

A Private Memo of the late Principal  
Re Dr.Meakins and University Clinic.

DM

Private.

PRINCIPAL'S MEMORANDUM.

July 25, 1930.

Had an interview with Mr. Beatty, in which we discussed briefly certain matters relative to the University Clinic.

The first matter complained of was the arrangement now existing between the University Clinic and Dr. Meakins, whereby the latter, in addition to his salary, is allowed to take consulting fees. Meakins last year, I believe, received \$15,000 salary and \$4,000 fees. Beatty says that doctors object, on the ground that M. is in fact a practising physician, not confining his work to consultations only.

The matter came up at the Board Meeting of the Hospital yesterday, a meeting at which I was not present owing to a notice being received too late, and B. was asked by Holt to see me. Personally I have no objections to M. receiving fees for consultations; in fact, to me it would be a strange thing if a man occupying the position of Professor of Medicine at McGill University should not be called into consultation. Seeing patients de nova and treating them like any other doctor is a different matter.

The second thing complained of was that M., on leaving for the summer vacation, did not arrange (at least, so B. thinks) for the perfect functioning of the Clinic. Martin says that Long was left in charge, but apparently Long went away on vacation, leaving Scriver in charge, and Scriver had to go to some convention to read a paper, and turned the University Clinic over to Brow. Beatty seems to think that none of these are capable of acting for M. while he is away.

B. remarked that in his opinion the R.V.H. was slipping a little in comparison with the General. I feel there is absolutely no grounds for this, as Mason, Slater-Lewis, Long, Scriver and Brow constitute an exceedingly strong team, strong as teachers, as clinicians and as scientific workers. They are not surpassed by any group at the General with the exception of Rabinovitch. In my opinion the chief difference between the two hospitals is this, that at the General there is a very strong and positive esprit de corps, lacking at the R.V.H., who are more individualistic. The R.V.H. management is responsible for this. The Hospital has always been run by one man, whereas the General has been run by its Board.

B. also referred to the Surgical Department, saying that Archibald was becoming a little more deaf each day. B. complained that, generally speaking, these Departments were not bringing along anyone to succeed the heads. I finally pointed out that in the Department of Surgery there was Keenan, Scrimger (the latter of whom could fill in a gap at any time for a few years) and in addition three young men, John Armour, Wilkey and Gavin Miller, all of whom in ten years' time would be very strong and capable men.

I cannot help but think that B's criticism of M. and A. and their Departments is just a little due to the fact that the heads are not persona grata with Oertel.

AWC:DM

C O P Y.

IV

Royal Infirmary,  
EDINBURGH. 1/3/24.

Dear Dr. Martin,

I am very flattered that you should ask me to give my opinion in regard to staff, salaries, equipment and general budget of the proposed new laboratories. I take it that it is your intention to concentrate in them all the laboratory work, both routine and research, which is done in the Hospital. But they will not be expected to look after that work which is popularly known as "pathological"; by which I mean bacteriology, cellular pathology and post-mortem work.

In regard to these it may be pointed out that there is a number of diseases which would probably be investigated in both the clinical and the pathological departments, therefore, it would be well to make some provision for such work in the clinical laboratories. However, this is a point to be discussed with the Director of the Pathological Institute. I have separated the problem into sections and have attached to each notes which I think are necessary to consider in the light of the whole problem.

With kindest regards,

Yours ever,

(Signed) J. C. Meakins.

P.S. I have sent a copy of the following to Dr. Pearce.

Dr. C. F. Martin,  
The Sherbrooke Apartment,  
MONTREAL.

PERSONNEL.

Foot-note A.	1 Director and Professor	...	...	...	...	\$12,000	✓
"	" B.	3 or 4 full-time Assistants	...	...	\$1,500 to 5,000	... ?	11,000 ✓
"	" C.	2 Senior Part-time Teachers	...	...	...	...	2,000 ✓
"	" D.	10 Junior part-time Assistants and Teachers - \$400 to \$800	..	...	...	...	6,000 ✓
"	" E.	Special Nurses and Dietetians	...	...	...	... ?	3,000
"	" F.	Technicians and Store-keeper - 5 @ \$15-25 per week	...	...	...	... ?	5,200
		Boys - 2 @ \$5 per week	...	...	...	...	520
		Charwomen - 3 @ \$10 per week..	...	...	...	...	1,560
		1 Stenographer @ \$20 per week	...	...	...	...	1,040
		1 Hospital Orderly	...	...	...	... ?	500
						<u>\$42,320</u>	

Foot-note A -

I think the salary of the Director and Professor must be looked at from several points of view. I thoroughly agree that it is advisable that he should maintain some connection with the public in so far as professional life is concerned. This might be accomplished in one of several ways :

- (1) That he be given a definite salary such as I have indicated and that the fees from all private patients seen by him and his full-time staff should be collected by the hospital and placed to the credit of the

#2.

department towards general expenses. Under such conditions, it is quite conceivable that such a department might be a source of a very considerable income. I note from your estimates that in the case of Dr. Mason, the yearly amount which he received was \$6,900. I believe that this amount could be greatly increased if a larger staff were employed, and it might very probably amount to \$15,000 - 20,000, if not more. It is conceivable that this practice might increase to such an extent as to seriously handicap the work of the Department, and at the same time the income, as it would increase proportionately, might amount to a considerable item. It would not be fair, nor equity, that such a situation should be allowed to develop. A man who accepts such a position must have given many years of his life in acquiring the knowledge and experience which would fit him for the work. He takes it primarily because of the teaching and of research which it would allow him to promote. Therefore, if he and his Department be allowed or forced to develop into a financial concern to the detriment of its essential work, the whole ideal falls to the ground most pathetically.

(2) The Director might be remunerated by being given a smaller salary and allowed to collect all the fees which might accrue from his private practice within the hospital. This, however, would not be carrying out the spirit of such a Department. I do not think that this is an arrangement to be advised.

(3) That the Director should be placed on a definite salary and that a certain proportion of the fees from such private patients should be allocated to him. There are, however, many objections to such an arrange-

#3.

ment, and I believe experience in other places in the past would indicate that this is not a good method.

(4) That the Director be placed on a definite salary and should devote his whole time during the teaching terms to the work of the Department and to such private patients as come to the hospital for his attention. The revenue from this private practice to go to the upkeep of the Department and not to the individual. In the vacation period, however, he might be allowed more latitude and such revenue might be given to him, but at no time should he be allowed to practise outside the hospital.

I would be in favour of plans (1) or (4). The salary to the Director (which I have stated in the accompanying table) should be for a practically whole-time position, and that at the end of four years the position should be re-viewed in the light of developments. Either it would continue as suggested or some arrangement like alternatives (2) or (3) might be established. I state a period of four years, because I am confident that it would take this length of time for the Department to be put on a firm basis and during this period it will need all the attention of the Director during the teaching terms without his being too much distracted by hospital private practice.

