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ORIGIN AND HISTORY  
*of*  
The  
Montreal  
General Hospital



BY  
FRANCIS J. SHEPHERD, M.D.

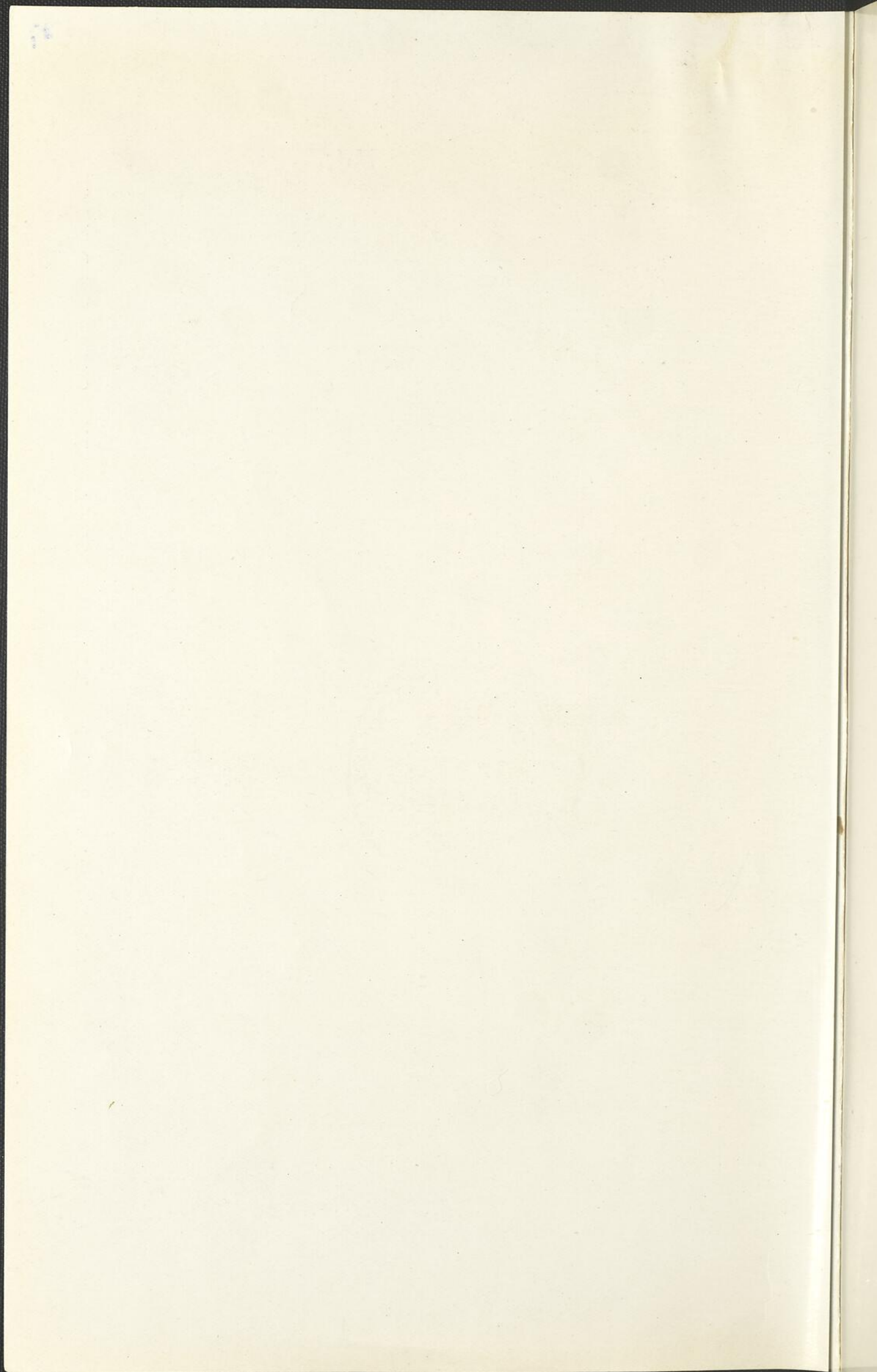
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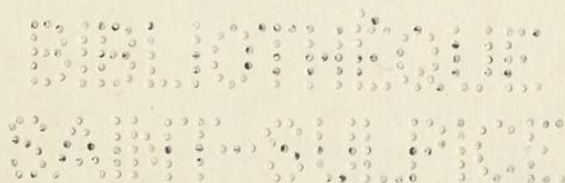


THE HOSPITAL AS ORIGINALLY PLANNED, FINISHED IN 1848 BY THE ADDITION OF THE REED WING.

4. 1. 1906  
O. B. M.



ORIGIN AND HISTORY  
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The  
Montreal  
General Hospital



BY

FRANCIS J. SHEPHERD, MD., C.M.,  
LL.D., F.R.C.S., Etc.

Consulting Surgeon to the Hospital

PRESIDENTS  
*of the*  
MONTREAL GENERAL HOSPITAL

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J. W. CLARKE, ESQ. . . . .	1820
HON. JOHN RICHARDSON . . . . .	1821—1831
HON. JOHN MOLSON, the Elder . . . . .	1831—1835
SAMUEL GERRARD, ESQ. . . . .	1835—1857
HON. JOHN MOLSON, the Younger . . . . .	1857—1859
JOHN REDPATH, ESQ. . . . .	1859—1868
WILLIAM MOLSON, ESQ. . . . .	1868—1874
PETER REDPATH, ESQ. . . . .	1874—1881
ANDREW ROBERTSON, ESQ. . . . .	1881—1887
JOHN STIRLING, ESQ. . . . .	1888—1892
THOMAS DAVIDSON, ESQ. . . . .	1893
H. WOLFERSTAN THOMAS, ESQ. . . . .	1894—1899
JAMES CRATHERN, ESQ. . . . .	1900—1909
H. STIKEMAN, ESQ. . . . .	1910—1912
DAVID MORRICE, ESQ. . . . .	1912—1913
SIR H. MONTAGU ALLAN . . . . .	1913—1916
FARQUHAR ROBERTSON, ESQ. . . . .	1917—1921
HERBERT MOLSON, ESQ. . . . .	1922—

ORIGIN AND HISTORY  
*of the*  
*Montreal General Hospital.*



**A**FTER the Battle of Waterloo and the <sup>1816</sup> cessation of the European War there was a great influx of immigrants into Canada. Many who came late in the season were stranded in Quebec and Montreal. The rivers were frozen and the roads so bad that there was no movement until the next Spring when navigation re-opened. There was much distress among these people, and a society called "The Female Benevolent Society" was formed for their relief. Soup kitchens were installed and schools started for the children, where they were taught "domestic work, reading and writing, and the fear of God." But more care of the sick was needed, so in 1818 a small hospital of four beds was <sup>1818</sup> opened in a house in the present Chaboillez Square. It was called "The House of Recovery."

This hospital was so successful that the work was <sup>1819</sup> handed over to business men, who bought a house two doors east of St. Lawrence Main Street on Craig Street and equipped it with 24 beds. The beds and bedding were furnished by the Army Commissary Department with the consent of the Duke of Richmond and Asst. Commissary-General Isaac W. Clarke, the latter being the first President; Horatio Gates, Vice-President; Alex. Skakel, Secretary, and Dr. Blackwood, Staff Surgeon, attending physician. The members of the committee were:

I. T. Barrett, John Try, J. Fisher, Jacob deWitt, Jabez deWitt, John Torrance. This was called the Montreal General Hospital.

1820 Necessity for more accommodation for the English-speaking people soon became evident, and the matter was taken in hand by prominent citizens such as Hon. John Richardson, Hon. Wm. McGillivray, Samuel Gerard, who bought the land in Dorchester Street where the present hospital stands. In a short time over £2,200 was subscribed.

1821 The corner-stone of the hospital was laid with great ceremony and with Masonic honours, attended by all the prominent English citizens and a military guard, bands, arches of flowers, etc., and ending up with a dinner at the City Tavern. Thos. Phillip was the architect and gave his fees (£50) to the building fund. Among the contributors were the Hon. John Molson, Hon. John Richardson, Hon. Peter McGill, Hon. Geo. Moffatt, Sir John Johnson, John Torrance, Thos. Torrance, Samuel Gerard, Wm. McGillivray, Mr. Forsyth, Robt. Gillespie, Benaiah Gibb, Dan. Fisher, G. Auldjo, Wm. Molson, and many others.

The plan of the hospital consisted of a central building of two stories with basement and attic, 76 ft. by 40 ft., capable of containing 72 patients, and in an emergency 80. Two wings were also designed (but not built for many years after), each 70 ft. by 30 ft., to cross the central building and to project five feet on each side, and to contain a like number of patients. The estimated price of the central building was £2,200, but it cost more than double that. A furnace was to be placed in the basement to warm the building with heated air. This was one of the first buildings to be heated in this way in Canada. A cupola was also added "to serve as an ornament to the building and to give light to the operating room."

Instead of the wooden fence which formerly surrounded the ground "it was thought proper to enclose it on two sides with a stone wall and in front with an iron railing erected on a foundation of stone." John Molson presented this iron railing at a cost of £75. This railing is still in place.

