

## II: The Dream

The foundation of the Jewish General Hospital was truly a community effort. The resources required for this important link in the institutional development of the Jewish community of Montreal were pooled by Jews of all backgrounds and socio-economic levels. Painstaking efforts on the part of some, the gift of a few hours of spare time on the part of others, and a willingness by all to donate to a more-than-worthy cause, permitted the establishment of this life-saving monument to Jewish generosity. The credit for the initial impetus, however, must be attributed to a much smaller group of far-seeing and public-minded individuals who, when aware of the growing need for hospital facilities, recognized this as a call to action.

The first apparent attempt to found a Jewish-run general hospital in Montreal was by Dr. Hyman Lightstone, the honorary physician of the Baron de Hirsch Institute, and Dr. Norman Viner. In 1907 these two young doctors attempted to raise enough money to establish a hospital so that greater opportunities might be available to Jewish practitioners. Although well meaning, they simply did not have the resources or time to carry out their aims effectively. In 1959 Dr. Viner recalled how:

Each of us with a little notebook in his hand, began to canvas our wealthier compatriots, requesting the hoped for donors to sign for \$1,000 and \$2,000 towards the erection of a hospital and correspondingly, \$100 or \$200 towards the annual maintenance. I wish I had those two little notebooks today as a footnote to our communal history. In any case, we met with some pleasant receptions and, for the era, a fair number of contributions. Of the number who signed, I regret to say I now only remember three, namely, the late Mark Workman, Hiram Levy and Jack Jacobs . . . However, Lightstone and myself found this a very time-consuming effort. We had our budding practices, hospital duties and the necessity for making a living to consider. Though our attempts received fair recognition they did not build up fast enough in contributions to build a hospital, so that after a few months we reluctantly dropped the venture. But I never forgot the purpose . . .<sup>1</sup>

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Mrs. Taube Kaplan and her supporters were the next to endeavour to establish a Jewish general hospital. Not long after the Hebrew Maternity Hospital had opened, the "Greene Rebitzin" resumed her door to door canvassing, this time using a rubber stamp reading "Neta Israel Hospital (The Plant of Israel Hospital), organized February 12, 1917."<sup>2</sup> Despite the fact that Mrs. Kaplan's methods and lack of connections in the West End meant that her fund-raising was a slow, laborious process, in the long run her efforts paid off. Helped by the Jewish tradition that anyone who asks for help must not be turned away empty-handed, by the middle of the 1920's the pennies, nickels, dimes and quarters she had collected amounted to over \$7,000. She offered this to the leaders of the more organized undertaking being formed by the Hebrew Maternity Hospital and the Montreal Clinical Society.

Her work did not end there, though; with her followers, she continued to contribute money and equipment under the name of the Sir Herbert Samuel Society, named after the British High Commissioner whom she viewed as the first Jewish "President" of the Holy Land. The "Greene Rebitzin," an old woman by the time the Jewish General Hospital actually opened, would later demonstrate the selflessness of her motives by turning down an offer on the part of Allan Bronfman, President of the hospital, to have one of its wards named after her. Instead, she suggested that the ward bear the name of Sir Herbert Samuel, after whom she had previously wished the entire hospital to be named. Mrs. Kaplan entered the Montreal Hebrew Old People's and Sheltering Home on November 22, 1938, and died there on August 2, 1940, a great loss to the entire community.

The staff and directors of the Herzl Dispensary also favoured the establishment of a Jewish-run hospital from an early date and hoped to form the nucleus of this dreamed-of institution. The need was increasingly visible. The annual report of the Herzl Dispensary for the year 1919 put the matter bluntly:

We are compelled to turn away many cases as they are really hospital cases. When we recommend these cases to hospitals in most instances they are not admitted because of the lack of room. Our doctors feel this stress so keenly that we are left open to one question only. Is it not time for our Montreal Jewry to come forward and establish a JEWISH HOSPITAL?<sup>3</sup>

The Herzl Dispensary, eventually absorbed by the Jewish General Hospital, played only a minor role in the events leading to the foundation of the hospital. Its staff would contribute more as individuals and through other organizations, such as the Montreal Clinical Society.