Foot-note B -

You will note that I have recommended 3 or 4 full-time assistants, salaries varying from \$1500 - 5000 each. It is very difficult to establish a hard and fast scheme of remuneration in such cases. The ideal to be attained is that there should be a progressive succession of those who are working in the Department so that it will become a constant feeding-ground

#4.

for other places who wish fully-trained and competent people. I am firmly convinced that all these men should not only take part in the laboratory work but also in the ward work. I think, however, effort should be made to see that each one of them in their laboratory work represents a separate line of endeavour. By that I mean - one should be chosen for his chemical, another for his physiological, a third for his physical and mathematical knowledge, and, if a fourth be necessary, it might be in some other branch of medical science. There might from time to time be exceptions to the rule that these men should be physicians, as, for instance - the time might arrive when a first-class biological chemist, who is also a physician, might not be available, while such a chemist with a biological training, but not a physician, might be employed with great advantage to the Department. However, this is a point (applying to the other positions as well) which must depend upon the supply. If possible, men should be observed from the time that they enter college, through their resident period and encouraged without their knowledge to prepare themselves to fill definite positions. I think a great deal could be done in turning the young man's ideas towards subjects in which he shows a particular liking and proficiency.

Foot-note C -

You will note that I have placed here two senior part-time teachers. I am fully convinced that it is of the greatest importance that the help of experienced clinical teachers should be retained. They have the facility and knowledge of imparting important information to the students, which in such a staff as is contemplated can only



#5.

probably be equalled in the Director. Furthermore, care must be taken that the importance of the laboratory side is not hypertrophied in comparison to the bedside work. Although Medicine is striving towards a scientific basis, there is still a great deal of importance which as yet can hardly be classified in this category. It is, therefore, important that the Director should have their assistance in the clinical teaching and also in helping him bear the responsibility of the care of the patients. I gather from your plans that the medical beds would comprise one large co-ordinated and co-operating unit. If I remember rightly, there are about 120 medical beds in the Royal Victoria Hospital. I know from experience that this would be too many for one Director to supervise alone, and I think everyone would gain by the presence of two such senior teachers as I have mentioned. Their duties, however, would not be onerous and they could devote as much time as they pleased to their hospital duties, although their teaching would be definitely laid down. In your letter you mention that the Director would have the control of at least 50 beds. You do not mention who would have control of the other beds, but I presume that they would probably be controlled by other physicians. If that be the case, such physicians would naturally be the senior part-time teachers, but I think everything should be done to bring about a complete unification of all the medical wards. The more I see of separate or water-tight medical services in one hospital, the more I appreciate the disadvantages in the way of teaching and medical progress. This unification under one head presupposes a broad tolerance and encouragement of individual thought and endeavour.

Foot-note D -

I have stated that 10 junior part-time assistants and teachers would be necessary. Of this I am not very sure, as it would depend to a considerable extent upon the number of assistants and also upon the organization of the Department and the various specialties, such as nervous diseases, diseases of children, metabolic diseases, cardiology, tuberculosis, etc., which might be associated with the Department. The more I see of medical specialties which have branched off from General Medicine, the more I am impressed with the necessity of these developing within the major department - being an integral part of the whole but yet being given every encouragement for their own development. This co-ordination is of the greatest importance in teaching institutions. I gather that it was the intention to pay each of these men between \$1,000 - 1,500 a year. I personally think that this is rather excessive, as the amount of time they would spend in teaching and hospital work would be relatively small. Furthermore, they would receive great opportunities for the development of their knowledge, and also through their association with such an institution and department, their reputation and financial rewards would be considerably enhanced. I have, therefore, suggested that the salaries should be from \$400 - 800 each per annum.

Foot-note E -

In regard to the cost of special nurses and dietetians, you have stated the sum of \$3,000 per annum. You have not included this

#7.

in your proposed budget, so I have included it here and must accept this as being a fair figure to allow for these services.

Foot-note F -

I think it would be necessary to have at least four technicians and a store-keeper who would also prepare all stock solutions, and be of aid in many other ways. I think the chemical and physiological technicians could, with advantage, be women if they can be found or trained. It is my experience that they do their work extremely well and are particularly valuable when it comes to doing a large amount of routine examinations. I have placed their wages at \$15 - 25 per week. This, of course, is merely an estimate, as I am not at the moment as familiar as I used to be with the amount such people are paid. In regard to the cleaning, I am firmly convinced that this can be done much better by charwomen than by either boys or men. They are much more careful and save a tremendous amount in breakages, besides being able to clean the rooms and also clean glassware. I have advised three, one for the ward department, and the other two for the laboratory side.

I do not think I have omitted any of the personnel that would be necessary. Of course, I do not anticipate that you will find all such people necessary from the beginning. The department will have to grow, but in time I think you will find that these numbers are not excessive. In fact, it would be my anticipation that they might have to be increased.

#8.

Residents and House Physicians.

You do not make any mention of the question of Residents and House Physicians in your estimate. I think that these positions are of the greatest importance as it is from such men that one would expect to draw those who would eventually develop into teachers and investigators. I do not know what the practice is at the present time, but I imagine the average is about one House Physician for 16 - 20 beds. I think it is of the greatest importance that in addition to these, there should be one or two senior men who would live in the hospital and take their part as general supervisors of the cases, and also look after the private cases in the private pavilion. However, that is a point upon which the present custom might be continued or developed.

Laboratories.

I have found it rather difficult to outline what laboratories, such a block as you have mentioned, would accommodate. As I remember Ward K, it was rather irregular in outline, but contained about 26 rooms of different sizes, not counting bath-rooms, etc. I have, therefore, taken up each section separately and allocated what I think is the minimum amount of space that would serve the purpose. In various directions, they could with advantage be considered only if a plan of the area available were before one. If it were possible that you could send me such a plan, I would be delighted to make suggestions as to how in my opinion it might be used to the best advantage. You will notice that the total area for the laboratories mentioned amounts to 6,288 square feet - to my mind an absolute minimum. This does not allow for wards, partitions, corridors, and the ordinary sanitary conveniences. These latter I gather could be quite easily provided by making use of existing facilities.

If possible a suite of rooms should be available for neurological and psychological examinations. There must be also considered the question of acute and chronic infections which need investigation. Would it be better that this should be done in the clinical laboratories or in the Pathological Institute? It would mean a room or rooms equipped with bacteriological and immunological apparatus. This could, I think, await development.

There are two other matters of prime importance -

#10.

(1) The provision of small rooms in which the temperature may be regulated from  $37^{\circ}$  C. to  $0^{\circ}$  C. (or a few degrees less). In other words, an incubating room and a cold room where material may be kept and apparatus set up which would require such a temperature for the accomplishment of their purpose.

(2) A room to house a teaching museum. This would in no way rival or supplement the museum at the College, but should be stocked with the numerous paraphernalia, such as slides, lantern slides, charts, diagrams, photographs, X-ray pictures, casts, models, etc., as well as collections of specimens of urine, blood, etc., for clinical microscopy, all of which are so essential for the teaching of Clinical Medicine.

In regard to wards, I would strongly advise (unless my mental picture of Ward K. be entirely wrong) that they be left where they are. They are very complete, and in close proximity to the proposed laboratories, and the extra rooms where the laboratories, etc. were could be used to great advantage. I think you will need all the room you have in Ward K. for future developments.

