Montreal Genomics and Proteomics Centre

THIS ISSUE

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Dean of the Faculty of Medicine,
Abraham Fuks

Dear Graduates and Friends,

I am pleased to have this opportunity to write to you so soon after our very successful Homecoming Weekend. I had the pleasure of greeting returning alumni from the classes of Medicine 1941, 1951, 1971, 1976, 1981 and 1996. The Class of 1976 put together a wonderful medical seminar dominated by the psychiatrists who are members of that class. The dinner for the class of 1951 was particularly successful and brought together 47 graduates who came to celebrate their 50th reunion. Dr. Hugh Brodie was the master of ceremonies for the evening, and the three speakers, all members of the Class of 1951, namely David Hubel, Maurice Leclerc and Isadore Rosenfeld, are all recipients of honorary degrees from McGill and were recognized for their contributions to medicine, science and society.

A notable event that took place in the Faculty of Medicine this past October was the inauguration of the White Coat Ceremony, which will be known in the future as “Donning the Healer’s Habit.” The ritual marks the transition of our second-year medical students from their preclinical to their clinical training. This year’s ceremony was organized by Associate Dean Don Boudreau together with the members of the class. The event included wonderful talks by Dr. Balfour Mount and a member of the Class of 2002, William Stansfield.

I am pleased to report that the development of the Montreal Genomics and Proteomics Centre, situated on the McGill campus adjacent to Strathcona Anatomy and Dentistry Building, is moving ahead rapidly. This new initiative, being constructed on the site of the Donner Building, will be the home for Genome Quebec, one of Canada’s major centres dedicated to research in this newest discipline. You can read about the Centre and its researchers on page 4.

It is fitting that this issue includes a tribute to Dr. Charles Scriver, one of Canada’s and indeed the world’s leading scientists in the field of human genetics. Dr. Scriver helped develop this important field at McGill, and his own career has contributed greatly to our world renown in human genetics.

Finally, I am very pleased to inform you that the Province of Quebec has permitted a major increase in the size of our entering class. This year, for example, we admitted a group of 138 talented men and women to Med I. This will permit us to increase the number of our residency positions several years from now and contribute to alleviating the shortage of physicians that our province and country face. I wish to remind you that we welcome young and talented applicants from Quebec, Canada, the United States and the rest of the world to our Faculty of Medicine. The “raw material” that we are able to attract to our program is reflected in the continuing high quality of the graduates and alumni of our Faculty.

With warm personal regards for a healthy winter and an invitation to come and visit the Faculty whenever you are in or near Montreal.

Abraham Fuks, BSc’68, MDCM’70
Dean
Faculty of Medicine
Over the years, the profile of the type of individual attracted to medical school doesn’t seem to have changed much.

“I’m very impressed by the students entering our faculty,” says Dr. Philip Beck, Associate Dean of Admissions. “They’re very bright, very motivated, have interesting life experiences, many have traveled, done volunteer work in a medical setting, and they’re socially aware. I think they show an overall desire to help people and to become physicians.”

Beck is concerned, however, that the number of applicants has been declining over the past several years, even as the number of places in the faculty increases.

“There’s a lot of competition with other professions, which may be more lucrative and less demanding,” he suggests.

There’s no doubt that the competition among universities for the best students has grown more intense. While there were 127 places in the four-year program in 2000, and 138 in 2001, class size will grow to 160 by 2004.

Quebec’s demographics have demanded that McGill recruit more students from the francophone milieu. Success has been achieved by holding information sessions at French high schools and CEGEPs across the province. This past year, the number of francophone students nearly equals that of anglophones in the pre-medical program. And McGill remains a popular choice among out-of-province candidates. To explain this trend, Beck simply shrugs and states the obvious: “It’s a good school.”

Students, like class president Eric Cadesky (MDCM’04), originally from Toronto, have more specific reasons for their decision.

“Of course, there’s McGill’s reputation,” he concedes. Then he adds, “There’s the opportunity to live in Montreal.” But more importantly, there are the practical considerations. “The program was a perfect fit for me. The emphasis is distinctively on patient care and clinical work. McGill gets med students into the hospital sooner than almost any other university. They really level out the learning slope by letting you get used to the ward environment with minimal responsibility, first as an observer, then gradually increasing your decision making and decreasing the amount of supervision by the end of the third year.”

Beck amplifies on this aspect of the curriculum: “We’re training people to be doctors and they have to learn early how to understand patients in a comprehensive way, so the more clinical exposure they get, the better clinicians they’re likely to be.”