The hospital was opened with 72 beds at a cost of £5,856, 8s. 2d. The President was Hon. John Richardson; Vice-President, Rev. John Bethune; Treasurer, Samuel Gerard; and Secretary, Alex. Skakel, M.A. The medical staff were all Edinburgh men, except P. Loedel, who was a naval surgeon—Drs. J. Stephenson, Wm. Robertson, Andrew F. Holmes, Wm. Caldwell, and P. Loedel. A charter was applied for from the Legislature but refused at first, notwithstanding the eloquent advocacy of the Hon. John Molson. It was opposed by Mr. O'Sullivan because the reasons given in applying for a charter were (1) the treatment of the sick poor, (2) the perfection of medical science, and (3) the teaching of medical students. Mr. O'Sullivan said that an addition to the Hotel Dieu Hospital would fill all needs, and that instead of having hirelings as nurses they would be nursed by women devoted to the service of God, and that as for perfecting medical science, they would only experiment on the patients and allow ignorant students to treat them, etc. Dr. Caldwell wrote a pretty strong letter to the "Courant," to which he did not sign his name. Mr. O'Sullivan said in the House, if the writer of the letter would declare himself he would call him out. Next day Dr. Caldwell wrote under his own name a still stronger letter and was consequently called out by the legislator. They exchanged five shots. O'Sullivan was shot through the chest and Caldwell had his arm shattered. Remember, in those days they fought with pistols carrying an ounce bullet. The O'Sullivan after a prolonged and critical illness

recovered, as did Dr. Caldwell, who had been an Army Surgeon in the 13th Dragoons and had been through the Peninsular War. The following year the charter was granted.

No sooner was the hospital opened in May, 1822, than the medical attendants began to agitate for the formation of a medical school in connection with the hospital. Drs. Holmes and Stephenson were appointed a committee to draw up resolutions. These were submitted to the Governor-in-Chief, Lord Dalhousie, and approved of by him. Advertisements of the proposed school were published and the school was opened in the autumn of 1824 with 25 students. This was the first medical school in Canada, and the Montreal General Hospital was the first hospital in Canada to admit students to the wards, in fact it was the only hospital on this continent to do so. The lecturers in the school were the four attending men, all Edinburgh graduates, viz., Drs. Holmes, Stephenson, Robertson and Caldwell. Stephenson was the only born Canadian, and Holmes came to Canada when four years old. The school was called the Montreal Medical Institute. Lord Dalhousie nominated the lecturers in the school examiners for the license, so the position of the school was very strong; they educated students and examined them for the license to practise.

1828 McGill University owes much to the Montreal General Hospital, for in 1828 the authorities of McGill University asked that the school become the Medical Faculty of McGill University, to save the McGill bequest, which required that teaching should commence within ten years of their acquiring the property. The Burnside estate was handed over to the McGill Governors after much litigation in 1819, so they had to have teaching in the University before 1829. Only one professor, Dr. Holmes, was appointed; the rest remained lecturers.

The hospital at this time consisted solely of the central block, and held, as I said before, 72 beds. There was a matron and two nurses, one house surgeon, Dr. Lyons, and five medical attendants. P. Loedel died in 1825 of typhus, and a tablet was erected to him in the hospital and is yet there. He was not replaced. The bedsteads and bedding were supplied by the Army Commissary Department and were used for many years.

In the early days of the hospital, the President did not preside at the meetings of the Committee of Management. The committee was appointed at the Annual Meeting, and usually elected its own chairman. There were quarterly meetings of governors at which the President presided and the Secretary was present, and the Committee of Management reported to this meeting. The first meeting of the first Committee of Management was on May 15th, 1822, and consisted of Alex. Skakel (in the chair), Messrs. Henry Mackenzie, Thos. McCord, H. Corse and Abner Bagg.

The first business was to determine the wages of the servants.

(1) It was resolved that the number of servants for the hospital in its present state shall be two nurses, one cook, one housemaid and one man servant able to read and write, and an invalid without wages.

(2) That the wages of all female servants shall be not more than five dollars a month, and of the man servant not more than eight dollars per month.

(3) That their diet shall be tea and bread and butter for breakfast and supper, meat and soup for dinner, with seven gallons of beer per week. The quantity of butter shall not exceed six lbs. per week. The matron shall be allowed two pounds of butter per week.

(4) That the bread to be used in the hospital shall be household bread.

(5) That the baker and butcher be warned to attend the committee on Wednesday next at 2 o'clock p.m.

At a subsequent meeting it was resolved that each of the servants male and female shall have allowed them by the hospital three ounces of tea and one pound of Muscovada sugar per week, and that the matron shall have four ounces of tea and a pound and a half of sugar per week. The cost of meat was 13s. 6d. per cwt. and bread was eightpence a loaf, 13 to the dozen.

John Try was at this time purveyor to the hospital.

On the 22nd of November, 1824, the old committee went out and the new committee took over the work. It consisted of Rev. John Bethune, chairman, the Hon. C. W. Grant, Fred. W. Ermatinger, Thos. Phillips and Henry Mackenzie, secretary. This committee remained the same for some years. Later John Molson and John Try were added and also A. Hall. This committee was succeeded in May, 1829, by Henry Corse (chairman), John Molson, Pierre de Rocheblave, John Henderson and John Try. In May, 1831, a new committee came in, viz., Henry Corse (chairman), Christian Wagner, Jos. Beckett, Abner Bagg and Henry Mackenzie, secretary.

In 1832, 25s. per month was still the salary of the nurses, who were not now classed with the servants. There were six day nurses and two night nurses, also a hospital orderly. The cook still got 25s. a month and the housemaid 20s. The Government grant was this year £500. The year 1832 was that of the great cholera epidemic, of which Mrs. Bland the matron died. There was also much typhus, and in 1833 Dr. Caldwell died of this disease.

The work was so heavy that Dr. Holmes asked the Committee of Management to have associated with him Dr. F. C. Arnoldi.

The following are some interesting items taken from the minutes of the Committee of Management in the early years.

At a meeting of the Committee of Management on Oct. 15th, 1822, Dr. Stephenson requested that patients who die in the hospital should be deposited on the third floor and left there for 24 hours in case such patients should be in a "lethargic state." I do not know why this request was made or when the custom was suspended. In Vienna for some hundred and fifty years a ward of dead patients could be seen in the Pathological Building. To the little finger of each was attached a string, leading to a bell. By law they had to remain there 24 hours. No case, as far as I know, has ever come to life.

In 1822 there is a note that the Military Barracks Dept. had sent them, at the request of the committee to His Excellency the Governor-in-Chief, a quantity of bedding for the use of the hospital; also that the Right Honble. Stratford Canning, His Majesty's Minister to the United States, had given £7, 10s. at the time he visited the hospital.

June 18, 1822. The matron was called in and cautioned by the chairman to use the utmost endeavour in preventing that dangerous vice in the hospital called "smoking tobacco."

Aug. 1, 1823. "To the medical officers who have been on duty the highest commendation is justly due not only for their assiduous attention and kindness to the patients but for the pains which they have taken to render the hospital a school worthy of attendance of students of Medicine." Thus early in its career it was the wish of the governing body to make the hospital a clinical one.

Nov. 5, 1823. Mr. Try was requested to procure a box to be put in the hall of the hospital "to receive the alms of the benevolent." Report of Committee to the Quarterly meeting of the hospital, amongst other things, says: "When some such patients have been recommended, the person recommending has not only paid the dues of the hospital but the funeral charges. The evil complained of seems to arise from the mistaken notion of the nature of the institution, that it is not only an hospital for the care of the sick, but an asylum for the infirm, and for the infirm of any part of the Province." They recommended "that the governors should advertise widely the nature of the institution, that those outside the parish should pay 7s. a week and if they die 22s. 6d. for funeral expenses." The same misconceptions still exist and the hospital is quite as often imposed upon now as then.

This condition of affairs is frequently alluded to in the Quarterly reports, viz., that the hospital is not for incurables, nor is it free for persons residing outside the parish. To-day 7s. a week or \$1.40 would not go far for board, nor would 22s. 6d. or \$4.50 give a very good funeral.

At a meeting on the 22nd September, 1827, between the Committee of Management and the President, Treasurer and Secretary, it was resolved on account of the low condition of the funds only three wards be kept open for patients, and that only two nurses, a housemaid, laundry maid, and cook and one man servant be retained. Later in the year the services of the apothecary were dispensed with as there were no funds to pay his salary, and Drs. Caldwell and Robertson were asked to perform the duties of dispensing drugs. The finances of the hospital must have improved, for some months later an apothecary was appointed at a salary of £50 a year, and although there is no mention in the

minutes of re-opening the wards, yet, judging by the admissions, the wards evidently were re-opened, gradually perhaps, but the hospital soon admitted its full complement of patients.

In 1831 the Hon. John Richardson died and was succeeded in the presidency by the Hon. John Molson. Richardson at the time of his death was the most prominent civilian in Canada and very popular. A collection was made to erect a cenotaph in Christ's Church near Place d'Armes, which was afterwards burnt. So much money was sent in (£2,500) from Montreal, Little York, London (England) and Quebec, that they had enough over to build the East or Richardson Wing of the hospital opened in 1832. This wing is still in existence and has a large tablet commemorating the event. This increased the capacity of the hospital to over 100 beds.

