

EARLY AMERICAN HOSPITALS

THE EARLY DAYS OF THE MONTREAL GENERAL HOSPITAL

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THE Montreal General Hospital is now in its 113th year of existence, which enables it to claim an antiquity that is respectable (but not any more remarkable than that) among the hospitals of North America. It has, on the other hand, a history of clinical teaching which suffers from no such mediocrity, as it antedates by very many years that of any other hospital on this continent.

When the institution began its work in 1810 there was only one other hospital in the city, the Hôtel Dieu, with its fine record dating back to 1644.¹ But the Hôtel Dieu was small, and Montreal at the opening of the 19th century was beginning to be sharply afflicted with its still persistent growing pains. The city was also a natural settling basin for the immigrants who, after the Napoleonic wars, came across the Atlantic in such streams; and immigrants meant poor people, desperately poor in most cases, and often suffering from typhus, or from typhoid fever, or cholera.

The first "quickenings" of the hospital may be traced in the work of the Female Benevolent Society of Montreal, which had been formed in 1816 to deal with the destitution in the town. Among the activities of this society was the opening, in 1818, of a small hospital of four beds, appropriately and pleasantly designated the "House of Recovery." In 1819 the work of this now indispensable institution was taken over by a committee of business men, who thereupon put their hands to a plough which has been mainly guided by business men ever since. They bought a house in another part of the city—on Craig Street—with room for 24 patients, the bedding being supplied by the military authorities from disused army stores.

It was now called the Montreal General Hospital, and had an attending physician, Dr. Blackwood, a retired army surgeon. The medical work had so far been done by volunteers, whom we find being thanked in the newspaper (the *Montreal Gazette*) by Mrs. Gibb, directress of the Benevo-

lent Society. She begged leave in the name of that institution

to return its sincere thanks to the several gentlemen of the Faculty for the gratuitous advice and assistance which they have cheerfully and promptly afforded. Many distressed objects have been relieved by their timely professional skill who have no other means of expressing their gratitude than by this public acknowledgment.

The "gentlemen of the Faculty" were to continue giving gratuitous assistance for a much longer time than any of them suspected, and surely they have never been thanked more graciously than in this dignified but thoroughly sincere acknowledgment.

But the hospital had yet to root itself permanently. This it did in 1822 when it settled down on the site on Dorchester Street, which it has occupied ever since. The cornerstone of the new building had been laid with great ceremony on July 1, 1821.² Three men may be mentioned specially among the founders: the Hon. John Richardson, William McGillivray, and Samuel Gerrard. It was they who bought the land, which was then a nursery garden. Many others, of course, contributed to the building, but, in the way buildings have, it cost nearly double the original estimate. The debt was paid off the next year by Mr. Richardson. If the hospital were to be called by any other title it would be hard to find a name it should more appropriately perpetuate than that of John Richardson. The next best thing was the building, as a memorial to him, of the east or Richardson wing.³

In spite of the present dense surrounding city undergrowth, it may still be realized that the hospital stands on a considerable ridge of land, and that originally the site may well have presented the features of salubrity and open country for which it was selected. In this neighborhood

²This is the year of incorporation, and is considered as its first year.

³The hospital has always been dependent on the beneficence of individuals. To single out names from these is therefore an invidious task, but there is one family which has unique associations with the hospital, that of the Molsons. The hospital charter was applied for by the Hon. Wm. Molson in 1821, and he later became its President. Four of his descendants have since occupied the position, the tradition being carried on at present (1934) by Colonel Herbert Molson.

¹An institution called the Hôpital Général de Montréal was founded in 1694, but it was an almshouse and school for teachers rather than a hospital. It ceased to function in 1719.



Fig. 1. The hospital in about its fifteenth year. Viewed from behind. Considerable foreshortening in relation to Mount Royal. (From *Hochelaga Depicta*, 1839).

there had been in the French régime, a fort, the Redoute de l'Enfant Jésus, part of the outer defences of the town.

