

OVERCROWDING OF THE MONTREAL NEUROLOGICAL INSTITUTE  
and the  
CARE OF PATIENTS FROM THE COMBATANT SERVICES.

February 8th, 1943

Wilder Penfield

In a letter to Col. Ross Millar of December 14th, 1942, it was suggested that a three storey (or two storey) building of light construction could be built as a D.P. & N.H. Annex to the Montreal Neurological Institute in such a way as to utilize the existing facilities, equipment and staff of the Institute. It was pointed out that this would cost considerably less than to build a neurological hospital in which all specialized equipment would have to be secured (as well as space for patients), if indeed certain equipment could be found in these times.

It was estimated in that letter that construction of such a wing to house 32 patients would probably cost \$126,692.00. If this sum seems excessive, because it is more than that for huts, I believe that by enlarging the two ward floors, crowding the beds a little more, and decreasing the size of the top floor, a building of the same cubic contents could be constructed to hold 43 patients. This would provide construction at the rate of \$2,944.00 per bed instead of \$3,930.00 per bed, as in the initial proposal. I should prefer not to pursue this analysis unless a serious proposal is made from Ottawa.

Unless additional accommodation is provided shortly, the Neurological Institute will be forced to begin to refuse admission to service patients, because of crowding, however much the staff would regret this step. There is today a waiting list of 57 patients, nearly all of them civilians from the City of Montreal and the Province of Quebec. In addition there are some service patients whose admission has



been delayed because they did not constitute urgent cases.

There are in the Institute at the present moment 73 patients\*, of whom 13 (1 R.N., 2 R.A.F., 2 R.C.A.F., 8 Army) are from the armed services. In the public wards of 50 to 60 beds there are usually from 10 to 16 service cases.

An analysis of the growing congestion in this Institute has been made by the Executive Assistant, Dr. John Kershman, and is attached hereto.

The annual deficit of this Institution is made up by the City of Montreal, \$15,000.00, and by the Province of Quebec, \$20,000.00. The Department of Pensions and National Health pays for public patients at the rate of about fifty cents per patient per day less than the actual cost of each to us. Any increase in demand for accommodation can not be met, and, if we are forced to choose, civilians must be given preference, although service cases, up to now, have been given priority on sentimental grounds.

Construction of a 400 bed Military Hospital in which certain wards would be devoted to Neurosurgery is contemplated. It is obvious that if the work done there is to equal that at the Montreal Neurological Institute in every way, construction of the new neurosurgical unit in that 400 bed hospital will cost considerably more per bed than a 40 bed addition to the M.N.I. because of the fact that for this addition the

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\* The Institute was intended to house only 47 patients, as explained in Dr. Kershman's note. Not more than 60 cases should ever be admitted in the interest of efficiency, although, because of the rush of urgent cases, the number was raised to 80 in the past week by filling the halls and examining rooms. The turn over is very rapid, as shown by the fact that 42 patients have been admitted in the past week.



facilities of the present Institute building are available. The staff, also, of the Institute would be available to the projected annex.

However, the two projects must under no circumstances be considered as competing against each other. A neurosurgical and neurological wing in a new military hospital has much to recommend it. Especially, if it is situated in the Montreal district, it could care for a large number of cases and could transfer a minority of these patients to the M.N.I. annex when special x-ray, electroencephalographic and laboratory studies were required, and when the services were needed of older and more experienced neurosurgeons, who would then work in the elaborate operating rooms and laboratories of the Institute. The work of the two institutions should be coordinated by formal appointment of members of staff to both institutions.

None of the active members of the M.N.I. staff has an appointment in the D.P. & N.H. or at St. Annes Hospital. Dr. Murton Shaver has recently been given a D.P. & N.H. appointment at St. Annes Hospital. He has finished his internship at the M.N.I. but has never served as resident. He is qualified as an excellent assistant but not yet as an operating surgeon. He could serve as liaison between the two institutions.

The D.P. & N.H. has as yet no formal arrangement with the Montreal Neurological Institute. The present relationship is as follows:

Dr. F.H. Mackay acts as Neurological Consultant, on salary, at St. Annes Hospital. He is also on the Consulting Staff of the M.N.I. He refers for admission to the M.N.I. patients who are studied and treated for the most part by others on the Neurological and Neurosurgical service. Other service patients come to the M.N.I. by various military channels.



The active full time staff of the M.N.I. is as follows:

Neurology

Dr. Colin Russel	)	These men study D.P. & N.H. patients when each is in charge of the Neurological service but are not entitled to make a charge for services.
Dr. Arthur Young	)	
Dr. John Kershman	)	
Dr. Francis McNaughton	)	

Neurosurgery

Dr. Wilder Penfield	)	These men study and treat Neurosurgical D.P. & N.H. patients when referred to them. All three are entitled to make small charges
Dr. William Cone	)	
Dr. Arthur Elvidge	)	

If neurological and neurosurgical cases are segregated, as they should be for the good of the wounded returning to this country, there will be a crying need for both developments. An example may be cited in England where there are twelve specialized neurosurgical hospital units in the Emergency Medical Service hospital system.

In addition to this, at Oxford a combined R.A.M.C. and R.A.F. medical service hospital of over 400 beds has been in operation for several years for neurological and neurosurgical cases, the St. Hugh's Head Injury Hospital. Brigadier Hugh Cairns and Air Commodore C.P. Symonds are chief consultants there. Nevertheless, for complicated operations patients are still transferred to the surgical service of the Radcliffe Infirmary (University Hospital in Oxford), where Cairns is Professor of Surgery. The St. Hugh's Head Injury Hospital benefits greatly by the cooperation of all the services of the University Hospital and by the advice of the staff in various University departments.

In conclusion, the crowding at the Montreal Neurological Institute is due to the press of urgent "life and death" cases coming from such sources as airports, munition factories, Ferry Command, Merchant Marine, as well as from the Canadian fighting services and Royal Navy and Air Force. We have now reached the breaking point, before the flow of wounded from overseas has begun.



If it is the desire of the Department of Pensions and National Health to use the M.N.I. as a treatment centre, an annex must be built and a cooperative arrangement established between the staff of the Institute and that of St. Annes Military Hospital. Rough huts, such as serve the purposes of ordinary hospitalization, have been proposed but are altogether unacceptable.

We have already begun to refuse admission to service cases, as we have been doing to civilian cases. As the crowding increases, our first responsibility must be to the civil population of this city and province.

A clear statement should now be published as follows:

1. The M.N.I. is forced to begin to refuse admission to service cases in a time of comparative military inactivity.

2. An offer has been made to make available to the Government the facilities of this Institute's staff and its equipment for 40 beds if they will build an annex of suitable size and arrangement to house those beds.

3. If this offer is not accepted, McGill University should make public announcement of the situation at this time, inasmuch as the pressure from the general public to admit service patients in whom they are interested is very great and the capacity of the staff to meet their demands has now reached the breaking point.