March 6, 1963

Dr. H.S. Morton,
Chief of Service, Surgery,
Queen Mary Veterans Hospital,
4565 Queen Mary Road,
Montreal, Que.

Dear Harry:

I now have all the data from the Montreal Children's Hospital and the Montreal General as well, and suggest it would now be in order for Dr. Jules Mercier to make formal application to the Royal College of Physicians and Surgeons for approval of the training of one neurosurgical resident for one year, indicating that this program is now to be integrated with the neurosurgical training program here at the Montreal Neurological Institute, and that Dr. Arthur Elvidge will be taking over active responsibility for the department of neurosurgery this summer on his retirement from service responsibilities here at the M.N.I. This application should be supported by the detailed statistics which you have sent along to me. It would seem legitimate to me that the application indicate that the potential workload is considerably in excess of this once a more active neurosurgical department is in operation.

I will send a preliminary note around to the other members of the Neurosurgical Committee of the Royal College regarding our general plans and would hope that we could get a prompt decision from the College in regard to this, since this would greatly facilitate my sending one of our residents to each of these three hospitals.

Sincerely yours,

Theodore Rasmussen, M.D.

DEPARTMENT OF VETERANS AFFAIRS

CANADA

IN YOUR REPLY REFER TO FILE NO. (Staff/Confidential)

Queen Mary Veterans Hospital,
4565 Queen Mary Road,
Montreal, P.Q.
1 March 1963

Professor Theodore Rasmussen,
Director,
Montreal Neurological Institute,
3801 University Street,
Montreal 2, Que.

Re: NEUROSURGICAL SERVICE - Q.M.V.H.

Dear Ted:

I think, at last, that all my negotiations are complete and am now in a position to inform you that, as of the first of July 1963, Dr. A.R. Elvidge will be Head of Neurosurgery at the Queen Mary Veterans Hospital, and that Dr. H. Elliott will continue as Neurosurgeon at Q.M.V.H. but under Dr. Elvidge's direction.

We will have no Resident in Neurosurgery to replace Dr. R.M. Ford who has been excellent during the past year, and we will of course have Juniors rotating through to replace Dr. F. Angel in this Division.

We would therefore welcome a Resident from the Montreal Neurological Institute and can remunerate them according to our scale depending on their previous training, which is roughly comparable to the Royal Victoria and Montreal General Hospitals' scale.

Yours sincerely,

Harry

H. S. Morton, F.R.C.S.,
Chief of Service - Surgery

HSM/mcg

cc: Dr. Jules Mercier,
Senior Treatment Medical Officer - QMVH

DVA 1

for GMW't file
JR

McGILL UNIVERSITY
MONTREAL

March 7, 1962

Professor Theodore Rasmussen,
Chairman,
Department of Neurology & Neurosurgery,
McGill University.

Dear ~~Dr. Rasmussen~~ Ted,

Thank you for your letter of March 7th concerning Dr. Donald McRae's appointment to the Queen Mary Veterans Hospital.

As a matter of fact, when we receive the names from the Hospital Dr. McRae's name is always listed under the Department of Radiology. We have therefore been in the habit of asking Professor Peirce (in whose department he holds an appointment) to comment.

Yours sincerely,

Lloyd

Lloyd G. Stevenson, M.D.,
Dean,
Faculty of Medicine.

LGS:AJ

McGILL UNIVERSITY
MONTREAL

March 5, 1962

Dr. Theodore Rasmussen,
Chairman,
Department of Neurology & Neurosurgery,
McGill University.

Dear Dr. Rasmussen,

I have received a list of the members of the Faculty of Medicine who are attached to the Queen Mary Veterans Hospital. This list is submitted for your approval, or otherwise, for the fiscal year 1962-63. I hope to hear from you in the reasonably near future as to your recommendations. Would you please be good enough to write to me even if no changes are recommended.

A list of the D.V.A. staff with which you are concerned is attached.

Yours sincerely,

LGS:AJ

Lloyd G. Stevenson, M.D.,
Dean,
Faculty of Medicine.

Department of Neurology & Neurosurgery

Dr. J.P. Robb
Dr. W.F.T. Tatlow
Dr. P.K. Thomas
Dr. A.R. Elvidge
Dr. Harold Elliott
Dr. T. Rasmussen
Dr. D. Lloyd-Smith
Dr. D.A. Howell
Dr. F. Andermann

March 7, 1962

Dr. Lloyd G. Stevenson, Dean
Faculty of Medicine,
McGill University.

Dear Dean Stevenson:

Dr. Donald McRae's name should be added to the list of members of our department who are on the Staff of the Queen Mary Veterans Hospital. It seems to me I have indicated this each year now. I wonder if there is some special reason why Dr. McRae's name never seems to wind up on our departmental list?

(Signed) Theodore Rasmussen, M.D.

Executive Staff Meeting of the Queen Mary Veterans Hospital,
Thursday, December 21st, 1961.

Discussion of Neurosurgical Service:

Dr.Harry Morton outlined the present problems in regard to the neurosurgical service and the need to improve the situation. After exploring several different possibilities he is proposing that Dr. Arthur Elvidge be appointed Consultant in charge of the Department with Dr. Harold Elliott being second in command. He anticipates this will take 2 or 3 half days a week of Dr. Elliott's time during the coming year. Dr. Elvidge would doubtless be able to carry on, on a year to year basis following his reaching age 65 and retirement from direction of the 2nd Neurosurgical Service at the M.N.I. in July of 1963. Apparently the retirement regulations of the D.V.A. are fairly elastic as far as part-time consultants are concerned. One of their staff members apparently carried on until his death at age 75 or so.

It is anticipated that Dr. Elliott would take 3-6 months off to learn special techniques concerned with the pathological examination of brains of Parkinsonian patients and on his return would do what clinical neurosurgery he wished, in addition to spending more time on this aspect of D.V.A.'s Parkinson project, which apparently has been going along very well as far as the medical side is concerned, but very very slowly as far as the surgical manipulations are involved. Apparently some plans have been made to have Dr. Samson participate in the work of the department as well, and with him and a neurosurgical resident coming from England by the name of Ford, they believe that the standard of the clinical work could be improved considerably, and the number of operations carried out expanded to a considerable degree over the record of 1960, for example where 70 operative procedures were carried out,of which 20 were discs and 12 were brain tumors, with 12 operations on the skull for head injuries, subdurals etc., and 7 operations on the spine for tumors, fractures and cordotomies, and only one Parkinson's procedure was carried out.

I indicated that just as soon as the quantity and calibre of the work improved to the necessary level, I would hope that it would be possible for the M.N.I. to rotate one of our neurosurgical residents to the Queen Mary, either for a six- or three-month period. This might be done by sending one man to the Queen Mary for the total six-month period, or it might be done by assigning two men to either the second or third neurosurgical service with one of them spending three months at the Queen Mary and being replaced by his partner who would be working on the service here.

As soon as the financial details are straightened around and necessary approval secured from higher authorities, Dr. Morton and Dr. Mercier plan to approach Dr. Elvidge with a definite proposal.

(Signed) Theodore Rasmussen, M.D.

December 22, 1961

June 16, 1960

Dr. Lloyd G. Stevenson, Dean
Faculty of Medicine
McGill University

Dear Dean Stevenson:

I am returning the list of MNI members who are attached to the Queen Mary Veterans Hospital. Dr. Penfield has indicated that he no longer wishes his name to be carried on the roster.

My name should be on the list since I am the official neurosurgical consultant and have been since 1955.

Sincerely yours,

Theodore Rasmussen, M.D.

Encl

McGILL UNIVERSITY
MONTREAL

May 11, 1960.

To Chairmen of Departments,
Faculty of Medicine,
McGill University.

Dear Dr. Rasmussen,

I have received a list of the members of the Faculty of Medicine who are attached to the Queen Mary Veterans Hospital. This list is submitted for your approval, or otherwise, for the fiscal year 1960-61. I hope to hear from you in the reasonably near future as to your recommendations. Would you please be good enough to write to me even if no changes are recommended.

A list of the D.V.A. staff with which you are concerned is attached.

Yours sincerely,

LGS:AJ.

Lloyd G. Stevenson, M.D.,
Dean,
Faculty of Medicine.

Copy of list returned to Dean Stevenson

Department of Neurology & Neurosurgery

Dr. W.G. Penfield
Dr. D.A. Howell
Dr. J.P. Robb
Dr. W.F.T. Tatlow
Dr. A.C. Morton
Dr. Harold Elliott
Dr. H. Jasper
Dr. D. Lloyd-Smith

(Dr. D.L. McRae is listed under Radiology)

DEPARTMENT OF VETERANS AFFAIRS
Queen Mary Veterans Hospital

CANADA

IN YOUR REPLY REFER TO FILE NO.