#11.

Maintenance.

Laboratories.-

1	Clinical Laboratory	-	minimum 24'	x	16'	:	For residents' and students' clinical work	.....	384 sq. feet.
1	Chemical	"	"	24'	x	16'	For chemical technicians (2) for advanced routine chemical work, etc. and for individual instruction of students	.....	384
1	Physiological	"	"	24'	x	16'	For physiological technicians (2) for routine physiological work, etc. and for individual instruction of students	.....	384
1	Store-room and preparation room	-	"	20'	x	16'		.....	320
3	Chemical Laboratories for research	-	each	16'	x	16'		.....	768
3	Physiological laboratories for research	-	"	20'	x	16'		.....	960
1	Room for optical instruments	-		16'	x	10'	(Good light not essential)	.....	160
1	Room for physical apparatus	-		20'	x	16'		.....	320
1	Balance room	-		16'	x	10'	(Good light essential)	.....	160
1	Workshop and glass-blowing room	-		16'	x	10'		.....	160
3	Cubicles for respiratory and metabolic observations-		each	8'	x	10'		.....	240
1	Gas chamber or calorimetry chamber in room	-		16'	x	16'		.....	256
	(8' x 8' x 6½' = 414 cu. ft.)								
1	Electrocardiographic suite:-								
	1 (dark) photographic room	)							
	1 electrocardiographic	"	32'	x	16'			.....	512

5,008 sq. ft.

#12.

Maintenance (continued).-

<u>Non-laboratory room -</u>	(Bt. Forward)	5,008 sq. ft.
1 Photographic studio :	16' x 24' .....	384
1 Stenographer and record room :	16' x 16' .....	256
1 Drawing and statistical room :	16' x 10' .....	160
1 Waiting-room :	16' x 10' .....	160
1 Private room :	16' x 10' .....	160
1 Examination room :	16' x 10' .....	160

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6,288 sq. feet.



#13.

Maintenance of Equipment and Supplies.

At the present time, it would appear from the statement submitted that the amount expended for maintenance totals \$9,310. This appears to me to be rather excessive unless it includes the purchase of new apparatus. An allowance must always be made for such contingencies. But as they are not recurrent and probably would not occur yearly the expense due to such causes might be placed on an average of \$1,000 per annum. The ordinary supplies in the way of chemicals, glassware, ordinary apparatus, etc., if estimated upon the past expenditure, would amount to a considerable sum. But this I do not think would be justifiable. I am of the opinion that with care and reasonable economy, a budget of \$15,000 should cover this. This would make a total of \$16,000, allowing for contingencies.

#14.

Cost and Revenue.

Cost :

1. Personnel	...	...	...	...	...	\$42,320
2. Apparatus, Supplies, etc...	...	...	...	...	...	<u>16,000</u>
						58,300
						---
					say -	60,000

Revenue :

Present - Hospital	...	...	...	...	...	\$22,000
University	...	...	...	...	...	<u>6,000</u>
						28,000
						---
					Deficit ...	<u>\$32,000</u>

#15.

Cost and Revenue.

The difference between the Cost and Revenue indicates a deficit of \$32,000. You stated in your Memorandum that approximately \$7,000 had been collected in fees from private patients; if this were allowed for, it would make the deficit \$25,000. I think it is justifiable to assume that an equal sum at least could be acquired from a similar source and probably in the future be greatly increased. The question remains as to how the additional sum can be raised to meet the total expenditure. This is a question upon which I cannot form any definite opinion.

There are obviously four possibilities :

That the Hospital or University Grant might be increased.

That the Revenue from private patients might exceed expectations.

That a Capital Grant, bearing certain Revenue per annum, might be obtained from outside sources.

I think it very unwise to place any reliance in your calculations upon the amount likely to be received from private patients. If you did so, it would make the raising of any such sum the first charge upon the work of the Department. This would be a most deplorable state of affairs in my opinion. If it should

#16.

come to pass that a considerable sum were obtained from such a source, it would be very wise to form a sinking fund for future expansion and development, and if possible, the founding of scholarships and fellowships within the department. In this respect, the Medical Faculty at McGill is greatly deficient. I cannot remember of any but those made possible by the Cooper Fund. The most difficult time of a young man's career, especially for those wishing to take up academic work, is between the time he leaves the hospital and when he obtains the beginnings of his private practice. Many of the most promising of the young men are driven to make money when a few more years of scientific work would make a great difference to them and the profession at large.

Furthermore, we must always remember that a living department expands and develops. Stagnation means degeneration in every way. Therefore, it must be calculated that expenses will tend to increase and not diminish.

There is one more point which I think is of great importance. In such a department, it is very necessary, in order that economical and wise administration may be attained, that all expenditures should be approved by the Director and that all invoices, statements, etc., should be passed by him before payment. Internal debits, calculated expenses which are part of the general hospital expenditure, should also be notified to him for his information and approval. It is only in this way that he can control his budget and see that the best use is made of it.

#17.

Teaching.

I have not dealt with this question, having taken it that the co-ordination of the two hospitals, etc., is a matter to be determined by the Faculty after consultation with the two Institutions. It, therefore, does not come under the present Memorandum.

The

Deducting the present Budget of the Montreal General Hospital, the total <sup>then</sup> ~~spent~~ <sup>expenditure</sup> on the teachers at the Royal Victoria Hospital is ~~as follows~~ 6500 =

<sup>R.V.</sup>  
The Hospital Budget with reference to the Metabolic and Clinical Laboratories may be summarised as below -

Dr. Mason's salary .....	\$3,000	
		(with privilege of practice in the hospital: his proportion during last year on private patient receipts - \$6,900)
2 Part-time Assistants .....	\$1,000	
Special Nurses and dietitians.....	3,000	} 8700 9.310
Technicians.....	4,200	
Cleaners.....	1,500	
Common Chemicals.....	4,800	
Special " ..(and.Duty).....	550	} 78.910
Basic Metabolism expenses.....	400	
Printers' expenses.....	3,000	
Material for education of patients.....	560	
Special supply of Insulin.....	3,000	
		(Part of which is taken from the Rockefeller Fund of \$10,000).

Deduct receipts from patients  
" Insulin expense

38910
6900
3000
<hr/> 22000

STATEMENT MEDICAL FACULTY: VALUE OF PLANT AND EXPENDITURE.

Feb 5th.1924.

VALUE OF PLANT.

1919/20. Medical Buildings and Equipment. \$ 949,741.

1923/24. Med.Bldg. & Equipment. 785,040.  
 Osler Library. 27,000.  
 Biological Bldg and  
 Equipment. 717,499.  
 Pathological Bldg and  
 Equipment. 480,000.

\$ 2,009,539.

*1,059,798*

EXPENDITURE. 1919/20 \$ 154,633.

1923/24. \$ 354,091.

*\*199-354*

NOTE: Expenditure excludes Pharmacy and Dentistry.

