

1928
Necessity of restricting operative responsibility to one Hosp.

THE NEUROSURGICAL CLINIC.

During the first six months of the Department of Neurological Surgery work has been started at the two University Hospitals. At the Royal Victoria Hospital a laboratory of neuropathology has been organized, an outdoor clinic established and a service of about fifteen to twenty-four active beds developed, including public and private patients. A special neurosurgical interne, operating nurse and an anaesthetist have been allotted to this work and all operations, public or private, are carried out in one room on the main operating floor of the Victoria.

At the Montreal General a non-traumatic neurosurgical outdoor clinic has been developed under neurology, and consultations in the Hospital seen after they had been passed upon by the head of the neurological service. Operations have likewise been carried out, but because of the shortage of beds the number on the service has never exceeded three.

The co-operation of the staff at each hospital has been beyond criticism, and special operating instruments have been provided at each place. General neurological conferences are conducted in rotation at the two hospitals, attended by the combined neurological and neurosurgical staffs. Because of the larger number of available beds at the Royal Victoria and Ross Memorial Hospitals, it has been possible to justify a special staff there for this work.

With the assistance of Dr. Cone I have made an honest effort to develop neurosurgery equally in the two hospitals, but I have been forced to the conclusion that an operative service of this sort cannot be carried out in two hospitals by one man with safety to the patients. During long operations in one institution the patients of the other may suffer, and it

is impossible to be sufficiently available to the patients of two hospitals to justify the risks of neurosurgical operations. Because neurosurgery is a comparatively young specialty and the mortality is apt to be high - a very great amount of personal attention is required. My conclusion must be that in justice to patient and hospital I can operate in only one institution.

If there were twelve beds available for a service at the Montreal General Hospital, making it possible to maintain and train a special resident surgeon, it is obvious to me now that it would even then be a practical impossibility for me to conduct the two operative clinics. Therefore if it is contemplated to create such a service at some future time plans should be made now to meet this situation. In view of the facts that a laboratory is provided at the Royal Victoria Hospital, sufficient beds are available and the research facilities of the University are at hand, the service at present should be developed at that hospital.

On the other hand these present facilities are insufficient for adequate future scientific development. This can be carried out only by the establishment of an Institute for neurological investigation along the lines of the plan recently submitted to the Rockefeller Foundation. This might be annexed to either of the two hospitals indifferently.

With regard to Dr. Cone, it is his desire to devote a large part of his time to the laboratory of which he is in charge. He is also in complete charge of traumatic cases at the Royal Victoria. He feels that it would thus be impossible for him to do justice to a separate operative clinic, and he is anxious to help build one large University neurosurgical clinic at one or the other hospital.

In coming to this conclusion I am much embarrassed by the generous co-operation of all connected with the Montreal General Hospital and by the fact that I recognize in the staff of that hospital a spirit in some ways finer than that at the Victoria.

From a practical point of view then I would make the following proposals:-

In any case it is impossible to develop an operative service at the Montreal General Hospital at present due to lack of beds. It would therefore seem to me best to face the facts of the situation at once without making any immediate alteration in formal appointments. Dr. Cone and I would continue as heretofore seeing cases in the Hospital and Outpatients at the request of Dr. MacKay. We would so far as possible refer suitable cases to members of the surgical staff who work only at the General Hospital. Other cases would be referred from the Outpatient to the Royal Victoria for operation. After operation those patients would be referred from the public wards back to the Montreal General outdoor with a complete report, just as it is our custom to refer private patients back to their physicians.

It is my belief that this could be done without detriment to the neurological clinic. The University neurosurgical service would then co-operate equally with the neurological clinic of each hospital, and each group of patients would be referred back to the corresponding neurological clinic. If the operative clinic developed by Dr. Cone and myself began to draw patients to any extent, the patients of the General clinic will recognize that their approach to us is direct through Dr. MacKay's clinic.

If we are separated the element of competition would appear and we should have to refer all cases for "follow-up" to the Royal Victoria outdoor.

The second proposal is that in case it is desired to develop a neurosurgical service at the Montreal General Hospital, I should be glad to train a man for that position, help in every way to get him started and give him at all times the help of the neurosurgical laboratory. Dr. Archibald has indicated that during the training period the man who might have been selected would be given an appointment on the staff of the Royal Victoria. He would assist in the clinical, operative and laboratory work of neurosurgery, studying cases referred from the clinics of the two hospitals with especial emphasis upon those cases derived from the Montreal General. When this man had received sufficient training and when sufficient beds were available he could then drop out from work at the Victoria and develop his own service at the General.

Finally, if neither of the above proposals are approved, we are ready to withdraw altogether or to help with any proposed plan to our utmost ability, provided it does not involve conducting two operative clinics.

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