4565 Queen Mary Road,
Montreal, February 24, 1959.

Dr. T. Rasmussen,
Montreal Neurological Institute,
3801 University St.,
Montreal, Que.

Dear Doctor Rasmussen:

As a follow-up of our recent conversation, do you think that the Neurosurgical Fellows, rotating through the Institute, would be interested in six months as an Assistant Resident on the Neurosurgical Service here? The salary would be $250. to $275. monthly. 275

The Service runs anywhere between 20 and 50 beds. It is recognized by the Royal College. Candidates must be obligated to attend the usual academic sessions at the Institute in addition to Dr. McRae's rounds here and Parkinson rounds and the Paraplegic Service. There is no reason why they should not present cases at Monday morning rounds.

I have ~~studied~~ listed these things in order to get over any objection that they might have about being away from the Institute.

There is a junior interne on the Service rotating through General Surgery.

If you feel that this sort of training would help, please let me know.

Yours sincerely,

Harold Ellis

DVA 1

GMVH

DVA

January 11th, 1950

Director General of Treatment Services,
Department of Veterans' Affairs,
Ottawa.

Dear Sir:

After discussing the problems of the electroencephalographic department at the Queen Mary Veterans' Hospital with Dr. John Kershman, I am writing to you in regard to the equipment of that laboratory.

The work of the department of electroencephalography at Queen Mary Hospital has been of considerable use, I think, to the Veterans' Hospitals in various places. In addition to that, it is of great importance in the study of the late effects of head injury in the neurosurgical department at the Queen Mary Hospital and for studying the epileptic cases from all parts of Canada. Some of these patients are sent over to the Montreal Neurological Institute for further study and operation. It is important, I think, for the electroencephalographic work in both institutions to be on an equal footing. I would therefore support Dr. Kershman's proposal to install a new 8 channel apparatus at Queen Mary Road. I believe that the electroencephalograph is of considerable use also in the psychiatric,department, but no doubt Dr.Dancey can speak for this better than I can.

Yours very sincerely,

WGP/AD

DEPARTMENT OF VETERANS AFFAIRS

CANADA

IN YOUR REPLY REFER TO FILE NO.

E.E.G. Department,
Queen Mary Veterans Hospital,
Montreal, Que. Dec. 29, 1949.

Dr. W.G. Penfield,
Director,
Montreal Neurological Institute,
3801 University St.,
Montreal.-

Dear Dr. Penfield:

I am submitting the enclosed letter to the Head Office of the Department of Veterans Affairs, requesting that our present E.E.G. machine be replaced by a new 8 channel apparatus similar to the one which is being used in the E.E.G. lab at the M.N.I.

Dr. Dancey has suggested that a strong letter of recommendation from you would greatly facilitate our obtaining this replacement and I feel sure that he is right.

May I, therefore, ask you to write a firm letter of recommendation pointing out the continued need for the E.E.G. particularly in following up the head injury and epilepsy problems in the Queen Mary Veterans Hospital.

I would appreciate it very much if you would let me have such a letter addressed to the Director General of Treatment Services, Department of Veterans Affairs and I will send it on to him with my own request.

Sincerely,

J. Kershman, M.D.
Adviser in Electroencephalography.

JK/al

Encl.

D.V.A. 1 500M-1946 REQ. 1314

INTER-DEPARTMENT CORRESPONDENCE

DEPARTMENT OF VETERANS AFFAIRS

E.E.G. Department, Queen Mary Veterans Hospital

January 3, 1950

TO Adviser in Psychiatry, Q.M.V.H., Montreal.

MARK YOUR REPLY:

For attention of Dr. T.E. Dancey

For attention of

SUBJECT RE: New E.E.G. Machine for E.E.G. Laboratory, Q.M.V.H.

File:

The E.E.G. Machine at present in use in the E.E.G. Laboratory Queen Mary Veterans Hospital has now been in service almost continually for about 8 years. Although it is still operating, a good deal of time is being lost in maintenance and correction of defects particularly in the ink writing mechanisms which are now almost completely worn out and need complete replacement.

The volume of work has been increasing steadily and the type of work being done is of a much more complicated nature then that prevailing when this machine was originally obtained and the facilities of the machine are not really adequate for this work.

There are quite a number of projects which should be investigated but it is impossible to do so with the existing facilities. To mention a few; it would be interesting to investigate various other physiological effects, simultaneously with the brain waves recording such as flicker studies, pulse, respiration, etc., but with only 4 channels available it is impossible to do these ~~since the 4 channels are required for a proper brain wave recordings~~.

It is therefore felt it is now necessary to purchase a new E.E.G. machine. We would like to obtain an 8 channel Grass Company E.E.G. machine. With 8 channels it will be possible to do proper brain wave recordings as well as the recording of associated physiological functions. The approximative cost of such a machine will be in the neighboorhood of $4,000.

Attached please find a requisition covering this machine and it is hope that you will give this matter your consideration and the authorization for such a purchase will be forthcoming.

J. Kershman, M.D.
Adviser in Electroencephalography.

JK/al

D.V.A. 123—500M—4-46. REQ. 497

DEPARTMENT OF VETERANS AFFAIRS

CANADA

IN YOUR REPLY REFER TO FILE NO.

Queen Mary Veterans' Hospital,
4565 Queen Mary Road,
Montreal, Que.,
14 November 1949.

Dr. Wilder Penfield,
Montreal Neurological Institute,
3801 University St.,
Montreal 2, Canada.

Dear Dr. Penfield:

Thank you very much for your kind letter and the suggestions which it contains.

I am forwarding immediately your suggested method of admission for paraplegics to Queen Mary Veterans' Hospital with my similar recommendation to the administration.

I concur entirely both in regard to paraplegia and myelography and I would wish to make it clear, as I stated before, that Dr. Shannon has no wish whatsoever to interfere in this field. I do believe that the x-ray department here could do a few more myelograms providing a neurosurgeon were here to handle them, and I feel that the addition of Dr. Rosen would almost certainly be of help.

I will, therefore, bring up these two suggestions at the next Medical Board Meeting and trust they will be carried out.

With many thanks for all your help in the past and the great inspiration which you lend to this hospital,

I am,

Very gratefully,

Campbell Sandes.

CMG/VCP

D.V.A. 1 500M-1946 REQ. 1314

November 9th, 1949

Dr. Campbell McG. Gardner,
Director of Surgery,
Queen Mary Veterans' Hospital,
4565 Queen Mary Road,
Montreal 26, P.Q.

Dear Campbell:

I have your letter of November 2nd in regard to several matters at Queen Mary Veterans' Hospital. I have delayed my answer long enough to go over the situation carefully.

First, in regard to paraplegics - I find that Dr.Elliott goes around once a week and feel that Dr. Gingras' CLINICAL experience is so limited that it is necessary to continue this very carefully. It seems to me important that new paraplegics should be admitted through Queen Mary Veterans' Hospital and not through St.Annes. I saw a patient who was sent from the West, a paraplegic. It so happened that he was sent with the intention of having me see him. However, he remained for a month or two at St.Annes before arriving at Queen Mary. Aside from that, it would seem to me that it is a little easier to get adequate surgical, orthopaedic, genito-urinary and other consultations in regard to the newly admitted patient at Queen Mary than out at St.Annes. This type of consultation is most necessary at the beginning.

It is, of course, true that although paraplegia is due to a lesion of the nervous system the neurosurgeon does very little positive. In many ways the genito-urinary supervision is most important, and yet it works out best on general principles in every country so far as I know to have the care under neurological or neurosurgical specialists.

Dr. Gingras is skilled in rehabilitation rather than in neurosurgery. He has an excellent character and encourages the men. It has seemed to me that he does a very good job indeed.

In regard to myelography and the treatment of protruded intervertebral disc - it seems to me a general principle as far as veterans' care is concerned that the sciatica which calls

for discoidectomy is safest in the hands of neurosurgeons. Certainly the neck and arm pain which calls for discoidectomy in the cervical region can only be handled by a few neurosurgeons who are equipped with special instruments. The inter-relationship and cooperation of orthopaedists is of the utmost importance, and I know of no field where give and take is so necessary. During operations on protruded discs it is not infrequent to come upon neoplasms of the spinal canal, or neuromas. The field, it seems to me, is definitely a neurosurgical one.

