The Principal and the Dean

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The Challenge

On a beautiful day in May 1916, a graduation convocation was taking place at the Royal Victoria College assembly hall at McGill University in Montreal. The events of this assembly were related years later by Dr. Harold Segall, who was present at the convocation as a freshman in the McGill Medical School. The convocation was proceeding as scheduled. The new graduates in medicine had been capped, and the various prizes had been awarded. The moment for the delivery of the valedictory address arrived and Harry Goldblatt, the valedictorian and first in the senior class came up to the podium to deliver his address. He began by paying tribute to the great men of the university who were responsible for McGill's reputation as one of the leading medical schools in the country. Then, as freshman Harold Segall reported the proceedings, Harry exploded a bomb. He stated that the reputation of McGill was in great danger and that measures should be taken to save it. Harry mentioned that the Carnegie Foundation which had given McGill an "A" rat-
ing in 1909 was about to reduce it to a "B". He enumerated McGill's deficiencies, contended that the medical school was living off the reputations of Osler and Roddick in the 1880s and 1890s and stressed the lack of adequate facilities for and interest in research.\textsuperscript{1}

Harold Segall reported that the McGill faculty members sitting on the platform were dismayed by Harry Goldblatt's disloyal and ungrateful remarks. The principal, Sir William Peterson, began to object to Harry's statement when Charles F. Martin, Professor of Medicine, rose to speak with the intention of quieting troubled waters. Martin conceded that there were problems at McGill, that what Goldblatt had said was partially true, but that plans were being prepared to remedy the situation in the not-too-distant future. As for Goldblatt, he was informally censored for his remarks, which he denied he had ever made when approached years later. The text of his speech has never been found.\textsuperscript{2}

Charles Martin must have been making plans in his own mind for the future to justify his optimistic reply to the valedictorian's challenge. Waiting for a position of authority, Martin was appointed Chairman of the prestigious education committee of the Faculty of Medicine in late 1916. The Board of Governors of the university in 1917 contacted the Faculty of Medicine that it wanted it to appoint University Chairmen of each clinical department to bring the medical faculty in line with the other university departments. This was the opportunity Martin needed to begin his plans to reorganize the clinical services.\textsuperscript{3} Martin's intent for immediate action was delayed by the War and a great reduction in the staff who were in Europe for the war. He knew that only tangible, long term plans including full-time clinical faculty, clinical research facilities and outside funding were necessary to reestablish the academic position that McGill enjoyed at the turn of the century.

**DR. CHARLES FERDINAND MARTIN**

Martin was endowed with a number of traits that made him the right person to lead McGill out of its present doldrums. He was born in Montreal in 1868 to Alsatian parents who had recently immigrated from Europe. Educated at Montreal High School and McGill University, he decided to follow medicine at McGill. After graduating in 1892, he interned at the Montreal General Hospital (MGH). In 1894, he was offered a junior faculty position in pathology under J. G. Adami, Professor of Pathology. When the Royal Victoria Hospital (RVH) opened, he joined the staff of the Department of Medicine. He was bright, energetic, and a born leader, and over the next decade gradually established a reputation as a clinical diagnostician and rose in the academic rank to Professor of Medicine by 1907. He also developed his political skills by travelling in Europe, which brought him in contact with world medical
leaders. He had his own clinical research projects at the RVH and published enough so that William Osler asked him to write a chapter on organic diseases of the stomach for the seven volumes in *Modern Medicine* which he was editing.4,5

In 1912, Martin married Margaret Angus, daughter of Richard Angus, a major stockholder of the Canadian Pacific Railroad and President of the Bank of Montreal. The marriage provided financial security and brought Martin under the influence of Richard Angus, an astute man from whom Martin learned about dealing with an organization such as McGill University. His father-in-law, a member of the Board of Governors of the RVH, shared with Martin observations about the members of the board and the general comportment of various committees and groups of individuals. Angus told Martin that committees do not like to make sudden changes; they prefer not to make irreversible decisions, but they could be persuaded to accept provisional action about a distant event. Committees often would make commitments about the important issues when they were told that another organization had already agreed to do the same. His father-in-law provided him with information and insight regarding the inner workings of the hospital, which he used in his reform efforts a decade later.

Martin maintained friendly relations with the students and residents on his service. He encouraged them to do clinical research on interesting cases and often corrected their papers, making substantial changes without taking credit.

Over time, he established a reputation as a skilled negotiator and a true decision maker. In 1930, Professor Babkin, a physiologist from Soviet Russia, was brought to McGill by Martin. Babkin got to know Martin and considered that he had an uncanny ability to get people involved in McGill’s future without any credit to himself.

In January 1918 in answer to a request from the Board of Governors, with the help of the Education Committee, Martin submitted a report to the Faculty of McGill that was to be the basis for the reform of the clinical departments. On December 1917, the McGill Board sent a letter to the Dean of Medicine. The response in January 1918: a single head for each department; a full-time dean; head of department to be responsible for the appointments to his staff, arrangement of the teaching and co-ordination of teaching in all hospitals; and a mandatory retirement age of 65.

