

A History of the Montreal General Hospital Social Service Department

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Informations sur les pionniers et les événements qui ont contribué à la création du département de travail social de l'Hôpital général de Montréal.

Information on social work pioneers and the events that helped create the Social Service Department at the Montreal General Hospital.

In anticipation of the 100th anniversary in 2011 of the Social Service Department at the Montreal General Hospital and to mark the special 40th anniversary issue of *Intervention*, it is important to understand the earliest historical roots of medical social work in Montreal. The Montreal General Hospital Social Service Department helped pioneer medical social work and link the hospital and community social services. The objective of this article is to demonstrate how social work pioneers got started, the challenges they faced, the kinds of interventions they made and, most importantly, how social work is inextricably linked with humane medical care.

The Beginning in Montreal: 1910

The story of organized social services in Montreal begins with the establishment of the Montreal General Hospital (MGH) itself. In 1818, before there was a formal MGH, a group of socially conscious women known as The

Female Benevolent Society mobilized to help European refugees settling in Montreal after the Battle of Waterloo because many of the refugees were unprepared for Montreal's winter weather. Their public appeal succeeded in raising funds that established soup kitchens and schools for the benefit of those in need. Before long, the Society found that many immigrants who sought their help suffered from medical illnesses. This drove the group to raise additional funds to establish a "House of Recovery". The initiative was so successful that, by 1820, enough money was raised to purchase a house on Craig Street, and equip it with 24 beds. Ultimately, the House of Recovery was christened "the Montreal General Hospital" (Montreal Star, 1935).

In 1910, Montreal was struck by a massive typhoid epidemic. Hospitals were overflowing and volunteers were taken on to help the overburdened staff. Miss Helen Reid was in charge of these volunteers (Reid, 1913). After the epidemic abated, many volunteers still eager to be of assistance visited patients at home and organized a Christmas tree party with gifts for the children. Miss Reid became a strong advocate of the supportive role volunteers could play in helping hospitalized patients. She wrote, "... the Montreal General Hospital offers a special opportunity ... as its clientele includes hundreds of people who are affected with the awful diseases of ignorance and poverty which the trained social worker is better fitted to cope with than the busy doctor" (Reid, 1913: 6).

Miss Reid met a likeminded collaborator in Reverend John Lochhead, a Presbyterian minister of the Melville Church in Westmount. Lochhead had done an apprenticeship in social service in the Glasgow University Settlement in Scotland. Lochhead's first encounter with a medical social service department happened prior to his arrival in Montreal from Scotland in 1909. Prior to coming to Montreal, he had spent the winter in New York City, where he visited the newly created Social Service Department in the Presbyterian Hospital (Lochhead, 1947).

***Intervention*, la revue de l'Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec.
Numéro 131, hiver 2009 : 79-88.**

This experience left such an impression, that Lochhead "... felt that a west-end church should develop a social outlook," (Lochhead, 1947). To this end, he began studying social service developments in the medical field. Among those with whom Lochhead studied was Dr. Richard Cabot, a senior physician at the Massachusetts General Hospital, and a pioneer in establishing hospital-based social service programs. Dr. Cabot had learned about hospital social service in London (Cabot, 1909). On his return to Boston, Cabot was responsible for establishing the first structured hospital social service department in North America in 1905, and hiring the hospital's first social worker, Miss Ida Maude Cannon (Brock, 1969: 22, Cabot, 1928). In 1910-11, the first social work departments in Canada were initiated at the Toronto General and Winnipeg General Hospitals (Taylor Rossinger, 1985).

Inspired by Cabot's work, Reverend Lochhead decided to limit his volunteers to the hospital closest to his congregation, namely the Western Hospital, as it was known then. He arranged to see the matron, Miss Craig but "... I got the impression that she regarded me as a sentimental, hair-brained faddist, although she was too polite to say so" (Lochhead, 1947). Therefore, in 1910, he approached the Montreal General Hospital, which was under the administration of Miss Livingston, "... a very formidable old lady and delightful in her crabbed way." He was met with a similar detached attitude. "... even the General, the reported gathering place of all outcasts, failed to satisfy our appetite for cases" (Lochhead, 1947). It is interesting to note that Livingston Hall, a pavilion of the current Montreal General Hospital building, is named after Miss Livingston. It houses the current MGH Social Service Department.