STATEMENT MEDICAL FACULTY : VALUE OF PLANT AND EXPENDITURE

VALUE OF PLANT

1919/20 Medical Buildings and Equipment 949,741.00

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1923/24	Med. Bldg & Equipment	785,040.	
	Oesler Library	27,000.	
	Biological Bldg and Equipment	717,499.	
	Pathological Bldg and Equipment	480,000.	
	Dental Clinic & Equip. at M.G. Hospital	<u>49,383.</u>	X omit

\$ 2,058,922.00

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EXPENDITURE	1919/20	181,745.00
	1923/24 (Estimate)	424,415.00

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NOTE: Expenditure includes Pharmacy and Dentistry



1

*University Expenditure*

The University Budget in the Department of Medicine,  
including teachers in both Hospitals, may be summarised as follows:-

2 Part-time Professors	@.....	\$ 1,100	\$ 2,200
1 Associate Professor	@.....	1,000	1,000
1 Assistant Professor	@.....	750	750
3 Lecturers	@.....	500	1,500
1 Lecturer	@.....	300	300
4 Lecturers	@.....	250	1,000
1 Demonstrator	@.....	500	500
11 Junior Teachers	@.....	250	2,750
1 " Teacher	@.....	200	200
5 " Teachers	@.....	100	<u>500</u>
		TOTAL	<u>\$ 10,700</u>
From this may be deducted \$5,200 (M.G.H.)			\$ <u>5,200</u>
			\$ 5,500
Provision for materials, charts, etc. ....			<u>\$1,000</u>

*It is the  
desire of  
assurance  
co-operation  
for the  
patients.*

It is the desire of McGill University to reorganize its system of Medical Education in the clinical branches; to provide for better care of the patients; more efficient teaching, and to promote more research.

It is felt that the present method, while perhaps providing adequate hospital care, and <sup>a quality of</sup> teaching that is approximately satisfactory for turning out good practitioners, nevertheless <sup>it</sup> lacks that organized plan which will bring it up to the highest university standard.

The fact that clinical teaching in Medicine and Surgery is carried out in two hospitals necessitates a large group of teachers and fails to satisfactorily coordinate the work in a way that would be better performed were all concentrated in one university institution.

*makes very  
difficult  
the satisfactory  
co-ordination*

*Not intention  
or desire of  
policy to do  
all teaching  
in one  
hospital*

It is not probable that an amalgamation into one university institution of the two large hospitals will be carried out in the immediate future, though it is confidently expected that a lay board of control will soon be formed to govern the joint administration, and that such a board will be willing and eager to transmit to the University the control of clinical appointments in both hospitals.

Meanwhile, and pending future plans in this direction, it is believed desirable to initiate university clinics in one hospital, viz., *in The R.V.H* which is ~~the one~~ in juxtaposition to the University Buildings and Medical School.

It is realised that the inauguration <sup>at present</sup> of such a scheme for all the clinical branches is quite beyond the realm of possibility ~~at present~~. Nevertheless, it is felt that to <sup>ultimately</sup> bring about the general ~~plan~~ *scheme* a beginning could be made in Clinical Medicine, and ~~plans~~ are now under way for its adoption.

It would be our intention in any reorganization to reduce the number of teachers, selecting only the better man, giving each a larger salary, by means of which we could demand more time for teaching, thus increasing the efficiency, <sup>while</sup> ~~and use~~ <sup>could be used</sup> the discards for the routine work of the hospital in outpatient work.

We would separate from the Medical Budget that now used for Pediatrics.

*The Director of the Medical Department :-*

The appointment of a Professor of Medicine who will devote the greater part of his time to organization, teaching and research. Such a man should be a leader, a clinician of scientific training, and of adequate skill and experience to ensure due care of patients in the hospital.

He shall be a teacher of high university standard.

He should be a man of originality and initiative, capable of carrying out research and stimulating it in others, so that a productive clinic can be developed that would materially advance the frontiers of knowledge in his department.

In organization, he would not only be responsible for the department in his own hospital, but likewise supervise or take an interest in the teaching and research in the other University Medical Clinics.

This Professor must control at least 50 beds, the Medical Outpatient Department and the Clinical Laboratories.

He must have an adequate professional staff, some wholetime men and some part time.

~~Re his private practice.~~

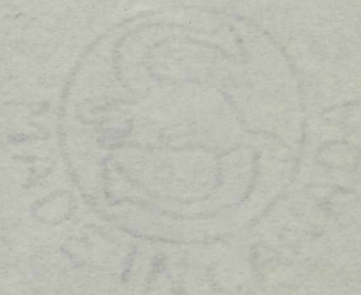
Present Arrangement:- *in the Department of Medicine*

Under existing conditions, with no one <sup>here suitable</sup> ~~able~~ and willing to take a full-time position, we have been obliged to employ ~~our~~ <sup>our</sup> number of teachers on a part-time basis. This number has, moreover, been all the larger because of the increasing conviction that men should be taught in small groups at the bedside (6-8). The classes have <sup>upto the present time</sup> been large (180 in the present final year), thus necessitating the present unusually large staff. With, however, the adoption, a few years ago of a *definite* limitation of students in the first year to 100, we are now at a stage where next year our final class will be reduced to less than 100, and so it will continue.

The existing Budget may be summarized as follows:-

necessary alterations and with an additional <sup>annual</sup> actual sum to their present expenditure, say \$25,000 a year, that one of the very finest Medical Clinics on the Continent could be equipped and organized, and it would naturally be the aim of both the Governors of the University and the Directors of the Royal Victoria Hospital to promote this end in every way possible.

BELL FAST BON



Equipment and supplies in addition to the above, it is difficult to estimate, but with the enlarged plan would, I believe, be a matter of considerable expenditure.

With the present plan of altering the Hospital so that one large floor - 225' x 51' - will be allotted for laboratory service and a certain number of rooms for cases requiring special study, a considerable outlay would be required to make the necessary alterations and to equip the Department in a satisfactory manner.

Those who are <sup>specially</sup> interested in the financial and academic side of this proposal feel that with the possibility of a grant to make the

MCGILL UNIVERSITY.

DEPARTMENT of INTERNAL MEDICINE.

It is the declared policy of the Medical Faculty to establish a medical unit somewhat resembling the ~~same~~ units in England as established under the auspices of the Rockefeller Foundation.

It is proposed that this unit shall be formed at the Royal Victoria Hospital if and when a satisfactory agreement may be arrived at between the University and the Hospital, whereby <sup>the</sup> Professor of Medicine shall be ipso facto Chief of the Medical Unit at the Hospital.

Such unit would consist of:-

- (1) A Chief, with the title of "Professor of Medicine", whose whole time will be devoted to the service of the University and the Hospital, including permission to carry out private practice in the Hospital Service, and occasionally, when urgent need demands, practice outside of the Hospital.
- (2) Such a Professor to be given an adequate salary.
- (3) He shall have control of wards (50-100 beds), out-patients' department, ample laboratory accommodation for research and clinical pathology.
- (4) He shall have an adequate professional staff of assistants of university rank, some whole-time men and some part-time men, sufficient in number to permit of the teaching work necessary in such a clinic.



