Renfield to archibald, from Langham Hobel, London, July 17, 1923

Dear Dr. Archibald,

According to your request I am writing you about
Neuro-Surgery in Montreal after thinking over my visit there.
I am very much pleased that you should think me capable of developing that field further for Magill than you yourself have done.

It seems obvious that there is a great need in Canada for a neuro-surgical clinic and that Montreal is a suitable place for its development. In my opinion no other branch of medicine is likely to make such advances in the next 20 years as the surgery of the brain, the spinal cord and the sympathetic nervous system. Consequently, there must be adequate provision for research as well as the development of clinical and operative team work.

Neuro-surgery must go hand-in-hand with Neurology.

The ideal relationship seems to me to be that the neurosurgeon should be a neurologist by interest and training,
a surgeon by profession. The neurologist in addition to
neurology and psychiatry as a training and profession should
provide intimate co-operation with neuro-surgery.

Concretely the requirements for neuro-surgery at Magill are, in my opinion, as follows:

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- Segregation of beds. 1.
- Neurosurgical interne. 2.
- 3. Research fellow in neuro-surgery.
- Academic standing for the neuro-surgeon 4. equal to that of the neurologist.
- Association with both the Royal Victoria and 5. Montreal General Hospitals.
- Examining room in hospital provided with 6. perimeter, rotating chair (Barany) and probably electrical stimulating apparatus.
- Laboratory of Neuropathology, equipped with -7.
 - 4 or 5 small rooms;
 - Secretary:
 - Technician.

EXPLANATION.

- The neuro-surgical interne should care for public and private patients, be a member of the operating team, serve in the general neurological out-patient, do routine and original work in Laboratory of Neuropathology.
- Research fellow. This position must depend somewhat on the type of available man. His work should be primarily investigation though he must have dinical duties and possibly teaching and operating.
- The field for material is small because of the large French element in Montreal. It is possible to build up an efficient operating team in only one Hospital. It

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is desirable, however, to draw material such as the more difficult operative cases from both Hospitals if this is possible. I would personally be very glad to work in the out-patient clinic of both hospitals every week.

- A small room for perimetric examination should be dark and if possible accessible to out-patients as well as inpatients. The rotating chair (Barany) is indispensible for diagnosis of lesions in the posterior fossa. The electrical stimulating machine is of greater service to the Dispensary than it is to the Ward.
- the vital part of the Clinic and, like the Dispensary, it is a place where the Staff of Neurology and neuro-surgery should work together with common interest and mutual benefit. It is to this Laboratory that it should be possible to attract outside workers and from here would probably come most of the publications. Each member of the combined Staff of the two clinics should have a room, or a table of his own here for his investigation. A part of the experimentation would necessarily be physiological, but could be done in another experimental laboratory. The material thus obtained would be studied in the neuropathological laboratory.

If sufficient room is available this laboratory should be near to General and Surgical Pathology. If not, it would be better to have sufficient room elsewhere.

The Laboratory could probably be equipped for \$1,000 and the budget for running expenses would probably be between \$1,500 and \$2,000 yearly.

For me a necessary pre-requisite to any move is that I shall be able to earn my living. After looking over the field carefully I feel that I should need to have a guarantee of \$10,000 yearly income for five years.

The process of building up a practice restricted to neurological surgery in Montreal must be a slow one and will be quite impossible unless patients are drawn from a considerably larger population than the English-speaking residents of Montreal. I should want to do everything consistent with the best interests of the clinic to get into touch with the general medical profession and should certainly hope to exceed the figure of \$10,000 a year before 5 years should elapse, but I could not feel justified in bringing my family which includes four children to Montreal, giving up an income which

already exceeds that figure, unless such a guarantee could be made.

I should require one further safe guard also inasmuch as there is at present no Chief Surgeon at the Royal Victoria Hospital. In case a Chief Surgeon is elected other than Dr. Archibald, it should be impossible for the newly elected Chief to change the organisation of the Neuro-Surgical Clinic during the first five years of the existence of such a Clinic without my consent, unless he gives one year's notice of such intention. This agreement seems to me a necessary one. A year's warning should make it possible to move elsewhere if that were necessary. It would be my desire, however, to make my first move from New York also my last move.

If arrangements for scientific work could be provided from practice such as is outlined above and if my income could be insured for five years I very much want to accept an invitation to Montreal. But final decision would have to be made after consulting Mrs. Penfield.

We could be free to leave Presbyterian Hospital, I think, in the spring of 1928. If such a thing were possible I should like to go abroad for study until the autumn. I could thus gain valuable advice in planning the clinic and secure suggestions and methods for the research of the Clinic Staff.

I enclose a purely tentative outline of clinic organisation which I have talked over in a rough way with Dr. Russell.

Respectfully yours,