

B

- 2 -

Doctor W. Penfield,
Montreal Neurological Institute,
MONTREAL, P. Q.
Canada.

24th November, 1942.

Dear Doctor Penfield,

What has finally ended a long period of procrastination about not writing you, is a cable from Elizabeth Gordon, John Counsell's sister. I enclose a copy of cable and a copy of my answer. It was disturbing to receive this cable, for I felt that we had really taken Counsell through the stages of facing his disability until he actually was prepared to carry on with a wheel-chair life. I talked to two or three of the Sisters, who had been very kind to him here and they were of the opinion that he was prepared to accept a very severe paralysis. However, you will probably have it all sorted out by now.

I have not heard anything of how he got across the Atlantic, or under whose care he is, so Harold Elliott and I decided to send along copies of the cables to you.

Harold has been working here for the last three or four months and, at the moment, I am trying to arrange through Colonel Macfarlane for him to have three months or so with Jefferson, as an integral part of his service. At the end of that time, I think he should return to us.

We have had two of the men who are general surgeons and of the age group who will be handling the mobile general surgical teams - which have become an integral part of the field organisation - work with us for a period of three months and now have our third man here. I believe that, all the men who will be working with the mobile teams at the new Corps Field Dressing Station, will rotate through our service if time allows. In the last month to six weeks, we have had some 75 - 90 patients on the surgical service - this morning there are 82 patients.

The treatment of the paralysed bladder has particularly interested us during the last few months and we have come to appreciate the fact that a chronic prostatitis or a recent attack of specific urethritis are contra-indications to tidal drainage. This is certainly true of chronic prostatitis, and we think it is true of recent urethritis. We are still very keen about tidal drainage in the cases that have

P.T.O.

some chance of recovery but, patients successfully handled with tidal drainage and then discharged to English Hospitals with their tidal irrigator, have come to grief and we have serious doubts about the evacuation of patients from here to somewhere in Canada on tidal irrigation. We also hear reports indicating a marked shortage of medical personnel in Canada, which affects D.P. and N.H. Hospitals. With these situations in mind, we are swinging towards supra pubic drainage for those patients with what appears to be a permanent paralysis of the bladder. We have been influenced in this by Aberhart, who has shown us that supra pubic drainage can be made water-tight and the patient kept dry from the time of operation onwards.

There are many other things which are extremely interesting and which I should like to write to you about and will: Herniated discs, Gunshot wounds of the head - and so on. Actually, we are having a Hospital Meeting here this week and discussing many of these problems.

With the Compliments of the Season to you.

Yours sincerely,

Harry Botterell

E. HARRY BOTTERELL, Lt. Col.,
#1. Neurological Hospital,
R. C. A. M. C.
C. A. (O.S.).

EHB/JMS
Encls: 2 copies cables.