Reverend Lochhead finally gained the support of MGH surgeon Dr. J.M. Elder, which allowed him to focus his efforts on the Montreal General. "I cannot express too strongly my respect and love for Dr. Elder. ... The impression he always gave me was that in a large sense he thoroughly approved of hospital social service" (Lochhead, 1947).

Reverend Lochhead started in the winter of 1910-11 by sending volunteer visitors to the wards of the Hospital. The first annual report

of 1910-11 noted that 119 cases were served. "We had learned the lesson that we must work from the inside. We therefore took the step of offering to the hospital a salaried whole-time social worker." The funds for her salary were financed through the Thanksgiving collection at the Melville Church. "The Montreal General had accepted our gift of a Social Worker with resignation but no elation; no sense of pride in being probably the first hospital in Canada to possess so up-to-date a gadget" (Lochhead, 1947).

The First MGH Social Worker: 1912

It took time to find the right candidate, but finally Mrs. Emma J. Foulis, a former nurse, was hired in January 1912. According to Reverend Lochhead, "She had no experience of hospital social service, ... and only dimly understood what she was being asked to do." She persevered and "... did try her best, conscientiously and perseveringly, in what was to prove a discouraging and lonely road. She had to find her own way and walk in unassisted." Later she was sent to visit Miss Ida Cannon at the Massachusetts General in November 1912 for a two-week apprenticeship. According to Reverend Lochhead, "She returned a different person... full of new ideas" (Lochhead, 1947). Mrs. Foulis wasn't given an office, and was largely ignored by the rest of the staff. But she had the freedom to walk around the MGH and talk to patients. "It was as if an elevator had been installed, but everyone continued to climb the stairs. ... She had simply to dig out work for herself, any bits and scraps she could find" (Lochhead, 1947).

Mrs. Foulis received her first real recognition when it was found that she could help "rid the hospital of some of its chronic cases. Every ward was congested with them" (Lochhead, 1947). Word soon spread that Mrs. Foulis might be able to find places for them in the community. The hospital began to see that she was saving them hundreds of dollars and easing the pressure for beds.

The Office-Bearers in 1912 for the Montreal General Hospital Social Service were:

- J.M. Elder, Honorary President
- Reverend John Lochhead, President

- Miss Elsie Williamson and Miss Grace Waterston, Secretaries
- Mr. Grant Sclater and Mr. Roberstson Gibb, Treasurers.

In addition to Mrs. Foulis, the salaried social worker, there were twelve volunteer visitors:

- Miss H.M. Batnes
- Miss J. C. Cole
- Miss Ethel Hanna
- Miss Elizabeth Harold
- Miss Annie Harrower
- Miss Margaret Hendry
- Miss Gertrude Jarvis
- Mr. Frank Jarvis
- Mrs. R.H. McNaught
- Mr. C. Gordon Morrison
- Miss Jessie Munro
- Miss Lillian Murray

In his 1912 annual report Reverend Lochhead described the following cases that were serviced by Mrs. Foulis:

Case of "... man in hospital with abscess in lung. Wife with two baby children at home. Eldest child 2 years old has finger crushed and has to be taken to out-patient department for dressings. Visitor assists mother with car tickets, food, moving expenses, etc., and gets other societies to help. After two months the man is discharged from hospital, but still needs five weeks care and nourishment. Thereafter returns to work feeling perfectly fit."

"English woman mortally ill with cancer. A widow, no friends. Was twice in hospital and could not be readmitted. Social worker visited and found indescribable condition of filth, starvation and neglect. Had transferred to Incurable Home where her last days are now being cheered by our friendly visitors."

"Man three weeks in hospital with acute rheumatism and unable to work for considerable time after. Patient a widower with two daughters. Visitor found house bare of furniture saving one mattress on the floor. Supplied with stove, bed, clothing and necessities until father was able to return to work. Very grateful and now doing well."

