UNIVERSITY OF TORONTO

THE surgical spotlight

FOR ALUMNI, FACULTY, RESIDENTS & FRIENDS

OF THE DEPARTMENT OF SURGERY WINTER 2003-2004

chair's column

AN AGE OLD THEME, A LESSON FOR MODERN TIMES

United Wills Make A Fortress

This ancient Chinese proverb echoes a theme found in many famous modern day aphorisms. This philosophy, that of negotiating using the strength of numbers and the synergies that come from diversity, may be a necessary strategy if we desire to effect an Alternate Funding Plan (AFP) that will meet the needs of our academic surgical community. I am convinced more than ever, that the successful implementation of a comprehensive AFP for surgeons in our teaching hospitals is the most important economic and political issue facing this Department in many years.

Richard Reznick

The Current State Of Play

After more than three years of negotiating with our provincial funders, we have a token expression of an alternate funding plan, commonly referred to as Phase 1. The implementation of this plan, which sees an initial amount of money coming to academic physicians, ostensibly as a start up to the process, has been met with a combination of interest and skepticism. It's important to remember that this round of AFP talks was the product of thousands of

Chair's Column *continued on page 2*

inside

Chair's Column *continued from page 1*

hours of negotiations and a supreme effort from many of our colleagues. These efforts have by and large been either hospital based or division based. One might argue that as we forge into the next phase of discussions, our efforts should be preceded by discussions about how we may develop a unity of purpose.

THE CURRENT MODEL IS NEITHER VERTICAL NOR HORIZONTAL

The current discussions are fragmented. There are discussions with each of three negotiating teams representing four hospitals. There have been successful discussions with specialty groups, such as gynaecologic oncology, radiation oncology and medical oncology. There is active but slow dialogue and review of so-called "hot spots" such as surgical oncology, transplantation medicine and surgery, neurosurgery and vascular surgery. This approach, which sees any interest group trying to exert pressure for its own parochial purpose, will ultimately disadvantage our academic collegium. The imperatives of our teaching hospitals will at times be different from the imperatives of our academic physicians, which in turn, may differ from the imperatives of a university department or faculty. Today's "hot spots", which can easily chill tomorrow, represent a strategic advantage to the bargaining process that once removed, will serve to disadvantage the good of the collective.

STRENGTH IN NUMBERS AND UNITY IN DIVERSITY

It has been argued that the best solution to the fragmentation is to bargain in a unified fashion. Defining unity is difficult. But I would posit that the more comprehensive the approach, the more likely it is to serve the interests of academic surgeons. I am a strong advocate for a process that would see all academic surgeons across Toronto, or perhaps even across Ontario, negotiating as a whole. I believe that surgeons in one specialty have an intrinsic understanding of what surgeons in other specialties do. No matter what our phenotype, we all possess the surgical gene! I am convinced that surgeons best represent the interests of surgeons. That is not to say that market forces that differentiate surgical incomes can or should be ignored. However, the synergies that may emanate from "an academic surgical envelope" may be a major strategic advantage. To this end, the Chairs of the five Ontario Departments of Surgery have entered into a dialogue with the Ministry to explore the feasibility and desirability of a "Surgical AFP."

ONE LAST EMPHATIC POINT

In all of this discussion, it is critical that we keep in sharp focus one overarching reality. The compensation for our surgeons' work belongs to our surgeons. The interest of the over 200 faculty members in our Department must be foremost in our discussions. This is not "university money" we are talking about, this is not "hospital money" we are talking about, it is our "surgeons' money". This is about developing a process to properly recognize all of the major clinical and academic contributions that our surgeons are making.

Richard K. Reznick
R.S. McLaughlin Professor and Chair

Great new title! I like the image of the surgical spotlight, used to illuminate the places where the action is, highlighting a wide variety of issues, tasks, and people. The U of T Press has done good work with our format, and our readers have sent encouraging responses. I'd like The Spotlight to have more ideas, more juice, and more writers and editors.

Martin McKneally

In this issue, we celebrate the remarkable generosity and vivacious participation of Terrence Donnelly in the life of our Department, St. Mike's, and the University. His good fortune moved him to "pay it forward" and to enjoy the process. Private philanthropy is critically important to advancing Canadian health care from good to very good to excellent. This is the kind of "privatizing" we need. I am proud of the private contributions to our health care system from our surgeons. They subsidize and enrich the work of the Department of Surgery through their contributions to the academic enrichment and alumni funds.

Bob Salter celebrates the life and work of Mercer Rang, whose hand-illustrated textbook, enriched with short historical sketches of hundreds of surgeons, has educated a generation of paediatric orthopods in the craft and culture of their specialty. Anyone considering writing or editing a textbook should look at Mercer's "Art and Practice of Children's Orthopaedics" as a standard of excellence.

We profile the work of Rebecca Gladdy and Andras Kappas, and the transdisciplinary research programs of Geoff Fernie and Abdallah Daar. Both illustrate how the sparks of creativity are generated at the intersections of scientific and social disciplines, rather than "in the silent still centres of the silos" to quote Abdallah. A striking example of the wisdom of his strategic plan to use technology to help less fortunate countries is the impact of information technology on India, which has become the "back office" of the Internet economy. Nutrigenomics may bring about similarly rapid economic and social advances in Africa.

Congratulations to Tom Lindsay, appointed last month as the Chair of Vascular Surgery. In the next issue, we will describe the remarkable work that Tom, Wayne Johnston, and their colleagues are doing in the rapidly advancing field of vascular surgery.

The Surgery Office and Spotlight staff wish all our readers and their families a happy holiday season. We look forward to seeing you at the Surgery Department's Holiday Reception at Accra, in world-renowned architect Santiago Calatrava's inspiring Galleria at BCE Place, a fitting place for our Department to celebrate its members.