Of more importance in the movement for the establishment of the Jewish General Hospital were those associated with the Hebrew Maternity Hospital. The Hebrew Maternity Hospital's directors had favoured expansion for some time, due to their institution's acute lack of space, and in 1920 they purchased a lot on Esplanade Avenue. Plans and specifications for the construction of an enlarged maternity hospital were drawn up and a call for tenders issued. These would not be opened when the moment came, however, for by that time a number of Jewish doctors had lobbied the hospital's directors to consider the possibility of cooperating with other organizations in constructing a hospital on an even grander scale. The directors suspended the Esplanade Avenue project and before long sold the lot in question to the Montreal Hebrew Old People's and Sheltering Home for the erection of its new building. Two other immediate attempts to relieve the growing pressure on the Hebrew Maternity Hospital's facilities were initiated, but both remained without consequence. On one of these occasions the hospital submitted an offer to purchase

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the Montreal Maternity Hospital. The proposal arrived two hours too late. Subsequently the directors requested a permit to build in Outremont, only to have the municipal authorities turn them down.

While some of those connected with the Hebrew Maternity Hospital, such as C.B. Fainer, continued for a time to propound above all the need for a larger Jewish maternity hospital, others quickly became convinced that the construction of a general hospital, including facilities for maternity cases, would provide the best solution to many of the Jewish community's health problems. A committee was established to consider this question and, after much debate, it concluded that the most advantageous course, for themselves and for others, would be to apply for a new charter as both a general and maternity hospital. To further discuss this and to begin the process of drumming up support for the project, in early January 1925, one of the directors, the Rabbi Max J. Merritt of the Temple Emanu-El Congregation, drew up a letter addressed to the Montreal Clinical Society. This letter asked for a conference between representatives of both organizations.

The Montreal Clinical Society, an organization of Jewish physicians, was founded in 1923 by Drs. Nathan Freedman and Samuel Ortenberg. Its several purposes were inserted in the Society's constitution on the occasion of its first meeting, held in the Herzl Dispensary. Members chose as one of their aims "to increase the medical knowledge of members by means of meetings to be held at stated intervals, at which will be presented Lectures, Papers, and Communications with Discussions germane to them."<sup>4</sup> They placed particular importance on the educational role, due to the need to raise the status of Jewish doctors in Montreal and to facilitate their access to Montreal hospitals, not to mention the Medico-Chirurgical Society. This object would be carried out effectively with the help of local and international guest lecturers.

The members of the Clinical Society also intended to improve the unsatisfactory relationship between the sick benefit societies and their doctors, a situation highly injurious to the physicians and the medical profession in general. The Clinical Society's thirty or so members (out of a total of about 50 Jewish doctors in Montreal) took this up at the third general meeting, and appointed a committee to deal with the matter. The committee soon drew up a set of rules which would have fixed the hours of duty in the doctor's office and the patient's home, established an annual stipend of \$1200, and caused the formation of a body of three disinterested members to supervise the application of the rules and to make all medical appointments to the sick benefit societies. The doctors on the committee agreed in their approval of the proposed regulations, with the exception of one member who refused to consent to the set annual fee. On account of that one dissentient voice, the committee felt obliged to abandon the whole plan. While discord did for a time prevent a resolution of the problems facing the society doctors, eventually the sick benefit societies would themselves come voluntarily to a more satisfactory arrangement.

The aims of the Clinical Society also included stimulating medical research, aiding in all attempts to improve the health and longevity of the community, promoting the maintenance of ethics in the practice of medicine and keeping harmony between doctors. Lastly, but certainly not of the least importance to the members of the Clinical Society, their organization pledged itself "to encourage all practical efforts towards the erection of a Jewish General Hospital."<sup>5</sup> The association began to consider the question of establishing a new Jewish hospital from May 1924. Starting at this period, when plans for building a hospital took up much of the business portion of each meeting, the group's attendance rose

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dramatically; it would never again have problems raising a quorum. Interest in the prospect of founding the new hospital appeared to be high.