In April of 1918, after further thought, he decided to get support for his proposals of reorganization to the medical faculty. He formed a committee of senior representatives from the MGH, RVH, Montreal Maternity Hospital, Royal Alexandra Infectious Disease Hospital, and from the faculty of medicine, including himself. The broad plans that were proposed were unanimously accepted and were the following:
1. The appointment of geographical, full-time professors of medicine, surgery, obstetrics and gynaecology responsible for teaching and the public services.
2. Clinical professors and assistants should be restricted to practice in their areas of training.
3. Junior clinical teaching staff were allowed to be general practitioners because this was felt better for student teaching.
4. Each major clinical subject was to have one chief at McGill.
5. Clinical appointments to be approved by the dean and a joint board of members of the hospital and McGill staff.
6. A full-time dean of the faculty of medicine was essential (Charles Martin became the first full-time dean in 1923) (Fig. 1).

Figure 1

Dr. C. F. Martin photographed (1922) one year before his appointment as McGill's Dean of Medicine (Notman Photography Archives, McCord Museum of Canadian History, Montreal).

Despite the proposals approved by the Education Committee of the Faculty of Medicine in January 1918 and at a special committee meeting in April 1918, it is not what reached the Board of Governors of McGill. Because the Education Committee reported only to the Faculty of Medicine, a new committee had to be created to communicate with the McGill Board of Governors. This committee on the reorganization of the clinical departments was chaired by Lefleur. After much discussion in the Faculty of Medicine meetings, Lefleur's report to the Board of Governors was submitted in June 1918 and was a watered down version of
what Martin wanted. Martin knew this when he went to Europe in July 1918 and we assume that he was going to get to the Faculty of Medicine with the help of William Osler to emphasize the principles of his reorganization plan.8

Regarding the reform at McGill, we must digress to Osler’s activities in England. After leaving Hopkins in 1904, Osler, who had made a great deal of money as Chief of Medicine, was initially opposed to the full-time concept in clinical medicine; that is, having clinicians who were paid by the medical school to practice medicine in a limited way and run an active research program. Osler however, with time, became aware of the poor medical education in London’s hospital-based schools where preclinical science was taught by part-time teachers. He eventually testified with Abraham Flexner before the Haldane commission in 1913, which was convened to investigate the quality of medical education in London’s hospital-based, medical schools.9 They both proposed the ideal medical school based on the German model with full-time preclinical teachers, as well as full-time clinical professors, whose effort was to teach students and to treat patients for which they were paid a salary. In this way, Osler was more sympathetic to the idea of full-time clinical teachers. There was a sharp contrast between McGill, a university-based medical school and the typical hospital-based London area medical schools. McGill had a far superior school in basic medicine, and to improve both institutions Osler saw the value of full-time clinical teachers whose duty was to teach and perhaps do a little clinical research and see patients in the clinic setting. What Osler had objected to was full-time or whole-time clinical professors whose main interest was research and not clinical medicine.

By the time Martin went overseas in July 1918, Osler had already committed himself to the full-time program in London. He and Osler discussed the situation at McGill with stagnant clinical services. He undoubtedly enlisted the aid of Osler, who still was a major force at McGill and in the United States, where his opinion was highly regarded. We have to assume that Martin and Osler discussed Martin’s proposals to reform the clinical services at McGill because these proposals were the heart of Osler’s letters to McGill in 1919.10 Apparently, Sir William was in complete agreement with Martin’s ideas which had already been discussed and adopted by at least two committees at McGill in January and April 1918. From July to November 1919, Osler sent letters and telegrams to a number of people at McGill and other medical schools. He sent letters to Dean Birkett, George Armstrong, to the hospital boards of the MGH and RVH, to his old friend Dr. William Welch, chief of pathology at Johns Hopkins University, and to John D. Rockefeller, Jr. He mentioned two main goals: to obtain funding for a research clinic at the RVH and support for a full-time professor of medicine. Fundamental changes
needed to be made in the program of medical teaching at McGill, and this would be a start.\textsuperscript{11}

THE CENTENNIAL GRANT—1921

It appears that Osler's correspondence in the fall of 1919 was the impetus behind John D. Rockefeller, Jr.'s decision in December 1919 to provide $5 million to support Canadian medical education.\textsuperscript{12} Shortly before the formal announcement of the funds to be made available, Rockefeller representatives Richard Pearce, MD and Mr. Henry Vincent\textsuperscript{13} came to Montreal in March on a site visit. The money negotiated by McGill Principal Frank Adams promised by the Rockefeller Foundation in the summer of 1920 was a $1 million endowment. This was to endow research in a new pathology institute on University Street, opposite the RVH and to endow the basic medical science departments of physiology, biochemistry, pharmacology, biology, botany, and experimental medicine and surgery in a new building where the present F. Cyril James building stands. McGill had to raise $900,000 to build the buildings, but the Rockefeller Foundation was going to endow the departments.\textsuperscript{14}

Martin, who was indirectly responsible for this gift that was a response to Osler's communications in 1919, was able to meet with Pearce and Vincent, and gleaned important information about their attitude toward funding university projects. In a letter written to Pearce on March 16, 1920, he expressed his personal appreciation for their very kind and frank suggestions for his future proposal to support a full-time professorship in medicine and a clinical research unit at the RVH. Along with Charles Martin, Sir Arthur William Currie, the newly appointed principal, began to play an important role in directing the destinies of McGill.