Martin McKneally

NAME THE NEWSLETTER CONTEST

*The new name for our Newsletter is **The Surgical Spotlight**, submitted anonymously by someone trying to stay out of the spotlight. It harmonizes with the logo, and with putting the spotlight on our people and programs.*

Other great entries were:

"I think there are three good reasons to suggest **Ligatures**. Literally, ligatures refer to the sutures we use in our daily practice. Metaphorically, the title refers to the ties that bind the alumni, faculty, residents and friends of the Department of Surgery together. Typographically, it refers to characters which are joined together to improve legibility and appearance in quality typesetting - an example of which is the newly redesigned newsletter."

Howard M. Clarke, Division of Plastic Surgery

"The newsletter name **The Living Suture** would celebrate Dr. W.E. Gallie and also reflect the purpose of the surgical newsletter, to bring together the Alumni of the Gallie Course of the University of Toronto."

John W. Hazlett, Kingston, Ontario

"**The Scrub Sink** is a common denominator in the life of all surgeons, an area of calm before the storm, a place where staff, residents, nurses and students come together. It is the site of many important discussions that pertain to a variety of issues in our department, from staff hirings to student evaluations, from discussing the approach to a complex tumour to arguing about issues of health economics and fee schedules, from reviewing the status of a critical patient with staff to getting quizzed on anatomy. The scrub sink is a place where one can find surgeons from different specialties interacting, brought together by the

NAME THE NEWSLETTER CONTEST *(CONTINUED)*

randomness of the OR schedule, at 8 am or 3 am. The scrub sink, for me, has special significance; it is by the scrub sink of OR 3 at The Toronto Western Hospital that I arranged one of the most important and pivotal electives of my career with Dr. Charles Tator.

Patrick Tawadros, PGYII-G/S

We'll try to work these into the structure of the ***Spotlight*** *in future issues, perhaps as titles for columns about Alumni etc. "The Scrub Sink" would make a great title for a discussion, "In My Opinion" column or forum. All of these submissions won a copy of Atul Gawande's book* ***Complications.***

APPOINTMENT

I am pleased to announce the appointment of Thomas Lindsay as Chair of the Division of Vascular Surgery at the University of Toronto.

Dr. Lindsay has succeeded Wayne Johnston as of October 1, 2003.

Dr. Lindsay received his MDCM (with Great Distinction) from McGill University in 1983. He completed his general and vascular surgical training at University of Toronto and then did a research fellowship at Harvard Medical School. He has been a member of our faculty at the University of Toronto and a member of the Division of Vascular Surgery at University Health Network since 1991.

Tom Lindsay

Tom is well regarded as an excellent vascular surgeon, an exceptional teacher, and has made innumerable contributions to scholarship in the field of vascular surgery. Amongst his accomplishments, Tom has had continuing peer-reviewed funding for his research work since 1993. He was recently designated as a Distinguished Reviewer for the Journal of Vascular Surgery. He was an Examiner for the Royal College of Surgeons in Vascular Surgery. Finally, he was a recent President of the Peripheral Vascular Surgery Society.

As mentioned, Dr. Lindsay succeeds Wayne Johnston who has stepped down from his position as Chair after seventeen years. Certainly our entire university organization is grateful to Wayne for his magnificent contributions.

I know you will join me in wishing Tom well in his new position and support Tom's efforts to further strengthen the Division of Vascular Surgery at the University of Toronto.

Richard Reznick

A Bright Future For Canadian Healthcare

"PRIVATIZING" THE PUBLIC SYSTEM

After watching the expensive investment and stalemated conclusions of the Kirby and Romanow reports, it was exhilarating to learn how Canadian philanthropist Terrence Donnelly is investing his private assets to raise the quality and comity of the most equitable health care system in the world. Romanow argued that the founding principle of equity cannot be violated despite obvious shortfalls in quality of care. Kirby argued that quality must be improved, even if alterations in equity are the price to achieve this goal. Terrence Donnelly is setting the standard for enhancing health care in an exemplary and satisfying personal campaign. As he showed me around the many spectacular improvements he has made to St. Michael's Hospital, I could see the powerful and personal effects of his private contributions and stewardship on this great but recently troubled public hospital. He regularly punctuated our walking interview with pauses, to pick up stray papers in the 8000 square foot Donnelly research lab, to straighten armchair

Photo Credit: Stephen Simeon

Terrence Donnelly

covers in the patients' library ("they get a lot of wear"), to rearrange the J.F. Kennedy rockers he is testing in a waiting area, or to turn on the electric fireplace and lamps in the Donnelly music room where a nurse was quietly counselling a patient's relative. "If it looks like a run-down budget hotel, how can patients have confidence? I'd like it to feel like a five star hotel where the patients and families will immediately feel they are in good hands."

Terry has purchased and hung hundreds of pictures, endowed a spectacular day surgery unit that welcomes 80-100 patients each day, and built beautiful and inspiring workplaces and conference rooms for the cardiac surgery unit headed by his friend and advisor Lee Errett. ("I give Lee's ideas and effective implementation credit for most of what I've been able to do here.") The Donnelly education program brings visiting surgeons from Israel, China, Japan and Cuba to study with Lee and his colleagues. The best and brightest cardiac surgical residents from every program in Canada are flown in each year for the two-day Terrence Donnelly Conference, where they present their research and participate in laboratory demonstrations of new technologies and procedures. It is a highlight of the academic year for cardiac surgical trainees.