The hospital continued to prosper and to satisfactorily perform the duties for which it was instituted in treating the sick poor. This is confirmed by extracts from the reports of the increasing number of patients. The major operations in those days were not very numerous, 30-40 a year. The minor operations consisted chiefly of "bleedings," which were very numerous.

The hospital did yeoman service in the Cholera years 1832-33 and in the ship fever, or typhus epidemic of 1847, when some 5,000 immigrants died (chiefly Irish) and were buried near the present entrance to the Victoria Bridge. They are commemorated by a large stone on which is engraved an account of the fever and the number of victims. During this time the Montreal General Hospital did nobly. In the open spaces about they erected sheds and tents to accommodate 250 patients. The main body of the fever patients was treated in fever sheds at Point St. Charles. On looking over the lists

of the diseases treated in the early years of the hospital, one is amazed to see how many cases there were of fevers. At that time Typhus was the most common and was not then differentiated from Typhoid. In 1832-3 the indoor patients numbered 1,717; of these, 1,070 were for fever. In 1847, admissions were 2,061; of these, 1,388 were fever cases. Most of these were Typhus, which was a yearly epidemic brought over by the immigrants. They also had continued and remittent fevers which now we would call Typhoid. When a fever could not be classified it was called "Synochus." There were many of these.

1848 In 1848 a notable addition was made to the hospital, viz., the Reid, or West Wing, still existing, on the corner of Dorchester and St. Dominique Streets, and corresponding to the East, or Richardson Wing. It was erected by Mrs. Reid, the widow of Chief Justice Reid, as a memorial to her late husband. This was the first wing built by individual munificence. Mrs. Reid was a McGillivray, a name not unknown in the early history of the hospital. The portraits of Chief Justice Reid and his wife are in the old Board Room of the hospital, and a handsome pair they are.

1866 There was little change in the hospital now for some years. In 1866 Mr. Wm. Molson and Mr. J. G. Mackenzie bought the land opposite the hospital on which were some disreputable buildings. These were pulled down. This purchase gave more breathing space around the hospital. It is still an open space and is used as a recreation ground for the house staff and nurses.

1867 In 1867 it was decided to build an infectious diseases hospital in rear of the Richardson wing, now occupied by the new part of the hospital. It was built chiefly to accommodate the small-pox cases which we then had always with us. As recently as 1878, 170 cases of small-pox were treated, with 45 deaths.

This hospital was opened in 1868 and accommodated 40 patients. Mr. Wm. Molson, the President, again came forward and gave \$5,000 toward the building fund. The building cost \$10,000. About this time, the hospital being in dire straits owing to an \$18,000 expenditure for Infectious Hospital and new heating apparatus, an appeal was made to the public. Mr. Wm. Dow gave £1,100, Mr. Redpath £1,000 and Mr. Frothingham £600 towards the endowment fund of the hospital; Mr. Wm. Molson and Mr. J. G. Mackenzie each gave £600 additional.

1868

The first regular annual report was published in 1857. At that time blood-letting or bleeding was going out, only 35 cases being reported and 94 wet cuppings. In 1869, the first year I attended the hospital, there were no bleedings and only 7 cuppings. I do not remember seeing many cuppings that year, but later saw them occasionally. In 1869 the Apothecary's Shop was a room to the right hand of the entrance door, and on the counter was a large blue and white jar with a perforated top, which jar was full of leeches.

Blood Letting,  
or Venesection

In 1873, my graduating year, there is no mention in the report of any cuppings. The operations before 1870 were not numerous, the major operations being chiefly amputations, ligature of arteries, removal of tumours, cutting for stone (every surgeon was equipped with a case of instruments for the operation; alas! my collection was burnt in the fire at the college in 1907). Occasionally there was an operation for strangulated hernia; during my student days I never saw a case recover, for before the days of Lister opening the peritoneal cavity was usually fatal. The cavity was a "mare clausum" to surgeons. I never saw an amputation of the thigh recover in my student days; the patient died of secondary hemorrhage or sepsis. In cases of bad compound fracture of the leg the limb was

amputated, for if left alone the patient was sure to die of sepsis, while he had a chance with amputation. Many of the operators were very skilful, especially in amputation; they never made a mistake in the flaps; rapid operating was the rule. I have not infrequently seen an amputation of the thigh completed in less than one minute. Ligatures were never cut short, but left long, and they hung out of one corner of the wound. The larger ligatures took nearly two weeks to come away, the lesser ones less than a week. Their coming away was often attended with secondary hemorrhage, then the flaps had to be opened up and the vessel retied. It was thought to be most dangerous to tie a vein. It was usually closed by a piece of muscle, or pressure was used. I remember in an operation on the neck having to tie the jugular, a proceeding which shocked an old surgeon who was present.

In those early days there were no large wards; the largest contained only twelve patients, many only six. The tendency of the present-day hospitals is to revert to small wards of not more than twelve beds.

There were few nurses and no training of nurses. At that time nurses were born, not made, mostly of the "Sairey Gamp" variety, often good, motherly women, but many were addicted to the bottle. The "stimulants bill" in earlier days was large. On entering hospital every patient, even in my day, was given some stimulant, two bottles of ale or stout, four to eight ounces of port wine, or four ounces of whiskey or brandy. Now it is the exception to prescribe any stimulant, and then only in the most urgent cases. In those early days I fear much of this stimulant was commandeered by the nurses instead of being given to the patients. One night nurse looked after several flats and if a patient was violent he was strapped to the bed whilst the nurse visited the other wards.

There was no further building until 1874, when a children's wing was erected in rear of the Reid wing. It was called the Morland wing in memory of Mr. Thos. Morland, a vice-president, who had recently died and who had done much work for and was greatly interested in the hospital. 1874

In 1877 Dr. Roddick, one of the surgeons to the hospital, went over to Edinburgh to study the antiseptic methods under Lister. He brought back with him a full equipment of dressings and steam sprays, and so was the first to introduce into Canada this then wonderful new system of treating wounds. With antiseptic methods many new operations were performed which formerly were never attempted, operations on the abdominal cavity and internal organs such as the kidneys, liver, hollow viscera, also operations on the brain and spinal cord. Surgery now advanced by leaps and bounds; instead of major operations being numbered by tens they were numbered by hundreds and with excellent results. Operations on the abdomen became common, and no region was sacred to the surgeon's knife. Diseases of gall bladder, liver, kidney, intestines, including appendicitis, empyema, brain tumour and abscess, which were formerly thought to be in the department of Medicine, became surgical during the next ten years. The operations for appendicitis, radical cure of hernia, resection of ribs for empyema, etc., became common. The operating room, instead of being a shambles and the tables and floor covered with the dried blood of many victims, now became excessively clean. New antiseptic operating tables with glass tops were bought, tiled floors were laid, and the seats scrubbed and scoured. Instruments were sterilized before operation, and the surgeon paid great attention to his hands and wore a snow-white gown. The field of operation also was sterilized and rendered antiseptic and the greatest care was taken to exclude germs, 1877

which then were quite new discoveries, demonstrated by Pasteur and Lister. So there was an enormous improvement in the results of operations, hospital gangrene and erysipelas were banished, and suppuration was reduced to a minimum.

When Dr. Osler returned to Canada in 1874 he was put in charge of the autopsy room. Autopsies, which before had been performed by the house surgeons, were now systematically made, notes taken and students instructed. Weekly demonstrations were given by Dr. Osler on morbid specimens at the college, and the Medico-Chirurgical Society was much benefited by Dr. Osler's reports with specimens, and was a great asset to the physicians and surgeons reporting cases. After the Listerian methods were introduced the man who looked after the instruments no longer attended the post-mortems, but the instruments were put in charge of nurses who were now trained in the nursing school under Miss Livingstone.

For some time the Committee of Management had felt that a medical superintendent was necessary, for the work of the hospital was increasing rapidly and the senior house surgeon was sufficiently occupied with his professional duties. So in 1881, Dr. James Bell, who had been a house surgeon, was appointed to the position of medical superintendent with an ample salary and the stipulation that he should spend all his time in the work of his new office, and private practice was forbidden. This was a great step forward, and the succession of medical superintendents who held the position for some years testified to their ability and usefulness by the prominent position they took in their profession in after years. With increasing responsibilities and the growth of hospital activities the position of medical superintendent is not now one to be taken up for only a few years, but has become a separate profession with

special training, and enlists in its ranks men of the highest ability who devote their lives to the forwarding of hospital interests and improving and keeping their hospitals in the van of scientific progress. Hospitals to-day are very complicated affairs, and have ramifications in all directions, always working for the public good, and combining specialties unheard of a few years ago. With increased efficiency, increased expenditure is involved, and how to raise money for hospital purposes is already a serious problem.