"Case from Out-patient Department. Man had hand crushed in Angus Shops after being three months out of work. Wife and six chil-

dren. Family found in extreme destitution. During period of visitation mother taken to hospital with pneumonia and one child sick. After mother's recovery found it necessary to take her to oculist to procure glasses. Family now on their feet."

The twelve volunteer visitors completed visits to 97 patients in their homes.

The Department handled a total of 491 cases that year. Mrs. Foulis's salary for 11 months was \$550.00. The total budget was \$1,185.40 and was described as follows:

Disbursements.

| | |
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| Spent on cases through Mrs. Foulis | \$206.02 |
| Spent on cases through | |
| volunteer workers | 286.79 |
| Salary, eleven months | 550.00 |
| Telephone | 18.50 |
| Sundries | 41.15 |
| Balance | <u>82.94</u> |
| | \$1,185.40 |

Reverend Lochhead started his 1912 annual report by saying "... while some at first wondered what a salaried worker would find to do, these persons now recognize that there is room for several."

However, since there was only one worker, she concentrated her time on the inpatient wards. She helped move patients who needed to be transferred to other institutions. She visited all of the charitable institutions in Montreal to learn about their mandates and resources to assist her in dealing with the poor and homeless patients. In the first year, Mrs. Foulis transferred 76 patients to other institutions. It was also noted by Reverend Lochhead that she accompanied convalescent sailors "... to the dock and sees to the securing of their baggage and arrears of pay."

In 1911, the Melville Church congregation gave a residence situated on the summit of Westmount Hill (Lawrence, 1982: 12) to the MGH to use as a convalescent home for several months. This was the precursor to the Montreal Convalescent Hospital. The MGH also later contributed money to help establish the Convalescent Hospital (MacDermott, undated).

About a year later, a new hospital superintendent, Dr. James Fyshe, a grandson of Anna Leonowens of Siam, came to the Montreal

General via the United States. While in the United States, he had also been impressed by the work of hospital social service departments. According to Reverend Lochhead, he was the first medical person at the MGH to really understand the value of social service. "When he came across Mrs. Foulis and learned what she stood for, he was thunderstruck. 'A social worker in the Montreal General! How in the devil's name did you ever get her?' " Under his leadership, Mrs. Foulis was given a small office and allowed to interview all patients who were admitted. "It was not long till the hospital assumed responsibility for the worker's salary. Social Service had come to stay. Its expansion henceforth was only a matter of time." (Lochhead, 1947)

The Third Annual Report of the Social Service Department (Lochhead, 1914) documented 769 cases dealt with from January 1 to December 31, 1913. The transfer of patients from the hospital to incurable homes and convalescent homes was noted as a vital part of the social worker's job. The report notes "Anyone who has tried to get a person into a charitable institution knows the amount of resistance and red tape that have frequently to be encountered... It is here that the Social Worker comes in with her special knowledge and experience." In 1914, 198 such cases were transferred by the Social Worker. The report details the cost per day of each case at \$2.00 and therefore notes the financial saving of this work to the MGH. In fact, that year the Social Worker was on holiday for a month and cases needing transfer piled up. This led to her being affectionately known as "The Exporter." (Lochhead, 1914)

The Report goes on to document that the Social Worker played an important role in ensuring that charitable agencies were being utilized. For example, once Mrs. Foulis learned of the Protestant Orphan Asylum, she referred many women and children to them to the point that the MGH accounted for "...one fourth of all the transferred cases in 1913... to this institution." To quote Reverend Lochhead, "She is a sort of director of traffic in the philanthropic world guiding people into the proper channels of help...". He also noted that, in addition to the transfer of cases, Mrs. Foulis arranged for a

MGH doctor to visit the Asylum to treat and discharge patients.

It is interesting to note that in 1985, MGH social worker Roslyn Bramble studied the discharge needs of long-term stay patients at MGH and found discharge delayed in 61% of the cases resulting in costs of approximately \$4.5 million to the hospital.