Terry is retired from the practice of law in Toronto. "I spent one-third of my life getting my education, one-third earning a living, and now I'm spending one-third giving back." His inspiration came from the Shouldice Clinic, where the physical environment and ambiance were designed by Dr. Earle Shouldice to encourage healing through early ambulation and peer-to-peer patient education in a home-like setting. He was also inspired by the example of Colonel Harold Sanders, founder of the KFC food chain, who was his client, friend and business associate. "The greatest thing about the Colonel was that as soon as he enjoyed any degree of success, he gave everything away." Terry serves as President of the Colonel Harold Sanders Charitable Organization in Canada and the Colonel Sanders Foundation in the U.S., which support children's hospitals across North America. He is an expert skier and an avid traveler and collector of art and antiques. He finds "version three", the philanthropic phase of his life the most satisfying, and encourages others who are fortunate enough to be able to do so, to share the experience. Because of the needs, "there is always a project for every budget and the pleasure in giving is multiplied by enjoying the progress and seeing the assets used in my lifetime for rehabilitation, education and research."

We asked Terry what inspired his recent donation of five million to the Faculty of Medicine's Centre for Cellular and Biomolecular Research. His immediate answer was, "David Naylor!" David's commitment to the centre's success and his clear presentation of the relation of foundational research for the MaRS project "gave clarity, force and direction" to the support for basic research, which sometimes seems too vague and theoretical to attract private donations.

In his support for research, education and patient-centred care, Terry sets the example for others to brighten the future of Canadian health care through the rewarding and constructive pathway of private philanthropy.

Martin McKneally with reporting by Rebecca Davies

Using Genomics and Biotechnology to Reduce Global Inequities

Abdallah Daar, Professor of Surgery and Bioethicist in our Department, is using his extensive knowledge of genomics and biotechnology to address the biggest challenge facing the western world since the fall of communism: managing global integration with the developing world. In a recent lecture at the University of Toronto, Harvard President and economist Larry Summers drew attention to the critical need for privileged countries to reduce global inequities in

Abdallah Daar

order to secure world peace and prosperity. Convinced that this reduction is a moral imperative, Abdallah is working to develop the biotechnology tools, personnel, and policies to help the countries that have fallen behind in technology.

The research group that he co-directs with Peter Singer has attracted scholars from around the world and over $16 million in funding from Genome Canada, The Ontario Research and Development Challenge Fund, The University of Toronto, The Mclaughlin Centre for Molecular Medicine, the U.S. National Institutes of Health, and other matching partners. The thrust of the program is developing field strength in genomics, biotechnology, stem cell based regenerative medicine and nanotechnology in developing countries. The health biotechnology innovation systems of Cuba, Brazil, South Africa, Egypt, India, China and South Korea are being studied to identify useful lessons for other developing countries. He would particularly like to attract surgeon scientists to work on the stem cell front. There are excellent stem cell based studies underway in our Department. Enlightened policies on stem cell research in Canada and abroad afford us the opportunity to improve the lives of millions of people who live in the poorer countries of the world. Abdallah proudly reminds us that the stem cell revolution began at the U of T in the laboratory of University Professor Jim Till, a current active member of the Joint Centre for Bioethics.

Abdallah and his team are developing the research and scientific evidence to support enlightened policies and secure their adoption by international organizations such as the World Health Organization and the United Nations. One of his current reports states: "In the clash between scientists and activist groups in Europe and North America over genetically modified (GM) crops, the interest of the world's Southern countries - represented by some 5 billion people - were ignored. Political pressure from the North, such as the threat of banning agricultural imports from countries that use GM crop technologies, denied the South the opportunity to benefit from the technology. Zambia recently refused U.S. GM-corn as humanitarian food relief largely for fear of the economic repercussions associated with no longer being considered a GM-free nation by the European Union."

Abdallah fled Uganda to study medicine and surgery at Oxford, where he became a transplant surgeon and PhD in immunology under the mentorship of Sir Peter Morris. He served as founding Chairman of the Department of Surgery at Sultan Qaboos University in Oman. A former transplant surgeon, he still holds the world record for the smallest cadaveric human kidney transplant, from a 35 week gestation neonate. He has developed international ethical guidelines for the World Health Organization on xenotransplantation, genetic manipulation, and artificial recombinations. Working with Peter Singer at the Joint Centre for Bioethics, his team has attracted an international reputation for outstanding research and policy development. Surgeons interested in developing expertise in applied bioethics can reach him at a.daar@utoronto.ca.

M. M.

Transdisciplinary Research to Help the Underdog

Geoff Fernie, a mechanical engineer who wrote his thesis on bedsores, has always been interested in "underdog cases". Now Vice-President for Research at Toronto Rehabilitation Institute, he continues in this spirit, combining simple and complex technology to study and solve common problems of aging and mobility. Geoff's involvement with the University of Toronto Department of Surgery began in 1973, when he immigrated from England and established the Amputee Research Program at West Park. Here he focussed on retraining patients and founded an educational program which trains 80% of Canadian prosthetists and orthotists. His experience with long

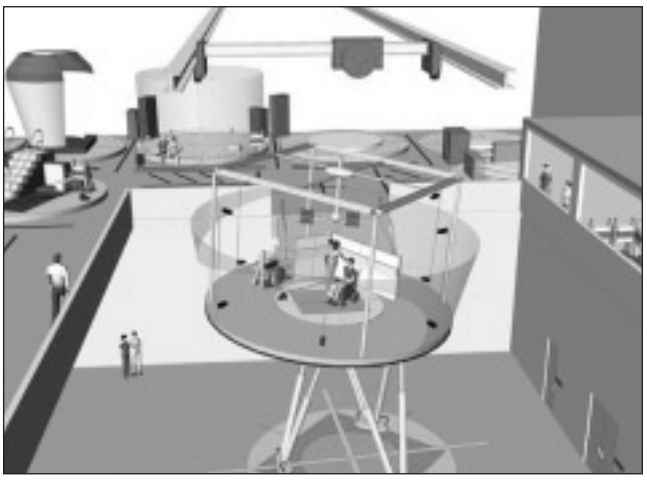
Geoffery Fernie

term patients drew his attention to common problems like hip fractures from falls, and care-giving issues like lifting heavy patients. He designed the first battery operated portable patient lift, and began working with multi-disciplinary teams, for example, learning urology from Mike Jewett to design solutions to geriatric incontinence. In 1986, Bernie Langer appointed him as the first University of Toronto full Professor of Surgery who was not a surgeon.