The original hospital plans called for a central building of two stories, with basement and attic, 76 by 40 feet, and a capacity of 72 patients. As time and circumstance allowed, two wings were to be added, each with a further capacity of 72, so that the whole would form a very compact and serviceable establishment. Circumstance was duly obliging, the east or Richardson wing being added in 1832 and the west in 1848, as a memorial to Chief Justice Reid, by his widow. Other wings and enlargements and annexes have sprouted forth in the course of the century, such as were not dreamed of by the original architect, but the original plain, well-proportioned grey stone building

Still stands serene, inviolate,
Though millions have its pavement trod.

The original medical staff of the hospital consisted of J. Stephenson, William Robertson, A. F. Holmes, William Caldwell, and P. Loedel. With the exception of Loedel, they were all Edinburgh men. Caldwell had been an army surgeon, and had seen service in the Peninsular War. He was a man of resolute character. When the charter of the hospital was applied for in the local legislature in Quebec, it was opposed by a Mr. O'Sullivan in a speech as vehement as it was injudicious. Dr. Caldwell said what he thought of the speech in an indignant and forcible letter to a Montreal paper

(the *Courant*). Perhaps he went a little too far, however, in adding a direct personal insult to Mr. O'Sullivan, who seems to have been no worse than an ordinarily hot headed, if bigoted, Irishman. At any rate, he showed that he had more than mere political spirit in immediately calling the doctor out.

The duel was fought at six o'clock on a Sunday morning near the Windmills, a ground close to the St. Lawrence—it had witnessed similar meetings before. As the combatants used pistols carrying ounce bullets, and exchanged five shots, we cannot misunderstand their intentions towards each other. The shooting was good enough to give Caldwell a shattered arm, and O'Sullivan a bullet through his chest, but both recovered and the charter was granted in due course.

It had been the intention of the medical board from the very first that teaching should be carried on in the hospital. This indeed had been one of the points attacked by Mr. O'Sullivan, with all the ardor of the half-baked politician's ignorance. In the autumn of 1824 a medical school, the Montreal Medical Institute, was opened in connection with the hospital, and 25 students were enrolled. This was the beginning of that long and unbroken tradition of teaching which has already been mentioned; and the feature which distinguished it from that done in other hospitals was that instruction was given at the bedside and in the ward. The school eventually became merged into the Faculty of Medicine of McGill University,

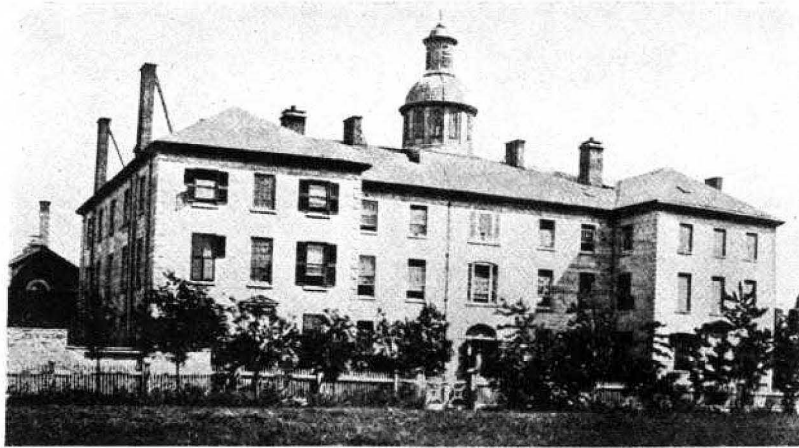


Fig. 2. The hospital as originally planned, finished in 1848 by the addition of the Reed wing.

but the use of the hospital for clinical teaching never ceased. Osler tells us¹:

When I began clinical work in 1870 the Montreal General Hospital was an old coccus and rat-ridden building, but with two valuable assets for the student—much acute disease, and a group of keen teachers. Pneumonia, phthisis, sepsis, and dysentery were rife. The “services” were not separated, and a man for three months looked after medical and surgical patients, jumbled together in the same wards. The physic of the men who were really surgeons was better than the surgery of the men who were really physicians, which is the best that can be said of a very bad arrangement.

