Hospital have attracted many foreign surgeons to pursue research training as Visiting Fellows. These fellows, many of them have since established themselves as surgical leaders in their own countries, were selected and funded by their own institutions to come to McGill to pursue research training, either on a sabbatical leave, or as part of their surgical training. These fellows become our valuable bridge to international surgical communities, and reflect our continued commitment to promote surgical and scientific knowledge across national borders.

Dr. Koichi Nemoto, who is now Chief of the Division of Hand Surgery at the National Tochigi Hospital in Japan, did two years of research training under Dr. Bruce Williams between 1985 to 1987; while Dr. George C.-H. Chuang, who is now the Chief of Pediatric Surgery at Chang Gung Memorial Hospital and Medical School in Kaoshiung, Taiwan, did research training under Dr. Ray Chiu between 1984 to 1985. Others who trained in Dr. Chiu's laboratory include Dr. Ming-Ho Wu, Chief of Thoracic Surgery at the National Cheng Gung University Hospital in Taiwan; Dr. Andreas Paul, now the Director of the Transplantation Service in the Department of Surgery II of the University of Cologne, Germany; Dr. Cheng Xin Gao, attending thoracic surgeon at Shanghai Chest Hospital in China; Dr. Yoshio Misawa, currently Associate Professor of Cardiac Surgery at Jichi University in Japan; and Dr. Mu-Shun Huang, who is now the Chief of the Surgical Emergency Department at the Veterans General Hospital in Kaoshiung, Taiwan. Dr. Yoichiro Kakugawa, who studied pancreatic islet cell transplantation in Dr. Lawrence Rosenberg's laboratory, also returned to Tohoku University in Japan. At present, there are three international fellows pursuing research training in the University Surgical Clinic. Dr. Joong H. Oh, Associate Professor of Cardiac Surgery from Yonsei University in Korea, is undertaking research with Dr. Chiu in cardiomyoplasty; Dr. Carlos Li, from the United States, who is funded by a Canadian Heart and Stroke Foundation Fellowship and is a fully trained cardiac surgeon, will investigate the new "cardio-reduction" procedure for dilated cardiomyopathy in Dr. Chiu's laboratory. Dr. Ulla Holthausen, sent by Professor Hans Troidl of the University of Cologne, Germany, recently arrived and will pursue research related to laparoscopic surgery under the guidance of Dr. Christopher Oung and Dr. John Hinchey.

These visiting research fellows interact closely with our own residents who are spending their academic research year in the University Surgical Clinic, many of them establishing long-term friendships across the oceans. ◆

Division of General Surgery - *Royal Victoria Hospital*

Front Row, Left to Right: *Henry Shibata, Lloyd MacLean, Jonathan Meakins, Catherine Milne, Marvin Wexler*
Back Row,Left to Right: *Paul Belliveau, Ed Monaghan, Jeff Barkun, Jean Tchervenkov, Nick Christou, Sarkis Meterissian, Antoine Loutfi, Peter McLean*

A Decline in General Surgery Applicants

By Sandra Banner

THE DECLINE IN THE NUMBER OF APPLICANTS TO GENERAL SURGERY: DOES THIS AUTOMATICALLY MEAN A DECLINE IN INTEREST IN GENERAL SURGERY?

Since 1993, the applicant pool of graduating medical students applying to general surgery has been shrinking. In 1993, the first match that graduating students had to select their specialty direct from medical school, 276 (19.3%) of the graduates applied to general surgery.

As can be seen in Table I, that number and proportion of applicants has been declining. This year in the 1996 match 194 graduates (14.4%) applied to general surgery programs.

The application patterns of graduating students has changed since the first match in 1993. Students are more focussed on particular disciplines and although they apply to fewer disciplines, the numbers of applications per student remains the same. The results of this pattern is shown in Table I, where the proportion of students applying to general surgery has decreased since 1993, but the number of applications to general surgery has in fact increased. Students are realizing their chance of a successful match to their career choice is excellent, (82% of graduates matched to first choice discipline) and they have responded by applying to more programs within their chosen discipline.

Table 1

Match Year	Total # of Grade in Match	# of Applicants to General Surgery	% of # Total of Applicants	# of Applicants to General Surgery
1993	1432	276	19.2	1203
1994	1406	258	18.3	1473
1995	1415	197	13.9	1158
1996	1348	194	14.4	1429

There are two other measures of student interest in general surgery as a career choice. The first is how the students rank general surgery. The data on three matches is available, 1993 to 1995. Table II shows the number of students ranking general surgery and the ratio of first choices to general surgery positions available in the match. This data also show a decline in the number and proportion of students choosing general surgery as their PGY-1 training. The ratio of students first choice in general surgery to positions in general surgery has declined dramatically from 1:157 students ranking general surgery first to every available position in 1993 to .08:1 in 1995.

Table 2

Match Year	# of Grade in Match	# of Grads Ranking General Surgery	% of Grads Ranking General Surgery	# of Positions in General Surgery	% of Positions in General Surgery	Ratio of Positions to Applicants
1993	1265	78	5.7	48	3.8	1 : 1.57
1994	1274	76	5.7	48	3.8	1 : 1.27
1995	1284	52	3.9	64	4.8	1 : 0.08

Another complicating factor in these ratios, is the significantincrease in the number of positions in general surgery. 1993 was the last year the CaRMS offered a PGY-2 match for general surgery. Up to that time positions were filled at the PGY-2 level and in 1993 some entry positions were reserved for those 1992 graduates who had done a rotating internship. In 1994 all of the entry positions were put into the PGY-1 match increasing the number of entry positions in general surgery for graduating students. At the same time there was a decline in the numbers of graduates choosing general surgery as their first choice for PGY-1 training consistent with the decline in the number of graduates applying initially to general surgery. Table III demonstrates that this results in a higher proportion of these positions being filled by students who did not chose general surgery as their first choice.