SIR ARTHUR WILLIAM CURRIE

Arthur Currie was born in rural Ontario in December 1875. He grew up in Napperton and attended the Strathroy Collegiate Institution. After a stint at teaching, he moved to Victoria, British Columbia, to go into the real estate business with a partner. Although he did not have much military training, Arthur developed a strong interest in the local militia. His extraordinary organizing skills and ability to instill loyalty in his troops helped develop his reputation for leadership, and he was promoted to the rank of lieutenant colonel. When the depression of 1913 came, his real estate business suffered, and he was in serious financial state. Being at the point of bankruptcy, he decided to use the local militia's funds that were earmarked for uniforms for his regiment to pay his debts. Of course, he planned to pay it back as soon as business improved.\textsuperscript{15}
How was he to know that World War I would be declared in August 1914 and that he would be offered a command in the Canadian Army Corps? Colonel Currie was aware of the possibility of being exposed for embezzlement of government funds, but he accepted the commission with the object of repaying his debt. Nevertheless, it remained the source of serious worry for him throughout and after the war. Currie did repay the debt. Events were moving quickly in the Allied Command due to the progress of the war. Currie quickly proved that he and the Canadian forces were capable of planning and carrying out well-coordinated attacks on the enemy. After a period of trench confrontations, activities began on both sides. The Germans began to mount an offensive on April 22, 1915, attacking Ypres. Col. Currie, commander of the second brigade, was requested to send the troops northward to fill in a gap when the allied high command prepared for a counterattack. Despite gas attacks, inferior rifles and major losses, Currie and the Canadians prevailed.

Figure 2


Currie was considered a cool and common-sense person in the Canadian Army and was one above all others who was given credit for holding back the Germans at Ypres. King George showed his appreciation by bestowing on him the Order of the Bath, and the French gave him the Legion of Honour.

Currie, discharged when the war ended, settled in Ottawa and was appointed Inspector General to re-organize the Canadian armed forces. Despite being a great Canadian war hero, Currie’s arrival in Ottawa was
hardly noticed because Alan Hughes, whose son Currie would not recommend for a command, has already started a hate campaign in the Parliament and press so that there was some doubt about his credibility. Currie, who felt that his record stood for itself did not defend himself actively and was unhappy living in Ottawa. Fortunately, on April 12, 1920, the acting principal of McGill, Frank Adams, proposed to confer an honorary degree of laws on Currie. The post of principal of McGill had been awarded to Sir Auckland Geddes, but without ever filling the position, Geddes resigned in March 1920 to become British ambassador to the United States. Geddes was asked to name a successor, and when Currie was suggested, recommended him. At first, Currie hesitated because he had not attended a university, but because McGill gave him an offer that he could not refuse ($17,500 a year, a house, and an additional $3,000 to $4,000 as a director of the Bank of Montreal), he accepted.18

Aware of his shortcomings, Currie overcompensated by involving himself in every sphere of administration. He was a decision maker and a loyal supporter of the university, and soon became aware of its problems and those of the professors. His devotion showed so much human earnestness that he gained the loyalty of his colleagues and eventually achieved healthy growth of the university. One of his first major accomplishments was to direct a fund raising campaign in 1920 to improve McGill’s financial problems. He raised $6,000,000 between May and November; $900,000 went for construction of the new buildings that the Rockefeller Foundation was to endow19 (Fig. 3). A second major effect was to convince Martin to become Dean of Medicine which took a few years. Currie applied major pressure on Martin to accept this position which he did in 1923.

REFORM IN THE DEPARTMENT OF MEDICINE

Currie and Martin were leaders and decision makers, and combined their efforts to bring a great deal of progress to the school of medicine. One of their first projects was to negotiate funding to reform the Department of Medicine. As a duo, their extraordinary abilities became known and were far greater than the sum of the individual parts. It all started with the Goldblatt graduation speech in 1916 when problems in the medical school were voiced by a student. Although nothing could be done immediately to right the accusations made by Goldblatt because of World War I, Martin in 1917 began to think of how to reform the clinical services which he enumerated in his reports in January and April 1918. Jonathan Meakins, who was a promising resident under Martin at the RVH, developed a reputation before and during the war for successful pulmonary research. In 1919, he became the Christison Professor of
Medicine and Therapeutics at Edinburgh University for a five-year period. Edinburgh had just revised its curriculum and wanted a prestigious figure to start a research program on a full-time basis. This arrangement allowed Martin time to develop a McGill program that would include a period for Meakins to mature his research, administrative and clinic skills. Meakins corresponded with both Martin and Currie about the plans to have a single chief of medicine at McGill and to develop a clinical research unit at the RVH.