Some very touching cases were documented at the end of the Third Annual Report. Three examples follow:

"A pathetic case was that of a mother with two children, aged nine and three, who was traveling from Saskatchewan to England to undergo an operation. She arrived in Montreal in so exhausted a condition that she had to be removed from the train to the hospital. The poor woman was greatly troubled about her children thus left like waifs in a strange city; but the Social Worker was able to allay all her anxieties. She handed over the children to kind friends who took them into their own home. She then stopped the baggage, which had gone on to Quebec, and finally when the mother's case appeared hopeless, telegraphed to her husband in the West. He came through at once, but owing to the train being late, his wife died a few hours before his arrival."

"A similar case was that of a mother and young daughter who arrived in Montreal on their way to England. The mother had to be removed to the hospital where she died. The daughter was cared for by the Social Worker, the funeral arranged, the two steerage tickets exchanged for one second-class, and the girl put under the care of the stewardess on her sad and lonely voyage."

"One family as a result of sickness lost all its furniture and was boarding under indescribable conditions. A pulpit appeal for household necessities brought a generous response, and two cartloads of things were taken to a little house which one of the volunteer workers had secured for them. The goods contributed completely furnished the new home, and the family, very grateful for the unexpected assistance, has since been doing very well."

Mrs. Foulis continued in charge of Social Services at the MGH for eight years and was followed by Miss H.B. Broderick and then Miss Mildred Forbes (MacDermot, 1950: 98).

Expansion of the Department: 1917-1939

In 1917, Miss Ada Davison was appointed as the Social Service Department Director. She remained as Director for 22 years. She reported that the Department's activities for 1935 included seeing 2,744 new patients. (Davison, 1935) In her annual report, she mentioned the use of a Special Fund raised by the Westmount Operatic Society to help indigent patients. She also reported that when the Soldiers' Wives League discontinued its charitable work in June of 1931, it donated \$1,000 to the Department to use "For the benefit of the wives, widows, and families of Canadian soldiers or ex-soldiers who are in difficulty or distress." With this money, the Department was able to help 153 families with dental treatment, spectacles, clothing, braces, taxis and artificial eyes.

In 1935, the 66th Annual Meeting of the National Conference of Social Workers was held in Montreal. There were over 6,000 social workers in attendance. Hospital social service was starting to grow nationally.

In her 1936 Annual Report, Miss Davison made the case for better facilities for the Department. She quoted from the Statement of Standards adopted by the American Association of Medical Social Workers in 1936. "Medical Social Service has been developed in the Hospital as a service to the Patient, the Physician, the Hospital, Administration, and the Community, in order to help meet the problems of the patient whose medical need may be aggravated by Social factors and who therefore may require Social treatment which is based on his medical condition and care." She went on to state that well-qualified staff selection is essential and that the Director must have the appropriate credentials. Thus, she advocated for "... a central office... accessible to patients and to doctors but should afford privacy for interviews..." She also advocated for the need for clerical assistance (Davison, 1936).

In 1937, in the 26th Annual Report presented to J. C. MacKenzie Esq. M.D. General Superintendent of the Hospital, the Department Director, Miss Davison described the Department's mission as follows: "Medical Social Work in a hospital is the searching out of

social factors contributing to the physical ailments of the patient, analyzing their causes and effects, and making a plan in which as far as possible these factors may be eradicated or at least improved."

The following year, Miss Davison reported that the department served 2,268 new patients, 360 of whom were cases carried over from the previous year. She lamented the increasing volume of requests and inadequate number of staff to meet them. She detailed some of the instrumental assistance given to patients such as artificial eyes, spectacles and splints and elastic stockings. She noted that for patients unable to provide their own transportation, \$495.75 was spent for taxis, railway and car tickets.

Miss Davison retired in 1939. Mrs. Constance Webb was her successor.

The 1940s

The Annual Report for the year ending 1940 described how the Department's functioning was hampered by its inadequate quarters. Rooms on the main floor of the Hospital were finally given to the Department. Desk space was also allotted for two Montreal School of Social Work students who were doing their field work at the Hospital and for volunteers from the Central Volunteer Bureau. This gave the social work staff more time to work with patients.