At a meeting of the Clinical Society on September 10, 1924, Dr. Viner, the veteran of the unsuccessful campaign of 1907 and the first president of the Society, mentioned in a summary of its activities and accomplishments that he believed the immediate prospect of building a hospital to be hopeless. He did not see this as a reason for inaction, however, and agreed with others present that a program to educate the community about the need for a hospital would be a good preliminary step and one which could be acted upon right away. The evident concensus concerning this point resulted in the appointment of an ad hoc committee of five members to begin the ground work. Those chosen were Doctor Abram Bercovitch, a Montreal-born gynaecologist who had been educated in Montreal, New York, Baltimore, Chicago, London, Edinburgh, Paris and Vienna, and had recently arrived from Winnipeg; Dr. S. Eidlow, Assistant Accoucheur at the Hebrew Maternity Hospital; Dr. Max Rabinovitch, the first vice-president of the Montreal Clinical Society; Dr. A. Bernard Illievitz, a prominent Jewish physician who held positions at the Montreal General and Montreal Baby and Foundling Hospitals, the Herzl Dispensary and McGill University, not to mention his place on the Medical Board of the Mount Sinai Sanatorium; and finally, Dr. Samuel Ortenberg, one of the Clinical Society's founders and head of the Medical Board of the Mount Sinai Sanatorium.

This committee, composed entirely of enthusiastic advocates for the establishment of a general hospital, quickly exceeded the bounds of its limited original mandate. Communications were initiated with the analogous committee of the Hebrew Maternity Hospital and to show that the Clinical Society meant to contribute more than words, on November 26, 1924, twelve members together pledged \$4,100. By December 10th, a total of \$14,000 had been subscribed.<sup>6</sup> Momentum was building.

The conference which had been requested by the directors of the Hebrew Maternity Hospital took place early in 1925. The five doctors appointed by the Clinical Society to investigate the possibility of constructing a general hospital represented that organization, while the Hebrew Maternity Hospital sent six non-medical men. These were: C.B. Fainer, the vice-president and treasurer of that hospital; J.A. Budyk, its first secretary and honorary solicitor; S. Duskes; Solomon Z. Fels, for a while the hospital's vice-president; Rabbi Max J. Merritt; and J.B. Miller, president of the Maternity Hospital, Director of the Mount Sinai Sanatorium and Vice-President of the Hebrew Consumptive Aid Society. Dr. S. Eidlow, who went on behalf of the Clinical Society, belonged to both organizations.

No immediate concrete actions resulted from this meeting, although the Hebrew Maternity Hospital persisted in its efforts to have the government amend its charter. That was granted on April 3, 1925. The gathering did, however, initiate a series of discussions on the hospital issue and stimulated attempts to form a more concerted and cooperative movement. Hirsch Wolofsky picked up the banner and undertook the promotion of the idea of a Jewish general hospital in his two papers, the *Kanadar Adler* and the *Canadian Jewish Chronicle*. Community interest spread quickly and the original vision began to look more and more within the realm of the possible.

Concern for the need to build a large, specifically Jewish Hospital received further stimulus about this time from one of the most shameful incidents in the medical history of Quebec. A Jewish graduate from the University of Montreal had been assigned as an intern to one of the city's French Catholic hospitals in order to complete newly revised

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requirements for medical students. The other interns of the hospital protested vehemently against the presence of this Jew and within a few days went out on strike, leaving him as the only house officer in the entire hospital. The resistance of the hospital's governors and outrage expressed in the local and international press proved to be of no avail; the victim of discrimination resigned from his untenable position and the bigoted interns carried the day. Fortunately for the Jewish student, the university authorities permitted him to accept one of the many offers for internship sent to him from American hospitals; however, the basic wrong, an affront to the entire Jewish community, was left to stand.

Montreal's Jews, particularly those of the East End, were furious. The words of Hillel never applied more: "If I am not for myself, who will be for me? If not now, when?" Something clearly had to be done. An important part of the answer, for many, lay in the construction of a Jewish hospital which would enable Jewish medical students and doctors to further their ambitions and which would also provide an example of tolerance visible to all.

In August 1925 a large meeting of concerned citizens, including members of the Montreal Clinical Society, agreed on the necessity of building a new general and maternity hospital, under Jewish control and staffed mainly by Jews, but open for the use of members of all ethnic and religious groups. The mooted hospital, to be realized in conjunction with the committee of the Hebrew Maternity Hospital, was foreseen to cost roughly \$500,000 and was expected to contain 150 beds. These figures remained in use by the pro-hospital forces during the next two years.

