June 27th, 1944

Brigadier J.C. Meakins, Deputy Director General of Medical Services, Elgin Building, Elgin Street, Ottawa.

Dear Brigadier Meakins:

As a result of our telephone conversation on June 21st, and your request through Mr. Fetherstonhaugh for details of the plan to alter the Field House so as to enlarge the accommodation of the Montreal Neurological Institute in order to handle the returned service patients, I am enclosing figures drawn up as an estimate by the architect, Mr. Fetherstonhaugh, also plans, which must be considered preliminary, and a letter from him. I also enclose a copy of a letter concerning supplementary funds which I am writing today to Mr. Atkins, which is selfexplanatory. If the funds described in that letter are forthcoming, as Mr. Atkins believes they will be, we will be able to buy much of the apparatus needed for expansion of x-ray, operating room and electroencephalographic laboratory. The cost of enlarging the first two departments will be undertaken by McGill. The very small enlargement of the electroencephalographic laboratory, which must be carried out together with the building of the passageway, is put down as a part of the cost of altering the Field House.

You will remember that in 1942 we made a proposal to the Department of Pensions and National Health to build a temporary building as an annex to the Institute. It would have housed 34 patients at a construction cost of \$126,692.00 plus furnishing and equipment costs. You will note that Mr. Fetherstonhaugh estimates the building costs have increased 15% since that time. That proposal was refused, and we would not be willing to reconsider temporary construction which would probably take just as long as to build the wing which McGill now proposes to erect. The great advantage of the alteration of the Field House is the speed with which we should be able to carry out the whole undertaking.

You will see from the drawing that 25 beds are planned for the lower floor and 18 beds for the upper, total 43 beds. This gives greater crowding than we would like; the space would handle 38 beds better. However, the work could go forward as planned on a temporary basis. You will see that the equipment is based on an estimate of 45 beds, which number could be accommodated if the two dressing rooms are used for bad cases and would contain beds practically every night. Those rooms are used for treatments and for watching critical cases.

The two floors will be connected by a slow-moving elevator and a stairway. The passageway will bring to the building food and laundry from the Royal Victoria Hospital and connect it with x-ray, operating, laboratory, electroencephalography and administration activities in the M.N.I. itself.

The item of \$22,000.00 for an additional floor on top of the E.E.G. Laboratory (called East Wing in plans) will give 4 rooms to house expansion of administration which would be necessitated by the increase in beds. It is not a very satisfactory arrangement, but it is the only way out of it. I first planned to attach such rooms to the passageway between the Institute and the Field House, but the sloping ground at the back made this impossible without a good deal of change and excavation.

The items of \$3,400.00 and of \$5,500.00 for E.E.G. Lab. addition and passage should be taken as one undertaking. Without some enlargement it would be impossible for that laboratory to handle an increased number of patients.

You have received my previous letter of June 7th, addressed to Lt.Col. Harris. Up to the present I have received nothing in writing in regard to the whole undertaking. Before going ahead with any further work on plans, we would like to have some assurance that the Services wish to push forward such an undertaking, and it seems to me that it is essential that we should be able to deal with someone to whom authorization for action has been given. If we are likely to run into official delays which will keep us from completing the Field House arrangements in less than 12 months, it would seem to me very much better for us not to undertake it at all.

In summary, the proposal is to fix over the Field House just as quickly as possible to take the first increase of casualties; also at once to proceed with the building of a new wing on the Institute, which will take another 50 beds, with high priorities. That will allow us to deal with the increased demand for bed space for service cases and to do away with the Field House arrangement just as soon as the peak of demand passes.

As I wrote to you before, we can handle the Field House undertaking only if we receive help in personnel, such as nurses and orderlies as well as doctors, and we will expect to transfer

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patients back and forth from the Institute itself to the Field House annex according to need.

We have specified the best materials and equipment. Unnecessary pensions for a dozen cases of head injury would probably cost the Government a good deal more than we are proposing to spend.

Yours sincerely,

WGP/AD Encls.