In 1941, Mrs. Webb, Director of the Social Service Department noted in her Annual report that the provincial Ministry of Health paid for a social worker to "... bring and keep infectious patients with venereal disease under treatment." (Webb, 1941) Mrs. Webb resigned after three years of service and was replaced by Miss Olive L. Elmslie.

The 33rd Annual Report for 1944 submitted by Miss Olive L. Elmslie, Acting Director, to Burnett S. Johnston, Esq. M.D., General Superintendent states "The Medical Social Worker can do much to build up the morale of... patients by frequent talks with them about their problems..." These talks formed the basis of supportive counselling to patients and their families.

In 1945, Miss Elmslie noted in her Annual Report the problems experienced in placing

chronically ill patients "... especially those suffering with Tuberculosis, Carcinoma, and the aged sick" (Elmslie, 1945). The shortage of beds in appropriate institutions resulted in patients staying longer at the MGH and thereby delaying admissions of patients waiting for treatment. She also noted that the Department was encountering many cases with psychiatric problems due to the war. A year later, she addressed the unmet needs of psychiatric patients by stating that a social worker needed to be hired for the new psychiatric clinic.

In her 1946 Annual Report, Miss Elmslie spoke about the increasing number of elderly patients. "The trend toward an older population for Canada is emphasized in the returns from the 1941 census as reported in the Canada Year Book 1943-44. We have come to realize that the increased number of old people represents a problem."

By 1947, Miss Elmslie was voicing a strong need for a chronic hospital. "Quite frequently during the past year many of our incurable patients had to be re-admitted to the ward as they were too ill..." (Elmslie, 1947). She also noted that many of the young patients seen by the Department were separated from spouses either legally or as a result of the war and required a great deal of supportive help. She detailed the problem in placing Roman Catholic psychiatric patients because of the long wait for Catholic placements, thereby forcing patients to languish in hospital.

Miss Agnes Tennant replaced Miss Elmslie. Miss Tennant subsequently left in 1949 to be married. Mrs. Mary McIlquham was therefore named as interim administrator. Her Annual report for 1949 noted the many Displaced Persons and New Canadians who were served by the Department. "The language difficulty in many cases presents quite a handicap as the patient is at a disadvantage in trying to discuss their upset thoughts and feelings" (McIlquham, 1949). The statistics from October 1st, 1948 to September 30th, 1949 were reported as follows:

- 3,211 cases carried over
- 1,407 cases opened
- 1,352 cases closed
- 3,208 cases remaining
- 4,618 total number of cases served

Recognition: the 1950s

Miss Avis Pumphrey was named Director in 1950. Under her direction and in collaboration with medical chiefs of staff, ward rounds that included the social worker became established practice. "... the doctor, head nurse and social worker confer together every week on the problems presented by each patient, keeping each other informed, and working as a team to help the patient to return to health as quickly as possible" (Pumphrey, 1950). She documented the expansion of services in her 1950 annual report, noting that two social workers were assigned to Psychiatry. With increased recognition of the importance of social services to patients, Miss Pumphrey was invited by the School of Nursing to lecture on emotional and social components of illness to student nurses and dietitians.

In 1951, under the direction of Miss Pumphrey, there were 14 staff members who possessed a Bachelor of Arts degree and a Master of Social Work degree (Unidentified newspaper article, 1951). The average monthly caseload of the Department almost doubled from 391.3 cases in 1950 to 654.2 in 1951. In the Tumour Clinic, the number of cases seen by Social Services increased from 55 in March 1951 to 244 in a seven-month period. Miss Pumphrey proudly mentioned that the value of social service was recognized by both the medical staff and the provincial health ministry with government grants for hiring social workers to work with emotional disorders, glaucoma, tumours, and syphilis cases. "The medical or psychiatric social worker has thus been officially recognized as a member of the medical team..." (Pumphrey, 1951).

The social worker responsible for the syphilis casework began a social research project to identify the underlying behavioural causes in order to make recommendations on community resources to meet the social recreational needs of the young Montreal population especially those entering the city from rural areas. This social worker was seeing ten new cases per month.