#2.

The present clinical teachers in the Hospital shall, of course, retain a certain number of teaching beds if they so desire.

- (5) Clinical laboratories shall be adequately equipped and staffed with trained technicians and orderly help as required, as well as with a stenographer for the use of the Chief and his Department.

(6) *The professor of medicine shall be ipso facto chief of the medical unit at the hospital.*  
The expenses involved in such a plan can only be approximately

estimated. Roughly speaking, they might be estimated as follows:-

Professor .....	\$10,000	to	\$12,000
Full-time Assistant.....	3,000	"	4,000
Two part-time Assistants.	2,000		2,000
Technician.....	1,500		1,500
Orderly.....	500		500 (with board, etc.)
Stenographer.....	1,000		1,200
Upkeep of Laboratory.....	2,000	"	4,800
	<u>\$20,000</u>	"	<u>\$26,000</u>

In this way the expenses of a unit would be from \$20,000 to \$26,000 per annum.

The main object of such a unit is not only to supervise, in the most scientific modern way, the care of the patients in the Hospital, but, further, to advance the frontiers of our knowledge and to produce works of scientific value that will be of benefit to the profession and to humanity at large.

Such a unit as this would not only work as an independent unit in Medicine, but would be very closely correlated with other university departments, such, for example, as Physics, Physiology, Anatomy, Chemistry and

#3.

Biology.

The proximity of the Hospital to the Medical School, as well as to the University Laboratories, render such a plan, if successfully carried out, one of the greatest achievements in modern medicine on this Continent.

---

ELL-FAST BOND



February 14th, 1924.

CONFIDENTIAL.

J. C. Meakins, Esq., M.D.  
The University of Edinburgh,  
EDINBURGH, Scotland.

My dear Meakins,

I have sent you with this mail an official letter, requesting your advice and help in connection with the proposed new medical clinic, and I have sent a copy of it to Dr. Pearce.

I am writing you now to ask if you would, in the light of what you read, consider yourself a candidate for the position of Professor of Medicine in McGill University and Director of the Department of Medicine, with supervision of the teaching in that Department.

Whoever comes would, of course, have a service of at least 50 beds, charge of all the clinical laboratory service of the hospital, control of the outpatient medical department, and supervision of the teaching, which would be practically under his own control. Dr. Hamilton is quite willing to step aside in favour of the new Chief, who would be welcomed very cordially by all.

Should you care to accept such a position, I would suggest a definite salary of, say, \$12,000, and that under such conditions, you would be given an office in the hospital, with latitude to see as many private patients as you cared to, but that the fees for these patients would be given over to the University Clinic.

The other alternative would be a smaller salary with the privilege of collecting fees for yourself, a plan which I believe to be far less satisfactory.

We are, however, extremely anxious that the head of the department should come in contact with the public, and though we do not believe an office outside of the hospital is advisable, we, nevertheless, feel it necessary to attract as much as possible private patients to the service, where they can have the benefit of consultation with you, and where you, on the other hand, can be kept more in touch in this way with the community.

With a suitable staff as outlined, and an adequate budget for development, it should be a wonderful clinic, and I am hopeful

J. C. M. - #2.

that the Foundation will find it possible to aid us to this end.

Meanwhile, in order that we may put things in regular form for a subsequent meeting of the Electoral Board, could you send me an outline of your career and publications to place before them when the time comes? I am also going to make enquiries from a few sources as to your qualifications, etc., at the request of Sir Arthur Currie, who would like to be in a position to speak authoritatively. You will understand that this is necessary because of the presence of laymen on our Board. I thought I would write to Haldane and T. R. Elliott, and later on, perhaps, to Stiles.

Hoping that you will be able to see Dr. Pearce, and that our plan may work out to everyone's satisfaction, believe me

Very sincerely yours,

C. J. Martin

Sir Arthur's letter May 12 1924.

February 14th, 1924.

J. C. Meakins, Esq., M.D.  
The University of Edinburgh,  
EDINBURGH, Scotland.

My dear Meakins,

Sir Arthur Currie, in consultation with Mr. Beatty the Chancellor, has decided on the policy of a full-time Medical Clinic for McGill University at the Royal Victoria Hospital if funds for the same can be obtained; and they have been in conference with Dr. Pearce of the Rockefeller Foundation concerning this matter, hoping that they may be able to get the necessary support from the Foundation to carry out this plan.

We are anxious to aim at something better than has hitherto existed in McGill. The amalgamation of the two hospitals, if it occurs in the near future, will probably be of an administrative nature, and it is hoped, and indeed, Mr. Beatty has stated that should a joint administration of the two hospitals be organized, the appointments to clinical teaching positions would naturally be handed over to the control of McGill University. This, of course, is a great step in advance.

In order to proceed along proper lines, McGill wants, first of all, to establish the principle of the Medical Clinic, i.e., along what lines it should be organized and the cost thereof. I am appending a statement of our proposed plans, and would like very much to get your opinion as regards staff, salaries, equipment and general budget. I am also attaching a statement of our existing salaries, both in the University and in the hospital, and included therein, you will find the cost to hospital of the supplies, etc., in the little Metabolism Ward which we have already. In addition to that, there is a statement, as we have conceived it, of the amount necessary for salaries in a newly-organized Medical Clinic.

The Royal Victoria Hospital proposes to make alterations in what was formerly Ward K., and the rooms behind it, to establish one large clinical laboratory. This will give a floor space of 225' x 51', to be allotted to the laboratory service and to cases requiring special study, as well as for all rooms that are implied in the terms of a "modern clinic" and "metabolism laboratory".

This, of course, would involve a considerable initial

outlay on construction, but this floor would more than treble the existing space in the present metabolism laboratory.

You will note that the total expenses for our present metabolism clinic, in which there is space for 12 patients only, amount to \$27,000. The reconstructed laboratories would have to be equipped and staffed very completely in order to carry on the highest type of medical research and treatment, not only for the present year, but for the demands of some years to come. The reorganization would mean not only the expense of building this new space and its equipment, but also the employment of extra nurses, technicians, orderlies, and all the supplies incident thereto, and thus considerably increase the overhead charge for the routine of hospital work.

This new laboratory would, moreover, carry out all the clinical investigations of the other departments of the hospital.

Our Governors would not want to undertake this change, however, if by so doing their present financial condition would in any way be crippled, and I am told that we must not expect them to add very materially to the existing budget, although Mr. Webster has said that he will go as far as possible to aid in the work.

In going over the budget, you will see that \$22,000 is now being spent on the hospital end, i.e., deducting from the \$31,910 the two items -

(1)	Receipts from patients	.....	\$6,900	
(2)	Insulin expenses	.....	<u>3,000</u>	<u>\$9,900</u>

You will also note that the University already contributes \$6,000 for teachers in the Royal Victoria Hospital, which would make a total of \$28,000 spent under existing conditions.

We have estimated the salary list in a new modern clinic to be about \$43,000. If I am approximately correct in these figures, it would mean that \$15,000 extra would be required for salaries alone, and we would be obliged to add to this whatever extra sum is necessary to make the running of the clinic more complete.

