

# After the war is over: the role of General Sir Arthur Currie in the development of academic medicine in Canada

A.M. Jack Hyatt, PhD  
Andrew Beckett, MD  
Vivian C. McAlister, MB

Accepted Nov. 7, 2018

**Correspondence to:**  
V.C. McAlister  
C4-211A University Hospital  
London ON N6A 5A5  
vmcalist@uwo.ca

DOI: 10.1503/cjs.017118

## SUMMARY

Canadian universities faced a challenge with the return of a large cohort of battle-hardened students and faculty from the First World War. General Sir Arthur Currie, considered one of the few successful generals of the war, returned to a welcome of silence in Canada. McGill University exploited the opportunity to recruit him as its president. Currie oversaw a campaign of building construction and faculty development at McGill that also had a significant effect on the rest of Canada. Through his fostering of the Montreal Neurological Institute and the recruitment of Dr. Wilder Penfield, Currie facilitated the development of multidisciplinary medicine, which integrates clinical care with research — an aspiration still held by specialty medicine in Canada today.

Half a century after the First World War, the newly constructed University Hospital in London, Ont., invited Dr. Wilder Penfield to give the keynote address at its opening. University Hospital was designed to accommodate multidisciplinary programs across all specialties based on Penfield's vision for neurosciences at the Montreal Neurological Institute (MNI). Penfield's recruitment and the establishment of MNI itself were the result of a partnership between McGill's president, Sir Arthur Currie, and its dean of medicine, Charles Martin. The MNI system of medical, surgical and ancillary services combined in a specifically designed space to provide the best patient care and research simultaneously. This effort grew out of a desire for regeneration after the First World War.

The magnitude of the challenge facing Canada and its universities after the war was directly proportional to the scale of the mobilization during the war. Skeleton wartime faculties fast-tracked medical students to provide doctors for the Front. After the war, faculties of retired professors were supplanted by younger colleagues with wartime experience. The student cohort increased to accommodate the return of battle-hardened veterans who had postponed their education. Their expectations differed from that of their predecessors, as did their acceptance of yesteryear discipline.

General Sir Arthur Currie could have expected a hero's welcome home with a victory parade and lifelong accolades. Currie, with General Sir John Monash of Australia, might be considered the best of the Allied generals in the war. Not only had he become the first Canadian to lead a Canadian army into battle, he had also led them to several victories, including the emblematic last action to retake Mons in Belgium. Instead, the silent welcome heralded a government embarrassment regarding what to do with him; he was offered the position of inspector general of the militia, a possibly unintentional gaffe resonant of his origin as a militia officer.<sup>1</sup> Characteristically, Currie knuckled down and developed a plan for the reorganization of the defense department, but encountered obstruction rather than support for change. McGill University exploited the opportunity of his disillusionment to offer him the position of principal and vice chancellor in 1920.<sup>1</sup>



**Fig. 1.** Arthur Currie's funeral procession leaving Christ Church Cathedral, 1933. Photographer: Associated Screen News (McGill University Archives, PR000361).



**Fig. 2.** General Sir Arthur Currie's funeral procession leaving McGill after transfer of the coffin to a gun carriage, 1933. Photographer: Associated Screen News (McGill University Archives, PR000353).

At the end of the war, Canada was exhausted. Canadian leaders fell ill or retired, the country's infrastructure was neglected, and its population was underemployed and restive. McGill University was no different. It is said that Woodrow Wilson, America's wartime president, quipped that he found the presidency easier than his previous job as president of Princeton University. If Currie, who had quit teachers' college, had doubts about his ability to lead a run-down university, they were only momentary. Currie was placed at the forefront of fundraising. If the government did not sufficiently recognize his work abroad, the people did. Within a relatively short period, McGill raised \$6.2 million, which was used to build a new wing of the library, a new biology building and a convocation hall. The money was also used to establish the Pathological Institute and fund a chair of medicine.<sup>2</sup> The Pathological Institute negotiations alerted Currie to the complexity of modern academic medicine. The negotiations to recruit Dr. Jonathan Meakins to the chair of medicine focused on the role of research within clinical care and introduced Currie to the town-gown rivalry between Montreal's hospitals and his university. When Meakins arrived, Dr. Charles Martin moved from a leadership role in the department of medicine to become dean. Dr. Edward Archibald returned from service in McGill's hospital in France to lead the department of surgery. A few years later, Martin, Meakins and Archibald would be instrumental in the establishment of the Royal College of Physicians and Surgeons of Canada — a unique national institution that combines medicine and surgery.<sup>3</sup> Currie quickly recognized that he had a star team with whom to make the medical school one of the world's best.<sup>4</sup> Archibald approached Currie and Martin with a request to recruit a world-class neurosurgeon. He had his eye on Dr. Wilder Penfield. Currie's experience with the Pathological Institute and chair of medicine had

prepared him for the challenge to entice Penfield out of the United States.