To give some idea of the increase of work and of cost brought about by modern methods—

In 1873, the 57th anniversary of the hospital:

Indoor patients.....	1,485	
Outdoor “ .....	11,116	
Total expenditure.....		\$21,299
Wages of steward.....	433	
Wages of matron.....	240	
Medicines.....	1,802	
Wines and liquors.....	813	
Income.....		\$32,171

In 1923:

Indoor patients.....	6,821	
Outdoor “ .....	147,071	
Expenditure.....		\$584,040
Income.....		\$494,161
Loss.....		\$89,880

Surgery was now advancing so rapidly and operations increasing so marvellously that more accommodation was required and more modern equipment. In 1882 Mr. David Greenshields died leaving \$40,000 to the hospital, and then Sir George Stephen (afterwards Lord Mountstephen) offered to erect

1883

a surgical wing in memory of his friend the late Dr. George W. Campbell, Chairman of the Medical Board for many years and Dean of the Faculty of Medicine of McGill University for 22 years, and who had been connected with the hospital since 1833. He died in 1882. After considerable discussion as to plans, it was decided in 1882 to build two surgical wings two stories in height with a basement abutting on Lagachetiere Street, to contain 120 beds, at a cost of \$100,000, one wing to be called the Greenshields wing and the other the Campbell wing. This money was on hand, but no provision was made for the cost of an operating room and adjuncts, such as rooms for dressings, sterilizing plant, etc.

From an unexpected quarter help came. Mr. George Hamilton, son of the Hon. John Hamilton, had been ill for some time with tuberculosis in Colorado, and he, without solicitation or the knowledge of his friends or the hospital, bequeathed \$100,000 without conditions to the hospital. So the money was provided for the new operating room and for the time all the surgical difficulties were solved. This operating room should have been named after George Hamilton, but by some mistake this was not done though the wings received appropriate names.

With new methods and greater efficiency, even before the Great War, the cost of running a hospital increased enormously. The cost per day for every public patient is in the neighbourhood of \$4. In 1868 the cost per year per patient was \$14; in 1888 the cost was 70 cents a day; in 1898, \$1.18 per day; in 1903 it was \$1.56, and in 1912, \$2.12. The yearly expenditure in the 70's was from \$10,000 to \$15,000 a year, and the yearly admission of indoor patients was from 800 to 1,000. There were usually yearly deficits, which were made good by the generous bequests from citizens. Rarely did a prominent

citizen die without leaving a bequest to the Montreal General Hospital.

The small-pox hospital was in use long after I entered medicine (1869), and in 1875 Dr. Osler was put in charge of it and himself caught the disease there. It was a mild attack, for he was well vaccinated, and here also he made the observations for his well-known article on "The Prodromal Rashes of Small Pox." I remember when a student, after the physician had made his rounds of the hospital, we all put on linen coats and followed him into the small-pox hospital. In the epidemic of 1885 the city had its own small-pox hospital, and then this old hospital was turned first into public wards and afterwards into an infectious and septic department. Finally it was turned into a laundry. It was pulled down when the present large addition was built.

### **Outdoor Department**

For many years the outdoor department was attended to by the house surgeons, and it consisted of two rooms on the left side of the main entrance, having been moved from the basement of the Reid wing in 1866. At the time of my studentship, under Drs. Ross and Roddick, the attendance was not large. I was for several summers outdoor dresser and learnt much from these two men. The room on the right hand of the door was the apothecary's shop, where all prescriptions were put up.

Until 1882 there was no division between surgeons and physicians. After 1882 there were special surgical and medical wards. This division was a great improvement, and men began to devote themselves specially to medicine or surgery, for surgery, with the introduction of antiseptics, became much more important and had a much wider range. The time of service was increased from three to six months. From now on, young and able surgeons specially

trained abroad came to the front, and the Montreal General Hospital, in consequence, gained prestige.

The division in the outdoor department did not take place for some years later, viz., in 1885. The attendance at the outdoor department was in 1875 taken from the house surgeons and put in charge of the newly-elected outdoor physicians and surgeons, four in number, and the basement under the Reid and Morland wings was arranged for the various departments. Before the separation of surgical and medical patients took place, as a rule, private arrangements were made between the attendants that one should take surgery and the other medicine. I know when I was elected to the outdoor in 1879 this was the arrangement I had with Dr. Molson, he taking all the medical cases and I all the surgical. This worked very well and when the division took place there was no trouble. The number of patients attending the outdoor department gradually increased until we had to commandeer more space in the basement, finally taking possession of the staff's dining room, which was under the north end of the Reid wing. Within the last ten or twelve years the outdoor department has increased enormously and is now well housed under the new wings of the hospital though part of the old quarters is retained for some specialties.

**Pathology**

For many years the accommodation for Pathology was inadequate, and until the hospital acquired the property east of the Richardson wing there was little chance of improvement. At last the property up to Cadieux Street was bought and also down this street to Lagauchetiere; the south side of the same and part of the lower west side was also purchased, so that now we had the whole square bounded north by Dorchester Street, south by Lagauchetiere Street, east by Cadieux Street and west by St. Dominique Street.

In 1894 a pathological department was built adjoining the Richardson wing, and occupied in 1895. This was a stone building of no great size facing Dorchester Street and furnished with a chapel, post-mortem theatre, and laboratory. The money was provided by a bequest of \$10,000 from Mrs. Chas. Phillips, and it was called the Bain Memorial Building (her maiden name was Bain). It was a great boon to the pathologist, Dr. Wyatt Johnston, who now held a special appointment. The law in the Province of Quebec gives great power as to post-mortems, for in any doubtful cases an autopsy can be insisted on. There has been but little objection to post-mortems and they have always been numerous, reaching the hundreds yearly, so when we had to go outside for pathologists we had no trouble in getting good men, for they knew there was always abundance of material. The present commodious pathological department was built before the present large commencement of the new hospital and now accommodates, besides pathology, the metabolic department.

In this year, 1894, all the old part of the hospital was remodelled and two large medical wards made of the many small ones on the first and second storeys in the Richardson wing, and the entrance hall was enlarged and practically rebuilt. The Morland wing was also remodelled in 1896, and two more large medical wards obtained. All these improvements were made at a cost of \$70,000, subscribed by the citizens of Montreal. When all the improvements and renovations were completed a great reception was held at the hospital to which all the governors and subscribers were invited. It was a huge success. At the same time the upper ward of the Greenshields wing was made into a large children's surgical ward. In 1893 the infectious ward in the old small-pox building had been taken over (financially) by the

city and removed though still under the control of the Montreal General Hospital. In 1897 an electric plant was installed in the hospital, so that there was continual progress and improvement in the arrangement of the hospital, all tending to make it more efficient.

Nursing  
School

Up to 1875 the nursing had been of the old-fashioned "Sairey Gamp" type as described above. At this date Mr. Peter Redpath, who was living in England, and Dr. G. W. Campbell induced Miss Nightingale to send from her school at St. Thomas's Hospital four of her nurses, under Miss Machin (a Canadian) as lady superintendent, to the Montreal General Hospital. These nurses, for the first time in Montreal, undertook the proper nursing of patients; they did excellent work, and were about to establish a training school, but there had been more or less friction between the senior medical resident and Miss Machin, the lady superintendent. The resident physician was aided and abetted by some of those in authority, and the trouble culminated in 1878 when Miss Machin resigned and left the hospital together with the four Nightingale sisters, thus depriving the hospital of all trained nurses. It appears that these nurses belonged to a Sisterhood, and when their chief retired they had to do likewise.

Miss Rimmer, a capable woman, with private means but without any nursing training, was appointed as lady superintendent. She had many friends of good social standing who strongly supported her. She managed to get some trained and some half-trained nurses and the hospital went on in the best way it could for a number of years.

In 1890 Miss Rimmer resigned owing to ill-health so the Committee of Management had to supply her place. They also wanted someone who could start a training school for nurses. After several lady superintendents had come and gone,

finding the task of cleaning out the Augean stable and restoring order out of chaos too great, Miss Livingstone, trained in the New York Hospital, was appointed, and after restoring order set about the establishment of a training school. She kept on as many of the old nurses as were competent, engaged others, and advertised for suitable girls over 21 who wished to enter the training school as probationers, leading up to (after a two years' course) certificated nurses. She was flooded with applications, so could pick and choose. She soon had a very excellent school and was assisted by two graduate nurses from New York. To accommodate the nurses of the school a Mansard roof was put on the hospital to enlarge the space used for dormitories, and the old cupola removed. The school was organized for work on April 1st, 1890, and a formal public opening took place the 11th of December following. Their Excellencies the Governor-General and Lady Stanley were present, and Dr. Duncan MacCallum, Chairman of the Medical Board, gave the address. Soon the training school under Miss Livingstone was most flourishing, and she turned out most capable nurses. The fame of the school spread abroad and her nurses were sent to all parts of the country. New York was always glad to get them and so were other parts of the United States. Many became superintendents of nurses elsewhere. Many devoted themselves to public service, others to private work, some died and some got married. The success of the school was chiefly due to Miss Livingstone. She was a woman of infinite tact, had a strong sense of humour, was a good judge of character and a strict disciplinarian. Although she was feared by her nurses, she was also respected and loved by many, for she was a just woman. She could not put up with any gross breach of discipline and "did not suffer fools gladly." She held her position for thirty

years and retired a few years ago on account of ill-health. She still takes a great interest in the school and is always ready to advise and sympathize with her successor.

In 1897 subscriptions to the amount of nearly \$35,000 were successfully solicited to build a Jubilee Nurses' Home. Lord Lister, who came out to attend a meeting of the British Medical Association, was induced to lay the foundation-stone and to address the assembled nurses, which he did in such a simple way that he won the hearts of all his auditors. The building was finished in 1898 and was a great boon to the nursing school and allowed the nurses to get away from their work. The building afforded accommodation for one hundred nurses and had reception and sitting rooms and bathrooms.