Sir Arthur has requested aid from the Rockefeller Foundation to the extent of \$25,000 a year, which would seem to be the minimum additional sum by means of which we could conduct a clinic commensurate with our desire to make this one of the finest medical clinics on the Continent.

Will you please give this your careful consideration, and let us know what you think.

Dr. Pearce sails on the "Berengaria" on the 16th of this month, and would be willing to see you on any morning between the 25th and 27th should you be able to go up and discuss this matter with him. I hope you can manage to do so, so as to talk over the organization and the budget with him.

With all kind regards, believe me

Very sincerely yours,

P.S. Dr. Pearce will stay at the  
Hotel Victoria, London, W.C.2.

C. J. Martin

The University Budget in the Department of Medicine, including teachers in both hospitals, may be summarised as follows:-

2 Part-time Professors	⊙	\$1,100	.....	\$2,200	
1 Associate Professor	⊙	1,000	.....	1,000	
1 Assistant Professor	⊙	750	.....	750	
3 Lecturers	⊙	500	.....	1,500	
1 Lecturer	⊙	300	.....	300	
4 Lecturers	⊙	250	.....	1,000	
1 Demonstrator	⊙	500	.....	500	
11 Junior Teachers	⊙	250	.....	2,750	
1 " Teacher	⊙	200	.....	200	
5 " Teachers	⊙	100	.....	500	
Appropriation for materials, charts, etc....				<u>500</u>	\$11,200

From this may be deducted \$5,200 allotted  
to part-time teacher M.G.H.....

5,200

\$ 6,000

Deducting the present Budget of teachers' salaries at the Montreal General Hospital, then the total expenditure on the teachers at the Royal Victoria Hospital is \$6,000.

On the side of the Laboratory expenditure, the Royal Victoria Hospital Budget with reference to the Metabolic and Clinical Laboratories may be summarised as below:-

Dr. Mason's salary	....	....	\$3,000 (with privilege of practice in the hospital: his proportion during last year on private patient receipts,- 6,900
2 Part-time Assistants @ \$500	....	....	1,000
Special Nurses and Dietitians	....	....	3,000
Technicians	....	....	4,200
Cleaners	....	....	1,500
Common Chemicals	....	....	4,800
Special " and Duty	..	....	550
Basic Metabolism expenses	....	....	400
Printers' Expenses	....	....	3,000
Material for Education of Patients			560
Special supply of Insulin	....	....	3,000 (which is taken from the Rockefeller Fund of \$10,000)
			<hr/> 31,910
Deduct receipts from patients			6,900
" Insulin expense			<hr/> 3,000
			<hr/> <u>\$22,000</u>

This, then, is the amount spent by the hospital at present with its restricted space and personnel.



We consider the establishment of a University Clinic in the Royal Victoria Hospital would cost in salaries:-

1 Full-time Professor	.....	.....	.....	.....	\$10,000
(with privilege to consult on cases in the private ward pavilion; or a larger sum, should it be considered best that such private practice would not be considered a part of his perquisites. It is believed important, however, that such a full-time Professor should come in contact with the public to some extent, and some arrangement might be made by which his fees could be appropriated by the hospital).					
1 Full-time Assistant	.....	.....	.....	.....	5,000
3 Part-time Assistants, in the Laboratory, at salaries varying from \$1-3,000,...	.....	.....	.....	.....	6,000
Technicians	.....	.....	.....	.....	5,000
Cleaners and Orderlies	.....	.....	.....	.....	2,000

Part-time teachers in addition to the above,  
(3 in wards for final year, 4 in penultimate year, and 4 or 6 for junior outdoor teaching) about 15,000

about - \$43,000

C O P Y.

111

12, Oxford Terrace,

EDINBURGH.

Mar. 24, 1924.

Private and Confidential.

My dear Dr. Martin,

In reply to your letter of Feb. 14, 1924, enquiring whether I would consider myself a "candidate for the position of Professor of Medicine in McGill University and Director of the Department of Medicine" along the lines laid down in your other letter of the same date, I beg to state that I would consider myself a candidate for this position.

If I were honoured by being invited to occupy this position, you may be sure that I would do all in my power to be a credit to the University.

I am,

Yours faithfully,

(Signed) Jonathan Meakins.

Private.

P.S. - 1.

I quite appreciate the enquiries which you must make, but please do not make it appear as if I had sent in a formal application for the position, which I am not doing. If I were to do this, it would be necessary, I think, for me to resign here first. I know you will appreciate my point. I do not want to be disloyal or underhand with anyone. A direct offer from Sir Arthur would, however, be an entirely different matter, and would be the same position over again as when I received the invitation from here. I had heard from Haldane beforehand, but never had time to answer before the formal letter from the Principal arrived.

If the invitation should come from Sir Arthur, I would much appreciate it if a definite statement could be made about -

1. Scope of work and position.
2. Salary, etc.
3. Pension, if any, and if not, state so.
4. Time of retirement.
5. Anything else of importance in regard to the present  
and future.

You will notice that my publications only cover the past ten years; I thought that would be sufficient for your purpose.

J.M.

Private.

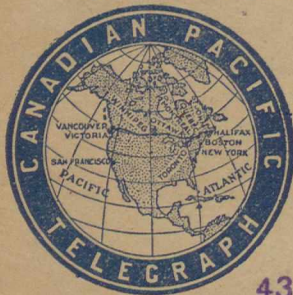
P.S. - 2.

I went to London and spent a day with Pearce, when we discussed matters both there and here very fully. He would not make any definite promise or commit himself in any definite way. But I know he is sympathetic and appreciative of the movement at MCG. Their contributions will depend a good deal upon how concrete and definite the plan is that is submitted to them in May. The sharing of private practice profits on a percentage basis is dangerous in view of the position and happenings in New York, which will come up at the same time for discussion (very confidential). I think plans one and four as I outlined them would be the most successful.

The statement to the R.F. cannot be too full, and I think must be based on as progressive a policy as possible. Anything which indicates an attempt to develop teachers and investigators of all kinds appeals to them.

J.M.

## CANADIAN PACIFIC RAILWAY COMPANY'S TELEGRAPH



## TELEGRAM

CABLE CONNECTIONS TO ALL THE WORLD

J. McMILLAN, General Manager of Telegraphs, Montreal.

433NY RN 45NL

ATLANTIC CITY NJ 7 MAY

1357

SIR ARTHUR CURRIE

SHERBROOKE ST, W. MONTREAL.

THANKS MESSAGE FEAR DELAY MAY INFLUENCE PEARCE WHO WILL WONDER IF COOPERAT  
 -ION IS LACKING PLEASE WIRE HIM TOMORROW FINAL DECISION AND LETTER FOLLOW  
 HOSPITAL MUST PAY FIFTEEN AND MAINTAIN LABORATORY BESIDES AND COLLEGE  
 SUPPLY STAFF TELL HOSPITAL AUTHORITYES GRANT IS IMPERLLED WILL REMAIN  
 FRIDAY.