Myelography has to be carefully supervised and a good deal depends upon the man who does the injection. I suppose that the x-ray department at the Queen Mary is doing as many myelograms per day as they can manage. It is obvious that they could do just as many for orthopaedics and neurosurgery as they could if neurosurgery was carrying out the detail of the myelograms for both. Dr.Elliott will make every effort to handle Dr.Shannon's cases as expeditiously as he does neurosurgical ones, and there should be an interchange of opinion in cases which call for myelography.

In regard to Bill Stewart, I should doubt very much if he is ready to carry out active work of this sort for another twelve months. Dr. Harold Rosen, who worked in the Department of Neurosurgery, will be doing laboratory work during the next year at MNI and could, I think, be induced to go out to Queen Mary Veterans' Hospital for two or three afternoons a week. This would provide him with a much needed source of income and would help Dr.Elliott, perhaps very much indeed. He would, of course, work under Dr.Elliott's direction. I would recommend this if he wishes to do it, and I am sure that it will help in regard to the rate of turnover.

With best regards,

Yours sincerely,

WGP/AD

DEPARTMENT OF VETERANS AFFAIRS

Discuss c̄ H.E.

PERSONAL & CONFIDENTIAL--STAFF

CANADA

IN YOUR REPLY REFER TO FILE NO.

Queen Mary Veterans' Hospital,
4565 Queen Mary Road,
Montreal, Que.,
2 November 1949.

Dr. Wilder Penfield,
Montreal Neurological Institute,
3801 University Street,
Montreal, Que.

Dear Dr. Penfield:

I wonder if you could help me to solve two rather difficult problems which have arisen recently concerning, first, the handling of paraplegics and, second, the performing of myelograms.

These specialized techniques have remained the responsibility of neurosurgery in this hospital and I believe that this is where they belong. Nevertheless, there has been some friction develop recently, probably owing to the fact that Dr. Elliott is overburdened with work.

Regarding the paraplegics--Dr. Gingras complains that he has difficulty in seeing Dr. Elliott and although this remark is probably not entirely justified and there are some personality factors involved, there may possibly be some measure of truth in it owing to the pressure under which Dr. Elliott is now working.

Concerning myelograms--Dr. Shannon, the director of orthopaedics, claims that there has been a long waiting list for sometime specifically twelve for upwards of a month and although neither he nor his department has any particular wish to undertake the responsibility of doing these ~~but~~ the long wait is very detrimental both to the individual and to the department. We have had to explain on a number of occasions why men were being kept in hospital so long on this account. It is also difficult to send a patient out once they have been admitted, often from a distance, and have to return on a specified date for the myelogram to be done. Dr. Shannon, therefore, was willing if necessary to have one of his department expedite these procedures.

I explained both to him and to Dr. Gingras that it had been hoped by both you and me that Dr. Bill Stewart would be ready for work here soon, which would relieve the load presently carried by Dr. Elliott and thereby resolve both these difficulties. However, on discussing the date of Dr. Stewart's return with Dr. Philip Hill yesterday, it would seem that Bill is unlikely to be ready for work for at least a year. I wondered, therefore, if you had any young man in mind who might be willing to spend a part of his time here, say on the basis of three or four half-days each week, for which he would be reimbursed at the usual rate of $25.00 per half-day, who might help Dr. Elliott out and who yet might not necessarily be stationed here permanently if Dr. Stewart returns.

I have discussed both these matters with Dr. Elliott and I am sure he has talked to you about them but no decision could be arrived at without knowing Dr. Stewart's future.

I believe the load now being carried by Dr. Elliott is too great and I would be most grateful to you if you could suggest some method of relieving it.

Yours sincerely,

Campbell.

(Campbell McG. Gardner) M.D.
Director of Surgery.

CMG/VCP

May 13th, 1947

Dr. W.P. Warner,
Director General of Treatment Services,
Department of Veterans' Affairs,
Ottawa, Ont.

Dear Dr.Warner:

I hope that your directive in regard to the treatment of post-traumatic epilepsy will not make any of the neurosurgeons feel that they are being discriminated against. We will do the best we can with them. I think the cases should be sent to me at the Queen Mary Veterans' Hospital when it is necessary to transfer them. We can then shift those who require operation over to the Institute.

Yours very sincerely,

WGP/AD

DEPARTMENT OF VETERANS AFFAIRS

CANADA

3-1-28 (DGTS)
IN YOUR REPLY REFER TO FILE No.

OTTAWA, Ontario,
May 9th, 1947.

Dr. W. Penfield,
Montreal Neurological Institute,
3801 University Ave.,
Montreal, P.Q.

Dear Dr. Penfield:

Since our discussion regarding the treatment of post-traumatic epilepsy occurring in veterans, we have decided that for the time being all such suitable cases should be referred to you for treatment. A directive will go out to all districts shortly to this effect and we are taking measures which I hope will adequately screen the cases so that only suitable cases will be sent to you.

I appreciate very much your co-operation in this matter and I am certain that it is a move to give the best treatment to the veterans.

Yours very truly,

W.P. Warner

W.P. Warner, M.B.,
Director General of Treatment Services.

WPW/MC

D.V.A. 1—800M

September 6th, 1946

Dr. W.D.S. Cross,
Chief Medical Officer,
Department of Veterans Affairs,
379 Common Street,
Montreal, Que.

filed in Dr Penfield's personal papers -

Dear Dr. Cross:

Many thanks for your note of the 3rd. I will undertake Direction of the neurosurgical work for the Department of Veterans' Affairs in this district with pleasure. I do not remember what title you said went with that responsibility, whether it was adviser, or what it was; perhaps I should know. Also, if it is not bothering you too much, what does this district comprise?

May I call attention to one matter at the present time, and that is in regard to sending patients to any one of the three hospitals here in Montreal, that is, Ste.Annes, the Montreal Military, and the Montreal Neurological Institute. I should be glad to have the routine cases sent in to the district continue to be sent to the Montreal Military Hospital, but it is essential that where special arrangements have been made for urgent cases, or special arrangements for cases of a particular nature, they should come directly to the Neurological Institute without being sent through the Montreal Military Hospital. I must be emphatic about this inasmuch as three patients within the last ten days for whom long distance arrangements had been made for admission to the Neurological Institute were sent to the Montreal Military Hospital. In the case of at least two of these I think that the delay has endangered their lives. The cases I refer to are the following:

Joseph Viau, ex Fl.Lt., RCAF, - from Kingston.
Earle Meagher, ex Fl.Sgt.,RCAF, - from Halifax.
Leonard Wilkinson - from Halifax.

Yours sincerely,

WGP/AD

DEPARTMENT OF VETERANS AFFAIRS

CANADA

IN YOUR REPLY REFER TO FILE NO.

379 Common Street,
MONTREAL, September 21st 1946.

Doctor Wilder Penfield,
3801 University Street,
Montreal Neurological Institute,
Montreal, Que.

Dear Doctor Penfield,

In regard to your official title, it will be Director of Neurosurgery, "A" District, Department of Veterans Affairs. This District has its western boundary at the Quebec-Ontario border; south, to the american border; east, it cuts through the Eastern Townships as far down as Sherbrooke and along the River, including Three-Rivers; north, up to Hudson Bay - the important points in here, however, are Noranda, Rouyn and Amos and the Quebec mining country in that area.

Regarding the cases of MEAGHER Earle and WILKINSON Leonard which you mention in your letter, my information is that the District Office was telephoned from Halifax, stating that these cases were emergencies. Doctor Lalonde got in touch with Miss Flanagan and arrangements were made to have them admitted to the M.N.I. In a conversation with Doctor Letourneau sometime later, Doctor Letourneau stated that the patients could be treated at the Queen Mary Veterans Hospital; therefore arrangements were made to have them admitted there.

I have issued instructions that all urgent neurosurgical cases are to be admitted to the M.N.I. This was our former practice before we acquired the Q.M.V.H. and it is hoped that these instructions will prevent any repetition of the chain of events as in the cases of these two men.

p.t.o.

We would appreciate hearing from you at any time you have any suggestion, to improve the handling of the neuro-surgical cases.

Yours sincerely.

W.D.S. Cross, M.D.
Chief Medical Officer.

WDSC/GC

September 1st, 1945

Col. R.H. McGibbon, RCAMC,
District Medical Officer,
M.D.4, Sun Life Building,
Montreal.