While Martin was manoeuvring and negotiating for the reform in the Department of Medicine, he regularly consulted Currie for his ideas as Principal and as a formidable ally. Currie had not gained his reputation shrinking from confrontation and decision-making. In 1923, Martin stepped up his plans by again discussing the need for a single chief of medicine over both hospitals who would organize medicine as a full-time professor. After Martin was appointed Dean of Medicine in June 1923, he contacted Alan Gregg, MD, at the Rockefeller Foundation, concerning the continuity of the McGill project. In October 1923, Martin proposed to Vincent and Gregg a full-time professorship of medicine who would be the McGill Chief of Medicine, Director of the clinical research unit in the RVH, and Chief of Medicine of the hospital. The RVH would provide the space and the local support, while the Rocke-
feller Foundation would endow the professorship and the funding of the research clinic to a minimum of $25,000 a year. Martin wanted Meakins to head the Department of Medicine and make the RVH McGill’s major teaching hospital. Although the Rockefeller Foundation had planned to fund a program at Edinburgh to keep Meakins in Scotland, it did not interfere with McGill’s attempts to bring him back to Montreal. Plans were finalized with McGill and the RVH authorities by May 22, 1924. Currie and Martin cabled Meakins that the way was clear for the appointments as chief of medicine at McGill, physician-in-chief of the RVH and director of University Clinic. On May 26, 1924 the Rockefeller Foundation wrote Martin the official notice of the gift of $500,000 for the development of the Department of Medicine. Meakins returned to Montreal that summer to supervise the renovations of Ward K for the University Clinic and to make staff appointments.

Although Martin’s plans for reorganization of the Department of medicine concerned mainly the RVH, there was an overall plan for both hospitals. The MGH had never had a physician-in-chief but had two senior physicians who directed the two medical services. For about 15 years, Lefleur and Finley filled these positions and retired in the early 1920’s. Martin saw an opportunity to appoint a single Chief at the MGH who could reorganize the Department and start a research program. Campbell Howard, the son of the great Robert Palmer Howard, had been Chairman of Medicine at the University of Iowa and agreed to return to McGill but unfortunately he decided to have a private practice in medicine. He wanted to make his income in private practice and to be a full professor of medicine. This unfortunate choice meant that the MGH would not be included in the Rockefeller grant to McGill and that Howard would never be able to establish himself as the dominant figure in Medicine at the MGH. The legacy of the two Medical Services persisted and A. H. Gordon, a powerful force at the hospital, took charge of one of the Medical Services, the other going to Howard. Howard’s position was so weak that there was not even an office for him as Chief of Medicine. His attempts to get a research program started were received coldly by the part-time staff who wanted to continue the traditional system and not have much interference from McGill, which would be the case if a research centre was developed. Howard was never able to gain control over the Department during his tenure as Chief until his death in 1936.21

THE SIR HENRY WILLIAMSON GRAY AFFAIR

In the midst of the delicate negotiations with the Rockefeller Foundation regarding Martin’s medical reform program, the president of the RVH, Sir Henry Vincent Meredith, acting in an arbitrary and unprofessional
manner regarding the appointment of a new chief of surgery, almost scuttled the relationships between McGill and the Rockefeller group. George Armstrong, surgeon-in-chief of the RVH and Professor at McGill and a man whose surgical reputation filled the Ross Pavilion with paying patients, announced that he was going to retire from his academic position in the fall of 1923. Meredith, who saw general surgery as a way of keeping the RVH in the black, moved quickly to find a successor. He sent Horst Oertel, the Chief of Pathology, to New York to interview the famous Columbia University surgeon, Alan Whipple, for suggestions for the position at McGill. Whipple recommended professor of surgery, Fordyce St. John, a general surgeon and assistant professor Wilder Penfield, a neurosurgeon at Columbia-Presbyterian Hospital and Assistant Director of the New York Neurological Institute. Both declined Oertel’s offer.

Armstrong then suggested to Meredith, Sir Henry Williamson Gray, MD (1870-1938), an outspoken general surgeon from Aberdeen, Scotland, without academic teaching experience, but who had been knighted during World War I for surgical contributions of a questionable nature. Armstrong had never met Sir Henry and chose to ignore the poor opinion of his peers. Vincent Meredith, determined to find a surgeon for the RVH, made a colossal blunder and ignored the protocol for the appointments to McGill teaching hospitals. Gray was invited to visit Montreal in 1923, not having any idea about the underlying dynamics of the situation of McGill’s traditions. Meredith essentially promised him the job as Chief of Surgery at the RVH, then bullied the medical board of the hospital to accept Gray and felt that he could bully Sir Arthur Currie to give him a university appointment. Meredith however greatly overestimated his own position and underestimated Currie. The first setback came when Gray was taken to Currie by Armstrong in order to discuss the university appointment. Currie, who had no idea who Gray was or even why he was in Montreal, was incensed that the university protocol for appointments was bypassed, and he told Gray that there was no senior position at McGill available for him without a thorough investigation by the appropriate committees. Currie did not back down.

At the time of Gray’s appointment by Meredith, Martin and Currie were negotiating with the Rockefeller Foundation for support of the full-time professorship in medicine and the establishment of the University Clinic at the RVH. When the Rockefeller executives heard that Meredith had unilaterally ignored McGill’s policies and appointed a chief of surgery to one of its major teaching hospitals, negotiations were put on hold until the university asserted its policies.