All of these data would suggest a declining interest in generalsurgery as a career choice for graduate students in Canadian medical schools. This however does not take into account the changes in Royal College training requirements for some of the surgical specialties and subspecialties. Cardiothoracic surgery has become cardiac surgery and thoracic surgery.

Both of these programs have changed to direct entry specialties meaning the graduating students can enter these disciplines at PGY-1 level not requiring general surgery first. General surgery training as an entry to other surgical disciplines is no longer necessary or perhaps advised. ►

► The annual demands on the medical school to provide enough positions for every graduate to attain certification and licensure has put pressure on the postgraduate offices to review alternative routes to training that extends individual training, with caution.

As a result of these changes the numbers of applicants to general surgery and the number of students ranking general surgery as their first choice for PGY-1 training were not in fact predictors of graduates ultimate career choice and therefore do not necessarily indicate a decline in the number of students who intend to practice as general surgeons.

Table 3

Year	First Choice		Matched to Surgery as First Choice		Matched to General Surgery First Choice in Other Surgery Disc	Matched to General Surgery First Choice Not Surgery	# of Positions Matched	Total # of Positions
1993	F - 12 M - 63	75	F - 5 M - 35	40	7	1	48	48
1994	F - 19 M - 57	76	F - 14 M - 36	50	7	3	60	60
1995	F - 16 M - 36	52	F - 13 M - 30	43	13	3	59	64

Since 1993 CaRMS has surveyed the graduating students who participate in the CaRMS match. This represents all of the students from the 13 medical schools in CaRMS and about 15% of the graduates from the three Francophone faculties of Montreal, Sherbrooke and Laval. The graduates are questioned as to their ultimate career choice and practice plans. According to the results of this survey, interest in general surgery as a career has remained constant through the same three years that showed a decline in applicants and first choice rankings. In 1993 3.1% of the graduates indicated they planned to practice as general surgeons. In 1994, again 3.1% indicated their interest in general surgery. In 1995, the last year that is available 3.4% of the graduating students claimed they intend to practice as general surgeons.

If these results can be extrapolated to include the Francophone schools, there are 60, 1995 graduates planning to practice as general surgeons upon completion of training. As the size of the graduating class decreases., beginning in 1997, and if the interest in general surgery remains constant as it has over the last three years, there will be fewer graduates in general surgery. Of course all of this begs the question of how many are actually needed. ◆

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Obituary

Dr. John James Dinan died at Montreal on Thursday, January 25, 1996 at the age of eighty-nine years. He was the beloved husband of the late Maud MacDonald, the loving father of John (Helen) and Susan (Edward), and grandfather of Ingrid, Erica and Christopher. Dr. Dinan was a graduate of Bishop's University and McGill Medicine. He served overseas in World War II with the First Canadian Medical Unit as Lieutenant Colonel. His outstanding career continued at St. Mary's Hospital from 1945 to 1981, where he was Chief of Surgery from 1958 to 1967. He will be sadly missed by family and friends. Donations to the St. Mary's Hospital Foundation would be appreciated. ◆

KUDOS

(continued from pg. 6)

Dr. Lloyd D. MacLean was a Visiting Professor at The Indiana University School of Medicine in February. On Friday, February 16th he spoke at The Columbia Club on *Healthcare Delivery Systems* and on February 17th he was the 1996 John E. Jesseph Memorial Lecturer. His talk after Surgical Grand Rounds, in the Myers Auditorium, was entitled *Recent Advances in the Treatment of Obesity.*

Drs. Gitte Jensen and **Sarkis Meterissian** received an MRC operating grand for the study *"Molecular Mechanisms of Lymphocyte Trafficking."* ◆

EDM

Corrections to the Fall '95 Issue

The caption under this photograph should have read:
Mrs. Dorothy and Dr. Bruce Williams

- The caption under the photograph of the late Dr. Gurd should have read: Dr. Fraser N. Gurd.
- On page 6, Dr. Hany Daoud was honoured by the Principal in recognition of his 15 years association with McGill.

— The Square Knot regrets these errors.

Upcoming Events

March 13-17, 1996
SAGES
(Society of American Gastro-intestinal Endoscopic Surgeons)
Postgraduate Course: *Problem Solving in Endoscopic Surgery*
Pennsylvania Convention Center, Philadelphia.
N.B. "Video-Olympics" - March 17.

March 21, 1996
McGill Division of General Surgery Visiting Professorship.
Dr. Jerry M. Shuck, Case Western Reserve University in Cleveland. Sponsored by Davis+Geck.

March 28, 1996
The E.J. Tabah Visiting Professorship.
Dr. Norman Wolmark. Dr. Wolmark is a McGill graduate of 1970.

May 1996
Dr. Fraser N. Gurd Day - Orthopaedic Surgery.

June 6-7, 1996
Stikeman Visiting Professorship
Dr. Hillel Laks, Chairman, Division of Cardiothoracic Surgery, University of California in Los Angeles.

September 1998
Surgical Diseases of the Esophagus
Montreal. Chairman: Dr. André Duranceau.

Thank You

There has been a generous response to our appeal for funds. Almost $9000. has been received by the McGill Surgery Alumni and Friends. We are most grateful. ◆

Ed Monaghan and David Mulder