Not to be understated as a motivator for the aspiring doctor is the excitement of that first exposure to their chosen profession.

“This has been the best year of my life,” enthuses Cadesky. “I love what I’m learning and the atmosphere I’m learning in. I have excellent support from the faculty and my peers. There’s a great collegiality between us because, for all the competitiveness, at the end of the day, we know we’ll end up consulting with each other.”

Beck’s assessment of the current crop of medical students is that they are excited by the scientific possibilities and the interpersonal relationships that exist in the field. His message is that they couldn’t do better than to get their start with the training offered by McGill.
When construction of the Montreal Genomics and Proteomics Centre (MGPC) began in fall 2001, McGill moved closer than ever to the forefront of bio-medical research. The $30 million, 8,500 square metre research facility will bring together 200 highly qualified professionals from a variety of disciplines, including medicine, biology, mathematics, and computational sciences. The five functional groups to be housed within the Centre at its location on the upper campus - the Montreal Genome Centre, Montreal Proteomics Centre, Génome Québec Expertise Centre, Bio-Business Incubator, and Bone Research Center - will enjoy a great synergy.

"Scientific collaboration is the ultimate benefit of having a single hub for genomics and proteomics research," asserts Michael Shapiro, the project’s consulting engineer charged with ensuring that the building lives up to the expectations of the researchers who will ultimately be using it. "Great science often begins when talented scientists have the opportunity to chat informally about innovative ideas. This has been a key element in the project, as the new building is designed to promote interactions amongst the researchers through small and large meeting rooms, large, open laboratories, and of course, a central café."

Hosting the Centre has put McGill in a position to attract top scientists. A prime example is the MGPC project director, Dr. Thomas Hudson. He resigned his position as assistant director after ten years at the Whitehead Institute at the Massachusetts Institute of Technology, where he was engaged in research on the human genome project, expressly for the opportunity presented by the MGPC.

Hudson’s original field of clinical work was as an allergist, an area that he still practices in at the McGill University Health Centre. However, his interest in genes is perhaps traceable to a more personal phenomenon. Among the earliest studies into genetics were examinations of traits found in identical twins. In the case of Dr. Hudson, medicine must be hard-wired somewhere in his family’s DNA - his twin sister, Patricia, is doing her residency in community health at McGill, and his other twin sisters, Nancy and Marie, are McGill-trained doctors. While at MIT he became, in his own words, "a robot builder for instruments to study DNA as part of the team that made the first map of the human genome." As satisfying as that accomplishment was, his objective was to be active "at the interface of genome science and clinical work."
“...Scientific collaboration is the ultimate benefit of having a single hub for genomics and proteomics research”

"The whole reason I got into genomic research was for its applications to diseases," he goes on. Hudson felt compelled to include a clinical component to his work and to apply the findings of genomic research to actual diseases. The resources at his disposal at the MGPC will enable him to return to his original research on the genetic component of asthma, as well as a host of other maladies. Among these resources is a $12 million study on regulatory genetics that tackles a broad range of inflammatory diseases, as well as the control of glucose in diabetes.

Commenting on Hudson’s research, Shapiro observes, “Such a far-reaching study would be unthinkable in a conventional laboratory. Our environment provides the machines and the technical and computational support to engage in this sort of high through-put activity.”

All the latest developments in genotyping, gene sequencing, DNA chips, and proteomics will be conducted in the Centre, which serves as a hub for Génomme Québec. Indeed, with Genome Canada, it is among the major investors, with a combined $80 million committed over four years. The Centre ranks as the largest of its type in Canada, and is among the top ten genome centres in the world. It promises, according to Shapiro, to be “an attraction pole for research funds to large-scale projects. Thus, it will lend tremendous visibility to McGill within the biotech industry.”

The Centre is distinguished by its unique place on campus; it’s the only building totally dedicated to one particular area of research. No undergraduate classroom teaching will occur there, but graduate students in all applicable disciplines will benefit immeasurably from the opportunity to participate in the research made possible by the new facility.

“This is a great environment in which to build skills,” affirms Hudson. “We will constantly be training individuals in the disciplines we need to further our work.”

The promise of genomic and proteomic research is to identify the genetic markers at work in disease. Eventually this will allow physicians to predict which individuals are more likely to develop certain diseases, as well as to create innovative therapeutic strategies that may be able to intervene preventively before full-blown symptoms present themselves. The research going on today is both exciting and encouraging, and promises to advance medical science in important and groundbreaking ways. One of its greatest areas of impact will be in offering new potential for early diagnosis and effective treatment of some of the most devastating illnesses confronting us today.

