

VII: Expansion and Specialization

From the time of its second building campaign in 1945, the Jewish General Hospital has periodically been forced to expand in order to meet the needs of the growing and changing community it serves. In fact, a desire for enlargement arose soon after the opening of the hospital.

As early as his report for 1936, Allan Bronfman, the hospital's President, warned of impending needs. To meet the requirements of a modern, effective hospital, he felt, would necessitate the construction and equipping of an adequate medical library, better facilities for research, rooms for clinical and micro-photography (wanted largely for the continuing education of the staff), a nurses' home and a training school for nurses. The latter would help to prevent shortages of nurses and would provide greater opportunities for young Jewish women thinking of becoming nurses.

In the report for 1938, both the President and Superintendent emphasized the need for expansion. In particular, they emphasized the necessity of establishing a nurses' home and a comprehensive medical library, and the expansion of the X-ray department, the public wards, the Out-Patient Department and the laboratory facilities. Concerning the latter, Samuel Cohen noted that "work is carried out [there] under such difficulty as to make expanded laboratory facilities our first and most urgent need."¹ While the demand for growth was there, the money to carry it out, however, was not. According to Allan Bronfman:

There can be no question of our need for more space, and if I am not recommending immediate expansion, it is not now economically opportune for launching such a program. I feel confident, however, that when there is a clearing of the economic horizon, our community will give full support to the growing needs of our institution.²

In 1939 the Board of Administration, attempting to begin the process of expansion, ascertained approximate costs for the three most immediate requirements of the hospital: increased laboratory space (\$50,000), 50 additional ward beds (\$75,000) and a nurses' home (\$150,000). Again, though, that year's financial crisis caused the postponement of all expansion projects.

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Late in 1943, when the Jewish General's financial situation had considerably improved and the need for growth had increased all the more, the Board of Administrators undertook a study to determine precisely what the hospital then required. Based on this survey's results, the Board of Administrators had long-term plans drawn up, including a nurses' home capable of accommodating 150 nurses, a nurses' training school, a lecture theatre for the training school and hospital staff, expanded facilities for the pathological laboratories, increased space for X-raying, more operating and case rooms, and 100 additional beds. Before this project was presented at a special meeting of the hospital's Governors on December 18, 1944, however, the Board decided to restudy the problems on a more conservative basis; in the end they opted for a project involving only 60 extra beds, no lecture theatre and an expenditure of about \$765,000 instead of \$1,300,000. Of the total, \$465,000 would be employed to build and equip the nurses' training school and residence. When Allan Bronfman presented this plan to the Governors, late in 1944, they unanimously approved it and enthusiastically authorized the Board of Administration to raise the necessary funds.³

Thus, on February 8, 1945, even before the war had ended, officials launched the second building campaign for the Jewish General Hospital. The campaign organization benefited from the leadership of co-chairmen Allan Bronfman and A.H. Jassby, both of whom had held prominent positions in the first campaign and in the subsequent Board of Administration. Samuel Cohen and Fred Goldstein served respectively as Campaign Director and Campaign Secretary. In short, this effort in fund-raising, again directed solely at the Jewish community, was a clear success. Many subscribed, adding their names to the second volume of the hospital's Golden Book; together they offered over \$1,000,000. Allan Bronfman summed up the campaign and its results:

This campaign has now passed into the history of our communal achievement, there to take its proud place alongside that other great and memorable hospital campaign of 1929, which made possible the creation of *Our Tribute Everlasting*. The same unity of purpose, generosity and even self-sacrifice which distinguished our first campaign, were again nobly manifested in this historic effort, which remains for all those who were privileged to be associated with it, as an inspiring and gratifying memory. . . . The greater hospital which will result from the generous efforts of our people will continue to serve all, regardless of race or creed, and will represent our further contribution to the health and welfare of our City.⁴

The unexpectedly positive results of the Jewish General Hospital's second building campaign led its administrators and Governors again to expand the scope of their ambitions concerning the hospital's growth. By 1948, the Governors had adopted a \$3,000,000 general extension scheme, to be executed in stages, and had approved the architectural plans. This project involved the eventual addition of at least 100 beds, new laboratories, more X-ray and operating rooms, and additions to the kitchens, dining rooms and Out-Patient Department. First, though, the hospital would be augmented by the construction of an addition onto the eastern wing. Included in this nine-storey section would be new living quarters for 25 interns and a nurses' residence capable of accommodating 125 nurses in single rooms, with classrooms and laboratories for training, and a lecture hall capable of seating 430. The administrators accorded priority to this part of the extension project on account of the chronic shortage of nursing staff felt by the hospital. The Jewish General

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Hospital would transform itself from the only large hospital in Montreal without a school of nursing into the operator of the only Canadian nurses' training school under Jewish auspices. Commenting on the projected nurses' training school and residence, for which the contracts were let in mid-September 1948, Samuel Cohen observed:

Giving student nurses rooms to themselves is in itself a great innovation, but in these days of competition for our nursing staff we must assure them decent working and living conditions. We feel that the new school, which will be non-sectarian, will afford an added educational opportunity to a great many girls. But primarily it will allow Jewish girls the chance to be trained in Canada. In the past there has been a great influx of Jewish girls from this country to American hospitals because the existing training schools in Canada were not accepting them.⁵

The contractors completed the new wing in 1950, and in the following year the Jewish General Hospital School of Nursing, open to applicants of all races and creeds, accepted its first group of student nurses. On June 18 of that year, the annual general meeting of the governors of the Jewish General Hospital took place in the auditorium of the nurses' residence.

Even before construction of the nurses' residence and training school had been completed, work had begun on the next part of the expansion project. In 1949 the hospital had waged a third building campaign. The success of this fund-raising venture, as well as increasing demands upon the hospital's services, convinced the governors and administrators of the necessity to increase the expenditure on the total expansion project to \$5,500,000. On August 6, 1952, after once again having had plans drawn up and contracts let, workers broke the ground, beginning the construction of yet another new wing, this time mainly devoted to increasing the number of beds.

In order to raise the rest of the money needed to complete the building programme, a fourth campaign was scheduled to take place from April 27 to May 11, 1953. Once again, A.H. Jassby and Allan Bronfman, now each with well over 20 years of service to the Jewish General Hospital, served as Joint Campaign Chairmen, with Samuel Cohen and Frederick Goldstein as Campaign Director and Campaign Secretary. Other leading figures in the campaign organization were Philip Garfinkle, Julius J. Block, Samuel Bronfman, Rex Vickers and Mac Shoub. Men in business and government who lent their names to the campaign in an honorary capacity included: Camilien Houde, Hon. Paul Martin (the Federal Minister of Health), Hon. Dr. J.H.A. Paquette (the provincial Minister of Health), Gordon R. Ball, John Bassett, Hon. Harry Batshaw, Hon. F. Philippe Brais, Samuel Bronfman, Michael Hirsch, Sol Kellert and James Muir. As may be observed from this list of names, for the first time in the history of the hospital, funds would be sought from the entire community, not simply from Jews.

The campaign, extended until May 25, was met by many with a warm and generous response. Including support which had been promised by the federal, provincial and municipal governments, the campaign proved a success; the \$5,500,000 expansion project would become a reality. Thus, the construction and equipping of the new additions to the hospital, as well as a number of renovations, pressed on. By the beginning of October 1954, the work had been completed.

Dedication ceremonies for the hospital's new extensions took place at 2:30 in the afternoon of Sunday, October 10, 1954, almost exactly twenty years after the Jewish

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General's official opening. At these ceremonies, held outside in fine weather, Health Minister Paquette announced a pledge by his government to furnish the Jewish General Hospital with a grant of \$300,000. The municipality had already agreed to give half of the amount supplied by the provincial government. Paul Martin, the Federal Minister of Health, also attended and reminded those present of the contribution which the federal government had given to Quebec hospitals since the beginning of the national health programme six years before.⁶

The two new extensions with which the ministers of health were so eager to associate themselves constituted a major addition to the hospital's facilities. The smaller of them lengthened the northern wing, or the base of the original "T." Most importantly, this five-floor annexe included new operating theatres with more space and up-to-date equipment. A reporter, evidently impressed, described some of their features:

Les salles sont toutes munies de climatisation d'air, sont peintes en un vert tendre empêchant toute réverbération et comptent un balcon prévoyant l'installation d'équipement de télévision.

Des bouches d'oxygène ont été installées dans les salles opératoires et dans chacune des nouvelles chambres. De plus, un système de microphones relié directement avec une salle d'enregistrement permettra au médecin opérant de transmettre constamment, au cours d'une intervention chirurgicale, ses observations et remarques qui s'inscriront automatiquement sur ruban sonore.⁷

The other extension was far larger. This new wing, attached to the western end of the hospital, would eventually add 170 beds to the Jewish General, making the total just short of 400. The same reporter continued:

Chacune des chambres des ailes du nord et de l'ouest sont munies d'un système d'intercommunication permettant aux infirmières de l'étage d'être en contact constant avec les patients.

Les interrupteurs des lumières électriques sont silencieux et chaque lit peut s'élever ou s'abaisser à l'aide d'un dispositif et d'un moteur silencieux.⁸

These wards again contained a maximum of four beds, each one with a private bathroom and sufficient space for the personal effects of patients, conveniences which were still considered more generous than usual. The sixth floor of this wing would now become the location for the nursery. Also occupying a floor in this section of the hospital would be the X-ray Department, which had previously become scattered in several rooms throughout the hospital, and four large laboratories specially equipped for work with animals. The west wing's first floor would now be the site of the spacious Social Service Department and, next to it would be the Out-Patient Department, with its emergency rooms, examination rooms, surgery room, pharmacy and other facilities.