In 1987 he became Director of the Research Program in Aging at Sunnybrook where his team focussed both on academic research, publishing frequently in top rated journals, and on creating products which patients can actually buy to improve their quality of life. They have developed a "life rail" with better ergonomic design to prevent falls. As Geoff points out, preventing hip fractures is as useful an aspect of surgery as fixing them. His team also designed what Geoff calls "the toilevator", a mechanism installed under toilets to assist patients who have trouble lifting themselves. "Low-tech" research like this is often stigmatized among engineers and surgeons as less interesting, but in fact, seemingly simple devices can be surprisingly complex, particularly when it comes to producing them in a marketable form. The "toilevator," a vast improvement over awkward and unhygienic seat elevators, is now widely available to patients, who can even order it through the Sears catalogue. Geoff's research ranges from low tech to artificial intelligence to help the disabled. Last year he won the Dr. Jonas Salk Award for "outstanding achievements in development technologies that ameliorate numerous physically disabling conditions."

At the Toronto Rehabilitation Institute, which brings together a network of health care and educational facilities, Geoff has made it his mandate to provide an environment for continued transdisciplinary problem solving. His current research team includes industrial designers, architects, art and design students, and researchers from the humanities and social sciences who investigate whether products actually solve the problems they were designed to address. The building on University Ave. is undergoing major renovations and expansion which will include a "multi-system simulator," like a giant flight simulator (see picture) built sixty feet underground. This six metre platform can simulate any kind of movement. Environment-simulating modules can be placed on the platform by crane. For example, sub-zero temperatures and snow can recreate an icy winter slope for research on boots, walkers, and wheelchairs to maximize mobility and minimize the risk of falls.

Geoff's professional interests are intertwined with his personal life. His wife Bonnie is a gerontology nurse who collaborates on many of his projects. They have two sons, Jason aged 15 and Jeremy 18. At their wedding, Geoff's best man was John Kostiuk, the Toronto orthopaedic spine surgeon with whom he worked for many years; John later became chief of orthopaedic surgery at Johns Hopkins. Geoff is originally from Ely, England, a town known for its cathedral visible from a great distance. He has been a competitive sailor since childhood, and enjoys many outdoor activities with his family like hang-gliding and camping.



CEAL Motion Simulation

Julie Roorda

Scientists in Surgery

Approximately 15% of our surgical faculty are individuals who are non-MDs and work as full-time scientists. These individuals are significant contributors to the research effort of our Department. This section will endeavour to profile excellence in research among the scientists in our Department.

Andras Kapus

Andras Kapus, Associate Professor of Surgery at the University of Toronto and a member of the Division of General Surgery at the University Health Network was born and raised in Budapest, Hungary, received his MD from Semmelweis University of Medicine in Budapest in 1986 and subsequently received a PhD in Physiology at the same University. Following postdoctoral training at the University of Toronto under the supervision of Dr. Sergio Grinstein at the Hospital for Sick Children, Dr. Kapus returned to his home university in 1995 to take up a position as an Assistant Professor in the Department of Physiology. He was recruited back to the University of Toronto and joined the Faculty in 1997.

Since his return to the University of Toronto, Dr. Kapus has established himself as an outstanding independent scientist and teacher. He was named a scholar of the Medical Research Council of Canada in 1999 and holds a Premier's Research Excellence Award. In his first few years on Faculty, he was honoured with awards from the Banting Foundation, the Dean's Funds, the Connaught New Staff Grants Fund and the Elsie Winnifred Crann Award. He currently holds peer reviewed funding from the Canadian Institutes of Health Research and NSERC. He is presently Chair of the Dean's Fund Committee at the University of Toronto and a reviewer for multiple scientific journals including the American Journal of Physiology, Journal of Biological Chemistry, and Oncogene.

Dr. Kapus' research focuses on the cellular and molecular responses of mammalian cells to hyperosmolarity and shape change. He is a prolific writer and publishes his work in high ranked basic science journals, including the Journal of Biological Chemistry, American Journal of Physiology, Journal of Immunology, and the FASEB Journal. He is a frequently invited lecturer both locally and internationally. Most recently, he coordinated a lecture and laboratory course in Cell Physiology at the University of Coimbra, Portugal.

Andras is married to Annie Ferencsik who works in the Ultrasound Department at the University Health Network. His children, Gergely, Mihaly and Anna span the teenage years and like all children, are growing up faster than Andras and Annie can believe.
Andras is an excellent example of how scientists in our Department are able to develop their independent research careers while becoming integrated into the scientific work of the Department as a whole. In this capacity, Dr. Kapus serves as an excellent role model for both surgeons and scientists in our Department.

Ori D. Rotstein
Division of General Surgery

Repairing the Damage to DNA

Rebecca Gladdy has just returned to the clinical service after completing a PhD focused on molecular genetics of cancer in the laboratory of Dr. Jayne Danska and Dr. Cindy Guidos at the Hospital for Sick Children. Her research examined how cells respond to DNA damage. Cells that are damaged by radiation or mutagens are generally capable of repair. DNA repair is critical to prevent cancer formation since if a mutation in an oncogene or a tumour suppressor gene is not repaired, then cells are at risk of neoplastic transformation. Cells can also lose their ability to undergo apoptosis (or programmed cell death) if mutations in important DNA damage detection genes like p53 are present, which can result in the accumulation of mutations. For example, p53-deficient cells do not die normally and result in a high incidence of human cancers.