The first counter move by the University was to appoint Edward W. Archibald Chairman of the Department of Surgery at McGill. This pleased the officers at the Rockefeller Foundation who liked Archibald.
However, it created a situation with Archibald as Chief of Surgery at McGill with no control of surgery at RVH, and Gray, Surgeon-in-Chief at the RVH, with only a junior faculty position and who had no control over student teaching or policy. A subsequent move was to remove Sir Henry from the student lecture rotation because he was a poor, disorganized teacher. This move, calculated to humiliate Gray, did just that.

The final challenge to the beleaguered and unpopular Gray (who certainly attracted criticism because he was an insensitive, egotistical person), concerned a consultation on an RVH patient. Gray was consulted by the family and thought a surgical procedure was indicated. Martin was asked by the admitting doctor for a second opinion. Martin disagreed that surgery was needed, thwarting Gray's opinion. Gray, again humiliated, called for an investigation of Martin by the Canadian Medical Association, and wrote a long, rambling, paranoid letter to the Canadian Medical Association Journal saying that his programs were being interfered with and that there was a plot against him. The Journal, realizing that there was no proof for his allegations, refused to publish the letter. When the information got back to the RVH and McGill about the bad publicity Gray was creating, the RVH Board of Governors fired him and Currie accepted his resignation in 1925, which was the only solution for the problem. By this time, even Meredith knew he had made a mistake appointing Gray. Nearly losing the Rockefeller Foundation's grant, McGill moved to take control of its appointments and convinced the Rockefeller Foundation that the investment in medicine was safe. Meredith, who had been beaten by Martin and Currie, no longer challenged their authority. Thus, the Principal and the Dean negotiated the funding for the University Clinic, and the Gray affair ultimately strengthened the resolve of McGill to tighten its policies on appointments. The reputations of Currie and Martin were strengthened as they began to plan for the funding of a new facility for experimental research in surgery.

The McGill-RVH University Clinic located in Ward K in the west side of the RVH opened in 1925. It was dedicated to research in several areas: metabolism, pulmonary function, neuropathology, allergic endocrine, and cardiac diseases. The University Clinic had a major commitment to pulmonary physiology in medicine because of Meakins's focus of interest and trained many scholars in various related fields.

**REFORM IN THE DEPARTMENT OF SURGERY**

Gray had completely disrupted the hospital department by attempting to reorganize hospital systems, not promoting research, refusing to wear gloves in the operating room (which was the hospital standard), and refusing to co-operate with the student teaching rotations from the university for third and fourth year students. The result was that morale in
the department was extremely low because no one trusted Sir Henry. After Gray was forced to resign in 1925 and Meredith's control of affairs at the RVH declined, there was no surgeon-in-chief. Archibald, however, was the Professor and Chairman of Surgery at McGill and informally assumed the position of chief at the RVH, making departmental decisions and submitting the annual report. Meredith did not approve of Archibald, but after the Henry Gray affair, he was not going to confront Martin or Currie again.

After Gray, there were two surgical services, one under Archibald and the other under C. B. Keenan, with F. A. C. Scrimger working with Archibald and F. E. McKenty with Keenan. The Archibald service with Scrimger was involved in research in pulmonary surgery, the surgery and treatment of pancreatitis, and other gastro-intestinal conditions. C. B. Keenan was not interested in research but ran a very busy surgical practice. Archibald, who published regularly, was internationally known; Keenan was a practical, experienced, very able local surgeon. The annual reports traditionally were statistical accounts of admissions, operations, and diagnoses. Jonathan Meakins had started changing the annual reports when he arrived in 1924, and the 1925 annual report from the Department of Medicine also stressed the department's research activities. After 1926, it included detailed accounts of the research performed by the members of the department. Meakins changed the picture of academic department reports at McGill and Archibald followed suit with the reports of the surgical department.

Meredith, having been challenged by Currie, Martin, and Archibald, began to withdraw from his hospital duties and eventually resigned in 1928, to be replaced by Sir Herbert Holt. Meredith, who had absolute control over all aspects of RVH life, gradually declined mentally and by 1928, showed definite signs of senility. Sir Herbert Holt, the acting president, was willing to work with Martin and Currie to change the direction of the hospital. Martin thought that arrangements similar to the Department of Medicine would give a boost to the Department of Surgery and might help to recover the loss of morale which followed Sir Henry Gray's retirement. Although Archibald was "the acting chief," Meredith still had enough support in the Board of Governors to block his official appointment.

