

The Winnipeg Clinic, 1962, P. H. T. Thorlakson

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Tekið af vef Borgarskjalasafnsins

bjarnibenediktsson.is

Einkaskjalasafn nr. 360 Stjórnmálamaðurinn Askja 2-31, Örk 1

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THE WINNIPEG CLINIC

ORIGIN, DEVELOPMENT AND PROFESSIONAL ORGANIZATION

A Personal Account

by

P. H. T. Thorlakson, M. D.,

Founder and Director

1962

In 1926 the late Dr. Neil John Maclean and I formed the MacleanThorlakson Clinic, a surgical partnership, with offices in the Medical Arts
Building. Dr. Maclean asked me to be responsible for general administration
and selection of the staff. We were joined in 1928 by the late Dr. A. W. S. Hay
and in 1929 by Dr. C. B. Stewart.

In 1929 and 1930 the great financial depression struck causing widespread deprivation and misery. The lowest month of the depression for us was February 1932. In spite of seeing patients from 8 a.m. until 7:30 p.m. each day, at the end of that month only enough money had been collected to pay the rent and the salaries of the staff.

Conditions gradually improved and by 1937 our offices had become completely inadequate. Additional space was not available in the Medical Arts Building.

Early in 1938 I purchased property on the corner of St. Mary Avenue and Vaughan Street for the site of a new Clinic Building. By this time Dr. Maclean had reached an age when he was reluctant to become involved in a larger and more complex Clinic organization. He soon retired from active participation in the affairs of the Clinic although he continued to act as surgeon and consultant to the group until his death in 1946.

The Winnipeg Clinic officially came into being on March 15th, 1938.

This new name was placed above the Maclean-Thorlakson Clinic name on the door of our offices in the Medical Arts Building. Subsequently, I invited the late Dr. A. W. S. Hay, Dr. C. B. Stewart, Dr. H. D. Morse, Dr. Lennox G. Bell,

Finkackialacafn Riarna Banadikteconar @ Bornarckialacafn Paykinyil

Dr. K. R. Trueman, Dr. J. E. Isaac, and the late Dr. C. R. Gilmour to become members of the new Clinic organization.

When the Winnipeg Clinic building was partially completed, the war situation suddenly became grave and we offered to abandon the project; but the Federal Government advised that the building should be completed because stone, lumber and cement were available in Winnipeg and older tradesmen had not been taken into war industries.

The Clinic group moved into the new two-storey building in October,

1942. At that time there were Sections of General Surgery, Internal Medicine
and Urology. The ancillary services included Radiology, Laboratory, a

Pharmacy, a Dietitian, and the nucleus of a small Library. The total

professional staff was 15 doctors, 5 of whom were on a part-time basis. The
non-professional staff numbered 24.

In 1944 a Section of Obstetrics and Gynaecology was established.

With the cessation of hostilities in 1945, doctors released from the Armed Forces became available. An allergist, three internists, a thoracic surgeon, a newopsychiatrist, and a gastroenterologist were then added to the staff.

By the end of 1945 it became evident that the two storey building was totally inadequate and further space would have to be provided. Plans were made for a new five storey wing and full basement to be erected on a foundation capable of supporting a twelve storey superstructure.

During the next two years a Section of Orthopaedics and a Section of

Paediatrics were established. The ancillary services were augmented by Electroencephalography, Physiotherapy and a Medical Records Librarian.

Occupancy of the new wing began in 1947. From 1953 to 1958, four new Sections were opened: Ophthalmology, Otolaryngology, Dermatology, and Neurosurgery. A Radioisotope Section was added to the Laboratory.

With these additions more space was again required. In 1952 a temporary structure was added to the main floor of the Clinic to provide extra space for the Sections of Paediatrics and Obstetrics and Gynaecology. In 1956 a large house adjacent to the Clinic was converted into the Winnipeg Clinic Annex. Several Sections moved into this Annex thus releasing 15 units in the main building.

After three years of planning, construction started in 1959 on a new severn storey upward extension of the wing originally occupied in 1947. This new structure was completed in 1961 and, with the exception of the 10th floor, is fully occupied.

During 1962 a Section of Plastic and Reconstructive Surgery and a Section of Occupational Medicine have been added.