Rebecca's research used murine leukemia models to explore how cells respond to DNA damage. Her thesis focused on how defective DNA repair pathways in lymphocytes result in a very high incidence of acute leukemia (ALL). In a recent Cancer Cell publication, she showed that the development of CNS leukemia, an important reason for treatment failure in ALL and non-Hodgkin's lymphoma, was genetically regulated in mice. Research using mouse models is a very powerful tool as genes can be turned on or off to determine the role of specific genes in cancer formation. Furthermore, defects in other DNA repair pathways are associated with familial GI and breast cancers. Recent work by Dr. Steven Gallinger's group at Mount Sinai has shown that patients with hereditary colon cancer did not respond as well to adjuvant chemotherapy compared to spontaneous colon cancer patients, possibly due to defective DNA repair. Thus, research in the genetics of cancer and how cells repair themselves after injury are critical to understand how cancer develops and will provide insight on patient's responses to chemotherapy and radiotherapy, which both cause further cellular damage, and may have an impact on patient outcomes.

Rebecca Gladdy

Surgeon Scientists are now regarded as outstanding contributors to basic science laboratories because of their work ethic and enthusiasm for acquiring and applying scientific knowledge. The goal-oriented, scripted schedule of the clinical service is disturbingly absent at the beginning of the laboratory period, which many research residents find unsettling. As Rebecca points out, "No one pages you and tells you where to go next." During this period of adaptation to the uncertainties and ambiguity in the research environment, surgeons work hard to learn the technical details of the laboratory, acquire a sound understanding of science and methodology, and most importantly figure out how to make things work, produce results which may involve seeking out the advice and expertise of other researchers. Graduates of the Surgeon Scientist program have become highly respected members of the scientific community in Toronto and beyond. Their individual efforts and contributions to many large scale collaborative programs in basic science, medical education and clinical epidemiology are widely recognized.

Rebecca is trying to maintain her ties to the laboratory, while engaged in the care of surgical patients at St. Michael's Hospital and next at Sunnybrook and Women's College HSC. This is an important link that is somewhat better maintained currently than it has been in the past when the exit from the laboratory resulted in complete isolation from the scientific discourse that is characteristic of the intellectual life of the surgeon scientist. This has been a troublesome re-emersion in the past; Rebecca describes it as "jumping from the sauna into the snow!" Perhaps our current generation of surgeon scientists returning to senior residency will be better enabled to balance their clinical and research responsibilities during their training. In the past there has been a third equilibration challenge when surgeons enter academic practice after several years of complete preoccupation with clinical care as senior residents.

Rebecca is delighted to be back on the clinical service. She grew up in Sarnia, Ontario, a town of about 75,000 on the Michigan border where her father was a beloved community physician who delivered babies and was the confidante and advisor to a wide range of patients. She leads an active, balanced life with an interest in fitness that includes running, yoga and squash and enjoys a wide variety of friends within and outside the science and surgical community. Rebecca attended Queen's University for her undergraduate education and her medical degree. She came to the University of Toronto attracted by the Surgeon Scientist program. She emphasized the importance of the time, salary support and tuition made available to Surgeon Scientists through the Department of Surgery that distinguishes our program.

M. M.

Sunnybrook-Hadassah Trauma Exchange

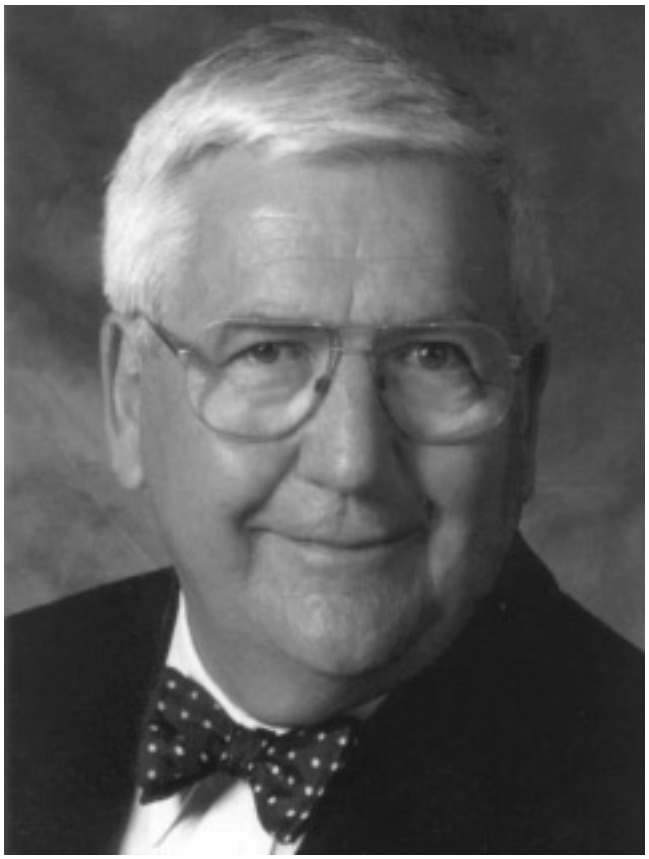
Sunnybrook Orthopaedics has organized a program with Hadassah Hospital in Jerusalem whereby a fellow is with us from that centre for two years. In exchange, a team from Sunnybrook including staff, a biomechanical engineer, a nurse and a previous fellow are heading to Jerusalem in December for eight days to speak at the Hadassah Hospital and at the Israeli Orthopaedic Association. We will be learning about triage of mass trauma and touring the Ein Kerem Rehab facility for trauma victims. A cultural tour is arranged to various centres, museums and sites for all participants.

It is hoped that this will be a seed from which a strong program can grow.