1876 In 1876 the first Specialist was appointed to the hospital. Dr. Frank Buller, who had been in charge of Moorfields Eye Hospital in London, England, was elected oculist and aurist to the hospital.

1883 In 1883 Dr. Wm. Gardner was elected Gynaecologist and Dr. George Major, Laryngologist to the hospital. For many years no more specialists were appointed, but now their name is legion. Before these appointments were made, everybody did everything, and no one could prevent the attending men from performing operations and treating cases for which they were totally unfitted. The surgeons and physicians, whilst acceding to these appointments, did not give up their rights of attending any case irrespective of specialists. Dr. H. B. Carmichael was appointed Anaesthetist in 1885.

### **Royal Victoria Hospital**

1887 In 1887, Sir George Stephen and Sir Donald Smith each donated \$500,000 to build and endow a hospital in Montreal and the authorities of this new foundation made overtures to the Montreal General Hospital for amalgamation.

This postponed the projected building of the surgical wings of the hospital. A committee of three was sent by the M.G.H. to negotiate with a committee from the Royal Victoria Governing Board. The joint committee came to no agreement, though admitting the desirability of the project. The next year's annual report says a special meeting of the governors was held to hear the report of the committee. This report said: "every endeavour, therefore, ought to be made to bring about a fusion upon such equitable terms as will secure to the governors of the old institution all reasonable rights and privileges and at the same time perpetuate the name of the Montreal General Hospital and the good work it has carried on for nearly seventy years." Six governors were appointed to act with the Committee of Management in their endeavours to arrive at a finished settlement of the question. The annual report for 1891 has the following note: "The question of amalgamation with the Royal Victoria was further considered, and at a special meeting convened for the purpose it was decided that it was not advisable for this corporation to amalgamate with the Royal Victoria." As far as I remember, the Royal Victoria wished to absorb the Montreal General, take all its property and endowments and do away with the name of the old institution. This the governors of the M.G.H. would not agree to, so the negotiations came to nought. Immediately the building of the new surgical wings and operating room was proceeded with and the plans as made heretofore carried out.

### **Old-time Method of Election of Medical Officers**

Up to comparatively recent years the method of election of the medical officers was archaic. Even the house men had to solicit the votes of the governors if they wanted appointments. As a rule the

governors took the advice of the attending men connected with McGill University, at least the latter controlled a large number of governors' votes. Sometimes a new graduate of no standing but having considerable influence through friends and relatives gave the candidates of the McGill Medical Faculty a good run, and not infrequently won the contest. Occasionally quite inferior men were elected, but this was the exception. However, when such a contest came about, the McGill Medical Faculty had to work hard to secure an election, because if the governor was not solicited he usually voted for the man who first asked him. This method of election of house officers lasted until the 90's, and when the Royal Victoria Hospital came into competition the posts were awarded after examination by the Medical Board. In the old days when the house surgeons were few they remained for years in hospital and only left when they had secured a fair practice. It was the custom for the house surgeons to attend private patients in the morning and supply them with medicines from the hospital dispensary. The house surgeons at that time received no remuneration. This was considered quite legitimate although there were rules against private practice more observed in the breach than in the observance. Also a house surgeon who proved himself capable was promoted in due time to office in the university, first as Demonstrator of Anatomy or Lecturer in Hygiene and then creeping upwards by degrees. I think I was one of the first who was appointed to the university without having been a house surgeon, and Sir Thomas Roddick was the last to be appointed by the old method. The attending physicians and surgeons were also appointed by the governors, and this method continued for some time after it was done away with in appointments to the house staff. I know I had a hard fight to get my appointment as surgeon in 1883.

Although I had been doing surgery for four years in the outdoor department and was devoting myself almost entirely to surgery, I was opposed by a member of Bishop's College who had never done an operation and had no surgical aptitude and was a man of mature age, yet out of several hundreds of governors I was elected by only twelve votes. It was most humiliating going about and soliciting votes from the governors. Some received me most graciously, others quite rudely, and others haughtily as if a servant asking for employment. I was often put in mind of the story of the great Abernethy of Guy's Hospital, where they had this method of election. One of the electors was a grocer, who received him with the remark, "Well, young man, I suppose you are come to get my vote?" "No," said Abernethy, "I only want a pound of sugar." I remember a well-known lawyer whose vote I asked and he said, "But I don't know you." (My opponent was a client of his.) "No," I said, "I have come to get acquainted with you. The fact is I never heard of you until I saw your name in the list of governors," and with that I left. Now all medical appointments are made by the Committee of Management on recommendation by the Medical Board. Thus all strife is avoided and everything runs smoothly.

### **X-Ray Department**

An X-Ray department was established in September, 1898, and proved of great service. Later, from donations, this was much enlarged, and when the new buildings were opened a spacious X-ray department was arranged for under a specialist, Dr. W. A. Wilkins. Heretofore this was undertaken by one of the staff who did not confine himself exclusively to X-ray work. In 1917 an important contribution was made by the heirs of Duncan McIntyre, who gave \$10,000 as an endowment fund.

From time to time other important specialties were added, such as the Nervous and Genito-urinary clinic, the Metabolic department, etc.

In 1908 the Power House and Laundry were moved to the opposite side of Lagauchetiere Street where property had been acquired, and the heating and power pipes came through to the hospital in a tunnel under the street. It proved a great benefit to the hospital and was very satisfactory, and was built to serve a much larger institution.

In 1909 a new Pathological building was commenced to the east of the Richardson wing. This was quite a large building and arranged in an up-to-date manner, with laboratories, post-mortem theatre, chapel, animal quarters, etc., complete.

In 1909 a Dental Clinic was started at the request of McGill University, and when the old pathological building was evacuated for the new, this was fitted up with half a dozen chairs for a Dental Clinic. Later, this clinic was moved to the basement under the connecting building between the surgical wings, and still later McGill University gave the hospital a sum of money to assist in building and equipping a large Dental Clinic between the surgical wings on Lagauchetiere Street, for by this time the Faculty of Dentistry had become an important part of the university.

In 1910, Mr. James Crathern, who had so much to do with forwarding the plans of the new hospital and had been since Mr. Wolferstan Thomas' death President, died and left \$150,000 to the endowment fund.

A fund called the Chas. Alexander Fund (after Mr. Alexander, who had been for many years on the Committee of Management, and was also Vice-President, and had done good work for the hospital) was collected and amounted to \$200,000. This was to be spent on a new outdoor department. This was

occupied before the new buildings were finished, and in the waiting room was placed an oil painting of Mr. Alexander and also a tablet.

On June 6th, 1911, the corner-stone of the new buildings was laid by His Excellency the Governor-General, Lord Grey, and in 1913 the new wards were opened for patients. This large addition contained three large medical wards, children's wards, wards for specialties, and two flats for private patients and one for semi-private. The surgical wards were now all in the surgical wings. In 1914 the hospital had accommodation for 400 patients. This new part was the beginning of the new hospital; the west wing and central portion are still to be built.

In 1911 the Social Service in connection with the hospital was established, the funds being at first supplied by the Melville Church congregation, and was put on a permanent foundation in 1912, and an arrangement was established in connection with the charitable organizations of the city. This service has now been very much extended and employs quite a number. It is of inestimable benefit to the hospital and the poor patients, many of whom often require help. In connection with the outdoor department its usefulness is easily demonstrated, and the medical men and hospital authorities much appreciate the help afforded by this service.

### **Ambulance Service**

In August, 1883, the first ambulance service was instituted in connection with the hospital, in fact it was the first ambulance service in Canada. After a time a small subsidy was obtained from the city which helped. This was for emergency and accident cases occurring in the city. In 1884 some 108 calls were answered. In 1893 the calls amounted to 350, and at the present time (1924) the calls are well over 2,000. It has been a great boon not only to the

hospital but to the city, not only for attending and bringing to the hospital emergency and accident cases, but for the transport of sick people, and in this way the citizens reap the benefit.

In 1912 Joseph Wray replaced the old horse ambulances, of which there were three, by motors, and these are sent far into the country to bring patients to the hospital without the trouble and danger of transshipment from motor to train and train to motor. This is one of the greatest conveniences of the time, and the wonder exists how we ever did without them, as we wonder about many of the recent developments such as telephones, radio, etc.

## BIOGRAPHIES

The following short biographies of officers and medical men who did much in the past for the hospital I thought might be of interest.

Many other men have deserved well of the hospital and are worthy of much praise. In the older time Dr. Crawford, Dr. the Rev. Wm. Wright, Dr. Fraser, Dr. Reddy, Dr. Drake, Dr. Archibald Hall, who edited for years a medical journal and to whom we are indebted for recording much of the history of the McGill Medical Faculty and the Montreal General Hospital, Dr. Duncan MacCallum, for many years a devoted attendant of the hospital, Chairman of the Medical Board and Professor of Obstetrics in the University, also for years editor of the "Can. Med. Journal," Dr. Wm. Sutherland, Prof. of Chemistry, Dr. Stephen Sewell, Dr. Bruneau, Dr. McCulloch, Prof. of Midwifery, Dr. Wm. E. Scott, Professor of Anatomy at the University, Dr. Wm. Gardner the first Gynaecologist to the hospital and still with us, Dr. Frank Buller, a man of great reputation in his specialty, the first Ophthalmologist appointed to the Hospital in 1876, and others.