In another meeting, held at the home of Dr. Norman Viner, members of the Clinical Society did their best to win the support of some of the wealthy and influential Westmount Jews. While opposition arose amongst some of those whose means would have morally obliged them to donate more, a number of opulent philanthropists were nevertheless successfully attracted to the cause. This group of benefactors included the likes of Peter Bercovitch, a Liberal member of the provincial legislature and the brother of Dr. Abram Bercovitch (himself an ardent supporter of the hospital project); Allan and Samuel Bronfman, the young and rising liquor manufacturers whose immense importance to the hospital will later become evident; Lyon Cohen, the industrial magnate whose philanthropy extended to many quarters; Maxwell Goldstein, a lawyer who had co-founded the Temple Emanu-El Congregation, had held the positions of president (1917-20) and then honorary president of the Federation of Jewish Philanthropies and had worked strenuously for equal school rights for Jewish children; Michael Hirsch, a prominent cigar manufacturer until his retirement in 1921, president and then honorary president of the Federation of Jewish Philanthropies, president of the Montefiore Club, past president of the Mount Sinai Sanatorium and Director of the Anti-Tuberculosis and General Health League; Jacob A. Jacobs, a businessman who headed the campaigns to found and fund the Mount Sinai Sanatorium and the Hebrew Orphans' Home; and, finally, Samuel W. Jacobs, a lawyer, Member of Parliament since 1917, past president of the Baron de Hirsch Institute (1912-14) and Life Governor of the Mount Sinai Sanatorium, the Young Men's Hebrew Association, the Hebrew Free Loan Society and the Montreal General Hospital. These men, admirably suited to the task, would form the core of the hospital's uptown promoters.

In the meantime, Hirsch Wolofsky continued to make use of his editorials to remind the Jewish community of its need for and moral obligation to establish a hospital, Mrs. Kaplan kept on canvassing from house to house in the East End of the city, and the situation of the

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overcrowded and underequipped Hebrew Maternity Hospital deteriorated further. Max Wiseman, an early convert to the cause, began to use his oratorical skills to harangue assemblies of the loan syndicates and Sick Benefit Societies, pointing out the obvious and challenging them to set generous example for their well-to-do co-religionists in the western part of the city. Of equal importance, the ideas and arguments concerning the foundation of another hospital passed from individual to individual as the Jewish inhabitants of Montreal gradually absorbed and ruminated over the plan, hesitating before turning the hospital from dream into reality.

On January 31, 1927 a meeting of representatives of both the uptown and downtown sections of the Jewish community took place in the board room of the Baron de Hirsch Institute, including members of both the Clinical Society and the Hebrew Maternity Hospital. After some discussion of the proposal to construct a Jewish hospital, those present were informed of an offer by Edgar Berliner, the local head of RCA Victor, to pay for a study of the hospital's feasibility and desired qualities. The assembled people welcomed the proposition and appointed a committee, with the power to increase its numbers, to undertake the survey. The committee consisted of eight members and was chaired by Samuel W. Jacobs. The other members included Allan Bronfman, then a director of the Hebrew Maternity Hospital; Horace Cohen, a son of Lyon Cohen; Nathan Gordon, a rabbi turned lawyer and president of the Temple Emanu-El; Joseph Levinson Sr., a businessman in the clothing trade; David Kirsch, second vice-president of the Federation of Jewish Philanthropies; Louis Salomon, a director of both the Baron de Hirsch Institute and the Hebrew Maternity Hospital; and, Marcus M. Sperber, a devoted Zionist lawyer who held prominent positions in the Baron de Hirsch Institute, the Federation of Jewish Philanthropies, the Immigrant Aid Society, the YMHA, the Jewish Educational Committee and several other organizations.

Despite an initial limit of three months imposed on the activities of the investigatory committee, its members collected information from a number of sources for the entire year. They examined annual reports of various local and out-of-town hospitals, benevolent society statistics published by the provincial government, and correspondence from American hospital authorities in New York, Brooklyn, Boston, Baltimore, Cleveland and St. Louis. They also interviewed the superintendents of several Montreal hospitals, various architects with experience in the construction of hospitals and a number of prominent Jewish and non-Jewish physicians. By May 10 the committee has prepared sufficiently for an encounter with the public, in order to acquire a sense of the community's attitude towards the erection of a Jewish general hospital. This gathering, held in the Baron de Hirsch Institute, had been advertised in the *Kanadar Adler*, the *Canadian Jewish Chronicle* and the *Canadian Jewish Review*, as well as by special notices sent to the heads of some 60 local Jewish organizations. About 100 people attended, including a large contingent from the East End, several pro-hospital doctors and representatives of a number of Sick Benefit Societies, who promised financial support and their full cooperation. While not all present were convinced of the necessity of building a hospital, particularly some of those who feared the extent of the costs it might involve, the majority of those present very clearly endorsed the project.<sup>7</sup>

