North–South surgical training partnerships

I would like to congratulate Greive-Price, et al. for their recently published excellent systematic review of North–South surgical training partnerships.[1] This review should be read by anyone considering establishing or evaluating such a program.

There was an inadvertent omission that I would like to address. In the discussion, the authors cited recent editorials articulating a framework for training partnerships.[2–4] In fact, the citations are all a response to the index editorial that first raised the issue of such frameworks in pediatric surgery.[5] In that editorial, my co-authors and I confronted the concerns that have stood in the way of enacting effective educational North–South partnerships in our field, presented a model of a successful bidirectional pediatric surgery partnership, and offered mechanisms to avoid surgical adventurism and colonialism.[6] After several years of discussion and debate instigated by our article, we understand that the American Board of Surgery and the Accreditation Committee for Graduate Medical Education may soon reverse their position and allow such partnerships to take place.

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Author response to "North–South surgical training partnerships"

The authors thank Dr. Emil for the kind words and for highlighting the connections between our cited references, which further contextualizes our findings. We are pleased to hear about the possible developments from the American Board of Surgery and the Accreditation Committee for Graduate Medical Education in allowing bidirectional exchanges in surgical education.

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More notable developments from the Department of Surgery of the University of Montreal

I read with interest the paper entitled "The Department of Surgery of the Université de Montréal, 70th anniversary," and found omissions of key developments during those 70 years.[1]

The first in situ vascular grafts were done by Dr. Paul Cartier of Montreal in 1959.[2] McPhail reviewed the history of vascular surgery in Canada in 1995.[3] It mentioned the origins of the in situ vein bypass in Montreal, Canada, and in London, England, followed by progression of the original techniques in Europe and the United States. However in 1969, there was criticism of the procedure in the United States, but with the perseverance of Dr. Cartier in Montreal and Dr. Hall in Norway, there was a revival of interest in the technique by Leather and Karmody in Albany, New York.[3] Dr. Paul Cartier was made officer of the Ordre National du Québec in 2000, not only for the in situ bypass achievements, but also for the world's first femoro-femoral bypass in 1959, axillo-femoral bypass, and carotid endarterectomy without shunt in 1962, at the Hotel-Dieu de Montreal.

Let's not forget the development of minimally invasive surgery of the pituitary gland. During a period when transsphenoidal surgery was on the edge of disappearance, 3 crucial surgeons, Drs. Norman Dott, Gerard Guiot and Jules Hardy, revived the operation, each succeeding at further perfecting the procedure.[4] Dr. Jules Hardy, a fellow of Guiot, from Montreal, revolutionized transsphenoidal microsurgery with the introduction of the binocular microscope and selective adenomectomy. The principles of