The third and final part of the Jewish General Hospital's general extension project was to consist mainly of renovations to the old hospital areas. For this, and to complete the seventh and eighth floors in the west wing, a fifth building campaign was held in 1958, with an objective of \$3,000,000. Campaign officials estimated that \$500,000 of this could be raised from corporate donors in Montreal, while the various levels of government would contribute \$1,000,000, the rest being left to the Jewish community to supply. All sectors lived up to expectations and, on June 10 of that year, Philip Garfinkle, then President of the hospital, announced that the campaign's objective would be reached. The seventh and eighth floors of the west wing opened early in 1960.

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Still, however, demand for the hospital's services continued to grow; no sooner had the latest additions been completed than further extensions began to appear necessary. In March 1963 Philip Garfinkle announced that another building expansion campaign, this time for \$5,500,000, would be held from May 16 to June 3 of that year. Plans for a new north-west wing had almost been completed and included provision for a further 229 beds (bringing the hospital's total capacity to 626), new and enlarged emergency and out-patient areas, additional operating rooms and more space for radiological, laboratory and ancillary services. Mr. Garfinkle felt certain that "the Jewish General Hospital's dedication to a three-fold objective - patient care, scientific research and education - will be advanced greatly by the expansion programme."⁹ The Campaign Chairmen, this time Allan Bronfman (by then the hospital's Honorary Chairman) and Philip Garfinkle, made their appeal to both the Jewish community and the city's corporations. About \$2,000,000 of the \$5,500,000 would be raised through a joint Federal-Provincial Construction Program.

Although completion of the new wing had originally been scheduled for 1965, the construction did not actually begin until September 29 of that year, when Julius J. Block, the hospital's President, turned the first sod. He used the same silver-plated shovel which had been employed by Allan Bronfman in 1931. As had happened on previous occasions, ambitions and costs had risen considerably during the interval between deciding to expand and the start of construction. Officials now estimated that the new wing, which would add 250 instead of 229 beds to the hospital's capacity, as well as extensive renovations, would cost about \$12,500,000. This figure included a recently completed addition to the nurses' residence. The Jewish General Hospital would finance these projects with \$4,950,000 in pledged building funds, a Federal construction grant of \$1,300,000 and the proceeds from a \$6,500,000 bond issue, the principle and interest on which would be paid for by government over a period of 25 years.¹⁰

Completion of the new section of the hospital took place in June 1968. The move into the north-west wing, however, had begun over a year earlier. On April 15, 1967, hospital workers finished relocating the Emergency Department from its old site to its present quarters in the recent addition, where it is accessible from Côte Saint Catherine Road. The new emergency facilities included eight examining rooms instead of three, three operating theatres rather than one, a recovery room with eight beds, whereas there had formerly been only three, an entrance for two ambulances instead of one, special facilities for ambulatory surgical cases, and new equipment for poison and resuscitation cases. For the first time, the Emergency Department would now contain X-ray equipment. Besides these features, this department also comprised an air-conditioned visitors' room, an office for follow-up care by nurses, and dressing and preoperative examining rooms. Other facilities moved at that time included the physical medicine gymnasium, the maintenance shop, the Medical Out-Patients' Department, personnel offices, the pharmacy and the Auxiliary Coffee Shop and Canteen, which was now returned to its original site.

This expansion and renovation programme also involved the completion of a new Department of Neurosurgery, three new intensive care units with the latest electronic EEG, ECG and other monitoring equipment, and increases in the numbers of operating theatres and recovery beds from 6 to 13 and from 11 to 22 respectively. One of the new operating rooms, for cardio-thoracic surgery, would now be equipped with closed-circuit television outlets leading to a new amphitheatre. The Dorothy and Julius Block Am-

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phitheatre, named after the hospital's late president and his wife, both tragically killed in an accident, seats 225 and has been supplied with 35 and 16 mm. projectors, a pit for microscopic projections, simultaneous translation facilities and other audio-visual aids.

The renovation aspects of this expansion programme were also of great importance and consisted primarily of the installation of new heating, air-conditioning, ventilation, mechanical and electrical equipment. In fact, this necessitated the expenditure of over half of the funds which had been collected for the general project, or about \$6,500,000. Some of the features of this renovation were a much larger diesel generating plant for emergency power, three new boilers, an air-conditioning system, which would cover 55% of the building rather than the previous 5%, and a distilled-water system connected to all of the hospital's laboratories.