In 1954, Miss Pumphrey received recognition from the American Association of Medical Social Workers in a letter that stated "Your Department of Social Service is an outstanding

one, ... as good as we have on the North American continent" (McMahon, 1954).

In the spring of 1954, a sub-committee of the Medical Board, composed of Drs. Mitchell, Rowe, Alexander, and Mowry, was mandated to "... study the value of Social Service in relation to the clinical treatment of the patient." They noted that there had been an increase from 400 to 900 cases a month since 1950. They found that 43% of referrals came from doctors, 18% from patients and families, 17% from community agencies and 15% from nurses. Seven per cent of the referrals were from a variety of sources, such as a concerned minister or the police who picked up a psychotic patient.

In reviewing the Departmental statistics for 1953, the Committee found that the major source for new referrals by service was as follows:

- 829 from medical wards and clinics
- 726 from surgical wards and clinics
- 471 from psychiatric wards and clinics
- 243 from orthopaedic wards and clinics
- 240 from gynaecological wards and clinics
- 117 from urological wards and clinics
- 343 were referred for help with resources for glasses

The Committee also found that of the 5,210 new patients seen in 1953, 659 patients had a diagnosis of cancer.

Nursing expressed their appreciation to this Committee for the responsibility that the Social Service Department was taking for patients' emotional welfare and for their support in helping patients return to their family and community. They congratulated the Department for faithful and conscientious service. "The development of medical social service would appear to be a natural extension to clinical treatment which today considers the entire patient even though they present themselves with a specific complaint."

The Committee recommended to the Montreal General Hospital Medical Board that the Social Service Department be retained as an integral department of the MGH. They also recommended that all referrals to Social Services be in writing and signed by the referring doctor, "... thus placing Social Service on the level of professional consultation."

In 1955, the Department moved to a larger space when the MGH moved to a new building on Cedar Avenue. With the establishment of the new site, taxi transport and the provision of prosthetic appliances was transferred to other departments thereby freeing the social workers to deal with increasing numbers of referrals. At the same time, the new process of written referrals helped to eliminate inappropriate referrals. These changes helped to make the Department more efficient and gave the social workers more time with patients who needed their help.

Social Service Department Director, Miss Avis Pumphrey, reported in 1957 that \$2,500 had been donated to the Department by the Women's Auxiliary of the Montreal General. "This special fund is used to provide unmet needs of patients... that are not available from other sources." In the 1990s, this amount was increased to \$14,000 per year and continues to be of immeasurable assistance to the many patients who benefit from its use.

Miss Pumphrey provided consultation to the government of Saskatchewan in the establishment of medical social work for several years in the form of visits and correspondence. She eventually left Montreal to become Director of Social Services at the Vancouver General Hospital.

Miss Jessie M. Lawrence succeeded Miss Pumphrey in 1958. During her time as Director at the MGH, Miss Lawrence's expertise was also sought after by the Ottawa General Hospital. At the request of the Faculty of Medicine at the University of Ottawa, she helped them to establish a plan to develop a social service department at the Ottawa General.

In her annual reports of the late 1950s, Miss Lawrence, like her predecessors, also noted the problem of a lack of facilities for chronically ill patients. She also noted the increasing number of elderly patients requiring help from Social Services. In her 1959 report, Miss Lawrence stated that more than 50% of the Department's clientele required resources outside of their own home in addition to their treatment at the MGH.

Reorganization of Health and Social Services: the 1970s

In 1971, Quebec adopted an Act respecting Health Services and Social Services, which reorganized the network of service agencies into social service centres with a regional plan (Robichaud, 1985).

In the same year, the MGH Social Service Department celebrated its 60th Anniversary by inviting Harvard University Professor Nathan Glazer to speak on "The Limits of Social Policy: The Case of Health Care". Department Director Jessie Lawrence (1971) introduced Dr. Glazer as a highlight of the celebrations in which the Department was recognized as being one of the earliest in North America.

Dr. Glazer described North American health and social services as being in a state of crisis. He noted that Sweden and England had a stronger organization of social services than in his country, the United States. He stated that social policy had reached its limit in dealing with the breakdown of traditional societal structures in North America. To this end, he called for the development of policies that fostered traditional social structures (Lawrence, 1971: 15).