Following the open meeting of May 10, the Hospital Investigation Committee drew up an initial report which contained much of what would be in the later communication. This, however, was not presented to the public and in the meantime the committee continued its

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enquiries. By January 9, 1928, a final and more complete report had been drawn up.

The committee's last report was brief (sixteen pages) but exhaustive and proved to be of vital importance in the events which led to the foundation of the Jewish General Hospital. It divided its observations into three main headings: whether or not there existed an obligation on the part of Montreal Jews to provide hospital facilities, the desirability of such a hospital, and finally the feasibility of the project.

Concerning the question of obligation, the report did not equivocate. During 1926, 1,892 Jewish patients had been cared for in the general hospitals of Montreal, almost all of them in the Montreal General and Royal Victoria hospitals. Given the average stay of 14 days in these hospitals, this meant that Jews continuously occupied around 130.5 beds in the city's general hospitals, or about 8% of the total available. Meanwhile, according to the Dominion census of 1921, Jews made up 7% of the total population of Montreal. The report also showed that Montreal's hospitals contained 1,715 beds for general work and 353 beds for maternity cases, a total of 2,068 beds. Only 16 of these were maintained by Jews, all being found in the Hebrew Maternity Hospital. Further, "of paramount importance in the consideration of this matter is the fact that there is at present a recognized shortage of about 2,000 beds." The committee concluded that:

. . . not taking into consideration the bed shortage above referred to, the obligation of the Jewish community of Montreal in the matter of hospitalization based upon their proportion of the population, which . . . is 7% of the total, would be to provide 129 beds for general alone or 155 beds for general and maternity cases. Even this number, in the case of general hospitals, is less than the number actually used by Jews in 1926, and whilst definite figures of maternity beds used by Jewish patients are not available, it is well known that the Jewish percentage is greater than in the case of general hospital beds used by Jewish patients.<sup>8</sup>

While the report recognized that some Jewish patients would continue to go to other hospital facilities, it also pointed out that many non-Jewish patients would use the Jewish hospital, as had happened in the Jewish hospitals of the United States.

The desirability of the proposed hospital was considered at greater length. In regard to the relative advantages of building a new maternity hospital as opposed to a combined general and maternity hospital, the report noted that the erection of a sizeable new maternity hospital would require a large financial outlay and yet would not provide the status or the level of service which would be possible with a multi-purpose hospital. The committee believed that the additional expense involved in the building of a both general and maternity hospital would achieve much more in proportion to the cost. The expense of maintaining a combined hospital would also be proportionately smaller than for two separate facilities.

Another important argument in favour of the proposed hospital was the necessity of providing patients with a Jewish environment:

Many of the Jewish patients can speak little or no English, and, even if they do speak the language, the customs and habits of the non-Jews are strange to them. In a word, they do not feel at home, there is a sense of being among strangers. This results in timidity that may be injurious to the patient, or it may cause an irritability that may retard his convalescence. From the Jewish doctors of the city, many of whom have had years of experience, come reports of innumerable instances of discomfort to patients and retarded convalescence by reason of

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strange environment and inability to obtain kosher food prepared in the manner to which they have been accustomed. It is generally conceded that a modern hospital, with a majority of Jewish doctors and nurses, with the serving of kosher food, and with a general Jewish atmosphere would react to the benefit of Jewish patients.<sup>9</sup>

The report noted that of the six American Jewish hospitals studied closely by the committee, four maintained kosher kitchens and another was preparing for it.

