

January 2nd, 1942

Air Vice Marshal N.R. Anderson,
Air Officer Commanding,
Eastern Air Command,
Halifax, N.S.

Dear Air Vice Marshal:

I have seen the recommendation drawn up by S/L W.D. Rankin and Lt.Col. W.V.Cone and I am writing to you in regard to it.

Speaking for the staff of the Montreal Neurological Institute I can assure you that the care of personnel of the Eastern Air Command can be undertaken here now provided the medical organization in that Command can arrange for air transport to us of patients with injuries involving the nervous system without undue delay. It should be understood, of course, that the expenses incurred by such patients should be defrayed.

The possibility of such an arrangement brings up the problem of transportation and care of such patients in other Air Commands and in the Canadian Army and Navy. This problem includes the emergency handling of such cases in Canada and the treatment of the late complications of such injuries in returned personnel.

If such an arrangement were made for the whole of Canada (or for a portion of Canada, dividing responsibility with other centres) the following provisions would become necessary and should be undertaken by the Federal Government through the D.P.N.H. or through the services: 1) Additional buildings adjacent to the Montreal Neurological Institute; 2) Organization of an air ambulance service.

1) Additional buildings here might be of a temporary nature, but would have to include enlargement of operating and laboratory facilities along with construction of bed wards. Provision would likewise have to be made for the added financial load that would be thrown upon the Montreal Neurological Institute. We would gladly be responsible for such patients

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during active treatment but would recommend transfer of patients to convalescent homes or chronic hospitals after such a period had passed.

2) Air Ambulance. There is a need for an air ambulance service to transport members of His Majesty's forces when injured to first class base hospitals and to special hospitals. Such a service would result in saving many such lives now and still more in case of attack here in Canada.

There is an even greater contribution which might be made if a small group of ambulance planes could be organized now. The right type of plane for collecting wounded as well as transporting them long distances could be worked out and the proper organization of personnel could be developed.

At present there are two planes in use in the Middle East donated by the Australian Government, which can hardly be called an air ambulance service. There is need for a properly organized unit now, however small, such as that operating with the German forces. The time will probably come when Great Britain will need such an ambulance service to carry wounded from the continent of Europe across to the hospitals of England or in other localities.

But unless a small collecting plane, that can take off in rough country, is developed and unless the skeleton of personnel for such a service is trained, they are liable to blunder in initial organization. This problem was discussed and such information as was available was recorded in a report, "Air Ambulance Transport of Casualties", last summer. I have discussed this matter with Lt. General Hood, D.C.A.M.S., and Air Vice Marshal Whittingham, D.M.S., Air, and have left copies with them. I have given a copy of this report to Squadron Leader Rankin. He will show it to you if you are interested.

Yours sincerely,

(signed) WILDER BENFIELD

WGP/AD