Dear Colonel McGibbon:

1. In regard to Major Harold Elliott, who has recently returned from Basingstoke, I think it will be satisfactory for him to take over the position of full time Chief of Service at the Montreal Military Hospital. His long and faithful service overseas certainly merits some recognition. I expect that I shall have to be away from Montreal for about a month, beginning the 20th of September. I should like very much, therefore, to have him begin work at the Montreal Military Hospital before that time if it is decided that he is to go there. His arrival at the Montreal Military Hospital will bring up the question of whether or not Captain Morton, who has been the Chief of Service, is to continue there. I know that Morton has been requested from Edmonton. He would be able to help out there very much, and it fits in with his peacetime ambitions to take up his work out there. I would therefore urge that he be allowed to go after he and Elliott have worked together for a time at Queen Mary Road so that Elliott can carry on the things that Morton has begun. I would suggest that they should work there together for two weeks to a month before Morton leaves.

2. Electromyeography. Electromyeograms have been carried out for the Neurosurgical Centre by Captain Jasper, who has done the work under A.M.D.8 at the Neurological Institute. He has carried out in his laboratory a large number of these tests in peripheral nerve cases. Last week he did about fifteen patients from St.Anne's, and I think he does on an average an equal number from the Montreal Military Hospital. Jasper's work was originally research. He has now proven that this is the most reliable method of testing the results of nerve suture. He has taught men from the various centres to carry out this work. He now informs me that, having done about a thousand of these examinations, he has the information necessary from a research point of view and wishes to stop doing this work excepting in the case of

very difficult problems that may come into the Neurological Institute. I agree that the time has come for him to give up the electromyeograms.

I would propose that we set up an electromyeographic laboratory in the Montreal Military Hospital. Capt. Jasper has made apparatus to use there. We have one man on our strength who is quite capable of doing this work, and cases can be sent to the Montreal Military from St.Anne's for this test and returned on the same day as they have been doing in the past. Capt. Auckland is the only man who could handle this reliably, and I propose to ask him to take it over, although this will mean postponing his further training at the Neurological Institute.

3. Paraplegic Wards. There are at St.Anne's at the moment 31 paraplegics. Dr. Warner telephoned me this afternoon that he is proposing to transfer twelve paraplegics from Halifax to Montreal. The proper handling of these cases is a very difficult one. Our most immediate need is to get hold of a medical officer or doctor who can look after these people full time under Dr. Shaver. This presents a real opportunity for the right man. If we can get hold of a medical officer, Dr. Warner will be willing to take him on upon his discharge with perfectly adequate salary to carry on the paraplegic work. This would last for two or three years, I should think. Can you secure a man for us to do this? Or can you make any suggestion in regard to it?

4. On September 15th I would propose to shift some of the medical officers on our strength from one hospital to the other, but I will write to you a little later about this.

Because of the amount of time involved, I should like to give up my position in the Neurosurgical Centre this autumn. Perhaps the best time to do it would be when Major Elliott comes on.

Yours very sincerely,

WGP/AD

C
O
P
Y
/mb.

M.11-E-135.

DEPARTMENT OF NATIONAL DEFENCE
A R M Y

MONTREAL, Que. 28 August 1945.

Officer Commanding,
Montreal Military Hospital,
Queen Mary Road,
Montreal, Que.

Att: Col. W. PENFIELD

Major H.W. ELLIOTT

The m/n Officer has recently returned from Overseas and he is being considered as a full time Chief of Service in the Neuro Surgical, Special Treatment Centre.

2. Would you kindly let me know if, in your opinion, he is qualified to undertake this work on your appointment as Consultant Neuro-Surgeon.

SGD: R.H. McGibbon, Colonel, RCAMC,
D.M.O., M.D.No.4.

x x x

St Ames
Shaver
Patrick
Saulnier

Elliott
Oakland. - E.M.G.
Lunnan - Blais -
Lockington.

M.D.
Thomas
Sloane

QUOTE No.....

CANADA

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Personal

OTTAWA, CANADA,
March 22nd, 1945.

Dr. Wilder Penfield,
Montreal Neurological Institute,
3801 University Street,
Montreal, P.Q.

Dear Wilder,

I am leaving Ottawa tonight and will be absent about two weeks, after which I expect to be in Montreal when I hope the operating rooms in the Montreal Military Hospital will be opening.

I have just made some comments to the D.G.M.S. on your last submission which I think is quite in order if we wish this show to fulfill our hopes. I have made a few suggestions which do not change materially your plan. I trust that when I get back all arrangements for the general plan of the Neurosurgical Unit will be completed and that we will be able to go into actual operation, at which time details can be worked out.

Personally, I would like to say how glad I am that it now looks as though we can develop a real show harmonizing all factors in this branch of surgery, and I am also happy to know that you are going to head up the Army end actively.

Sincerely yours,

G S Fahrni

(G. S. Fahrni) Colonel, RCAMC,
Consultant Surgeon.

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

M. 8-3-2-85

DEPARTMENT OF NATIONAL DEFENCE
ARMY

MONTREAL, Que., 1st November 45.

Officer Commanding,
Montreal Military Hospital,
Queen Mary Rd.,
MONTREAL, Que.

Col. W.G. Penfield,
Montreal Neurological Institute,
University St.,
MONTREAL, Que.

PATIENTS IN MILITARY ANNEX, M.N.I.

Considerable difficulty has been experience in keeping track of the service patients in Military Annex to the Montreal Neurological Institute which is considered to be a wing of the Montreal Military Hospital.

2. Attached find copy of proposed instructions. May these be a subject for discussion between the Registrars of the Montreal Military Hospital and of the Montreal Neurological Institute with a report to this office of any proposed changes.

3. Those marked with a red question mark need further definition.

(R.H. McGibbon) Colonel, RCAMC,
District Medical Officer,
Military District No. 4.

All Service patients should be admitted through A & D books of Montreal Neurological Institute although they actually may enter the M.N.I. Annex. If no previous notice hasbeen given Montreal Military Hospital, the Registrar M.N.I. will daily inform M.M.H. of all new admissions (There may be admissions direct to M.N.I. from R.C.A.F., Navy, or from other districts without the knowledge of D.M.O. or O.C. Montreal Military Hospital.) When service patients are transferred to or from M.M.H. or St. Annes, the Registrar M.N.I. should notify Montreal Military Hospital; similarily, when service patients are ready for discharge, the M.M.H. should be notified 24 hours in advance,(or transferred to M.M.H. for discharge).

If the above routine is followed, proper records, medical and financial can be kept.

Names of those seriously ill, dangerously ill should be notified to M.M.H., both when placed on and taken off such lists. Deaths must be immediately notified to M.M.H. as well as to the Next-of-Kin.

To assist in keeping records up to date a clerk will report to Registrar M.N.I. at hrs daily for confirmation of hospital population and status.

When soldiers are demobilized while patients in M.N.I., the District Depot will notify the Registrar M.N.I. and M.M.H.

While there are only 27 beds under Army control, more than 27 patients may be shown as in hospital. These patients may be moved from Ward to Ward to suit the Medical requirements of Col. Penfield.

Records of all service patients must be forwarded to the Registrar Montreal Military Hospital for disposal.

If consultation by civilian doctors on staff of M.N.I. is desired by Army Specialists, arrangements should be made through the C.M.O., D.V.A.

August 13th., 1946.

Colonel C. U. Letourneau,
The Montreal Military Hospital,
4565 Queen Mary Road,
Montreal. Que.

Dear Colonel Letourneau:-

At the request of Dr. Dancy, Dr. Bailey, and Dr. Elliott, I am writing to you in regard to the coordination of the Services of Psychiatry, Neurology and Neurusurgery in the Montreal Military Hospital. We believe that the following arrangements would improve the care of DVA patients that come under these categories.

At the present time, Neurological Patients are being housed in Ward C. We would recommend that the Psychiatric Service be also established in Ward C, where both will be adjacent to the Electroencephalographic Laboratory. With Neurosurgery in Ward D, this would provide for the maximum amount of cooperation and, at the same time, make it possible to separate off the beds of the three Services into separate functional units, over which the Chiefs of Service, Dr. Dancy, Dr. Bailey and Dr. Elliott, would have professional control, just as at present.

We would further recommend that, for the purposes of administration, an Executive Committee for Neurology, Psychiatry and Neurosurgery be created, and that Drs. Bailey, Dancy, Elliott and Kershman should be members of this Committee. This Committee, which would thus be made up of the three Chiefs of the Clinical Services, and the Chief of the Electroencephalcgraphic Service, should have a chairman, who might speak for all of these services in matters of administration and organization. The present proposal is that Dr. Harold Elliott should act as the first Chairman of this Committee during a term of one year.