The establishment of a Jewish hospital was also perceived as a means of favouring the advancement of Jewish medical personnel. On the one hand, local instruction in nursing simply did not exist for Jews, with the exception of elementary training for a few girls at the Hebrew Maternity Hospital. All other Jewish nurses had to be instructed or brought in from elsewhere. The development of a Jewish general hospital could only help remedy this situation. On the other hand, while Jewish doctors could receive training in Montreal, and indeed many did (despite McGill's abhorrent quota policy and an almost total absence from the francophone system), few opportunities were open to them in Montreal's hospitals. Of the anglophone institutions, the Montreal General and the Royal Victoria hospitals were considered to be "closed," excluding Jewish doctors from practising in them.<sup>10</sup> The extremely few exceptions, such as Drs. David Ballon and Jacob Rosenbaum, who were attached to the Royal Victoria, and Dr. Illievitz, at the Montreal General Hospital, do not disprove the rule. If anything, their scarcity demonstrates the difficulty of getting appointments in those hospitals. The large number of Jews who were life governors of the Montreal General Hospital does not appear to have significantly improved the situation.<sup>11</sup> Some of the much smaller hospitals, such as the Homeopathic Hospital on McGill College Avenue, Saint Mary's Hospital on Dorchester Street, the Western Hospital and the Women's Hospital (now the Herbert Reddy Memorial Hospital) were "open" to Jewish doctors, the latter even having a Jew, Dr. Abram Bercovitch, as surgeon-in-chief and chairman of its medical board. The small size of these institutions, however, limited their capacity for research and clinical practice for more than a very few doctors. The report therefore considered that a general hospital run by, and primarily for, Jews would provide clinical work sufficient to accommodate many physicians who would otherwise be lost to the community. The hospital would also greatly improve the quality of the local doctors.

The final factor concerning the desirability of building the hospital which received attention from the committee was the effect it would have on Jewish status in the community. In contrast to some who feared that the establishment of a Jewish hospital would result in the exclusion of Jews from Montreal's Gentile hospitals, communications with superintendents of other hospitals assured the members of the committee that such would certainly not be the case. Efforts to relieve the shortage of beds would receive full cooperation and could only improve the status of Jews in the community. A comparison with what had occurred in other cities confirmed this opinion.

The remainder of the report dealt with several aspects of the feasibility of building the proposed hospital. First, it established three cost estimates. These suggested that a top-notch hospital of 150 beds would require an expenditure of about \$500,000 (including an allowance for the first year's deficit), a hospital of 125 beds would cost \$457,500 and a 100 bed institution could be set up for \$405,000. The 150 bed hospital, which the committee favoured on account of the community's needs and moral obligations, could be paid for partly by a grant from the government, which would amount to an estimated \$1,000 per

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bed, or \$150,000, and partly by the assets of the Hebrew Maternity Hospital - some \$40,000 - which had been promised in the event of the construction of a new hospital. The rest, \$315,000, would have to be raised by public subscriptions, possibly supplemented by a loan or mortgage.<sup>12</sup>

The report then turned to the question of yearly maintenance. Using estimates based on the experience of local hospitals, the committee determined the appropriate annual deficits which would result from having 35%, 40%, 45% or 50% public beds, in hospitals of 100, 125, and 150 beds. For the purposes of this computation, a rate of \$4.00 per bed per day was adopted, or about \$4.70 per patient per day. (The cost per patient per day for the Montreal General Hospital in 1926 was \$4.46) Given 40% public beds, the amount which local experts believed would best meet the community's needs and which hence received the approval of the committee, a hospital of 150 beds would involve an annual deficit of \$45,000. Smaller hospitals of 125 and 100 beds would run at an estimated deficit of \$39,000 and \$30,000 respectively per year.<sup>13</sup> Any deficit would have to be paid for through such sources as annual subscriptions, donations, governors' fees, bequests and endowments, and sums which might be raised by a ladies' auxiliary. The report further suggested that some of this money could be saved to the community by merging the Herzl Dispensary into a department of the new hospital.

As for staffing, the committee found that enough local Jewish doctors were available to supply physicians for almost all medical posts which would become available, with only two or three exceptions. Any positions not immediately filled by local Jews could be easily staffed by Jews from elsewhere or by local non-Jews. Regarding non-medical staff, the report had little to say, apart from a suggestion that the principle of sectional representation be followed in the adopted scheme of management and lay administration. The report did not mention any concern about the hiring of an adequate nursing staff.