Students have been from the beginning therefore an accepted part of the life of the institution, and it has always had by-laws governing their admission and behavior. Among the earliest of these is one directing “that the student should remove the hat while in the operating theater, both that he may not obstruct the view of others, and as a mark of respect.”

The medical records of the hospital for the first 30 years or so consisted of quarterly reports. Typhus fever, up to the middle of the century, kept the beds constantly full; in 1848 sheds were built alongside the hospital to take care of 250 cases. Two matrons succumbed to the disease, and Dr. Caldwell survived his duel only to die of typhus ten years later. Dr. Loedel had predeceased him from the same disease.

Cholera was never admitted to the hospital as such, although in 1849 the Board of Health asked that cases of it be taken in, during the course of one of Montreal’s periodical visitations of the disease. It did appear in the wards, however, from time to time; the first matron died of it. Fevers

formed the bulk of the cases, including the still all-too-familiar typhoid. When a fever could not be diagnosed it was reported as a “synochus,” a term we could still occasionally use, as it only means an obscure, long-continued fever.

Smallpox was treated at the hospital up to 1876, when the smallpox ward, a separate building annexed to the east wing, was finally closed. Osler was the last to be in charge of this ward, and contracted a mild attack of smallpox himself, in spite of repeated (though unsuccessful) vaccinations. He had only 16 pocks, according to his own scrupulous and characteristic record.

We have little to tell us of the methods of treatment. Bleeding was as much in vogue as anywhere else, and orders for bleeding basins are to be found in the records. Drugs occupied a much larger place than they now do, and alcoholic stimulants were freely given. Whiskey in the first year was ordered by the ten-gallon lot, and the minutes of the Committee of Management have many references to the supplies of liquor. Discrimination was exercised, as one entry records the Committee “sampling” brandy and port wine before ordering a hogshead of each. The late Dr. F. J. Shepherd said that even in his day every patient was given some stimulant, two bottles of ale or stout, four to eight ounces of port wine, or four ounces of whiskey or brandy. Once we find a protest at an excessive consumption of spirits, “the last pipe of wine being consumed in little more than three weeks.” Dr. Shepherd suggests in his history of the hospital² that much of the wine was drunk by the nurses. It is probable that the con-

¹The medical clinic. Brit. M. J., Jan. 3, 1914.

²Francis J. Shepherd, M.D. Origin & History of The Montreal General Hospital.

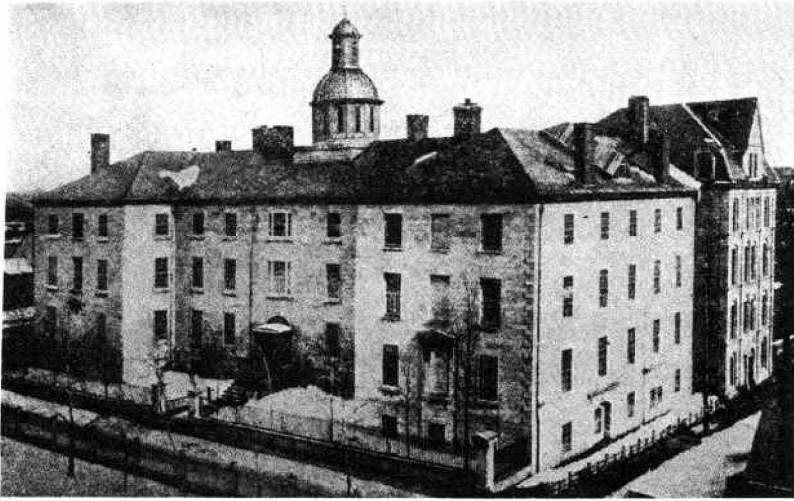


Fig. 3. The hospital in 1881, at the time of Osler's service there. Later the cupola was removed and a mansard roof added. (By courtesy of Dr. Maude Abbott.)

ditions of nursing were such as to make this not inexcusable: there was only one night nurse to look after several flats, and a patient might have to be strapped to his bed while the nurse went to the other wards. In the early reports numbers of patients are shown as being discharged for irregular conduct.