The Rockefeller Foundation, after living through the Gray affair with Martin, was not interested in funding any proposal for surgical research as long as the unstable situation existed at the RVH and as long as Meredith was still the acting president of the hospital. Martin knew that without Archibald as chief and without the approval of the chiefs of the basic sciences such as physiology, biochemistry, pharmacology, and anatomy, he was not going to be able to convince anyone to fund a basic surgical research program.
Martin was aware that Archibald could rehabilitate the dispirited department and build it up as a leading centre for training young surgeons, if he were appointed surgeon-in-chief. In an incredible effort, in 1928 Martin put all his negotiating skills to the test to approach the Rockefeller Foundation again for establishing a surgical research program. Currie also had an influence in these negotiations. After intense work with the Rockefeller Foundation and the local RVH board of governors, a workable plan for the foundation to support surgical research and training at RVH for five years was proposed, provided that the hospital board of governors made an equitable contribution, and a prestigious surgeon in chief was appointed. To assure success, Martin choreographed an academic event in which the leading political personalities at McGill and at the Rockefeller Foundation were participants. Timing their roles was important.

By the time Martin had obtained conditional consensus from the various participants in this academic play, it was mid-December. Martin’s original plan did not include the magnanimity of the holiday season, which was very close, but it could not do harm. With a conditional promise of a grant from the Rockefeller Foundation, he obtained agreement from the RVH board of governors to appoint a surgeon-in-chief for the RVH by December 14, 1928. Bearing in mind Sir Henry Gray’s experience, the RVH Governors deferred to the RVH Medical Board to propose the surgeon-in-chief. Martin received the medical board’s recommendation to appoint Archibald on December 19th and the acceptance from Archibald on December 21st. The RVH Board of Governors met at Montreal’s Windsor Hotel at the office of Chancellor Sir Edward Beatty on Monday, December 24, 1928, at 3:00 pm where Martin carefully presented the required documents. Archibald was appointed surgeon-in-chief. The performance was completed as darkness fell. The Montreal public were rushing to their respective homes for Christmas Eve festivities, and Martin knew he was ahead of Santa Claus only by a few hours.

The Rockefeller Grant helped to establish a surgical clinic with annual support for five years, and co-ordination with the departments of physiology, biochemistry, anatomy, and pharmacology, all of whom agreed to co-ordinate efforts with the surgical research program. Sir Edward Beatty, and Sir Herbert Holt, the Resident of the RVH, went to New York to confer with the Rockefeller Foundation to assure them that the hospital’s stability had been reestablished and that they were both completely behind this program. The result was that the Rockefeller Foundation would support the proposal for a surgical research clinic at the RVH provided that McGill and RVH met their commitments. Rockefeller provided $85,000 from 1929 to 1932 and $115,000 overall with extensions of the original grant. Fifteen thousand dollars was donated in
1929 with a matching $15,000 by the RVH, $20,000 in 1930, and $25,000 for 1931 and 1932, again with matching funds to manage the department and the clinic from the RVH and McGill. Many prominent names arose from this surgical research unit, including Drs. Arthur Vineberg, who pioneered cardiac revascularization, Norman Bethune, who advanced pulmonary surgery for tuberculosis, Donald Webster, who made contributions in basic gastrointestinal physiology and Stewart Baxter who made contributions in thyroid and paediatric surgery.

THE MONTREAL NEUROLOGICAL INSTITUTE

Neurosurgery was in its infancy in the early 1900s, performed around the world by general surgeons who either taught themselves or had a short stint in London at the National Hospital for the Paralysed and Epileptic at Queen Square with Sir Victor Horsley, (1857-1916) who was director of neurosurgery at this hospital from 1886 to the First World War. Horsley was essentially the first major figure with a scientific background to commit himself to neurological surgery in a neurological institution where he had considerable help from his associates. Montreal was no exception, and James Bell, the second surgeon-in-chief at the RVH, with the help of James Stewart, physician-in-chief, both interested in neurologic disease, became neurologists by default.

Initially, neurosurgical procedures were for head trauma only, but gradually, as neurological diseases began to be better understood, elective procedures were performed when a diagnosis could be definitely made and with some precise localization. Keep in mind that there was no x-ray except for skull x-rays at the time. E. W. Archibald, Bell’s student, took over the treatment of most of the cases involving neurosurgical problems from Bell. In 1906, Archibald decided to acquire more skill by going to London to work with William Gowers, and Sir Victor Horsley for three months.33 When Archibald returned to Montreal, he assembled material and published in 1908 a monumental chapter on neurosurgery in a surgical compendium.34

Stewart died in 1906 and his neurological replacement was McGill graduate Colin Russel, the first well-trained neurologist at McGill. Bell died quite suddenly in 1911 from an acute abdomen, and Archibald agreed to continue his practice. Although he performed neurosurgical procedures after Bell’s death, Archibald’s interest in neurosurgery gradually decreased because of his other interests in pulmonary, gastrointestinal and pancreatic diseases. After the interlude with Henry Gray from 1923 to 1925 and the gradual re-organization of the department of surgery at the RVH with the establishment of a surgical research unit and the services run by Archibald and Keenan, each had to deal with head trauma. Complex neurological diseases, which required elective
surgery, were referred by local neurologists at the RVH and MGH to Dr. Harvey Cushing in Boston.

