

C O P Y

Temporary - Bldg. Costs.

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Dec. 14th, 1942

Col. Ross Millar, D.M.S.,
Department of Pensions & National Health,
Ottawa, Ont.

Dear Col. Millar,

After study of the situation and discussion with Principal James I am authorized to make a specific proposal in regard to enlarging the facilities of the Montreal Neurological Institute so as to accommodate about 32 patients from the Department of Pensions & National Health.

Inasmuch as those admitted to this institute require close observation, elaborate study and active treatment followed by discharge to other hospitals for convalescence, huts, even though built on nearby land, would not serve the purpose of increasing our facilities. Huts would necessitate duplication of expensive equipment, and of trained personnel, and would increase the difficulty of transport from operating rooms, laboratories, kitchens, linen rooms, sterilizers and such things.

The whole system of hospital services now runs on wheels and on foot over long corridors through the Royal Victoria Hospital with its laboratories and its Department of Pensions & National Health patients to the Neurological Institute.

There are three floors in the Institute containing patients, two public and one private, and five floors containing laboratories and other related activities. I would propose an annex of three floors so placed that a passageway would connect each floor of the annex directly to the main corridor of the corresponding clinical floor of the Institute. This would allow various services already built and equipped on each floor to be used for the corresponding annex floor. Such services include sterilizers, continuous baths, linen rooms, kitchens, elevators, outdoor porches, ward laboratories, nurses' dressing rooms, etc. The annex could be built as cheaply as possible within reason but would have to be of fireproof materials for general safety and because of City by-laws.

Col. Ross Millar, D.M.S.

The enclosed blue print, which is altogether tentative, gives the general conception of lay-out. The tentative estimate (see enclosure) of expense of construction drawn up by the firm of Fetherstonhaugh and Durnford, as you will see amounts to \$126,000.00 for a building to house 32 patients. To this cost must be added furnishings and also the expense of enlarging two central laboratories that are already running to maximum capacity.

Construction of wing	\$126,692.50
Furnishing " "	
Enlargement of x-ray laboratories	
Purchase of additional x-ray unit	9,100.00
Enlargement of Electroencephalographic lab..	<hr/>
Total cost	<hr/>

This is the only feasible enlargement by which the Montreal Neurological Institute could serve the forces during the war and in the post-war period of rehabilitation. My associates Dr. Wm. Cone and Dr. Colin Russel are of the opinion that an annex of twice the suggested size should be recommended. Further enlargement could be made by duplicating the proposed annex if demanded in the future.

Posttraumatic headache, posttraumatic neurosis, posttraumatic epilepsy, psychogenic disabilities, peripheral nerve injuries, back injuries, ruptured intervertebral discs, fractured skull, meningitis, poliomyelitis, brain abscess, etc.; these disabilities can be correctly diagnosed and properly treated only in a specialized and adequately equipped clinic. Ours is not the only centre for such work in Canada of course, but with those cases that would be sent us, we could save the Canadian Government millions of dollars in post-war pensions by expanding our capacity as indicated.

At present the pressure for admission of cases from the armed services is so great that we are over-crowded and cannot do justice to the service patients. Crowding has already reached the breaking point for we can no longer handle the civilian patients properly and they must often be denied admission although the Province of Quebec and the City of Montreal contribute \$35,000.00 annually to make it possible for us to care for public patients within the Institute.

I may point out that much of the initiation of pressure to have service patients admitted comes from the families of the patients. This public pressure sometimes makes refusal difficult on the basis of lack of space.

Col. Ross Millar, D.M.S.

If the Department wishes us to treat an increasing number of neurological and neurosurgical cases it must be prepared to help us meet the problem adequately. That means that the construction, such as the enclosed plan indicates, would be the minimum of what would be satisfactory. It also means that the increased costs of caring for additional service personnel must be met so that the standard of performance is not lowered.

Construction on the McGill property might be considered in one of two ways: 1) by the Government, in consultation with representatives of McGill University; or, 2) by McGill University provided the capital expenditure is paid back by a per bed, per diem charge, with appropriate guarantees. In either case the annex itself would eventually become the property of the University.

We gladly offer to cooperate with the Department of Pensions & National Health for the number of chronic sufferers invalided home, because of injuries to the nervous system, and the number of acute cases, that could be flown by air-ambulance after injury in Canada, is certain to increase greatly. We foresee that if the demands of our armed forces are to be met, prompt and energetic steps must be taken. It seems likely that the public would approve such an enlargement. Failing that, they might well expect that a special hospital or hospitals should be built, as has been done in England. The cost of building such a hospital de novo with its elaborate equipment, would be greater than that of a Department of Pensions & National Health annex, and the problem of securing adequate trained specialists to staff it would, at the present time, be almost insoluble.

Yours sincerely,