Finally, comparative information was given on hospitals supported by Jewish communities in four American cities. St. Louis contained a new Jewish hospital of 300 beds, serving a Jewish community of only 40,000 persons. Cleveland, with 87,000 Jews, supported a Jewish hospital of 268 beds, and Boston, a city with some 100,000 Jews, was the home of a newly constructed Jewish hospital of 200 beds. The last city considered, Baltimore, had a Jewish hospital of 185 beds, serving a Jewish community of about 64,000 people. From these figures, it appeared that Montreal's Jewish population could, if willing, relatively easily support the recommended hospital of 150 beds.

The committee ended its report with three basic conclusions. First, it did not consider the question of desirability to be in any doubt; the Jewish community of Montreal could only gain by the existence of its own hospital. Second, the committee believed that:

a Jewish hospital can be well and properly staffed and administered, and within a reasonable time can develop such efficiency as will cause it to rank favourably with other existing Canadian hospitals, becoming a valuable community asset and a source of pride to the Jewish population.<sup>14</sup>

Third, the committee members thought the hospital to be financially feasible, but only if it received strong support from the whole Jewish community. On that score, however, they felt relatively confident. As mentioned in the earlier draught of the report:

If there is any lesson to be drawn from the ten years' experience of Montreal's Federation of Jewish Philanthropies, it is that the community will increase its contribution to meet the need. It is surely not assuming too much to state that

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when the great need of the Jewish hospital, together with the fact that we have been leaving the burden of caring for our sick to the Goyim, is laid before the Jewish public, the response will be gratifying.<sup>15</sup>

Clearly, the report of the Investigation Committee enthusiastically favoured the establishment of a Jewish general and maternity hospital. One might have expected it to give an immediate boost to the efforts to achieve that aim.

Unfortunately, important blocks stood in the way. For a start, it took more than a year before the already completed report would be presented to the public. Opposition to the hospital idea was still strong in some circles, and this turned out to include both Edgar Berliner, who had paid for the hospital investigation, and his brother. The Berliners and other Jews who opposed the hospital pointed to the findings of an expert on hospital administration who had been engaged to look over the situation. This "authority" suggested that the situation was not yet ripe and that the best thing to do would be to make arrangements with the Royal Victoria Hospital to obtain a single ward for Jewish patients. Recalling this, Dr. Nathan Friedman exclaimed, "Did you ever hear such a foolish thing?"<sup>16</sup>

According to Dr. Max Wiseman, an old current of "prejudice, compromise, and uncertainty," particularly prevalent amongst the wealthier section of the Jewish population, was blocking the hospital project. These "old, conservative, die-hard leaders of the community" could not reconcile themselves to the ability of Montreal's Jews to take upon themselves a large project and especially to the fact that "the East Side has passed the stage of early immigrants, that they have matured, that they are becoming commercially and spiritually stable and that they have leaders in their own right."<sup>17</sup> The same attitude would emerge later in a meeting on the hospital issue held in the Montefiore Club, when a prominent moneyed citizen blurted out that "East of Bleury all are beggars, who take but don't give!" In response to this, one of the "beggars" interjected: "If not you, then the people and the Clinical Society will go it alone!"<sup>18</sup> Reacting to their declining relative influence, the conservative uptowners who still opposed the hospital adopted a policy of procrastination. Luckily this tactic proved too weak to deal with the growing momentum of the more community-minded movement then underway.

While failure to present the report did slow the pro-hospital forces, it by no means stopped them. At this point the East End section of the Jewish community showed itself to be of great importance. Hirsch Wolofsky continued to promote the hospital idea through the press, while others, led by Dr. Max Wiseman, endeavoured to drum up support in the loan syndicates and sick benefit societies. The latter effort met with considerable support; by early 1929, after two years of canvassing, about 10,000 individuals from these societies had each pledged to contribute \$12.00 annually for three years for the purpose of erecting and maintaining a hospital. Grass root support was broadening rapidly.<sup>19</sup>

At the same time, the situation of the Hebrew Maternity Hospital went from serious to critical. Something had to be done, and the building of a larger general and maternity hospital still appeared to provide the best solution. But things were moving too slowly. Therefore, on November 15, 1928, at a joint meeting of the Executive Committee and the Medical Board of the Hebrew Maternity Hospital, those present decided to force the issue by closing down their institution. They also unanimously passed a resolution which provided:

That a special committee, then appointed, shall have authority to cooperate with or if necessary give legal transfer of all assets in its possession belonging to