“...This is a great environment in which to build skills”
Charles Scriver first drew media attention back in 1966 at the Third International Congress of Human Genetics in Chicago, for proclaiming that treatment of genetic diseases was possible. The future of the nascent science of genetics was uncertain in those early days, as was Scriver’s own role in its research. “I think we were convinced we could do more, but we didn’t exactly know where we were going,” Scriver admits. There was, however, a realization, based on preliminary evidence, that “there was lots more to do.”

Scriver graduated from McGill with a medical degree in 1955. Following a stint at the University College Hospital Medical School at the University of London, he returned to his alma mater in 1960 to take up the post of chief resident in pediatrics. He then had the distinction of becoming Canada’s first human biochemical geneticist when he was appointed to faculty. At that time, genetics in medicine could play only a limited role. “A genetic diagnosis was seen to be a recipe for despair because there was nothing you could do about it,” he recalls. Human biochemical genetics introduced opportunities for treatment of a subset of patients with genetic disease.

But Scriver’s thinking was unconventional, and he managed to prove that early diagnosis and treatment strategies could indeed neutralize the effects of some mutant genotypes. The next prevailing orthodoxy he challenged was the notion that genetic disease was rare. He and a team of colleagues reviewed an entire year’s worth of admissions files at the Montreal Children’s Hospital in 1972 and determined that fully one-third of the ailments had a genetic component. This was no anomaly, as similar studies around the world would prove.

He successfully demonstrated a link between the environment and certain hereditary diseases, among them vitamin D deficient rickets in Quebec. Scriver fought to reverse the regulation that kept vitamin D out of the province’s milk. “When you fix public health problems, you can reduce the frequency of a disease type to its genetic forms by eliminating the environmental causes,” he explains. “You can actually change the heritability of the disease type in society by improving the quality of life.”

Asked to explain why he chose to spend his entire career at McGill, Scriver responds, “Because the university was very supportive of our ideas. A succession of deans and chiefs of pediatrics understood the type of research, clinical service, and teaching we sought to do.” Scriver is quick to acknowledge the contributions of his research colleagues, and to express his gratitude for the research support from the Medical Research Council, the Quebec government, and from private sources such as the Alva Foundation.

He praises the McGill model that encourages the amalgamation of teaching, research, and patient care. “I think it’s good for the research team to see that what they’re doing is relevant to that person who walks in for an appointment.”

Scriver is currently contributing to the human genome project. In 1994 he began to develop a prototype for an annotated locus-specific mutation database. Now, with a group of international colleagues, he is working on the development of a genome-wide mutation archive. Since 1985 he has served as senior editor of *The Metabolic and Molecular Bases of Inherited Diseases*, a four-volume tome now in its eighth edition. Next year, he will guide it through the publication of an electronic version by McGraw-Hill.

In 1999 Scriver took retirement in name only. He actually carries a workload that would daunt any full-time practitioner. He continues to teach courses in human genetics at the medical school and the biology department. As well, he accepts invitations to speak “here, there, and everywhere,” thereby keeping McGill in the spotlight of this compelling, cutting-edge field of medical endeavours.
Endowed Chairs: An Indispensable Gift to McGill

Endowed chairs have a distinguished history at McGill. The Strathcona Chair in Pathology, for example, endowed by Lord Strathcona, has served the university since the early 1900s. At the turn of the 20th century, pathology was the leading discipline in understanding and describing disease. The offer of the Chair was instrumental in luring Dr. Adami, one of the leading practitioners of the day, from Europe to Montreal.

An endowed chair in any particular medical discipline is a source of prestige for the person selected to fill it, as well as a statement of commitment from the university to dedicate a faculty position to its furtherance. Few other gifts have such a direct and lasting impact.

Dean of Medicine Abraham Fuks stresses a number of positives that result from the creation of a chair, "It is, first of all, an important demonstration of philanthropy from the donors. It is a statement that they are making an especial commitment to a specific field of medicine. And it is an honour that offers a great incentive to a professor, which helps us attract top-flight people."

Among those who have come to McGill to take up chairs are Miguel Burnier, formerly of the National Institutes of Health, who occupies the K&T Hecht Chair in Ophthalmology, and Dr. S. L. Tan, who holds the Dodds Chair in Obstetrics & Gynecology. Dr. Tan came to McGill from Central Middlesex Hospital in London, and rapidly established one of the world's outstanding reproductive technology units.