It is to be understood, however, that the Chief of each Clinical Service will have complete authority, under your direction, in regard to professional matters.

If Wards D and C are thus used, some structural alterations will become necessary which can be carried out according to recommendations from the Executive of the Committee. It will certainly be necessary for the secretary to continue to serve the Neurosurgical Service. The will be a need for a secretary for the Psychiatric Service, and it seems possible that a secretary might be shared by the Electroencephalographic Department and the Neurological Department. I am quite willing to have Miss Taylor act as the Neurosurgical Secretary.

In addition to this, it is recommended that the typing of histories should be done by typists who specialize in the work of this Department, rather than leaving it to a general pool.

This should make a compact and very effective unit. It is obvious that 90 beds may well not be adequate and that further accomodation may be necessary in the future but, in the interests of organizing a unit in which there can be close cooperation of the different Services, it seems well to house the three Services in these two wards which are so close together.

Paraplegic Unit:

We would like to make one further recommendation which we feel is of interest at present, and that is in regard to the future of the Paraplegic Unit, which is at present housed at St. Anne's Hospital. In our opinion, the best arrangement for these men during the years to come, would be to have a building erected for the paraplegics, adjacent to the Montreal Military Hospital. This building should be equipped with an adequate Physiotherapy and Occupational Therapy Department, and also with a swimming pool.

In that way, it would be possible to gain for these men the much needed Orthopedic and Genito-urinary consultations so necessary for them, but at the same time, to bring them close to their future employers in Montreal as fast as they become trained in some occupation.

It is our further hope that it may be possible to house, in this building, civilian paraplegics, for whom at the present time the Province of Quebec makes no provision. There is an increasing public demand and public awareness of the need for proper housing for these paraplegics, who have in the past been allowed to die, or to pass their lives in usless activity.

We hope that you may take this recommendation as a sincere effort to create a model unit for active treatment.

Yours sincerely,

WP/af

Wilder Penfield, Colonel.

August 13th., 1946.

Dr. D. Ewen Cameron,
Allen Memorial Institute of Psychiatry.

Dear Cameron:-

Many thanks for your note of the 8th. The Service Chiefs for Neurology, Psychiatry and Neurosurgery are all in agreement that the three Services should be kept entirely independent on a professional basis. The idea of using the term Department of Neurology, Psychiatry and Neurosurgery has been given up. If they have an Executive Committee of the Chiefs of Services, they will form it for their own purposes of securing better administration for themselves.

I agree with what you have said in regard to the development of psychiatry as a discipline, particularly when I see your plans materializing for active cooperation with the other departments. I think they will develop an excellent, active group at the M.M.H.

As ever yours,

WP/af

McGILL UNIVERSITY
MONTREAL

Department of Psychiatry,
August 8th, 1946.

Dr. Wilder Penfield,
Montreal Neurological Institute,
Pine Avenue West,
Montreal.

Dear Dr. Penfield:

I am writing you with further reference to our brief discussion of the proposal to organize Neurology, Psychiatry and Neuro-psychiatry as a joint unit in the Queen Mary Veteran's Hospital.

You will recall that you asked me my opinion at the time and I felt then that I had no considered opinion on the matter. Since then Dr. Dancey has discussed the project further.

My feeling on the whole, is unfavourable towards the plans as he outlined them. The matter has been one, as you know, which has been debated very considerably over a period of some decades but I think that the viewpoint which is now emerging as dominant is that Psychiatry, because of its very extensive ramifications with all aspects of medicine, should not become too closely integrated with any one discipline. The general policy is now to seek to launch new divisions and departments of Psychiatry on their own and once they are established and running to anticipate that they will enter into research and teaching relations with other departments as indeed we are now beginning to do here.

I think Dr. Dancey may wish to discuss the matter with you further and it is in order to prevent your feeling confused by my lack of viewpoint when we discussed the matter the other day and the opinion I have given Dr. Dancey that I am dropping you this note.

Yours sincerely,

D. Ewen Cameron, M.D.
Professor of Psychiatry.

DEC:JC

IN REPLY PLEASE QUOTE No.

CANADA

DEPARTMENT OF NATIONAL DEFENCE

ARMY

? August. (before 6th)

1946

Montreal Military Hospital,
4565 Queen Mary Road,
Montreal, P. Q.

Dr. W. Penfield,
Montreal Neurological Institute,
3801 University Street,
Montreal, P. Q.

Dear Dr. Penfield:

I forgot to mention a few things last night in our discussion.

Colonel Letourneau would like you to become a member of the Medical Board which has just been constituted in this hospital. The second meeting will be on Tuesday, August 6th, at 8 P.M. I wonder if it will be possible for you to have dinner here, and attend the meeting afterwards? The Heads of the Medical Services constitute the Medical Board.

I am enclosing a draft copy of the meeting of the Photography Committee recommendations. There was a committee appointed by the Medical Board at its last meeting. The Photography Department of the hospital has improved since you last met with Dr. Gerrie, but it is still very sadly deficient.

Yours sincerely,

Harold Elliott

Harold Elliott

HE:NT
encl.

NAT. DEF. B. 440
3000M—12-43 (3263)
H.Q. 1772-39-767

DRAFT COPY FOR MEMBERS OF THE COMMITTEE

The Photography Committee consisting of Dr. John Gerrie, Chairman Dr. James Shannon, Dr. G. Gill, and Dr. Harold Elliott met on July 18, 1946 as requested at the last meeting of the Heads of Services of the Montreal Military Hospital. The following recommendations were made by the committee.

1. That the Department of Medical Art and Photography be established in the Montreal Military Hospital to service this hospital and St. Anne's Hospital, and that the equipment at present at St. Anne's Hospital be brought into, and used by this department.

2. That this Department of Medical Art and Photography be directed by medical artist.

3. That the personnel of this department should include:

    1. Medical artist
    2. Two photographers capable of doing still and movie photography.
    3. One man in the developing room who is also capable of taking still pictures.
    4. Secretary

    It was unanimously recommended by the members of the committee that the services of Sgt. Fisk in the X-ray Department of this hospital be obtained as a photographer with a view to further training as a motion picture photographer.

4. The equipment at the present time is grossly inadequate. The present photographer is using his own Leica camera for black and white photography, and in addition, the Leica camera owned by Dr. Townsend, present resident in Orthopaedics, and the photographer is using his own enlarger. The still camera which he is at present using, is too bulky and too slow for operating room. Equipment at present in use at Christie Street Hospital, Toronto, has been itemized for this committee, and we know, therefore, what should be available for this hospital. The following list is submitted as an absolute essential. It has been checked by the photographer, and by others on the committee.

5. Space for the dept: The committee agreed that the space at present available for the department is inadequate. It is recommended that the minimum space required should be two rooms, each 10' by 20', with additional dark room of 8' by 20'. It is not too much space for a dark room when one considers developing movies, setting up enlargers and developing pictures. Dr. G. Gill, radiographer, gave excellent information regarding this point. The expert opinion of the photographer and Dr. Gerrie was also available concerning the need for this amount of space.

6. The committee was unanimous in recommending that the art and photography facilities in this hospital are totally inadequate. We know by first hand information, that they compare poorly with Christie Street Hospital in Toronto. We feel that a great deal of effort has been made over the past years to improve this situation and results have not been forthcoming. This state of affairs is inexcusable for a hospital of this standing and steps should urgently be taken to rectify it.

(over)

Equipment:

1 adapter ring

1 lens hood

1 filter holder

1 type A. Kodachrome filter for daylight

1 telek no. 1

1 telek no. 2

1 telek no. 3

1 telek no. 4

1 kodascope movie viewer 16mm

1 kodak - model 166, 16mm sound projector

1 kodak - interval timer model B

1 kodak - interval print timer

1 weaco print dryer

1 trimmer all metal 15"

a D Executive Meeting

DEPARTMENT OF VETERANS AFFAIRS

CANADA

IN YOUR REPLY REFER TO FILE NO.

Queen Mary Veterans' Hospital,
Montreal, P. Q.,
April 23, 1948.

Dr. W.G. Penfield, Director,
Montreal Neurological Institute,
3801 University Street,
MONTREAL, P. Q.

Dear Doctor Penfield:

For the past year and a half I have been trying to get the McGill Hammer made up by some firm, but I have had constant refusals because of a shortage in supply of materials.