### ISAAC WINSLOW CLARKE

Isaac W. Clarke was the first President of the Montreal General Hospital, from 1819-21. At that time he was Deputy Commissary General in Montreal, and by the courtesy of the Duke of Richmond and Deputy Commissary General Clarke the first beds and bedding were obtained from the Government stores. He was born in England on October 27, 1746. A gold medal was given him by the Imperial Government for introducing the cultivation of flax into Canada. He was President of the hospital when it was situated on Craig Street, a little east of St. Lawrence, and contained only 24 beds. He died at

Cape Chatte, July 7th, 1822, where he was put ashore whilst en route to England. He was buried in Montreal, and his funeral was attended by all the notable citizens.

### HON. JOHN RICHARDSON

Mr. Adam Short, to whom I am indebted for much of the information given below, when writing of the founders of Canadian Banking, speaks of the Hon. Mr. Richardson as merchant, financier and statesman. He certainly in the early part of last century was a very prominent figure. Richardson was born near Perth, Scotland, in 1753. He came to the American colonies first to Schenectady, at that time a great fur-trading station, to the firm of Phyn, Ellice & Porteous, all Scotchmen. When the revolutionary troubles broke out and the British forces took possession of New York, his friend Porteous and himself established themselves in New York and furnished supplies to the British Army. When Cornwallis established himself in Philadelphia in 1777, Richardson took charge of the consignment of goods to that base. They owned a vessel for this purpose, and the following year this vessel was converted into a privateer under Captain Geo. Dean. Richardson took part in the expedition as representative of the owners and Captain of Marines. The vessel was called the "Vengeance." After a fairly successful cruise they fell in with a British ship-of-war, the "Renown," who taking the "Vengeance" for an enemy poured several broadsides into her, and when finding out who she was, left her in a sinking condition without apology. Richardson after the refitting of his vessel left the privateering service, and in 1780 went to Charleston, S.C., on a commercial venture which did not prove a success. When peace was declared in 1783 he went back to Schenectady. In 1787 he was permanently established in

Montreal as a member of the firm of Robert Ellice & Co. This firm, with McTavish, Frobisher & Co., and Todd, McGill & Co., were instrumental in forming the North West Company, which had a virtual monopoly of the fur trade up to 1815. Richardson visited, in the interests of his firm, the trading posts from Detroit to Michilimakinac. He returned to Montreal in 1789. His firm, closely connected with the Loyalists, was the vehicle of exchange with the London firm of Phyn, Ellice & Inglis. In 1790 the firm of Robert Ellice & Co. was dissolved, and the new firm was formed with the name of Forsyth, Richardson & Co., and as such it remained for many years the chief mercantile and financial house in Montreal. In 1782 he was elected for Montreal East as member of the House of Assembly of Lower Canada, and he continued a member until its dissolution in 1808. He was afterwards appointed to the Legislative Council in 1811. Richardson in the Assembly was detested by the French nationalists, who lost no opportunity of insulting him as a supporter of the British interests. A movement to unite Upper and Lower Canada, presided over by Hon. J. Richardson, was defeated by the French, who felt their power would be curtailed by this procedure. Throughout his life he continued to promote the British system of constitutional government and public law. He had written much on this subject, and his counsel was often solicited by the executive government of Canada and by successive administrations. During the war of 1812-14 he was greatly trusted by the authorities and handled all the affairs of the Secret Service. He had much to do with the construction and management of the Lachine Canal. By the help of both the Provincial and Imperial Governments a sum of £40,000 was voted, an engineer was sent out from England, and the work commenced on July 17th, 1821, and boats were passed through in 1825. Hon. C. W. Grant, F. R. DesRivieres, and

the Hon. John Richardson as chairman, were permanent commissioners, and Richardson continued to manage the canal until his death in 1831. The Richardson firm were the first to import tea direct from the East through the East India Company. Richardson was very active in all affairs connected with the General Hospital. He was one of the purchasers of the land, and was President from 1821 until his death in 1831. He was always most liberal in his gifts to the hospital, and after his death his admirers all over Canada and in England subscribed sufficient to erect the Richardson wing, which is still extant, and has a large tablet facing Dorchester Street dedicating it to the memory of that very great man, the Hon. John Richardson. In an obituary notice in one of the papers at the time it said of the Hon. John Richardson: "He was the founder and father of the Montreal General Hospital, an institution which confers more honour on Montreal than she would have merited had she been the mother of poets, scholars, orators and heroes."

#### ALEXANDER SKAKEL, M.A., LL.D.

Alex. Skakel was born in Fochabers, Banffshire, Scotland, on Jan. 22, 1776. After the usual school course he entered King's College, Aberdeen, from which he graduated M.A. in 1797. He came to Canada the following year with his friend John Strachan, afterwards Bishop of Toronto. Both these young men had studied for the Presbyterian ministry, but later both became ardent Anglicans. It was John Strachan who inspired James McGill to make his will in favor of McGill College.

Alex. Skakel first spent a year in Quebec in educational work and then was invited by a number of influential citizens to establish a school in Montreal. This he did, and the institution was christened with the high sounding title of the "Montreal Classical

and Mathematical School." The school was situated at 43 Little St. James Street, east of Place d'Armes. The enterprise became immediately successful and in a short time had a widespread reputation in Canada. Many of our foremost citizens were educated there, such as Sir William Logan, Judge Badgeley, Dr. Andrew F. Holmes, first Dean of the Medical Faculty of McGill, also Dr. Archibald Hall, a physician to the hospital in early days and Professor of Midwifery in McGill.

Dr. Skakel was Secretary to the hospital for many years and the first chairman of the Committee of Management. He had much to do with the formation of the hospital and was chairman of the first Building Committee. On the death of the Rev. John Leeds, Dr. Skakel was appointed head master of the Royal Grammar School, a Government school under the "Royal Institution of Learning," which recommended him. His "Alma Mater," Aberdeen University, conferred on him the honorary degree of LL.D., a rare honour at that time, in recognition of his important services to the cause of education in Canada. He gave popular lectures in Montreal on scientific subjects for some twenty years.

He died in 1846 and bequeathed all his property, some \$15,000, to the Montreal General Hospital.

### HON. JOHN MOLSON

John Molson came to this country when 18 years of age, about 1784. He came of a good Lincolnshire family and had considerable means. He established a brewery in Montreal which is still in existence, and imported seed barley from England for the farmers and promised to buy all the barley they raised. He was a man of great enterprise and established the first line of steamers between Montreal and Quebec in 1809. He was President of the Bank of Montreal in 1826. He was made a Legislative Councillor at

Quebec, and later placed on the Executive Council, and thus had considerable political influence. He was always a great friend of the Montreal General Hospital, subscribed freely to its funds, and was from the first on the Board of Officers, as Vice-President, and was on the Committee of Management for many years. After the Hon. John Richardson's death in 1831 he was appointed President, which position he held until his decease in 1837.

### SAMUEL GERRARD

Samuel Gerrard was identified with the hospital from its inception; together with the Hon. John Richardson and the Hon. Wm. McGillivray, he purchased the land upon which the hospital now stands. He was Treasurer from 1820-30, Vice-President 1832-5, and President (succeeding Hon. John Molson, Sr.) 1835-57, so we see he was connected with the hospital in an official capacity for 37 years. He was a very prominent citizen, and was President of the Bank of Montreal from 1820 to 1826. He belonged to the firm of Gerrard, Gillespie & Co.

Born in Cheshire, England, 1768, died in St. Gabriel Street, Montreal, 1857.

### VERY REV. DEAN BETHUNE

The Rev. John Bethune was one of the first Vice-Presidents of the hospital, and was for some years Chairman of the Committee of Management. He took a great interest in the institution from its foundation, and bore office until his death. He was a very public-spirited clergyman and was prominent in all the public charitable and educational enterprises of the time. He was at one time Principal of McGill University. His father was Presbyterian Chaplain to a Highland regiment, and afterwards settled in Williamstown, Glengarry. It is curious to note that Dr. Skakel, Bishop Strachan

and Dean Bethune all had a Presbyterian training and all afterwards became ardent Anglicans. Rev. J. Bethune was the first Dean of Montreal.

Born 1791, died 1871.

### HON. PETER MCGILL

His name was really Peter McCutcheon, but his uncle, the Hon. John McGill, having no heirs, wished him to take his name and succeed to his estate, which was considerable. Peter McGill was born at Cree Bridge, Wigtownshire, Scotland, in 1789. In 1809 at the age of 20 he came to Canada and was employed by Parker, Gerrard, Ogilvie & Co., a very important firm at that time. Later, with other young men he started for himself, the firm being Porteous, Hancox & McCutcheon, later Porteous & McGill. He was quite prominent in the management of the Bank of Montreal, was Vice-President in 1830 and President from 1834 to 1860, succeeding Horatio Gates, who died in that year. He was appointed to the Legislative Council in 1831, and in 1839 became a member of the Executive Council. He was closely connected with the British American Land Company, founded by John Galt the author, and father of Sir Alex. Galt. He was appointed in 1841 by Lord Sydenham a member of the first Legislative Council of the United Canadas. Between 1839-42 he was Mayor of Montreal and made many notable improvements in the condition of the city.