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the Hebrew Maternity Hospital, to any organization which in their opinion is competent to carry out its aim, viz: that there should be established in this city a Jewish General and Maternity Hospital. It shall, however, be necessary that such organization or committee be capable of showing that it has \$100,000 in cash or its equivalent. Should no organization or committee be capable of showing that it has \$100,000 in cash or its equivalent within four months, then this committee shall have the authority to cooperate with and or if necessary hand over the assets entrusted to it to any organization or committee possessing \$50,000 or its equivalent which will undertake to erect a Hebrew Maternity Hospital, or failing this the Special Committee is hereby authorized to take such steps as it may deem necessary or advisable to establish a Hebrew Maternity Hospital.<sup>20</sup>

Following this, the special committee<sup>21</sup> was established, and, as had previously been done for similar reasons by the Beth Israel Hospital of Newark, New Jersey and the Beth Israel Hospital of Boston, the Hebrew Maternity Hospital closed its doors. This happened in early January 1929. Needy patients were henceforth looked after by another committee, which dispatched an investigator to visit the home of each future mother referred to it. If truly poor, then she was sent to a hospital (assuming an available bed could be found) and the costs were assumed by the Hebrew Maternity Hospital.<sup>22</sup>

Despite impassioned editorials and letters in the *Canadian Jewish Chronicle*,<sup>23</sup> deteriorating conditions for impoverished Jewish mothers and a growing need for hospital facilities of all kinds, the four-month deadline passed without any organization coming forth to accept the \$40,000. Still, the committee of the Hebrew Maternity Hospital did not abandon hopes of the pro-hospital forces coalescing enough to raise the obligatory \$100,000 and therefore kept its offer open. This is hardly surprising, considering some of the Maternity Hospital members' active support for and even leading roles in the campaign for the general hospital. It is even less surprising on account of the formation in 1928 of a "Provisional Campaign Committee for a Jewish General and Maternity Hospital," by a group of principally East End citizens. This organization, intending to initiate a genuine and massive campaign, chose Dr. Max Wiseman as its president, Alderman Joseph Schubert as its vice-president, Dr. Abram Bercovitch as its treasurer and N. Rombach as its secretary.

Not long after a speech by a leading New York doctor (Emanuel Lipman) had primed many of Montreal's leading Jewish citizens, the executive of the Provisional Campaign Committee decided to make its big move. It called a meeting for May 5, 1929 and sent invitations to Jewish organizations in all sections of the community, most notably synagogues, sick benefit societies, loan syndicates, the Clinical Society and the Sir Herbert Samuel Society. When the day came, representatives from most of those organizations attended, as well as a great number of others, some on behalf of institutions and others as concerned individuals. Dr. Wiseman, one of those who convened the gathering, recalled this "fateful day" some 22 years later:

The hall of the Baron de Hirsch Institute was packed by an eager and restless crowd . . . Mr. Allan Bronfman opened the meeting amidst tremendous applause

...

A very heated debate followed, with arguments pro and con. But we had surprises that we knew would convince the cynics, the prejudiced and the die-

## *Our Tribute Everlasting*

hards . . .<sup>24</sup>

Dr. Wiseman himself delivered the main "surprise." With an estimated initial requirement of \$500,000, he was able to announce firm offers of \$100,000 from the loan syndicates, \$35,000 from the Hebrew Maternity Hospital, \$20,000 from the Clinical Society and \$10,000 from the Sir Herbert Samuel Society. Peter Bercovitch then assured the assembled people that they could probably count on the provincial government, of which he was a member, to give the hospital \$200,000 to start with, and more in a year or two if necessary. This left a balance of about \$135,000 to be raised by public subscription, a reasonable amount as long as the community pulled together.<sup>25</sup>

Dr. Wiseman's tactic triumphed brilliantly. The hesitant found themselves swept along in the tide of optimism, and a resolution of acceptance of these offers was passed unanimously.

I shall never forget that scene. Pent-up emotions were let loose. People who never met before shook hands. Women cried. East met West. It seemed that the unnatural demarcation of a barrier separating a people into east and west had been completely wiped out.<sup>26</sup>

The most important step had thus finally been taken. The Jews of Montreal had boldly endorsed the hospital project and had pledged to carry it through. Now, the noble idea which had captured the imagination of those who cared most for the community could be transformed from theory into bricks and concrete. But first, money had to be raised.