Robert Mitchell and Company, however, have taken an interest in it recently, and have agreed to make the hammer for us at a cost of twelve dollars ($12.00) per hammer. Part of this twelve dollars will be used for making dyes and jigs, but in the future they will be able to mass produce them at a cost of much less than twelve dollars.

Before going ahead, however, they would like our guarantee for the sale of 150 hammers, which would pay for the initial cost. I feel that we would be able to dispose of this many in a few years, as soon as the medical students are aware of them, but I would like your caution before telling them to go ahead.

One of the nice things about having a local firm make them is that we can improve on the model from time to time, and still call it a McGill Hammer.

Yours sincerely,

Harold Elliott

Harold Elliott, M.D.

DVA 1 HE:NT

Dr. W. Penfield,
Director of Neuro-Surgery
M.N.S.

MONTREAL MILITARY HOSPITAL
R C A M C

March 1946.

Montreal Military Hospital
ANNUAL REPORT - 1945 -

1.- HISTORICAL

The Montreal Military Hospital was established in November 1943 at MacDonald College as a 35 bed hospital for C.W.A.C. personnel. Its original designation was MacDonald College Military Hospital which was changed to its present name in December 1943.

Its first expansion occurred in January 1944 when several beds were allotted to it in the D.V.A. Hospital at Ste. Anne de Bellevue, Que.

The administration of the Montreal Military Hospital was transferred to Ste. Anne's Hospital in February 1944 while MacDonald College remained as the Women's Division.

The Unit continued to function at MacDonald College until December 1944 when a further expansion was made and the Theological College, McGill University was taken over as an overflow for medical and convalescent cases while Ste. Anne's accommodated surgical cases. This became known as the University Annex of the Montreal Military Hospital.

It was not until February 1945 that the patients and staff were actually housed under one roof when L'Institut Nazareth on Queen Mary Road was taken over from the Royal Canadian Air Force, Wireless School.

Although the building was undergoing alterations, the pressure of returning patients from overseas was so great that the Unit was forced to move into the incompleted structure.

The first Commanding Officer was Capt. now Major F.L. MacPhail, who was subsequently replaced by Colonel Paul Poisson in July 44 when the hospital outgrew the rank. Colonel Poisson retired 31 January 45, and was replaced temporarily by Colonel J.A. Couillard pending arrival of Colonel J. Paul Laplante from overseas.

The arrival of Lt.Col. C.McG.Gardner and Lt.Col.H.S. Mitchell from overseas in January 1945 established the beginning of the Medical and Surgical services in our present location. It was largely due to the efforts of these two officers that the hospital functioned in its present quarters as soon as it did.

Colonel J.Paul Laplante assumed command of the Montreal Military Hospital on 10 March 1945 and proceeded to organize the present Institute into effective departments. Too much credit cannot be given to Colonel Laplante for his efforts and it was due to his endeavours that the hospital was an efficient organization when the present Commanding Officer, Colonel Charles U. Letourneau, took over 23 September 1945.

The Hospital was officially opened on 23 August 1945 by the Earl of Athlone, Governor General of Canada, and his wife, Princess Alice.

The Surgical Service was first established by Major A.M. Vineberg and was taken over in January 1945 by its present director, Lt.Col. Gardner. The Medical Department was begun by Major M. Aronovitch and carried on subsequently by Lt.Col. Mitchell who, in turn, handed it over to its present director, Lt.Col. W.H.P. Hill. Since its inception these two services have developed and branched out until the hospital is now divided into the following:-

(Con't)

Medicine	Oto-laryngology	Social Service
Surgery	Ophthalmology	Welfare
Orthopaedic	Gynaecology	Education.
Anaesthesia	Pathology	
Genito Urinary	X-Ray	
Neuro-Surgery	Dental	
Plastic Surgery		

2.- PROFESSIONAL

A.- Admission and Discharge Record

During the year 1945, 8,972 patients were admitted and 8,214 discharged. Detailed statement is shown as Appendix "A" with a total number of hospital days 195,038 and an average stay for patients of 21.7 days.

B.- Out-Patient Department

The Out-Patient Consultation service saw 10,559 cases during the year 1945. These were divided as follows:-

Surgery	1717	G.U.	494
Medicine	1471	Plastic Surgery	196
E.N.T.	1911	Psychiatry	803
Orthopaedic	1548	Gyaecology	167
Ophthalmology	927	Dermatology	182
Neuro-Surgery	187		

It is the intention to pool the D.V.A. and Services patients under one department to make for more efficient administration.

Arrangements at the present time are shared by the Army and the D.V.A. This is not satisfactory as there seems to be a lack of organization which causes overcrowding which, in turn, is caused by lack of space and lack of medical personnel. It is proposed to pool all services in the Out-Patient Department under the Direction of the Commanding Officer in an attempt to overcome the criticism which has been levelled at our Institution by patients.

C.- Capacity

The capacity of the hospital from January to April 1945 was 600 beds and from April onwards - 800. The average stay of patients in hospital has mounted from 11 days in January to 34.4 days in December. The main reasons for this gradual increase of length of time in hospital seems to be the greater number of seriously wounded patients arriving from overseas and the lack of convalescent and semi-convalescent facilities in the Montreal area. Beds for Officers are inadequate because no provision was made in the original plans for female patients who now occupy more than 50 beds which were earmarked for Officers.

On 31 December the bed capacity of each service was as follows:-

Medicine	240	Neuro-Surgery	50
Surgery	175	Plastic Surgery	50
Orthopaedic	160	Detention-Armed Forces	25
E.E.N.T.	25	Enemy P.O.W.	25
G.U.	50		
		TOTAL	- 800 -

The actual number of beds for each service has fluctuated from time to time according to the necessities of the moment.

D.- Department of Medicine.

This department is sub-divided into General Medicine, Tuberculosis, Syphilology and Dermatology. The number of beds fluctuates according to the seasonal incidence of certain diseases. 50 beds are allotted

(Con't)

to the diagnosis and treatment of tuberculosis. This number is exceptionally large for a general hospital but owing to the shortage of beds for this disease in the Montreal area, we have been forced to keep this special ward opened. It is expected that this situation may be remedied shortly with the opening of tuberculosis hospitals by the D.V.A.

E.- Department of Surgery

This service has, up to the end of the period covered by this report, included in addition to general surgery, the Special Treatment Centres, namely, Plastic Surgery, Orthopaedics, Genito-Urinary and Neuro-Surgery. While the Director of Surgery, Lt.Col.C.McG.Gardner, supervises these departments, the activities of the surgical services have been confined namely to General Surgery and the supervision of the Operating Room.

In general, the efforts of the Surgical Department have been directed towards the retraining and rehabilitation of disabled veterans. In the course of the year 1945, 5,571 surgical patients were admitted to this hospital with a total of 3,911 operations of which 1,342 were major operations. This service works in close cooperation with and forms an integral part of the entire surgical service of the Department of Veterans' Affairs of the Montreal District and the Director, Lt.Col. Gardner is also Director of Surgery for the Department of Veterans' Affairs.

F.- Special Treatment Centres

The present status of these organizations is somewhat in doubt. The reasons for their existence are now lost in the dim past and the central direction has apparently been disbanded. At the moment, they are considered as departments under the Director of Surgery. Lack of central direction as to the ultimate disposition has created some administrative difficulties from time to time.

(1) Orthopaedics

This department is under the direction of Lt.Col.J.G.Shannon and has been concerned especially with rehabilitation of veterans. Under this department and working closely with the Director are the departments of Physiotherapy and Occupational Therapy. In addition to its wards in the Montreal Military Hospital, this service has wards at the D.V.A. Hospital at Ste. Anne de Bellevue and is also responsible for some patients in the Convalescent Hospital at Huntingdon. In this way, it is difficult to give an exact estimate of the number of patients which have been treated by this department in 1945, at this hospital.
Physiotherapy has enrolled 4,538 patients during the past year and has given more than 57,000 treatments. The number cannot be given exactly since secretarial help was available only during the last 2 months of the year.
With the increase of the Out-Patient Department this number will be much larger and it is expected that the Physiotherapy Department will be expanded appreciably to take care of the influx.
Working in conjunction with the Physiotherapy Department, the Occupational Therapy has made great strides forward in improving methods for rehabilitation of patients. From the month of May 1945, when it was first established to December 1945, the total number of patients was 3,307 with a total number of treatments of 38,765. The monthly quota of patients increased rapidly from September when the Out-Patients were first enrolled for treatment. At the present time, this department is much too small in view of the increase in patients and room for expansion is very limited. It is expected that the departments of Physiotherapy and Occupational Therapy will soon be pooled into one department of Physical Medicine under the supervision of Dr. T. Coffey, the Director of Physical Medicine of the Department of Veterans' Affairs.