The total professional staff now is 60 doctors, not including consultants in Radiology. The non-professional staff number 185. The Administrative Section of the Winnipeg Clinic works under the guidance of the Director in carrying out the policies and decisions made by the Executive Council and Administrative Board of the Clinic.

THE WINNIPEG CLINIC RESEARCH INSTITUTE

In 1942 the Manitoba Institute for the Advancement of Medical Education and Research was formed. The name of the Institute was proposed by one of its Founder Members, the late Mr. Justice A.K. Dysart, who was then Chairman of the Board of Governors of the University of Manitoba and subsequently appointed Chancellor of the University. An Act of Incorporation for the Institute was passed in March 1943 and the Clinic building and property were deeded to the Institute. This arrangement had a two-fold purpose: 1). To avoid multiple ownership by doctors of different age groups and eliminate possible discussions on policy or future expansion with executors of estates of deceased members. Prior to the organization of the Winnipeg Clinic, I had become convinced that the new building and properties should not represent a steadily increasing asset registered in the name of the senior group of members. 2). To identify the Clinic in perpetuity with medical education and research in this community, which was the wish of the Founders.

In 1957 at the suggestion of the Board of Directors of the Institute, the name was changed to The Winnipeg Clinic Research Institute.

Representatives from the University of Manitoba, the Manitoba Government and from business and the professions are included in the membership of the Institute and its affairs are managed by a Board of Directors elected annually. The Institute's income is derived from rent from the Winnipeg Clinic, part of which is used to meet the interest and mortgage indebtedness on the building, and from donations from its members and from Winnipeg Clinic members and their friends.

Since its inception in 1942, the Institute has donated \$63,082.16 to medical education and research in this community.

ACT OF INCORPORATION

The Winnipeg Clinic practises medicine as a partnership. In March 1949, an Act of Incorporation was passed by the Manitoba Legislature. The Corporation was formed to own and control the physical assets such as the equipment and furniture and to hold these in trust for the members. In the event of the Clinic ceasing to carry on, all the properties and assets remaining after payment of liabilities would be paid to the Research Institute.

To be eligible for membership in the Winnipeg Clinic a doctor must be associated with the Clinic for at least three years. Each member of the Clinic has one vote but no share of ownership in the Corporation.

No member has been obligated to sign a contract which precludes him from practising his specialty in Winnipeg in the event of his resignation from the Clinic. Although this arrangement has existed in our group since 1926, I understand that such is not the rule in most Clinic organizations or partnerships on this continent.

In accordance with the basic principles upon which the Clinic was organized, members have been encouraged to accept positions on the Medical Faculty of the University of Manitoba and on the teaching staffs of Winnipeg Hospitals. At the present time, 38 doctors have such appointments.

For a period of five years there was a one year post-graduate training programme in the Clinic for young doctors wishing to go on to Certification or Fellowship in medicine or surgery, and a two year programme for those

wishing to enter general practice. A total of 48 doctors took this training but these programmes have been temporarily discontinued.

DISTRIBUTION OF PROFESSIONAL INCOME

The equitable distribution of annual professional income is the responsibility of the Executive Council, a small group of the senior members who hold the complete trust of all the members of the Clinic. The deliberations of this Committee are confidential and the decisions are based on all the tangible and intangible factors which must be considered and evaluated in every professional organization.

THE WINNIPEG CLINIC QUARTERLY

The first issue of the Winnipeg Clinic Quarterly was published in September 1948. Issues are published in March, June, September and December. The Quarterly is available to any member of the medical profession upon request. Annual indices for each volume and for "Additional Publications by Members of the Medical Staff" are published in the December issue. As of 1962, the Winnipeg Clinic Quarterly was listed in the Index Medicus.

Since December 1945 staff meetings have been held monthly, except during the summer, and many of the papers and symposia presented have been subsequently published in the Quarterly.

SUMMARY

The ultimate size of the Clinic cannot be predicted. This decision will eventually be made by the patients. However, regardless of size, success is achieved by professional competence, mutual respect, generous co-operation,

and personal integrity. The Clinic doctor, or one of his close colleagues from his own Section must always be available to his patients and to his Clinic associates.