The audience of social workers perceived his comments as very supportive to their cause of providing social and community support to medical patients and to the changes taking place in the network reorganization.

By 1977, more than one third of all professional social workers worked in health settings (Meloche, 1985), a testament to the importance of social workers to hospital service delivery.

Administration by the Ville Marie Social Service Centre: 1973-1991

In 1973, social services in the Province of Quebec were centralized under the governance of newly created social service centres. To this end, anglophone social services including the MGH Social Service Department staff came under the administration of the Ville Marie Social Service Centre (VMSSC). Staff remained in the Hospital but their salaries were paid by the VMSSC. The Director of the Social Service Department, Miss Lawrence, was directly accountable to the senior management of VMSSC and indirectly to the MGH senior administration.

Although services were essentially maintained in the same way, the Hospital felt that they no longer were as influential in the direction of social services. As they no longer administered the budget, they perceived that they no longer had direct control over the allocation of staffing. Furthermore, Miss Lawrence felt that the VMSSC was too removed from the daily hospital work to effectively administer the Department and she often felt pulled and in conflict with regards to both administrations, especially during budget cuts (Lechman, 1980). However, this arrangement continued until 1991 when in a new reform was introduced and all social service workers were repatriated to their originating hospitals.

Miss Lawrence served 25 years as Department Director and was succeeded by Martha Walsh following her retirement in 1983. At Mrs. Walsh's untimely death, Miss Marcelle Haim assumed the responsibility of Interim Director. The current manager of MGH Social Services, Constance Lechman, was hired by Miss Lawrence in 1972 to work as a social worker in the Psychiatry Department. Ms. Lechman became the Director of the Department in 1991.

The McGill University Health Centre (MUHC)

With the merger of the MGH, the Royal Victoria Hospital, the Montreal Chest Institute and the Montreal Neurological Hospital, Ms. Lechman also assumed responsibility for these hospital social service departments.

Today, social services at the Montreal General Hospital site are provided by 26 university-trained social workers who are available in all inpatient and some outpatient care areas including the Emergency Department and who, as such, are an integral part of the interdisciplinary approach to patient care. The annual budget for the Department is over \$1.8 million. This is essentially for salaries with stationery and telephones constituting a small portion of the budget.

The patient population is multicultural and spans the developmental life cycle from young adults to geriatrics. Patients present with complex medical and social problems and have a wide variety of needs, strengths and limitations. The social service professionals help

physically or mentally ill patients and their families cope with the social and psychological problems that emerge as a result of an illness or hospitalization. The range of social service interventions includes: psychosocial assessment, high social risk screening, treatment planning, counselling, discharge planning, and locating and arranging community and institutional resources.

Today, patients present with the same types of social problems but the response of the community is different. Today's solutions come more from governmental agencies than churches and well-intentioned volunteers.

The Social Service Department provides an educational program for social work students in collaboration with McGill University. Each year about ten students have their field training in the Department.

In addition to the formal and informal teaching of interdisciplinary colleagues, the department engages in psychosocial research. The most recent research has found that psychosocial problem severity is a more significant predictor of length of hospital stay than the nature of the medical problem. (Keefler, Duder & Lechman, 2001; Lechman & Duder, 2006).

Conclusion

The Montreal General Hospital Social Service Department was one of the first in Canada and in North America. It is interesting to note that the problems experienced by the Department today are essentially the same as in the early years and throughout its history, namely an insufficient number of staff, difficulty finding placements for chronically ill patients, transport problems and scarce community resources to care for the ill elderly patients who come to the Hospital's attention.

Despite these problems, it is clear that social work has played and will continue to play an important role in humanizing medical settings by mitigating the psychosocial problems of the patient and facilitating the patient's return to the community. *L'humain. Avant tout.*

Descripteurs :

Hôpital général de Montréal. Département de service social // Service social médical - Québec (Province) - Histoire

Montreal General Hospital. Social Service Department // Medical social work - Quebec (Province) - History

Note

1 The author thanks Randy L. Rotchin for his editorial assistance.

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