

B  
→ 570,872-585 Construction

360,000 - Original	70 - Spec Equip
620,924 A.	5 EEG
564,040 (without bulge)	645,000 \$ 6 6 0 Total
602,364 B	

July 13th, 1944

128 beds. 82 Pub. 25 SP + 21 Priv  
36000

Dr. F. Cyril James,  
Principal and Vice-Chancellor,  
McGill University.

Dear Dr. James:

Aside from the war emergency, the necessity of enlarging the M.N.I. is due to an increased demand, partly in the Province of Quebec, partly across Canada, for treatment of this type. This was to be expected, of course, if the institution did a good job. But it entitles us to ask with justification for assistance with hospitalization deficits.

We are trying to plan enlargement which will serve, first, the reasonable requirements of the future for teaching, clinical care and investigation, and secondly, serve the purposes of a neurosurgical centre for the three Services and the D.P. & N.H. in Montreal, as suggested in the letter from Col. Harris, a copy of which is attached.

Enlargement of clinical activity must be allotted to men, women, children and infants in neurosurgery and neurology, and for public, private and semi-private classification, according to the patient demand and the needs of teaching.

On the public service we began with a 14 bed ward for men and another one for women and two 4 bed wards in which neurology and neurosurgery were mixed. The pressure for men is double that for women. Both wards have now become male and the women and children and infants are crowded into the two four bed wards and various rooms. At the same time, neurology has almost been crowded out as neurosurgical cases come with the appeal of impending death.

Expansion, I would now propose, should leave the present two wards completely for male neurosurgery as in practice now. Place in the wing neurology and make accommodation for adequate care of women and children, and for increased private, and especially semi-private cases, for which health insurance will increase the call.



July 13, 1944

From the point of view of the immediate military emergency, this will free the public floors of the present building almost completely for treatment of neurosurgical public patients and will greatly enlarge accommodation for officers of all types in the new wing and for neurological males.

Active treatment of an increased rush of military cases depends on two things: (1) rapidity of turn over, (2) number of beds. Several "bottle necks" hold up treatment so that patients may lie a week unnecessarily. Service cases can be sent to Ste. Annes a few days after operation, but may wait here 5 to 10 days waiting for x-rays, operation and electroencephalography.

To remove these "bottle necks" it is necessary (1) to increase the nursing staff for operations and to enlarge the operating suite with one new operating room; (2) enlarge the radiological suite, adding one new table; (3) enlarge the E.E.G. Laboratory, adding one new machine.

Rapid alteration of the present 5th floor (where x-ray and operating rooms are housed and surgical offices) is necessary. The neurosurgeons can be crowded out of their offices. This will help the first two difficulties, and when the wing is built one half of the x-ray will go into it, and the neurosurgical offices as well.

One more expansion is made necessary by any further increase in military patients, i.e., executive offices for history and registrar's activity. This was to have been placed in a second storey on the E.E.G. Lab. if the Field House had been used. Now we propose to put it in the present neurological offices and displace them to the new wing.

Proportional enlargement on the basis of post-war use would be, approximately, as follows:

Neurological	-	women	-	public	.	.	.	.	.	11
"	-	men	-	"	.	.	.	.	.	15
Neurosurgical	-	men	-	"	.	.	.	.	.	32
"	-	Women	-	"	.	.	.	.	.	16
Neurol. or neuros.		children & infants	-	public	.	.	.	.	.	6
"	"	"	"	"	"				semi-private	5
"	"	"	"	isolation	"				public	2
"	"	"	"	"	"				semi-private	2
Neurological or neurosurgical				semi-private rooms						18
"	"	"	"	private	"					21
										<hr/> 128

This will change one way or another as we study building and attached services. In my first estimate of about 100, I had ignored the children and infants and made inadequate provision for



July 13, 1944

women's surgical and semi-private patients.

When we opened we had ward beds for 40, private 9, and semi-private 6, or a total of 55. As outlined above we would have 82 public, 25 semi-private, and 21 private, or about 51 in the old building and 77 in the new wing. The old building carries a much increased proportion of the general services and all of the scientific laboratories (except 4 rooms for neuroanatomy and psychology).

On a war-time basis, we can handle 50 service patients, and probably more, all the time with crowding.

I hope these plans will meet with your approval.

Yours sincerely,

WGP/AD  
Encl.

46 P+SP - 36%	36%
82 Pub	128   46.0
128	388
	730