Unhappy with this system, Archibald and Keenan in 1927 proposed to the RVH board that a sub-department of neurosurgery be formed and that a full-time neurosurgeon be found. New Dean of Medicine, Charles Martin was notified; the Board of Governors at RVH and McGill approved of the plan to find a neurosurgeon. Archibald was determined to find a suitable candidate and mentioned his problem when visiting an old friend, Archibald Malloch, from Montreal, who was a medical historian in New York and who also had been greatly influenced by Osler at Oxford. Malloch suggested a young man named Wilder Penfield, who was the assistant surgeon in charge of neurosurgery at New York’s Columbia-Presbyterian Hospital. Penfield had also been a Rhodes scholar at Oxford and influenced by William Osler. This suggestion by Malloch changed the history of neurosurgery in Canada.

Archibald wrote Penfield that he wanted to come to New York and watch him operate. On 25 June 1927, he arrived (of course late) at the Presbyterian Hospital, where Penfield, assisted by William Cone, was operating on a patient with a cerebellar-pontine angle tumour (acoustic neuroma). At lunch after surgery, both men discussed their ideas: Archibald’s for strengthening the surgical program at the RVH, and Penfield’s for forming a team to investigate neuropathological and neurosurgical problems. Archibald charmed Penfield, and just before leaving for Montreal, invited him to come to Montreal to consider a position of neurosurgeon at McGill and the RVH. Archibald said he would write about additional details.

On 12 January 1928 Penfield arrived in Montreal and began his visit with a lecture to medical students on the diagnosis of brain tumours, a lecture that was attended by Professor Meakins and Dean Charles Martin. After the lecture, Meakins, Archibald and Penfield went to the pathology institute to talk with Horst Oertel, the chief of pathology, who was being asked for space in his institute. Oertel, who did not like clinicians dabbling in pathology, offered two small rooms, one already occupied, and no support, which was unsatisfactory to Penfield.

The day was saved, however, by Meakins who after hearing this story offered three rooms in his University Clinic which were there for hospital and clinical research. By having the rooms subdivided, it provided sufficient space for what Penfield wanted, so the agreement was sealed. In October 1928, Penfield came to Montreal with a team including his assistant, William Cone, resident, Joseph Evans, and his chief technician. Five months later, Penfield told Archibald and Martin that he needed more space and wondered if the Rockefeller Foundation might be interested in supporting a program to expand the neurosurgical facilities.
The McGill faculty members were sceptical because they had just completed negotiations for the department of experimental surgery under Archibald the same year, but Archibald agreed that Penfield would be free to approach the foundation independently. Penfield corresponded with Pearce of the Rockefeller Foundation, whom he had met in New York City, and who appeared to be interested in Penfield’s idea. Dr. Pearce said that while the Foundation was interested in neurosurgical research, it was considering other proposals. Moreover, he stated that this was not the time for negotiations, because McGill had just received a grant for surgical research. Penfield stated that he was still interested in founding an institute for neurologic research and that he did not really care where it was situated. A wealthy benefactor from New York had given Penfield $10,000 in 1929 and 1930 that enabled him to keep his local laboratory functioning, but he was thinking of the future.

The plans were put aside when Pearce died suddenly. In 1931, Penfield’s three-year contract was drawing to an end, and because of no action at McGill, there was a strong possibility that he and Cone would leave to go to the University of Pennsylvania where they were being actively recruited. Martin who saw the threat of losing Penfield, notified the Board of Governors of the RVH of the problem and suggested applying to the Rockefeller Foundation with a proposal for expansion of the present very small neurosurgical clinical and research facilities.38 There was an offer of Wards A and K, giving a total of 42 beds, but they were in different parts of the hospital, and this really was not what Penfield wanted.

Rumour reached Martin that the University of Pennsylvania had invited Penfield to consider directing a proposed neurological institute. It did not take Martin long to figure out that the funding was being sought also from the Rockefeller Foundation. In a bold move, Martin called Alan Gregg, Pearce’s successor at the Foundation and stated that they were facing an impasse in Montreal. He asked that, before any decision be made about Philadelphia, Gregg come to Montreal to hear McGill’s proposal for a neurological centre.39 This important call by Charles Martin to the Rockefeller Foundation typifies the intensity of his belief in McGill and his obsession on advancing the clinical research at the medical school.

Early on 10 October 1931, Alan Gregg arrived at the Westmount Station and was taken home by Penfield. After breakfast, the two men got to know each other. Gregg had read Penfield’s 1929 proposal sent to Pearce. He now was interested in supporting a focused and collaborative scientific effort in a dedicated centre; diseases of the nervous system were of current interest to the Foundation. Penfield was quite taken aback by Gregg’s candid statement; that was more than he had hoped.40 Gregg
Gregg came to the point: he asked Penfield the background for his proposal of a clinical research centre for neurological diseases. What team had he put together and was there local support for building a separate centre? He wanted a man with a "germinal idea" who could carry out his ideas to completion and that Penfield had just such an idea appealed to him. When he left he said that the Foundation wanted to fund a neurological institute somewhere in Philadelphia, Boston or Montreal and suggested Penfield make a formal proposal and decide where he wanted to go.