The wards were not lighted even by gas until 1841. Lanterns were used, or wicks floating in tumblers of oil. The governors in one place speak with grave concern (and very rightly so) of the dangerous habits among the patients of "lighting pipes and segars" at these lamps; and of the more serious trick they had of hiding their pipes in their straw beds for fear of detection. There must have been many times when groups of them in their nightcaps could have been found sitting round these flickering lights, smoking their "pipes and segars."

The momentum with which the hospital was so enthusiastically launched, has never been lost. Not that there have been no periods of depression and anxiety in its life. In 1827, for example, it was felt necessary to reduce the establishment to three wards, requiring but two nurses, one house and laundry maid, one cook and one manservant. In 1846, too, it was recommended "to close up as many wards as could be done with propriety, to diminish the expenses of the hospital to the lowest limits." And again, in 1850, it was urged "that no more wards be opened than was absolutely necessary to prevent contagion, on account of the low state of the funds of the hospital." Occasionally there is recorded the unusual and pleasing

phenomenon of income exceeding expenditure, as in 1872 and for some years after. Alas, that was very long ago!

But the growth of the hospital to its present dimensions is a fair index of its unfailing vigor. Perhaps the more spectacular changes have been on the surgical side, as would be the case with any institution with a pre-Listerian existence. Dr. F. J. Shepherd was until quite recently (he died in 1929) a link with that period of septic darkness which preceded the Listerian dawn, and his active and retentive mind would recall it vividly. He had seen and been taught by the old surgeons who made a point of using well worn and well infected coats in which to operate, but who on the other hand, operated often with a speed and precision not seen nowadays. Lister's methods were introduced by Dr. Thos. Roddick, who studied under Lister in 1877 and brought back to Montreal a full equipment of dressings and steam sprays. Dr. Shepherd notes that "after the Listerian methods were introduced the man who looked after the instruments no longer attended the post-mortems."

It was, too, no small revolution of method that took place when Osler was put in charge of the autopsy room in 1875. From then on, post-mortem material was made to play the important part that it deserved. Osler drew heavily on his multitudinous records, assembled here, for his textbook and various lectures.

The first X-ray apparatus in the hospital was installed in 1898; this was only 2 years after Roentgen's discovery. But the first X-ray taken in connection with the hospital had been in the

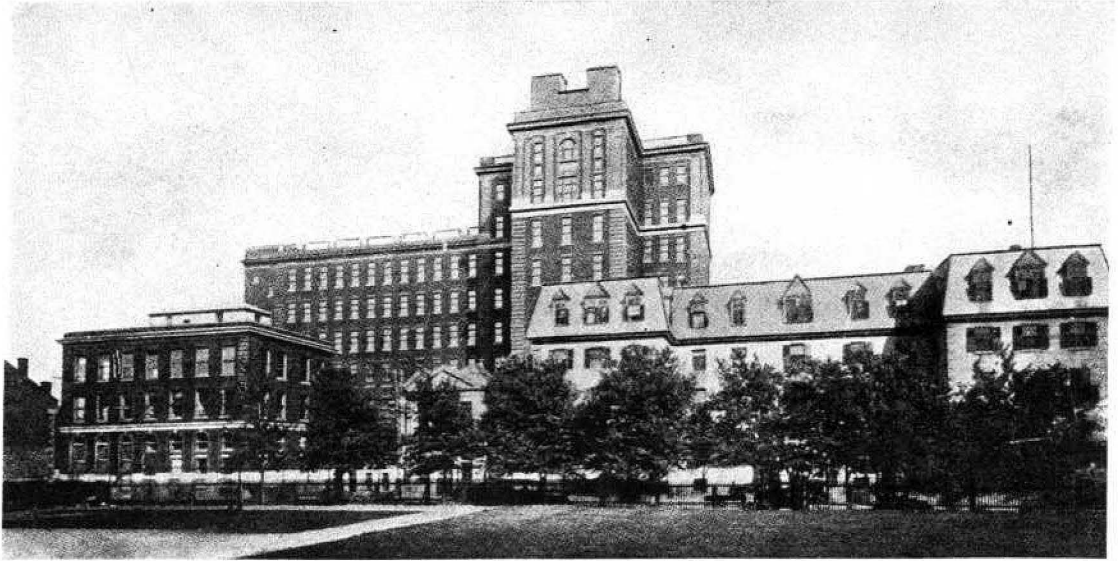


Fig. 4. Showing, from left to right, the Pathological Building, the new wing, and original buildings.