(11) Neuro-Surgery

The department of Neuro-Surgery at the Montreal Military Hospital forms a part of the Special Treatment Centre, headed by Colonel W. Penfield which has its main body at the Montreal Neurological Institute. The director of the department is Major

(Con't)

H. Elliott. There have been 484 admissions to this department during the year with 96 major operative procedures and 321 minor procedures.

(111) Plastic Surgery

This department was begun in April under the Direction of Major John Gerrie, and includes also a ward at Ste. Anne de Bellevue. Admissions to the Montreal Military Hospital since April were 292 with 469 operations performed mostly of a major plastic nature. Patients between stages of operation are housed at Ste. Anne de Bellevue and in a 20 bed hut at the Montreal Military Hospital. The Plastic Surgery service works in close harmony with other departments and many operations have been performed on patients who were nominally on some other service, especially Orthopaedic and Urology. This department was also instrumental in procuring the services of Major G.M. MacDonald of the Canadian Dental Corps whose work on surgical prostheses has been outstanding and is an integral part of the department.
This department also initiated the special department of Medical Art and Photography.
Mention must be made of Major MacDonald's work which ranges from dentures and obturators to the construction of prosthetic eyes and ears.

(iv)

Urology

This service is also inextricably bound with Ste. Anne's Hospital and Huntingdon. The service was established in April 1945 and has recorded 739 admissions to the end of the year. 62.5% of all admissions were either for chronic prostatitis or non specific urethritis, and early in December we were forced to transfer the bulk of these cases to Huntingdon. 77 major operations were performed in this department during the year with 565 minor procedures noted.

G.- Department of Anaesthesis

The records of this department are incomplete and it did not become a department until November 45 when its present director, Major J.J. Carroll, first organized it. Available records show that 2,105 anaesthetics were administered. The department is still in the process of organization but in addition to Anaesthesia it has also undertaken complete control of Oxygen-therapy in the hospital and it is proposed to establish a Recovery or Resuscitation Ward as soon as the pressure on available bed space is relaxed.

H.- Otolaryngology

804 admissions to this department were recorded in 1945 with the performance of 250 operations. The admissions to this service forms almost 10% of the total hospital admissions. The Director, Major E.J. Smith, is also working in close coöperation with Dr. Mortimer of the Montreal General Hospital with a view to organizing the Audiometric Service which is, at the present time, under construction at the Montreal Military Hospital and is expected to be operating in March 46.

I.- Ophthalmology

This department only occupies 10 beds in the Institution and is mainly concerned with the Out-Patient Department. Records are incomplete.

J.- Pathology

The laboratories were organized in April 1945 and have functioned effectively throughout the year under the direction of Capt. J.B.R. McKendry whose work is deserving of the highest praise. Responsibility for this department has now passed into the hands of Dr. H. Starkey of the Department of Veterans' Affairs. The department includes all laboratory procedures in the hospital which are divided

(Con't)

roughly under the following headings:-

(a) Blood Bank
Blood has been taken from over 650 donors, involving over 3,500 groups, testings and matchings in the process.

(b) Tissue Pathology
14 complete autopsies were performed and 555 surgical specimens were examined with the preparations of approximately 1200 slides. It must be noted that this branch is being gradually expanded with the increased availability of technical staff.

(c) Parasitology
884 procedures plus 245 dark field examinations were done under this heading.

(d) Biochemistry
More than 2400 chemical tests and 10,200 urinalysis were performed this year. At the present time, owing to a shortage of technical help considerably less work in this branch is being done than is anticipated in the future.

(e) Hematology
Hematological procedures of all types amounted to 8,514. The venepunctures averaged about 1,000 per month and were done only by the staff of the laboratory.

(f) Bacteriology
Records on the preparation of media, sterilizing solutions, containers and equipment for the various departments are not available. More than 10,867 procedures including 695 cultures for tuberculosis can be accounted for. In addition, 18 guinea pig inoculations were performed at Ste.Anne's Hospital. In this connection it should be noted that this Institution is not equipped with laboratory animals and recourse must be had to obtain the facilities available at Ste.Anne's Hospital.

(g) Serology
This branch though recently organized has carried out more than 14,000 Mazzini screen tests for syphilis, 54 Widal tests and 64 heterophile antibody tests; generally, however, serological tests for syphilis are sent out to the Provincial Laboratories and in the past year 3,114 samples were tested by them. 190 spinal fluid examinations were carried out.
The department also carried out 350 Basal Metabolism tracings and prepared 489 Electrocardiograms.
With the advent of Dr. Starkey, it has been pointed out that the responsibilities of our laboratory will be increased to include the whole of the Montreal District. To this end, it is proposed to expand the laboratory sufficiently to establish a separate blood bank to supply the District, in addition to doing research work on Hematology. It is proposed to place the blood bank under the direction of Dr. R. Denton, late of the R.C.N.V.R., who has done considerable work on this subject.

K.- X-Ray Department

This department began to function in February 1945 and has carried out 13,915 examinations. Of this number certain unusual procedures are worthy of mention. These are encephalograms - 49, myelograms - 56, Gastro-intestinal Barium Series - 601, Fluoroscopy - 480. The bulk of these examinations were routine chest plates which amount numbered 4,123.

At the present time, this department is called upon to handle an ever increasing number of examinations referred from the Out-Patients Department. The capacity has now been reached and some expansion must be considered in the near future.

(Con't)

L.- Nomenclature of diseases

Admissions to this hospital have been classified by diseases and are shown in Appendix "B".

The discrepancies will be noted between the total under the heading of diseases and the total number of admissions as reported in para 2a. This is due to the fact that patients who are demobilized from the Army to the Department of Veterans' Affairs appear as two admissions on the A & D records.

M.- Teaching

Towards the end of this year each department organized clinics for the staff of the hospital in a small way. At the present time, only general rounds in this Institute are held by the combined services on Tuesday afternoons of each week. A syllabus is being drawn up at the present time for courses in Medicine and Surgery to be held in 1946.

These courses are directed to the rehabilitation of returned Medical Officers especially those whose Active Service was served in Battalions and Administrative positions.

The plan is to devote Monday and Wednesday evenings to Surgery; Tuesday and Thursday evenings to Medicine, leaving Friday evenings opened to allow the officers to attend the bi-monthly meetings of the Montreal Medico-Chirurgical Society. Enthusiastic support for these courses has been noted both amongst the prospective students and amongst the teaching staff which will be mainly recruited among the outstanding specialists available in Montreal.

Some liaison has been made with the two Universities in Montreal with a view to tying in the work of this Institute with their teaching programmes. To date no positive results have been obtained but the proposition is not without promise.

N.- Research

Certain problems are, at the present time, under consideration by various members of the staff and application will be made in the near future for grants from the National Research Council. We have been assured of the whole hearted support of this body in our efforts. The pressure of work has not permitted the staff to devote very much time to the organization and assimilation of the vast quantity of clinical material which is at hand. It is expected that several papers emanating from this Institute on various subjects will appear in 1946.

O.- Nursing Services

The number of Nursing Sisters has fluctuated from time to time during the past year but the mean average of 75 was fully employed at all times. These Sisters were posted according to their special training and ability, thus departments requiring highly specialized nursing such as Plastic Surgery and Neuro-Surgery obtained nurses who had had previous training in these fields overseas. Replacements for such nurses have been so difficult to obtain that we have been forced to provide special training for nurses interested in this type of work. Similarly, the Operating Room has employed continually 10 specially trained Sisters. General training has also been given to Nursing Sisters in other departments with a view to ultimate specialization in that particular department by the nurses being trained, e.g. a Nursing Sister working in the department of Orthopaedics must have some understanding of Physiotherapy and Occupational Therapy and work in close cooperation with these departments.

The problem of nursing orderlies has been a vexatious one owing to the predilection of our most highly trained men who are returning to civil life to undertake other jobs. At the present time an endeavour is being made to train general duty men to become nursing orderlies but this has been far from satisfactory.

(Con't)

3.- ADMINISTRATION

A.- Personnel

The functioning of this Unit has been handicapped in many ways by the lack of an authorized establishment. As a result the personnel has been comprised according to the establishment submitted by Colonel J.P. Laplante in July 1945. The personnel breaks down mainly into the following classes:- Army Medical Corps - Officers, Nursing Sisters and Other Ranks.