Joel Finkelstein
Division of Orthopaedic Surgery

IN MEMORY OF MERCER RANG

AN INSPIRATION AND BENEDICTION



On October 6, 2003 Mercer Rang, one of the world's most eminent paediatric orthopaedic surgeons, died after a long illness which he had borne with courage and equanimity.

Born in London, England in 1933, Mercer graduated from the University College Hospital Medical School in 1956 at the age of 23 and began postgraduate surgical training in London's St. Bartholomew's Hospital.

There followed two years of National Military Service as a Command Surgical Specialist in Northern Ireland. During his postgraduate orthopaedic training he was inspired by the late Lipmann Kessel to pursue an academic career. He enrolled in the Program of the Royal National Orthopaedic Hospital. In 1965 he was seconded

from that Program to the beautiful island of Jamaica where he served for two years as a Senior Lecturer in Orthopaedic Surgery at the University of West Indies under the superb leadership of the late Sir John Golding. During that time Mercer single handedly organized a highly successful Postgraduate Course on "The Growth Plate and Its Disorders". That was the beginning of a warm and lasting friendship between the Rangs, the Goldings and the Salters.

In 1967 Mercer came to the Hospital for Sick Children as my Basic Research Fellow. We conducted research on the pathogenesis of deformity of the femoral head in an animal model of Legg-Perthes' disease. At the end of that year I appointed Mercer to the staff of our Division of Orthopaedic Surgery where he was a faithful and productive worker in the academic vineyard until his retirement from the hospital in 1999.

Mercer Rang was a multitalented man; he embodied a remarkable combination of a skillful paediatric orthopaedic surgeon, a kindly clinician with sound judgement, a basic and clinical scientist, a superb teacher in both the spoken and the written word, a clever cartoonist capable of illustrating his own books, an accomplished landscape artist, a highly respected orthopaedic historian, a fine and loving husband for his dear wife, Helen, as well as a devoted father and grandfather. He was truly a Renaissance Man.

Mercer was a paediatric orthopaedic surgeon with a wide variety of clinical interests but his most important contributions have been in the fields of children's fractures and neuromuscular disorders, cerebral palsy, and the history of orthopaedics.

During his academic career, Mercer Rang published six books: *The Growth Plate and Its Disorders*, *An Anthology of Orthopaedics*, *Children's Fractures* (two Editions), *The Easter Seal Guide to Orthopaedics*, *The Art and Science of Children's Orthopaedics* (with Dennis Wenger) and his second historical book, *The Story of Orthopaedics*. In addition he published 61 articles and 12 book chapters.

Mercer served as a Visiting Professor in 26 universities and delivered over 200 invited lectures in many countries including 22 Named Lectures. He has also been active in the teaching of orthopaedics in a number of Third World Countries as the First Lipmann Travelling Professor.

He received many honours and awards. Three of his most cherished honours included Honorary Fellowship of the American Academy of Orthopaedic Surgeons in 1990, Honorary Fellowship of the British Orthopaedic Association in 1996 and the Alan Graham Apley Gold Medal of that Association 1999. He was also a wonderful family man. Our condolences are extended to Helen, their three daughters, Caroline, Sarah and Louise and their six grandchildren.

The wise philosopher, Ralph Waldo Emerson, was asked how he would define and describe a person who has achieved success. His response is particularly relevant to Mercer Rang:

"He has achieved success who has lived well, laughed often and loved much; who has enjoyed the trust of pure women, the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved poppy, a perfect poem or a rescued soul; who has never lacked appreciation of Earth's beauty or failed to express it; who has always looked for the best in others and given them the best he had; whose life has been an inspiration and whose memory a benediction."

All of us who have been privileged to have known him would heartily agree; by all Emerson's criteria, Mercer Rang certainly achieved success!

Robert B. Salter
Division of Orthopaedic Surgery

Honours/Awards/ Accomplishments

Michael Ameli (VascSurg) attended the 25th Annual Meeting of the Canadian Society for Vascular Surgery in Victoria, British Columbia on October 24, 2003 where he was presented with "The Ganzoni/Sigvaris Venous Award 2003" for his outstanding contribution to venous disease.

Mark Bernstein (NeurSurg) received his Masters of Health Science in Bioethics from University of Toronto, June, 2003.

Paul Bernick (GenSurg) has been awarded the Dr. John H. Fowler Excellence in Teaching Award for 2003.

Lori Burrows (Research) won the Premier's Research Excellence Award for project titled: "Investigations of Bacterial Biofilm Formation and Development of Anti-biofilm Strategies" in September, 2003. The award amounting to $100,000 (plus $50,000 in matching funds from the Hospital for Sick Children) will be designated to fund graduate students and postdoctoral fellows salaries.

Peter Dirks (NeurSurg) has been appointed as the Young Neurosurgeon's Liason to the World Federation of Neurosurgical Societies' (WFNS) Neuro-oncology Committee.

James Drake (NeurSurg) is the new recipient of the Harold J. Hoffman/Shoppers Drug Mart Chair effective September 30, 2003.

Michael Fehlings (NeurSurg) has been appointed as a member of the Canadian Institutes of Health Research "Neurosciences A" Grants Committee, effective July 1, 2003 to June 20. 2004.

Michael has also been appointed a member of the Ontario Neurotrauma Research Advisory Panel.

Steven Gallinger (GenSurg) has been nominated by the Canadian James IV Association for a James IV Fellow Award, 2005.

William Kraemer (OrthSurg) has been awarded the R.B. Salter Award for Excellence in Teaching by faculty as voted by the orthopaedic residents.

Farhad Pirouzmand (NeurSurg) has been awarded the PAIRS 2003 Excellence in Teaching Award from the University of Saskatchewan.