It is at the discretion of the donor to select the area to which their chair will contribute. For instance, the Graham Boeckh Chair in Schizophrenia Studies is dedicated to combating schizophrenia because the disease has touched the Boeckh family, and they hope their investment will prevent others from suffering the pain caused by this condition.

"A chair can enhance an area of research in which McGill is already involved, or give us the opportunity to expand by attracting someone from a field which previously had little or no funding," explains Dean Fuks. The newest endowed chair, the Adair Family Chair in Surgical Education, is very exciting because it amplifies the faculty's commitment as a teaching institution.

Dr. Richard Cruess, who was Dean of the faculty from 1981 to 1995, and has made an extensive study of the history of medicine at McGill, says, "Education is sometimes looked upon as less exciting than research, but it is the foundation of what we need to be. Ultimately, we are judged on the quality of the physicians we train. The Adair gift makes known our determination to remain a great educational institution."

The practicality of the endowed chair is not to be ignored. Budget cuts have made private commitments all the more important. Dean Fuks allows that it’s no exaggeration to argue that the 47 Faculty of Medicine chair holders would not be at the university were it not for the generosity of the donors. The money financing a chair is separate from the university’s budget, therefore it is truly an add-on, making it possible to create additional positions. There is no question that teaching and research would be more seriously affected by the uncertainty of financial turbulence, were it not for the existence of McGill’s endowed chairs.

Please see page 10 for a listing of the Faculty's endowed chairs and appointments.
When the white coat was adopted by the medical profession in the nineteenth century, physicians sought to represent themselves as scientists and chose the lab coat as their preferred overgarment. White represented competence, cleanliness, seriousness of purpose, and most importantly, compassion and humanism in medicine.

The white coat has since become the universal symbol of the medical profession.

On October 12, the Faculty of Medicine began a new tradition: "Donning the Healer’s Habit," a white coat ceremony that marks the transition between the study of basic sciences and the beginning of clinical work in the second year of the undergraduate curriculum. It is a rite of professional passage, and a pledge to take on the principles of the medical profession: to provide compassionate care and pursue professional integrity.

The word donning - meaning to put on - was deliberately chosen to emphasize this other dawning - the beginning of something new. In a similar fashion, the healer’s habit refers not only to the costume of the white coat, but also to the behaviour that is characteristic of healers - compassionate care.

The white coat signifies that, in the words of Dr. Arnold P. Gold, the man who initiated the white coat ceremonies in the U.S., a physician’s responsibility is not only to take care of patients, but also to care for patients.

Dr. Don Boudreau, Associate Dean of Medical Education & Student Affairs, was the driving force behind realizing the new tradition. The idea was discussed with Robert Wener (MDCM’71) who witnessed a similar ceremony for his daughter, a medical student at Emory University. He was inspired by the ceremony and passed on his enthusiasm to Don.
The inaugural ceremony was dedicated in the name of the late Joseph Wener, MDCM’41, father of Jeffrey (MDCM’68), Robert (MDCM’71), Stephen (MDCM’78) and Fred (MDCM’81). Joseph Wener enthusiastically precepted second-year medical students during their "Introduction to Clinical Medicine" rotation at McGill, a course that remains in today’s curriculum. "When I took on the role of Associate Dean of Medical Education, I asked Dean Fuks: Why me? He responded that he wanted me to invigorate a sense of professional ethics and inspiration amongst the students," says Dr. Boudreau. "The white coat ceremony is an important step in realizing this goal."

In honour of the support and encouragement of the Wener family, the inaugural ceremony was dedicated in the name of the late Joseph Wener, MDCM’41, father of Jeffrey (MDCM’68), Robert (MDCM’71), Stephen (MDCM’78) and Fred (MDCM’81). Joseph Wener enthusiastically precepted second-year medical students during their "Introduction to Clinical Medicine" rotation at McGill, a course that remains in today’s curriculum. "When I took on the role of Associate Dean of Medical Education, I asked Dean Fuks: Why me? He responded that he wanted me to invigorate a sense of professional ethics and inspiration amongst the students," says Dr. Boudreau. "The white coat ceremony is an important step in realizing this goal."

"It is with honour that we don our white coats from this day forth. We pledge by what we hold most sacred to use it not as a shield but as a bridge to reach out to those entrusted to our care. We shall strive with passion and humility to create lasting alliances in health, pursue professional integrity and provide compassionate care for all."