C.W.A.C. - Officers and Other Ranks
R.C.D.- Other Ranks
Navy- Officers and Other ranks-employed in Special Treatment Centres
Air Force- Officers- employed in the Special Treatment Centres.
Civil Servants-male and female employed by the Department of National Defence
Civil Servants-male and female employed by the Department of Veterans' Affairs.

It will be appreciated that such a conglomeration is not an easy matter for administration. At the present time, some of the personnel are working part time, others full time. The Hospital routine calls for a 12 hour day on the part of the Army but since Civil Service hours only call for an 8 hour day, it has proven difficult at times to reconcile the two. While an agreement was made in Nov 45 to hand over the management of 500 beds to the D.V.A., we have received no personnel to replace the Army personnel who are to be demobilized, with the exception of the part-time consultants, who were all recruited from the staff of the Montreal Military Hospital. It has been announced that the C.W.A.C. is to be disbanded and in fact, this personnel is being demobilized more rapidly than any other type of help. We are in urgent need of replacements for these people. With the advent of more Civil Service workers, it will be necessary to change the routine of the hospital from a 12 hour day to an 8 hour day with a corresponding increase in personnel.

Engineers and maintenance staff are controlled by the Director of Public Works at H.Q.,M.D.No.4 and we find it very difficult to keep an accurate nominal roll of them. At the present time, a large number of technical staff especially amongst the Nursing Orderlies have been demobilized and their replacements, though adequately trained, are not qualified. This is a situation which is difficult to remedy since we are unable to qualify them without a course in their particular trade and at the same time are unable to spare them to take these courses owing to the pressure of work.

B.- Quarters

The quarters at the present time are entirely inadequate for the number of personnel employed in the hospital. Quarters consist of 4 huts of the "H" type which are roughly allotted as follows:-

Nursing Sisters	-	1½ huts
Officers	-	½ hut
C.W.A.C.	-	½ hut
Sgts.	-	½ hut
Other Ranks	-	1 hut

The policy of National Defence Headquarters of maintaining service personnel in their home districts has stood us in good stead and we are able to cope with the situation by the expedient of paying Quarters Allowance to personnel living at home.

While this arrangement is not very satisfactory owing to the fact that many of the personnel must travel a long way to work, it is nevertheless, the best arrangement which can be made under the circumstances. In the same way, it would be well to consider the provision of married quarters for personnel who intend to remain in the Permanent Force or whose duties require them to be in close proximity to the hospital.

With the changing of the hospital working day and the

(Con't)

influx of Civil Service personnel the problem must be faced sooner or later that more room must be provided for quarters. Several courses are open but these cannot be discussed in this report.

C.- Stores- Ordnance

Excellent cooperation has been received from R.C.O.C. in the matter of pack and clothing stores.

(a) Pack Stores

Adequate accommodation is provided for the clothing and kit of all the patients admitted to the hospital. The turnover is tremendous, with an average of 40 to 50 admissions per day. Some difficulty was encountered in this department owing to an order issued by N.D.H.Q. that patients walking out were to be provided with their uniforms. This difficulty has now been solved by allowing the patient to retain his uniform on proceeding to the ward.

(b) Technical Stores

These have been adequate but some types, especially operating instruments, have been found to be of a quality inferior to that which one would expect to find in a first class hospital. As a result repairs occur more frequently than might be the case with first class equipment.

(c) Stores- Steward

Rations, on the whole, have been excellent and the utmost cooperation has been received from the R.C.A.S.C. in this regard.
Some complaints were received regarding the serving of certain types of rations but these have now been straightened out and complaints are down to the minimum.

Laundry

The plans of this Hospital call for a laundry to be established and it is felt that this is a very necessary item to a hospital of this size. As an example, there were 53,148 pieces of linen laundered during the month of December. At the present time, the contract for laundry is held by the Troy Laundry Coy., and the work is efficient. The average time taken to do each days laundry is between 48 and 72 hours. The system of checking has been effective and very few losses have been suffered by the hospital. It is expected, however, that the linen will gradually deteriorate and for this reason the services of 3 seamstresses will be required in the near future.
Repairs to laundry are being carried out at the present time by voluntary organizations, which is not an entirely satisfactory arrangement.

Hospital Kitchen

Feeding of patients and personnel is done from one central kitchen with the exception of the Officers Mess which is a separate kitchen. The only reason which can be given for this is that the design of the building does not allow for any other arrangement. Meals are served to patients from electric food conveyors which have proven quite satisfactory. The number of meals which are served to patients in the wards varies from 475 to 575 daily.
Rations are supplemented on special occasions by the purchase of extras which are paid for out of funds in the hospital:-

Patients - out of the Patients Welfare Fund
Personnel - out of the Men's Canteen Fund
Officers- out of the Officers' Mess
Sgts. - out of the Sgts' Mess.

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4.-Special Departments

Welfare

Welfare of the personnel is taken care of by the Y.M.C.A. who have done an excellent job. The Y.M.C.A. Supervisor also concerns himself with entertainment for the patients and coordinates all the efforts of the various voluntary organizations, who are anxious to do something for the patients.

At the present time visiting of the patients is in the hands of three organizations, namely, the Montreal Soldiers Wives League, Canadian Red Cross who visit patients on Wednesday and Tuesday afternoon respectively and the Canadian Legion who provide entertainment in the wards for lying patients two nights per week.

The hospital Library is maintained by Red Cross Voluntary workers in cooperation with the I.O.D.E. Auxiliary Services. In addition to this, several voluntary groups have sent comforts, furniture, cigarettes and various other useful gifts for the benefit of the patients but these are too numerous to report in detail.

Education

Too much stress cannot be laid on the importance of this department in maintaining the morale of the patients and aiding in their rehabilitation. Several methods of operating this department have been tried and that found most successful was where individual attention could be given. Group classes have a negligible value owing to the rapid turnover of patients. During the past year, the present staff has proven inadequate to handle the vast quantity of work to be done and it is expected that an assistant to the present Education Officer will be required plus one or two more qualified teachers. During the past year this department registered an enrolment of 1,151 for correspondence courses only. In addition, to this, educational films have been shown and an information room kept up to date on rehabilitation opportunities available to the veterans and a 200 book technical library has been maintained. Much interest has been shown by the patients and personnel in courses on typewriting and several typewriters, though in a state of dilapidation, are available to train these men. Typewriting has also proven to be of much value as a form of Occupational therapy for patients with hand injuries. Interest has been so keen in education in this Unit that over 25% of all Canadian Legion Correspondence courses in Western Quebec are being taken by persons who are or have been in this Unit.

Social Service

This department was begun as an experiment in October 1945 and has done so well that its present small establishment has become totally inadequate to the volume of work which it is called upon to handle. At the present time, this department employs one social worker, Lieut Goldman and one secretary.

During the period which it has functioned it has handled 196 cases of which 136 were completed satisfactorily and the balance still require additional service.

Problem cases are referred by the doctors and hospital Chaplains and in some instances, the patients themselves request assistance. Its greatest value is to provide a background especially in Psychiatric cases to the medical case reports.

Chaplain Services

The hospital employes the full time services of three Chaplains, 2 Roman Catholic and one Protestant, and these have been performing yeoman service in dealing with the small average problems which beset both personnel and patients.

2 Chapels are provided, one R.C. and one Prot. and services are held frequently during the week for up-patients and personnel. It is expected that the year 1946 will show an even greater development of this hospital and the scope of our plans is unlimited.

(C.U. Letourneau) Colonel,
R.C.A.M.C.,
Commanding Officer.

CUL/mb.

MONTREAL MILITARY HOSPITAL
R C A M C

RECORD OF HOSPITAL DAYS- YEAR 1945

MONTH OF	BED CAPACITY	PATIENTS ADMITTED	PATIENTS DISCHARGED	HOSPITAL DAYS	AVERAGE STAY (days)
Remaining from December 1944		233			
JANUARY 1945	600	480	484	8455	11.09
FEBRUARY "	"	646	478	6825	10.56
MARCH "	"	660	641	9906	15.41
APRIL "	800	720	615	11212	15.57
MAY "	"	637	661	14544	22.83
JUNE "	"	753	681	17214	22.86
JULY "	"	753	594	14711	19.53
AUGUST "	"	798	815	17375	21.77
SEPTEMBER "	"	785	713	18796	23.98
OCTOBER "	"	929	913	27769	29.88
NOVEMBER "	"	823	912	22186	26.95
DECEMBER "	"	755	707	26045	34.49
TOTALS:		8972	8214	195038	254.92

AVERAGE STAY PER PATIENT:- 21.24 days.