John Honey (UrolSurg) was Scientific Program Chairman of the 21st World Congress on Endourology and Shock Wave Lithotripsy which was held at the Palais du Congress in Montreal from September 12-24, 2003. This is the largest meeting in the world that focuses on this aspect of Urology. Other members of the division who participated in the Scientific Program in various capacities included: **Kenneth Pace**, **Laurence Klotz**, **John Trachtenberg**, **Michael Jewett**, **Sender Herschorn** and **Tony Khoury.**

Robert Stewart (UrolSurg) has won the Dr. Clarice Chalmers Teaching Award in the Department of Surgery at St. Michael's Hospital.

Taufik Valiante (NeurSurg) has received a Clinician Scientist Phase I Award from the Canadian Institutes of Health Research (CIHR). He received this award for his research project: "The Application of Linear and Non-linear Seizure Prediction Algorithms in Clinical Practice and an In Vitro Seizure Model".

Christopher Wallace (NeurSurg) has been nominated as a member of the Nominating Committee of the World Federation of Neurosurgical Societies' (WFNS).

Julio Furlan (Clinical Postdoctoral Fellow, NeurSurg, Supervisor: M. Fehlings) has received the Elsevier Award for Best Poster Presentation at the 3rd International Meeting organized by the International Society for Autonomic Neuroscience (ISAN), Calgary, Alberta, July, 2003 for his project: "Hematological Findings in the Acute Phase of Spinal Cord Injury in Humans".

Henry Ahn (OrthSurg Resident) was presented the 2003 T.R. Sullivan Award for Excellence in Basic Science for best resident basic science paper presented at Orthopaedic Research Day held May, 2003 for

his paper titled: "A Novel Opto-thermal Technique to Ablate Lytic Spinal Metastases Prior to Vertebroplasty".

Henry was presented the 2003 Canadian Back Institute Award for best spine paper presented at Kennedy Day held on November 6, 2003 for a paper titled: "Percutaneous Pedicle Cannulation: A Cadaveric Study Assessing Clinical Experience and Two Dimensional Spinal Navigation".

Shane Burch (OrthSurg Resident) has been awarded one of two 2003 Organon Sanofi-synthelabo Resident Research Award for best resident presentation at Kennedy Day, November 6, 2003 as selected by Dr. Henry Bohlman for a project titled: "Treatment of Spinal Metastases with a New Minimally Invasive Technique in Pre-Clinical Models".

Paul Fedak (CardSurg Resident) has been awarded the Dr. Paul Cartier Cardiac Surgery Resident Research Award in honour of Dr. Paul Cartier, an outstanding Canadian cardiac surgeon who died at the peak of his career in 2001. It is sponsored by the Canadian Society of Cardiac Surgeons (CSCS) and is awarded annually at the Canadian Cardiovascular Congress in Toronto, 2003. The award is given to a cardiac surgery resident who has made an outstanding contribution to the field of cardiac surgery through basic science or clinical research and who has demonstrated promise for a distinguished academic career in cardiac surgery.

Stephen French (OrthSurg Resident) has been awarded one of two 2003 Organon Sanofi-Synthelabo Resident Research Award for best resident presentation at Kennedy Day, November 6, 2003 as selected by Dr. Henry Bohlman for a project titled: "Application of the Neer Classification of Proximal Humerus Fractures: A Comparison of Academic Versus Community Practitioners".

Jeremy Hall (OrthSurg Resident) has been awarded the R.I. Harris Postgraduate Prize for the most outstanding orthopaedic graduate.

Gelareh Zadeh (NeurSurg Resident) received First Prize Resident Award for the 2003 American Academy of Neurological Surgery meeting in Colonial Williamsburg, October 30 – November 1, 2003.

Grants & Fellowships

David Backstein (OrthSurg) and **Adam Dubrowski** (Research) have received a PSI Grant ($27,000) for a study entitled: "The Effects of Part-whole Practice Schedule on the Acquisition of a Complex Bone Plating Surgical Procedure".

Darius Bagli (UrolSurg) has been awarded a research grant from the National Institutes of Health for his project titled: "The Role of Hypoxia in Fibroproliferative Bladder Disease". This two-year award is part of a five year HIH O'Brein Centre Grant in Urologic Research awarded to Children's Hospital in Boston (PI: Michael Freeman, PhD). Dr. Bagli's project is the only one of seven separate O'Brien Centre projects and collaborators outside Boston Children's Hospital.

Adam Dubrowski (Research) has been awarded the 2003 Faculty of Medicine Dean's Fund New Staff Grant for his project: "Use of Hand Motion and Applied Drilling Force Characteristics in the Evaluation of Surgical Bone Drilling Task".

Alexandra Easson (GenSurg) has been awarded the 2003 Faculty of Medicine Dean's Fund New Staff Grant and awarded a Physicians' Services Incorporated (PSI) Foundation Grant for her project: "Assessment of the Relief of Symptoms After the Drainage of Ascites: An Evaluation of Four Questionnaires".

Michael Fehlings (NeurSurg) is the recipient of a North American Spine Society Research Grant Award ($121,048) for his project: "The Role of the p75 Neurotrophin Receptor in the Death of Neurons and Glia After Spinal Cord Injury".

Michael and A. Velumian have received a one-year Cervical Spine Research Society Grant ($40,425) for

their project: "Mechanisms of Axonal Dysfunction of the Spinal Cord Injury: Role of Functional Changes in Spinal Cord White Matter Glia".

Michael has also received a three-year renewal grant from the Canadian Institutes of Health Research for his research titled: "Investigation and Treatment of Traumatic Axonal Dysfunction after Spinal Cord Injury".

Stephen Fremes (CardSurg) and co-PI Marc Pelletier (CardSurg) have been awarded a Physicians' Services Incorporated (PSI) Foundation Grant for their project: "Intraoperative Patency Assessment of Vascular Anastomoses".