When I first began to plan the organization of a medical clinic, I set certain aims and objectives to follow and these have remained my guide throughout the years:

- 1. The highest possible standards of scientific and professional attainment for the help of the sick.
- 2. Professional and business integrity.
- 3. Good doctor-patient relationship.
- 4. A sound policy with regard to the control and ownership of accumulating assets and the distribution of annual income.
- 5. Efficient and economical administration.
- 6. Good professional and public relationships.
- 7. An active educational and research programme within the group.
- 8. Support for medical education and research in the University and affiliated hospitals.
- 9. A continuous planning programme for the future, bearing in mind always that the future belongs to the younger men of the group.
- 10. Co-operative and effective team work with a great deal of "give and take".
- 11. Attaining the loyal and efficient support and co-operation of the entire staff.

The following is a complete list of specialty Sections and Professional Personnel in 1962 with the dates of joining the Clinic.

DIRECTOR - DR. P. H. T. Thorlakson

DIVISION OF MEDICINE			DIVISION OF SURGERY		
Chairman - Dr. C. H. A. Walton			Chairman - Dr. K. R. Trueman		
North 9	Internal Medicine		North 5	Urology	
	Dr. E.G. Brownell	1947		Dr. C. B. Stewart	1929
	Dr. Isobel D. Moon	1951		Dr. H. D. Morse	1941
	Dr. W. Karlinsky	1955		Dr. J. R. Taylor	1953
	Dr. B.B. Fast	1957		Dr. T. A. Lebbetter, Jr	
South 9	Internal Medicine		South 5	Orthopaedic surgery	
	Dr. D. L. Kippen	1946		Dr. G. H. Ryan	1946
	Dr. J. E. Morris	1950		Dr. Bruce Loadman	1946
	Dr. R. A. Polson	1951		Dr. B. J. S. Grogono	1959
	Dr. J. B. Frain	1952		Dr. R. K. Macoomb	1962
North 7	Internal Medicine		North 4	Ophthalmology	
	Dr. J. M. Kilgour	1945			1953
	Dr. Louis Cherniack	1947		Dr. J. Bendor-Samuel	
	Dr. J. D. McDowell	1954			1958
	Dr. D. D. Gellman	1958			1961
	Dr. W. B. Ewart	1959			1962
South 7	Dermatology		South 4	Otolaryngology	
	Dr. A. W. Anhalt	1957			1956
					1957
North 6	Paediatrics				1960
	Dr. M. McLandress	1947			
	Dr. J. N. Briggs	1952			
	Dr. J. C. Haworth	1957			
	Dr. K. C. Finkel	1958			
	Dr. K. A. Christie				

DIVISION OF MEDICINE (continued) DIVISION OF SURGERY (continued) South 6 Allergy & Internal Medicine Obstetrics & Gynaecology North 3 Dr. C. H. A. Walton 1944 Dr. B. D. Best 1944 Dr. H. W. Bottomley 1946 Dr. A. W. Andison 1946 Dr. A. S. Majury 1953 South 3 Psychiatry Dr. T. M. Roulston 1954 Dr. G. L. Adamson 1945 Dr. Howard Karasick 1962 Dr. J. E. Burch 1946 Dr. K. Ford 1959 North 2 General surgery Dr. K. R. Trueman 1940 West 2 Dr. T. A. Lebbetter 1945 Dr. John Farr 1946 West 2 Administration North 2 Cardiac & Thoracic surgery Dr. J. C. Graham 1962 West 1 Occupational Medicine Dr. F. P. Waugh 1954 North 2 Neurosurgery Dr. A. G. Henderson ('49-51) 1962 Dr. Rankin Hay 1958 Dr. D. Medd 1947 Dr. O. S. Waugh 1958 North 2 Reconstructive & Plastic surgery Dr. W. Reid Waters 1962 ANCILLARY SERVICES X-ray South 2 General Surgery Physiotherapy Dr. J. E. Isaac 1941 Dietetics Dr. R. H. Thorlakson 1956 Pharmacy Dr. T. K. Thorlakson 1956 Administration Clinical Laboratories West 2 General surgery a) Biochemistry Dr. P. H. T. Thorlakson 1926 b) Haematology

c)

d)

Isotope

Electroencephalography Electrocardiography