In 1828, C. W. Grant, Peter McGill and Horatio Gates gave notice they would petition the Legislature for leave to build a railroad from St. John, L.C., to the St. Lawrence River, but it was not until 1835 the line was actually begun, and it was completed the following year. Next he was interested in the Grand Trunk Rly., of which he was a director; also in the Ottawa Steamboat Company with a lock at Vaudreuil, and after the Rideau Canal was built in

1831, of the Ottawa and Rideau Forwarding Co. He was President of the Board of Trade in 1848. He died in 1860.

He was always interested in the hospital, of which he was a governor, and he always subscribed liberally to its funds.

### WILLIAM MOLSON

William Molson was deeply interested in the hospital and was very active and generous in its support. He was Vice-President in 1867, and President from 1868-74. He with Mr. J. G. Mackenzie gave the vacant land in front of the hospital, also largely contributed to building the small-pox hospital, which was formerly attached to the hospital. He was always ready to give liberally to all schemes for the betterment of the institution.

Mr. Molson was the founder of the Molsons Bank. He also gave very largely to McGill University, and the Molson Hall was built by him. He was a most generous and philanthropic citizen and well sustained the reputation of the Molson family, for his activities were many. He was the son of the Hon. John Molson, Sr., and so was a Canadian by birth.

### THOMAS DAVIDSON

Mr. Davidson was born in Edinburgh in 1834, son of Mr. David Davidson, successively manager of the Bank of British North America, Bank of Montreal, and treasurer of the Bank of Scotland. Mr. Thos. Davidson was at one time in the Bank of Montreal, and later became a member of the firm of McDougall & Davidson, D. Lorne McDougall being his partner. The members of this firm were associate members of the North British & Mercantile Insurance Company when a branch of that company was opened in Montreal in 1862. On the death of Mr. McDougall,

Mr. Davidson became managing director, an office he filled until his death. He was also attorney for the Scottish American Investment Co. of Edinburgh. He was for many years identified with the Montreal General Hospital. He was a member of the Committee of Management for twenty-three years, twelve as Treasurer. Later he occupied the position of Vice-President and then President, retiring only when compelled to do so from ill-health. He was an excellent officer and contributed much to the efficiency and advancement of the hospital on modern lines. His advice was always sound and his large experience made him a very valuable member of the Board.

#### ANDREW FERNANDO HOLMES, M.D.

Dr. Holmes ought to have been born in Canada, but whilst his parents were on the way to Canada their ship was captured by a French frigate and brought into Cadiz, where Holmes was born in 1797. Hence his name. He arrived eventually in Canada in 1801 when he was four years old. He was educated at Dr. Skakel's school on Little St. James Street, and at 15 became a pupil of Dr. Arnoldi, Sr. He went to Edinburgh, graduated in 1819, and returned to Montreal in 1821. He was one of the founders of the Montreal Medical Institute. He succeeded Dr. Robertson as the Professor of the Theory and Practice of Medicine when the Montreal Medical Institute became the Medical Faculty of McGill, and was its first and for a time its only professor. In 1852 all the lecturers were made professors and Dr. Holmes became the first Dean of the Faculty of Medicine. He was much interested in the Medical Library, of which he was the originator. He was a very good botanist, and many of his specimens are in the McGill University Museum. He also lectured in Chemistry for many years. He was a scientific

physician, and many of his papers can still be read with profit, especially those on the heart and appendicitis, or "typhlitis" as it was then called. Some of his specimens are still in the Medical Museum of the Faculty. He was President of the College of Physicians and Surgeons of Lower Canada in 1853. He died suddenly in 1860 in his chair whilst writing a notice for a meeting of the Medical Faculty.

### JOHN STEPHENSON, M.D.

Dr. Stephenson was born in Montreal in 1797, of Scotch parents. His education he received from "Le College de Montreal." The priests who educated him had a very strong regard for him during his life and mourned him when dead. He was apprenticed in 1815 to Dr. Wm. Roberston. In 1817 he went to Edinburgh and took his degree in 1820. He was born with a cleft palate and when in Paris he was operated upon successfully by Dr. Roux. He returned to Montreal in 1821. He, with Holmes, Caldwell, Robertson and Loedel, who were the first physicians and surgeons to the present hospital, founded the "Montreal Medical Institute," the precursor of the Faculty of Medicine of McGill. This medical school was closely associated with the Montreal General Hospital, and was opened in 1824 with 25 students. In 1829 this became the Medical Faculty of McGill. Dr. Stephenson was always a very active member of the school and was responsible for much of its policy. He was Registrar of the university for some years, and it was through his efforts the university wrested from the DesRivieres family the £10,000 left by James McGill. This result was obtained only after much litigation. He died in 1842 at his house on St. James Street, regretted by all his colleagues and many citizens. He is said to have been an able and eloquent lecturer,

and was a man of considerable culture and great industry and was popular with both French and English.

His son went to Cambridge, England, and passed out 8th wrangler, later going to Calcutta as Professor of Natural Philosophy and Astronomy. Afterwards he went back to England, was called to the English bar, then entered the Civil Service, and retired in 1890 as Assistant Secretary of the Board of Education.

#### WILLIAM ROBERTSON, M.D.

Dr. Robertson was born in Perthshire, in Scotland, in 1784, the son of James Robertson of Kerdrocket. He was educated at Edinburgh University, and after graduation joined the 49th Regt. as assistant surgeon and went to Cape Breton. In the war of 1812-14 he was surgeon to the 41st Regt., and was in several engagements, such as the storming of Fort Niagara. On the declaration of peace in 1815 he settled in Montreal and practised his profession here for 28 years. He was Professor of Midwifery in the university, and was one of the four founders of the "Montreal Medical Institute" and the McGill Faculty of Medicine.

The obituary notice in the "Medical Gazette" of August, 1844, says: "He was gifted with powers of intellect, which were much increased by an indefatigable industry and an assiduous culture rarely equalled." He died on the 18th July, 1844, aged sixty.

#### WILLIAM CALDWELL, M.D.

Dr. Wm. Caldwell was the lecturer in McGill University on the "Principles and Practice of Medicine." He was born in Ayrshire, Scotland, in 1782, studied medicine and graduated in Edinburgh

about 1804. He was appointed surgeon to the 13th Dragoon Guards and served in the Peninsular War on Lord Aylmer's staff. It is said he was a man of severe military bearing, cool in judgment, wise in council and kind to his patients. His lectures in Medicine were scientific and well delivered. His duel with Mr. O'Sullivan has already been related. He was one of the founders of the McGill Medical Faculty and was for many years a leading practitioner in Montreal.

He died in 1833 of typhus fever contracted in his work at this hospital, of which he was one of the first physicians.

#### GEORGE W. CAMPBELL

During its long existence the Montreal General Hospital has been closely connected with McGill University, and its more prominent surgeons and physicians have furnished professors to the university. The Dean of the Medical Faculty has also often been Chairman of the Medical Board. Next to the founders of the University Medical Faculty who have been alluded to above, Dr. Geo. W. Campbell stands out prominently. He was connected with the hospital for 33 years and was Dean of the Medical Faculty 22 years. He was a man of wide knowledge and great ability. A graduate in Arts and Medicine of Glasgow University, he came out here in 1833 and soon took a prominent position in the profession. He was noted as a surgeon, an operator and a teacher. He in his time was the most prominent surgeon in Canada and exercised a wide influence both amongst the profession and the laity. He was a man of affairs and a great director of other men. He as Chairman of the Medical Board of the hospital and Dean of the Medical Faculty of McGill for many years, had much to do with the advance of medical education in Canada, and at

the hospital was always seeking out able young men to advance them according to their merits. He was, up to the end of his life, ready to imbibe new ideas and new methods and to see that, if good, they were adopted by college and hospital. He was a rare man. He died in 1882, aged 72.

### ROBERT PALMER HOWARD

Dr. Howard was Dean of the Faculty of Medicine after Dr. Campbell's death in 1882, and also Chairman of the Medical Board. He was Professor of Medicine in the university and an attending physician to the hospital. He was a remarkable clinical teacher, a very able lecturer, and a man who kept up with the times. He did much to add to the reputation of McGill, and his students who went abroad after taking his course in Medicine proved they were quite up to date with advancing medical science. He died in 1889, aged 65, of pneumonia. He was a man of fine presence and a most intellectual face, earnest and enthusiastic, a great student, and a man who gained the respect of his colleagues and pupils. He was Secretary of the hospital for many years.

### GEORGE EDGEWORTH FENWICK

Professor of Surgery in McGill University.

As a surgeon in pre-antiseptic days, Dr. Fenwick was one of the most successful. He was bold, decided and careful, had good judgment, which is the most valued quality of a surgeon. His favorite aphorisms were "Cut freely" and "Remember meddling surgery is bad surgery." He was a most benevolent looking person, with charming manners, but with very little idea of time; he rarely kept an appointment, and was known as the late Dr. Fenwick, but his apologies when late were

always accepted, for he was so genial. He gathered little of this world's goods, and money for him was only made to be spent. He was known for his operation of excision of the knee joint.

He died in 1894, aged 69, regretted by all.