Laurence Klotz (UrolSurg) has been awarded a grant of $540,000 by the Ontario Cancer Research Network for his study of changes in bone mineral density and body composition in intermittent androgen ablation compared to continuous androgen ablation in men with prostate cancer.

Helen MacRae (GenSurg) and co-PI **Adam Dubrowski** (Research) have been awarded a Physicians' Services Incorporated (PSI) Foundation Grant for their project: " The Effects of Progressively More Challenging Practice on the Acquisition of Laparoscopic Suturing".

Ralph Manktelow (PlasSurg) has received a one-year Physicians' Services Incorporated (PSI) Foundation Grant ($68,000) for study titled: "Development of Two Patient Self Assessment Questionaires for Evaluation of Facial Paralysis".

Barry Rubin (VascSurg) has been awarded a Physicians' Services Incorporated (PSI) Foundation Grant ($158,000) for his project: "Role of c-Jun N-terminal Kinases in Neurtrophil Activation and Neutrophil Mediated Skeletal Muscle Ischemia Reperfusion Injury".

Barry has also been awarded a Canadian Institutes of Health Research Grant ($461,000) for his project: Molecular Regulation of Myocardial Cyclooxygenase-2 Expression and Prostaglandin Biosynthesis in Neonatal Rat Myocytes.

Ethan Grober (UrolSurg Resident, Supervisors: S. Hamstra/R. Reznick/K. Jarvi) has been awarded a Physicians' Services Incorporated (PSI) Foundation Resident Research Award for his project: "The Educational Impact of Bench Model Fidelity on the Acquisition of Technical Skill: The Use of Clinically Relevant Outcome Measures".

Veena Guru (GenSurg Resident) and **Stephen Fremes** (CardSurg) have received a Physicians' Services Incorporated (PSI) Foundation Grant for their project: "A Randomized Placebo Controlled Trial of Intravenous N-acetylcysteine as a Renal Projective Agent for Sunnybrook and Women's Prevention of Renal Dysfunction College HSC Following Cardiopulmonary Bypass".

Paul Johnson (GenSurg Resident), **Robin McLeod** (GenSurg) and Shabbir Alibhai (Dept. of Medicine) have received a Physicians' Services Incorporated Foundation (PSI) Foundation Grant for their project: "Epidural Analgesia Use in Colorectal Cancer Surgery: Trends Over Time and Factors Associated with Utilization".

Karim Mukhida (NeurSurg Resident) was successful in receiving a travel grant for an elective in Nepal and the Centre for International Health will be covering up to $1000 for accommodation costs.

Julian Spears (NeurSurg Resident, Supervisor: C. Wallace) received a Merck Frosst/Heart and Stroke Foundation of Canada (HSFC) Fellowship Award for his project: "Development of a Discriminative Prediction Model for Outcome Following Surgery of Brain AVMs".

Michael P. Belanger (Senior Technician/Carin Wittnich's lab, Co-authors: C.Wittnich/S.M. Torrance, S. Juhasz) has been awarded the 2003 Technician Publication Award from the American Association for Laboratory Animal Science for his paper titled: "Model of Normothermic Long-term Cardiopulmonary Bypass in Swine Weighing More Than Eighty Kilograms". The Technician Publication Award is given to the first author of the highest quality paper published in the current year. This award is

not open for general nominations, the awardees are selected by the AALAS Awards Selection Committee and receive a plaque and an honorarium given out at the awards ceremony at the annual scientific meeting October 12-16, 2003. This is the second time he has been accorded this honour, winning it in 2000.

CORRESPONDENCE

Letters to the editor are welcome to keep the community informed of opinions, events and the activities of our surgeons, friends and alumni.

Congratulations on the new look of the newsletter: It's really nice - and refreshing!

Shaf Keshavjee

The concept and content of the Newsletter…is inspired, to say nothing about the glossier presentation of everything. Congratulations. My first introduction to the new format occurred last week when I was in Peterborough visiting my daughter and surgeon son-in-law. I was giving our granddaughter her nightly bath, when Jane walked into the bathroom to show me her husband's copy, that had a bit about her father. "You've seen this, of course," she suggested. Nope! So you made me look good in front of family. What could be better?
Best wishes for continued success,

Robin Humphreys

I just read your analysis and history of SARS in Toronto. It was really tremendous and educational. Your criticism and suggestions deserve a far wider audience. I hope you will be updating it after SARS II.

Tom Waddell

The public health defense offered endless "opportunities for improvement", as the QI folk say. "Chase and trace" workers couldn't cross municipal boundaries between York Central and Richmond Hill, even within the same mega-city. Individual hospitals responded heroically, but seemed similarly unlinked, like isolated medieval castles trying to keep out the bubonic plague. Internet communication between hospitals, advanced planning and separate admission routes for scheduled surgical patients, organized reserves of screeners, and relievers for ICU and ER staff seem far from ready. Oscar Wilde tells us that "experience ought to mean more than recognizing the same mistakes when you make them again." For an absolutely outstanding and well-written SARS analysis, read David Naylor's report. He called the response "an international embarrassment." The executive summary and report are at www.hc-sc.gc.ca/english/pdf/sars/sars-e.pdf.

Finally, let's abandon the ancient ritual of shaking hands. It originally meant "I have nothing in my hand to harm you". Now it's the single best way to transmit viruses. Waving an open hand had the same origin. Let's smile and wave instead of shaking hands this season. Ed.

The deadline for the Spring 2004 Surgery Newsletter is February 1, 2004. All members of the Department are invited to submit news items, articles, pictures, ideas or announcements. You may reach us at

voice mail: **416-978-8177**, *fax:* **416-978-3928 or**
e-mail: **jean.defazio@utoronto.ca**

Please provide your name and telephone number so that we may contact you if we have any questions.

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