MARTIN.

1145PM.

*copy*

May 27th, 1924.

Dr. Jonathan Meakins,  
Edinburgh University,  
Edinburgh, Scotland.

My dear Dr. Meakins:-

I am attaching herewith a copy of a letter which on May 12th I addressed to Dr. Pearce of the Rockefeller Foundation. This letter forms the basis of a docket which he presented to the Foundation on May 21st and recommended that the Foundation co-operate with the University to establish the medical clinic referred to.

I have received from Dr. Pearce a letter in which the following paragraph appears:-

"It gives me great pleasure to inform you that the Trustees approve in principle the proposed co-operation with McGill University for the development of the Department of Medicine and authorized the Executive Committee to approve final arrangements and to appropriate the sums necessary, not to exceed \$500,000, as your plans develop. The matter is therefore settled, and as your plans develop and as you are prepared to put them into effect, our Executive Committee will act to appropriate our contribution."

I have to-day wired you as follows:

"Royal Victoria Hospital and McGill University, with help and approval of Foundation, have co-operated to make

Dr. J. Meakins

- 2 -

possible the establishment of University medical clinic on lines fully in accord with your letter March first to Martin. McGill Board meets June 5th, when they will authorize me offer you position Professor of Medicine and Director of Medical Department this University. Will you accept? Reply paid."

I want to be sure that when our Board act formally they will not be disappointed. I most sincerely hope that you will return to McGill and inaugurate this new clinic. I fully believe it means the opening of a new era in the life of our Medical School. I think with the funds at our disposal we shall have a chance to develop rapidly, and under your able guidance, I know that development will mean much to the usefulness and prestige of the School and the Hospital and to the cause of medical science generally. I assure you that a warm welcome will await you and Mrs. Meakins in your old home, not only from your associates in the Hospital and the University but from the profession and citizens generally, who are proud of the success achieved by you as an investigator.

I am sorry that a Board meeting could not have been held sooner but the delay arises from the fact that the Chancellor, Mr. Beatty, is away on one of his annual inspection trips and is accompanied by several members of our Board who are also members of his. I am anxious that when the announcement is made there should be a full attendance of the Board.

With fervent hopes that we shall receive a favourable reply and with all kind wishes, I am,

Yours faithfully,

C.P.R. CABLE

May 30th, 1924.

Dr. Meekins,

Edinburgh.

RETIRING AGE SIXTY FIVE UNIVERSITY HAS NO PENSION FUND BUT  
WILL HELP YOU TO PURCHASE OLD AGE ANNUITY BY SUBSCRIBING 600  
DOLLARS ANNUALLY IF YOU SUBSCRIBE SAME AMOUNT. THIS WILL YIELD  
4500 DOLLARS ANNUITY AT SIXTY FIVE.

CURRIE

DEFERRED





# TRANS-ATLANTIC CABLEGRAM

The following Cablegram received  
VIA COMMERCIAL CABLES (The Mackay Companies' System)  
Working in Direct Connection with the

494

## CANADIAN PACIFIC RAILWAY CO'S TELEGRAPH

This is an Unrepeated Cablegram, and is delivered by request of the Sender, subject to Conditions on Form 2.



14CS 0 25 JUNE 2-24

EDINBURGH

SIR ARTHUR CURRIE

MCGILL UNIVERSITY MONTREAL

WILL ACCEPT POSITION PROFESSOR MEDICINE AND DIRECTOR MEDICAL DEPARTMENT

AT MCGILL UNIVERSITY AS OUTLINED WHEN OFFERED BY BOARD

MEAKINS

653A

M

## CANADIAN PACIFIC RAILWAY COMPANY'S TELEGRAPH



## TELEGRAM

All Messages are received by this Company for transmission, subject to the terms and conditions printed on their Blank Form No. 2, which terms and conditions have been agreed to by the sender of the following message. This is an unrepeatd message, and is delivered by request of the sender under these conditions.

J. McMILLAN, General Manager of Telegraphs, Montreal.

2.RABR 18 JUNE 6

EDINBURGH

CURRIE

MCGILL UNIVERSITY MONTREAL.

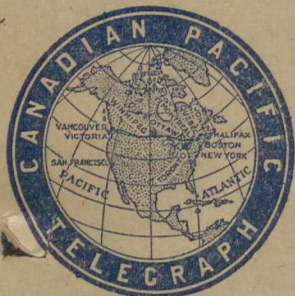
ANXIOUSLY WAITING OFFICIAL NEWS ABOUT APPOINTMENT MUCH TO DO HERE

TIME VERY SHORT.

MEAKINS.

920AM

## CANADIAN PACIFIC RAILWAY COMPANY'S TELEGRAPH



## TELEGRAM

All Messages are received by this Company for transmission, subject to the terms and conditions printed on their Blank Form No. 2, which terms and conditions have been agreed to by the sender of the following message. This is an unrepeated message, and is delivered by request of the sender under these conditions.

J. McMILLAN, General Manager of Telegraphs, Montreal.

614RABR 17 VIA HX JUNE 6

NORTHBERWICK

CURRIE

MCGILL UNIVERSITY MONTREAL.

ACCEPT OFFER FROM MCGILL UNIVERSITY WILL REPORT AS SOON AS

POSSIBLE WRITING.

MEAKINS.

316PM



# CANADIAN PACIFIC R'Y. CO.'S TELEGRAPH

## TELEGRAM

FORM T. D. 2

CABLE CONNECTIONS TO ALL PARTS OF THE WORLD

J. McMILLAN, General Manager of Telegraphs, Montreal.

Sent No.

Sent By

Rec'd By

Time Sent

Time Filed

Check

Send the following Message, subject to the terms printed on the back hereof which are hereby agreed to:

June 6 1924

Dr. J. Meakins  
Edinburgh University, Edinburgh

McGill University offers you position Professor  
of Medicine, Director Department of Medicine  
and head University Clinic in Royal  
Victoria Hospital. Salary twelve thousand  
per annum. Would like you to report  
not later than September 1st. Sooner if  
possible.

Currie

W. J. CAMP, Assistant Manager, Montreal, Que.  
D. H. BOWEN, Supt., Sudbury, Ont.  
W. D. NEIL, Supt., Toronto, Ont.  
W. M. THOMPSON, Supt., Montreal, Que.  
A. C. FRASER, Supt., St. John, N.B.

W. MARSHALL, Assistant Manager, Winnipeg, Man.  
R. N. YOUNG, Supt., Vancouver, B.C.  
D. L. HOWARD, Supt., Calgary, Alta.  
D. COONS, Supt., Moose Jaw, Sask.  
E. M. PAYNE, Supt., Winnipeg, Man.

APPROVED BY THE BOARD OF RAILWAY COMMISSIONERS FOR CANADA UNDER ORDER 162.  
DATED MARCH 30, 1916.

It is agreed between the sender of the message on the face of this form and this Company, that said Company shall not be liable for damages arising from failure to transmit or deliver, or for any error in the transmission or delivery of any unrepeatable telegram, whether happening from negligence of its servants or otherwise, or for delays from interruptions in the working of its lines, for errors in cypher or obscure messages, or for errors from illegible writing, beyond the amount received for sending the same.