McGill Physics Department, in February, 1896, by Professor Cox, who at the request of Dr. Kirkpatrick, a member of the hospital staff, took a picture of a wounded leg. The occasion is interesting as being the first instance on this side of the Atlantic of the rays being used for clinical purposes. Incidentally, it was the first instance on record of their being accepted as medico-legal evidence, as the picture later was produced in court in connection with the case.

Some details of the management of the hospital may be of interest. As shown by the Visiting Book for 1823, it was the governors who first thought of having screens in the wards:

We think it would be an improvement were a few movable screens of some cheap and light material made, so that they could be slipped in between the beds occasionally—such screens seem particularly wanted in the women's ward.

Nothing seems to have been done about it, however, and the next month another governor took it up:

I reiterate the suggestion heretofore made of a further improvement which might materially add much to the relief and convenience of the sick, with little increase of trouble at a trifling expense. As the Patients are now lodged, there are numbers in the same room at all times exposed to the view of each other. To some this may be a matter of indifference, but to others of more delicate mind or habit, and to any in certain states of feeling, to be perpetually exposed to the gaze of others, or to be compelled to see what is passing, may occasion no slight degree of painful sensation, and to these some greater degree of privacy might be a source of comfort and gratification, and so far of salutary influence.

The Committee of Management then replied decisively that

They have consulted with the medical gentlemen in attendance, and they do not approve of the above plan, of supplying the wards with screens, as the free circulation of air would thereby be impeded.

The matter of slippers next engaged the attention of the Governors:

We recommend that (if approved by the medical men) a few pairs of slippers (without quarter) be procured for the use of the Patients.

This was attended to, the Steward was requested to provide "three dozen half-made Beef Shoes to serve as slippers in the wards for the patients." There is also a recommendation "that a Sedan Chair be procured for the purpose of transporting patients from their respective wards to and from the Baths."

Nightcaps for the patients were part of the patients' wardrobe, as shown in the early lists of hospital stores. One other unusual item among the early purchases is that of "twelve spittoons." These were placed in the wards; later on a complaint appears regarding their misuse at night by the patients.

A few words only can be said about that most important aspect of hospital life, the nursing. At first the nurses were classed with the servants, the records giving full details regarding their wages and meals; the latter included:

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.

The wages shall be not more than five dollars a month.

Nursing as we think of it was a fairly late development. In Dr. Shepherd's words:

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 first matron, Mrs. Stephenson, was appointed with the precautionary proviso *ad vitam aut ad culpam*, but as her salary was only thirty pounds per annum the precaution was probably superfluous. As a matter of fact she proved to be an excellent servant to the institution.

No serious attempt was made to improve the nursing situation till 1875, when four nurses were brought out from Miss Florence Nightingale's school at St. Thomas' Hospital, under a Miss Machin, who was a Canadian. For three years they did excellent work in the hospital and would probably have established a training school if circumstances had not brought about their resigna-

tion and return to England. A new era in nursing began with the appointment in 1890 of Miss Norah Livingstone, a graduate of the New York Hospital. Dr. Shepherd, with his usual forcefulness of expression, refers to her task of setting things to rights as "the cleaning out of the Augean stables." It may not have been quite as bad as that, but it was bad enough. More than doing this, however, she created something new, and that was a training school for nurses which was and is second to none on the continent.

Miss Livingstone was a woman of outstanding personality, and had a long term of service, 30 years. She not only attracted a very fine type of woman to the work, as so often one sees a strong character do, but she made her good material even better. To quote Dr. Shepherd once more:

The fame of the school spread abroad and her nurses were sent to all parts of the country. 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. She could not put up with any gross breach of discipline and did not suffer fools gladly.