Penfield probably had already made up his mind to stay in Montreal and had to wait for William Cone to decide to stay with him. When Cone decided against Philadelphia, Penfield sent a telegram to Gregg on 23 November 1931 stating that he had thrown in his lot with McGill. Shortly thereafter, Martin and Penfield took the formal proposal for a Montreal Neurological Institute to the Rockefeller Foundation in New York. When it became certain that the Foundation would support Penfield's proposal, Principal Currie, as the official representative of McGill, took charge of the building program and kept a tight rein on the available funds. The Rockefeller Foundation gave McGill $1,000,000 as an endowment for research at the Neurological Institute and $232,652 for half of the building cost, the remainder to come from local donors. J. W. McConnell and Sir Herbert Holt gave $100,000 each and the rest was made up by other donors. Another request for more funds to make up a shortfall was refused even after a visit to New York by Currie and Penfield. Later the money was forthcoming when it was realized that salaries for the first year were not factored into the original request.

The Montreal Neurological Institute (MNI) formally opened on 27 September 1934. It was dedicated to patient care and research in neurologic diseases with a primary interest in epilepsy. The initial building was eventually connected to the RVH by a bridge across University Street. There were beds for adults in neurology and neurosurgery and for children, operating rooms, preparation rooms, neuropathology labs, and various labs for different investigations. In addition there were special rooms assigned for staff on call, doctor's offices and administration. The facilities were arranged so that the clinical and operating rooms were adjacent to the Neuropathology laboratory and research laboratories so that the different disciplines worked closely together.

Once again Charles Martin and Sir Arthur Currie played a major role in establishing a funded clinical research centre at McGill. Currie died shortly before the opening of the MNI and Martin retired in 1936 ending a great reform period in McGill's first century in medicine, a period that set the pace for the next fifty years. It is easy to understand why the
word at the Foundation was that when Martin and Currie were coming to New York, the chequebook was to be locked away, because they were so convincing.

NOTES

2 Taped interview with Dr. H. Segall by Dr. Martin Entin, 1985.
3 Minutes of McGill Medical Faculty, December 1917, 5 January 1918.
6 Martin was the organizer of this committee.
7 Minutes of a meeting of a committee of hospital and McGill representations to discuss plans for securing better co-operation and co-ordination of clinical teaching. 4-3-1918 (Osler Library file #3).
8 Minutes of McGill Medical Faculty, 18 June 1918, 1 February 1919.
9 Richard Burdon Haldane (later Viscount) was a close friend of Abraham Flexner, who encouraged him in 1910 to have Royal Commission hearings on Medical Education in hospital-based medical schools in the London area. Flexner and Sir William Osler, Regius Professor of Medicine at Oxford, testified that there needed to be a serious restructuring of London medical education along University lines, as at Johns Hopkins, to break the existing level of "Mediocrity." Royal Commission on University Education in London (Chairman: Viscount Haldane) Final Report, 3 pts. London, 1913; and A. Flexner, Medical Education in Europe, Carnegie Foundation, Bulletin #6, N.Y., 1912.
11 Letters sent from William Osler to Dean of Medicine, General Henry Birkett, 29 July 1919; 31 July 1919; 19 August 1919; 28 August 1919; 12 September 1919; 1 November 1919. Letters from William Osler to George Armstrong, 11 January 1919; William Welch, August 1919; and John D. Rockefeller, Jr., 28 August 1919. Osler Library Archives.
12 Letters from George Vincent, Rockefeller Foundation (RF) to H. John Scone, Registrar McGill University, 24 December 1919; and to Principal of McGill, Frank Adams, 28 January 1920. Osler Library.
13 Letters from Charles Cason, RF to Principal Frank Adams, 13 February 1920, re: visit to Montreal by George Vincent and Dr. Richard Pearce. Osler Library.
14 Many letters between the RF and McGill exist. In 1920-21, R. Pearce visited McGill, March 13, May 11, June 4-9 and he recommended that RF give McGill $1,000,000 providing McGill raised $900,000 to put up buildings for pathology and basic medical sciences. Osler Library.
16 Frost, McGill University, p. 116-18.
18 Frost, McGill University, p. 109-10.
19 Dr. George Vincent wrote Chancellor Sir Edward Beatty, 11 June 1920 for assurance of McGill's willingness to raise $900,000. Letter from Chancellor Beatty, 28 June 1920 assuring RF of McGill intentions. The $900,000 was raised as part of a $6,321,511 fund raising completed 25 November 1920. With money in hand for McGill, 1 December 1930, RF pledged $1,000,000. Osler Library.


23 Sir Arthur Currie’s Diary, 28 February 1923. Osler Library.

24 Currie’s Diary, 14 May 1923; Letter from R.M. Pearce to Currie, 11 June 1923. Osler Library.


27 Letters from Sir Henry Gray to A. Currie, 28 September 1925; Sir Henry Gray to Editor of the *CMAJ*, 9 October 1925. A hand written note at the bottom of a letter from the editor states that Gray’s long rambling letter should not be published. Osler Library.

28 Lewis, *History of the Royal Victoria Hospital*, p. 188-89.


30 After Sir Vincent Meredith’s resignation late in 1928, Sir Herbert Holt was appointed acting Chairman of the Board of Directors and President of 1929.