To guard against errors, the Company will repeat back any telegram for an extra payment of one-half the regular rate, and in that case the Company shall be liable for damages, suffered by the sender to an extent not exceeding \$200., due to the negligence of the Company in the transmission or delivery of the telegram.

Correctness in the transmission of messages can be insured by contract in writing, stating agreed amount of risk, and payment of premium thereon at the following rates, in addition to the usual charge for repeated messages, viz: one per cent. for any distance not exceeding 1,000 miles, and two per cent. for any greater distance.

This Company shall not be liable for the act or omission of any other Company, but will endeavor to forward the telegram by any other Telegraph Company necessary to reaching its destination, but only as the agent of the sender and without liability therefor. The Company shall not be responsible for messages until the same are presented and accepted at one of its transmitting offices; if a message is sent to such office by one of the Company's messengers he acts for that purpose as the sender's agent; if by telephone the person receiving the message acts therein as agent of the sender, being authorized to assent to these conditions for the sender. This Company shall not be liable in any case for damages, unless the same be claimed, in writing, within sixty days after receipt of the telegram for transmission.

No employee of the Company shall vary the foregoing.

#### DAY LETTERS.

This Company will receive DAY LETTERS, to be transmitted at rates lower than its standard telegram rates, as follows: one and one-half times the ten-word Day message rate shall be charged for the transmission of fifty (50) words or less, and one-fifth of the initial rate for such fifty words shall be charged for each additional ten (10) words or less.

DAY LETTERS may be forwarded by the Telegraph Company as a deferred service and the transmission and delivery of such DAY LETTERS are, in all respects, subordinate to the priority of transmission and delivery of full-rate messages.

DAY LETTERS shall be written in plain English, or in French. Code language is not permitted.

DAY LETTERS may be delivered by the Telegraph Company by telephoning the same to the addresses, and such deliveries shall be a complete discharge of the obligation of the Telegraph Company to deliver.

DAY LETTERS are received subject to the express understanding and agreement that the Company does not undertake that a DAY LETTER shall be delivered on the day of its date absolutely and at all events; but that the Company's obligation in this respect is subject to the condition that there shall remain sufficient time for the transmission and delivery of such DAY LETTER on the day of its date during regular office hours, subject to the priority of the transmission of full-rate messages under the conditions named above.



Royal Infirmary,  
EDINBURGH. 10/6/24.

Dear Sir,

I beg to acknowledge the cablegram sent on behalf of the Board of Governors of McGill University and the Royal Victoria Hospital offering me the position of Professor of Medicine and Director of the Medical Department, McGill University; and Physician-in-Chief, Royal Victoria Hospital. I herewith accept their offer and wish to thank them for the honour which they have done me in selecting me for this post. I wish to assure them that I will do everything in my power to make the new policy a success.

I have the honour to be, Sir,  
Your obedient servant,

*Jonathan Mackenzie*

The Principal,  
McGill University,  
MONTREAL.



Royal Infirmary,  
EDINBURGH. 10/6/24.

Dear Sir Arthur,

Many thanks for your letter with all the details and the copy of your letter to Dr. Pearce. I wish to congratulate you on your success in bringing about the alliance between the University and the Hospitals. It will be a great step forward for McGill. You may be sure that anything I can do on my return to Montreal will be done most willingly and enthusiastically for the success of the Clinic.

You have asked me to return if possible before the 1st of September. To accomplish this may be rather difficult. In the first place I have teaching till the 16th of August and so cannot leave before then. After that the question of passages looms large as a cause of delay. However, I have written to the C.P.R., Cunard, and White Star Lines, asking what they can do. Probably a word from you at headquarters in Montreal ~~both~~ to the C.P.R. and Cunard might facilitate matters at this end. It is my intention to return on the first suitable passage obtainable /



2.

obtainable after the 16th of August, but as you will readily understand there will be many things to do here, in the way of packing &c. However I will do the best I can.

With kindest regards, and many thanks,

Believe me,

yours sincerely,

*Jonathan Meakin*

Sir Arthur Currie,  
Principal  
McGill University,  
MONTREAL.



Send invoices  
of all purchases  
to University



Royal Infirmary,  
EDINBURGH. 24 /6/24.

Dear Sir Arthur,

I have taken passages on the Montrose leaving Liverpool on August 22nd, which should bring me into Montreal shortly before the 1st of September. This is the best I can do, as it is the first one of the cheaper boats which leaves after the 16th August upon which I can get passages. Before leaving here I hope to order a certain amount of apparatus and supplies which I am going to have addressed to the University Clinic, Department of Medicine, McGill University, Montreal. I will also have the invoices made out in the same manner. I would be much obliged if you would inform Mr. Britt, or whoever is taking his place if he is not now there, as to this arrangement, so that they will know for whom they are when they arrive. I hope I am doing right in this. I think it would be better to address them and have them charged to the University than to have them charged to the Hospital. They will all be used for University work, and therefore should have the advantage of any reduction in duty which there might be.

I am looking forward with a great deal of pleasure to  
our /

2.



our return to Montreal, although in many ways I am sure I will miss Edinburgh - but then it is always like this, and the balance is what counts.

I remain,

Yours sincerely,

*Jonathan Mead*

Sir Arthur Currie,  
Principal,  
McGill University,  
MONTREAL.

July 7th, 1924.

Dr. Jonathan Meakins,  
Royal Infirmary,  
University of Esinburgh,  
Edinburgh, Scotland.

My dear Dr. Meakins:-

I am in receipt of your letters of the 24th of June and am very glad to know that you have taken passage on the Montrose which leaves Liverpool on August 22nd.

After the receipt of your previous letter I telephoned Mr. Beatty who wired Sir Geo. McL. Brown. This will bring you to Montreal some time towards the end of the month. It is just possible that I may not be in the city on that date as I count on leaving about that time for a few weeks vacation, but Dr. Martin will be here.

Dr. Pearce of the Rockefeller Foundation spent last week in the city coming up for the special purpose of satisfying himself that the understanding between the Hospital and the University was clear and distinctive. He sent a wire immediately to the Foundation and yesterday I received a communication from Dr. Vincent that they were paying the grant of half a million over to the University at once in cash.

Regarding the apparatus and supplies which you have purchased, please send all invoices to the Purchasing Department, McGill University. You mention Mr. Britt, but I am sorry to say that about a year and a half ago he died.

I cannot tell you, Dr. Meakins, how much we are looking forward to your return to McGill.

Dr. Johnathan Meakins

- 2 1/2 -

I believe that it is the best thing that has happened our Medical School in many, many years. Our graduates elsewhere and the profession throughout this continent are all enthusiastic and look forward to great things to our Department of Medicine under your direction.

You and Mrs. Meakins will receive a cordial welcome to your old home in Montreal. Your salary will begin as soon as your engagement at Edinburgh terminates.

With all good wishes, I am,

Yours faithfully,