Penfield, who had spent time in Oxford as a Rhodes Scholar and served toward the end of the war, was enamoured with the British intelligentsia, particularly with Sir William Osler. He had been introduced to neurosurgery by Harvey Cushing and had completed postgraduate training with neurosurgeons in England. He viewed the brain as Columbus must have viewed the New World — determined to not only make surgery on the brain successful, but also to use surgery to unlock the brain's mysteries. Archibald travelled to New York and invited Penfield to visit Montreal. After showing Penfield the Pathological Institute and the medical clinical research unit, Archibald wined and dined Penfield at the Mount Royal Club and hoped to impress him by having Currie host the affair.<sup>2</sup> The seeds of the MNI were sown.

Penfield's memoirs do Currie considerable injustice. Although it is natural for there to be tension between the administration (Currie, Martin) and clinicians (Penfield, Archibald), especially about cost overruns, Penfield would dismiss Currie privately while writing him congratulatory letters.<sup>2</sup> Penfield's opinion became the historical view, and Currie was forgotten. Mark Sadler, a neurologist in Halifax, revised this history and, using newly uncovered documents, showed that Currie was critical to the initiation, completion and research funding of the MNI.<sup>2</sup> Currie warned Penfield that "the suit would have to be cut to the cloth available," and they were able to horse-trade an extra elevator for an extra floor.<sup>2</sup> When Penfield stormed out of a Royal Victoria Hospital (RVH) Board of Governors meeting, Currie spoke forcefully against the prevailing sentiment to abandon the project by portraying Penfield as the best in his field who was attracting patients who would not otherwise come to RVH.<sup>2</sup> Currie

was clearly able to fashion persuasive arguments specific to the hospital, the clinician, the university and the Rockefeller Foundation as required.

Currie undertook all these challenges while he faced slander regarding his leadership in the war. The strain contributed to his early death at the age of 57. Currie's funeral is considered to be the most elaborate funeral ever held in Canada. The cortege stopped at the McGill campus, where the coffin was transferred to a horse-drawn gun carriage. The implication was clear: McGill was Currie's last posting. Similarly, the procession was led by McGill's academic staff in gowns, which symbolized Currie's estimation that his achievements at McGill were his most significant (Figs. 1 and 2). Sir Robert Borden questioned whether the elaborate ceremony, which was greater than those for Sir John A. MacDonald and Sir Wilfrid Laurier, was deserved, remarking that history would be the judge.<sup>1</sup>

Penfield's initial idea of a multidisciplinary approach was to learn all the specialties himself.<sup>5</sup> The McGill environment favoured partnership of specialties in spaces that integrated research into clinical practice. This was clearly promoted by Currie and his star team, and it remains the

aspiration for Canadian medicine today. Currie's gift deserves to be recalled at a time when the scale falls too heavily to the side of service over research. Almost a century later, we believe history has answered Borden's question.

**Affiliations:** From Western University, London, Ont. (Hyatt, McAlister); McGill University, Montreal, Que. (Beckett); and the Royal Canadian Medical Services, (Beckett, McAlister).

**Competing interests:** None declared.

**Contributors:** All authors contributed substantially to the conception, writing and revision of this article and approved the final version for publication.

## References

1. Hyatt AMJ. *General Sir Arthur Currie: A Military Biography*. Toronto (ON): University of Toronto Press; 1987. pp 136-46.
2. Sadler RM. Wilder Penfield, Sir Arthur Currie, and the Montreal Neurological Institute. *Can J Neurol Sci* 2018;45:221-6.
3. Hanaway J, Creuss R, Darragh J. *McGill Medicine (Volume 2)*. Montreal (QC): McGill-Queen's University Press; 2006. pp 103-28.
4. Beckett A, Harvey EJ. No. 3 Canadian General Hospital (McGill) in the Great War: service and sacrifice. *Can J Surg* 2018;61:8-12.
5. McAlister V. No specialty alone: the Wilder Penfield strategy. *Can J Surg* 2014;57:221.

## Correction: Reflections on recovery, rehabilitation and reintegration of injured service members and veterans from a bio-psychosocial-spiritual perspective

DOI: 10.1503/cjs.1861061

The article, "Reflections on recovery, rehabilitation and reintegration of injured service members and veterans from a bio-psychosocial-spiritual perspective," which is part of the "Mobile Trauma Care Close to the Point of Injury" supplement published for the Canadian Forces Health Services and released online on Nov. 11, contained some text from an earlier version of the manuscript on pages S224-5. The affected section, "Determinants of health and domains of well-being: more than just medical care" has been updated in the online version. We apologize for this error.

### Reference

1. Besemann M, Hebert J, Thompson JM, et al. Reflections on recovery, rehabilitation and reintegration of injured service members and veterans from a bio-psychosocial-spiritual perspective. *Can J Surg* 2018;61(6):S219-31.