### ROBERT CRAIK, M.D., LL.D.

Dr. Craik was for many years connected with the hospital as attending physician and Chairman of the Medical Board and a member of the Committee of Management. He was also Professor of Chemistry from 1867-1879 and Dean of the Faculty of Medicine, McGill University, from 1889-1901. He was also on the Board of the Victoria Hospital.

He for many years took a very prominent position in medical education, and although not actively engaged in the teaching of medicine, holding such prominent positions in the hospitals and university, had much influence in the medical world.

He was a fluent and convincing lecturer and very popular with his students. His graduation thesis in 1854 was on the "Microbic Origin of Disease," a theme much in advance of his times. He always held that cancer was local in its origin, a theory which in his time was much doubted, but now is conceded by all. He died in 1906, aged 74.

### GEORGE ROSS

Ross had a very active and logical mind, and was possessed of wide knowledge. A great clinical teacher and a most acute diagnostician. He was Professor of Clinical Medicine for many years, and for some time Secretary of the Medical Board and Assistant Dean of the Medical Faculty of McGill. He died in 1892, aged 47. Had he lived he would have made a greater reputation, but all students who have been taught by George Ross will never

forget his methods of driving in facts and of elucidating difficult medical problems. Osler, his great friend, owed much to Ross for his clinical methods.

### SIR THOMAS G. RODDICK

Roddick made his reputation as a teacher and Professor of Clinical Surgery. He and George Ross were house surgeons when I entered Medicine in 1869. He was a man of great energy, and from his open manners easily made many friends. He was most expert in setting fractures and his bedside clinics were very popular. Roddick in 1877 introduced antiseptic surgery into Canada by way of the General Hospital. He at one time entered politics, and was a member for Montreal. The Roddick Bill to enable men to register and practise in any part of Canada was fathered by him. He was for some years Dean of the Medical Faculty and Professor of Surgery. In 1897 he was President of the British Medical Association, which met that year in Montreal. He received many honours from colleges and universities, and was knighted in 1914 for distinguished services to his country and the profession.

When the Royal Victoria Hospital was opened, he left the General Hospital to become chief surgeon of that hospital.

He died February 20th, 1923, aged 77.

### SIR WILLIAM OSLER, BART. M.D., F.R.S.

William Osler joined the hospital in 1875 as Pathologist and Physician to the Smallpox Hospital. Later he became full physician to the hospital and taught Clinical Medicine during the spring and summer. He got much of his material for his great work on the "Practice of Medicine" from experience gained in the Montreal General Hospital. He was a

very stimulating member of the medical staff and, as he always did wherever he went, he wakened up the drones and shocked the conservative old members. By his work as an investigator, a reformer and an inspirer of others he enhanced in a great degree the reputation of the hospital. His pathological reports of the Montreal General Hospital are much sought after and frequently consulted. His essays and addresses show a wide knowledge of general literature and his style is lucid and convincing.

Osler left us in the fall of 1884 to become Professor of Clinical Medicine in Pennsylvania University. After five years there he was called to organize the Medical Department of the Johns Hopkins Hospital and Medical School. Thence he went to England as Regius Professor of Medicine at Oxford. Here he continued to increase a reputation which was great when he left Johns Hopkins. He was made a baronet on the accession of the present King, George V.

He died in 1919, aged 70.

#### RICHARD L. MACDONNELL

As a Professor of Clinical Medicine, MacDonnell gained a reputation which was not confined to this continent. He commenced work in the university as my assistant in Anatomy, and was thorough in everything he did. In Anatomy he made his reputation as a teacher, and this was continued in after years in the wards of the hospital. He, like George Ross, had a wide knowledge of the Classics, and the style of his medical writings was excellent. He saw no evil in his friends, but those who excited his antipathies got little shrift.

He died in 1891 at the early age of 37, of tuberculosis.

## DR. JAMES BELL

Dr. Bell was house surgeon to this hospital for some years and was its first Medical Superintendent. He was for some years full surgeon to the hospital, but in 1894 he left the General and joined the surgical staff of the Royal Victoria Hospital. He made a great reputation as a surgeon, the foundation of which he laid at the Montreal General.

He died in 1911 of appendicitis, refusing operation.

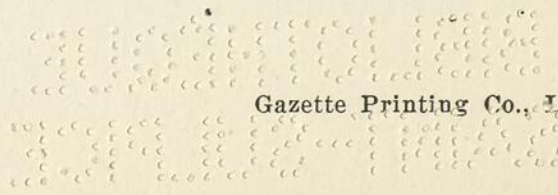
## DR. WYATT JOHNSTON

Dr. Wyatt Johnston was one of the most original and brilliant students ever turned out from McGill. He devoted himself finally to Forensic Pathology and Bacteriology. He succeeded Osler as Pathologist to the hospital, and was identified with this branch of Medicine during his whole career. He was a research man, and accomplished much in his short professional life. He was so full of new ideas that he rarely carried them out to completion, for something more attractive presented itself and he took up the latest. He was an accomplished bacteriologist and skilled pathologist, which was something in those days.

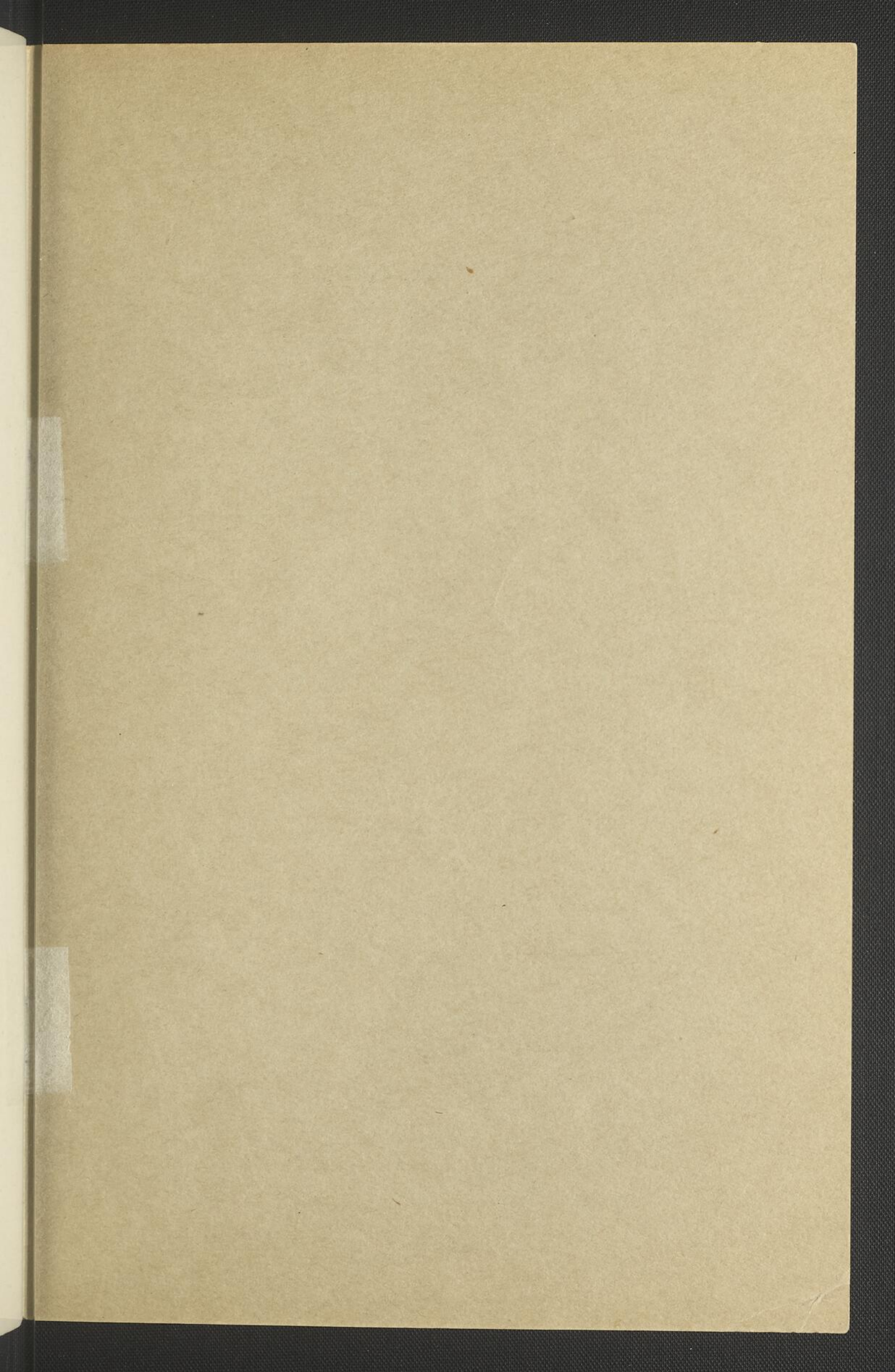
He died in 1902 of blood poisoning due to infection acquired whilst performing a post-mortem examination.

He was Bacteriologist to the Provincial Board of Health and its Medico-Legal adviser. In 1895 he was lecturer on Medico-Legal Pathology at McGill; in 1897, Assistant Professor of Public Health; and in 1902, the year of his death, he was made Professor of Hygiene. He was not much over 40 when he died.

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