The Oath of Professionalism was written by Sjoerd Borst, Melanie Mondou, Nazanine Rahnema, Claudine Hanna, Renata Sava of the Class of 2004.
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<td>Wilder Penfield Chair in Neuroscience</td>
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<td>Harold Griffith Chair in Anesthesia Research</td>
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<td>Antoine G. Massabki Chair in Medicine</td>
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NEW DEPARTMENT CHAIRS

Dr. David Y. Thomas became Chair of Biochemistry effective January 2001.

Dr. David Rosenblatt was appointed Chair of the Department of Human Genetics effective March 1, 2001.

Dr. Gerald Batist was appointed Chair of Oncology in June 2001.

Dr. Susan French became the new Director of the School of Nursing on July 1, 2001.

Dr. Rebecca Fuhrer will fill the Epidemiology, Biostatistics & Occupational Health Chair beginning January 2002.

KEY DATES

Medical Education Rounds
February 14, 2002 & April 11, 2002

Symposium on Education in the Health Sciences
June 13, 2002

Please consult the Faculty Development web site at www.medicine.mcgill.ca/facdev/ for more information on these events.

Faculty of Management/Faculty of Medicine Annual Workshop
March 20, 21 & 25-27, 2002 (tentative dates)

Challenges in Action-Oriented Management in Health
Managing Health Beyond Borders: Integrated Care for Integrated Health

For more information please contact:
Susan Law, Program Manager
Tel.: 398-3392
Email: law@management.mcgill.ca

Faculty of Arts Conference on Health Care
February 15 & 16, 2002
Diagnostics & Solutions: Building Consensus for Canadian Health Care Reform

For more information contact:
Lynne Darroch
Tel.: (514) 398-2658
Email: ldarroch@leacock.lan.mcgill.ca

Dates to Remember

Osler Library Exhibition - November 15, 2001 - May 1, 2002
"J.W.L. Thudichum, Chemist of the Brain," an exhibition that explores the pioneering work of Dr. Thudichum (1829-1901) on the chemistry of the brain. Dr. Theodore Sourkes, curator, prepared the exhibition to mark the 100th anniversary of Thudichum’s death.

Deadline to Qualify for 2001 Tax Receipt - December 31, 2001
Donations dated on or before December 31, 2001 will receive a tax receipt for 2001.

Medical Sciences Convocation
Thursday, May 23, 2002

End of 2001-2002 Fund Year
May 31, 2002

Commemorative Service - June 7, 2002
Commemorative service in gratitude to those who have given the gift of their bodies to health sciences studies at McGill.

Medical School Application Deadlines for August 2002

November 15, 2001 for applicants who reside outside the province of Quebec
November 15, 2001 for all applicants to the MD-PhD and MD-MBA programs
January 15, 2002 for residents of Quebec applying to the four-year program
March 1, 2002 for residents of Quebec applying to the Med-P program

For more information please contact: Marlène Kristian
Admissions Officer, Faculty of Medicine
McGill University
Tel.: (514) 398-3517
Fax: (514) 398-4631
Email: marlene@med.mcgill.ca
Web site: www.medicine.mcgill.ca/admissions

MEDICINE
Homecoming 2001 took place on October 25, 26 and 27. A very special thank you to H. J. Scott, MDCM ’41, Hugh Brodie, MDCM ’51, Rick Fraser and Paul Dorian, MDCM ’76, Douglas Dalton, Nancy Epstein, Rick Schreiber and Simon Wing, MDCM ’81, and Salim Abou-Khalil, MDCM ’96, for coordinating their class celebrations. The photos on this page capture the spirit of Homecoming 2001.

If you graduated in a year ending in 2 or 7, plan to return to McGill for Homecoming 2002 from September 26-29. Visit our web site: www.medicine.mcgill.ca/corner/ for updates starting in February 2002.

Planning a gift to McGill University

Have you considered supporting McGill through a planned gift? There are many gift planning strategies that can ensure you have a lasting impact on the quality and standards of McGill University. Planned Gifts, made now or through a will, can include transfers of securities or property, bequests, charitable gift annuities, gifts of life insurance, residual interests and charitable remainder trusts. Using these options, you can directly fund a current priority or create an endowment fund that will last in perpetuity. Your planned gift will benefit generations of McGill students.

For more information please contact:

Susan Reid
Director, Planned Gifts
McGill University
3605 de la Montagne
Montreal, Quebec, H3G 2M1
Tel.: (514) 398-3560
Fax: (514) 398-7362
Email: susan.reid@mcgill.ca
www.mcgill.ca/alumni/support/planned

Your inquiry will be kept confidential