The Jewish General Hospital's last major building programme prior to the 1980's began to take shape in 1966, in the middle of the previous expansion project. On June 20 of that year, at the annual general meeting of the hospital, Sam Steinberg, the President, announced two large donations. The first, a grant of \$1,000,000, was made by Messrs. Bernard and Louis Bloomfield, one the President and the other a Director of the Eldee Foundation, established by Lady Henrietta, the widow of Sir Mortimer B. Davis. They arranged the donation of this money for the establishment of the Lady Davis Institute for Medical Research. The other grant, amounting to \$750,000, was supplied by an anonymous private donor to found the Institute of Community and Family Psychiatry. The Jewish General Hospital's Department of Psychiatry had already achieved a reputation as one of the continent's most outstanding treatment and training centres in the field and the new institute promised to enhance this reputation. These donations were supplemented by money provided by the Federal Health Resources Fund: \$2,306,490 to help in the building and equipping of the Lady Davis Institute and \$1,300,651 for the construction of quarters for the Institute of Community and Family Psychiatry.¹¹

The edifice of the Institute for Community and Family Psychiatry, located at the extreme west end of the hospital, was completed in June 1969. This allowed the Institute to expand its programme, which already included a study of the families of concentration camp survivors, a suicide prevention centre and work on suicide, adolescents and drugs.

The Lady Davis Institute for Medical Research was officially founded towards the end of 1966, but building did not begin until after sod-turning ceremonies on April 16, 1969. Thereafter, construction progressed quickly and ended shortly after the completion of the Institute for Community and Family Psychiatry. The Lady Davis Institute would henceforth be located in a four-floor building containing laboratories, operating rooms for experimental surgery, animal quarters, conference rooms, a library, administrative offices and all other facilities necessary for the functioning of a sophisticated medical research institution. The Lady Davis Institute, placed under the direction of Dr. Norman Kalant, formerly Associate Director of the Department of Medicine, is situated on Côte Saint Catherine Road and is connected to the west wing of the hospital by means of a tunnel and covered walkway. At the time of its construction, the Institute's research was concerned mainly with clinical problems, including cardiovascular disease, metabolic disease, gastric and biliary malfunction and renal disease.¹²

Since the building of the Lady Davis Institute, the Jewish General Hospital has carried out no major expansion projects. Despite uncertain financial conditions, however, it has undergone important renovations in many parts of the hospital. Vital to the maintenance of

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the high standards of patient care which the hospital has vowed to continue, by 1970 such changes brought the number of beds up to 700 and of cribs up to 60. (Subsequent budgetary restrictions, however, have reduced the number of beds to 590.) One recent example of internal improvement took place in 1977, when funds from the Allan Bronfman's 80th Birthday Fund and the Federal Government allowed the renovation of four floors of the east wing, now renamed the Allan and Lucy Bronfman Family Pavilion. This work included the building of a far better medical library than the hospital had previously possessed.

By the early 1970's, the Jewish General Hospital had not only grown with the community and advances in medical science, but it had also achieved full acceptance and a substantial degree of leadership in its spheres of activity. The Jewish community of Montreal, and to the lesser extent all Montrealers, could take pride in the stature and recognition acquired by the hospital, although ultimately this reflected most upon those who had directly supported it in its brief but remarkable history.

In the early 1980's, however, the facilities of the Jewish General Hospital no longer suffice to ensure the continuation of that top-quality care, given in a Jewish environment, which the hospital has offered thus far. Once again, expansion has become necessary.

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The growth of the Jewish General Hospital since 1945 has been reflected in far more than the number of buildings and beds it contains; in that institution; expansion may also be seen in statistics concerning the care given to patients and in the diversity of services offered.

The statistics regarding admissions and operations are impressive and clearly reveal how the value to the community of the Jewish General Hospital has increased, especially since the Second World War. This may be seen in Table 1.

Table 1

	1935	1945	1955	1965	1975
Admissions	3,649	5,241	7,539	12,919	18,996
Patient days	45,390	61,359	70,362	148,936	195,030
Out-Patient					
Visits	19,000	26,378	68,405	72,834	194,482
Operations	2,184	3,742	7,534	10,956	12,878
Births	634	1,011	1,498	1,854	2,341

Source: *Annual Reports*

Other comparisons may also be made. The number of medical examinations using X-rays or the laboratories has grown dramatically. In 1935, 6,094 X-ray examinations were conducted, while 18,247 were done in 1952 and 96,146 in 1973. Hospital staff employed the laboratory facilities for diagnostic purposes on a total of 10,116 occasions in 1935; the main laboratory activities for 1973 are given by category in Table II.

Table II - Laboratories, 1973

Biochemical - Units	3,616,286
Bacteriological - Units	3,579,448
Blood Transfusion - Units	773,235
Cytological - Units	358,684

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Haematological - Units	2,810,926
Surgical Examinations	8,322
Electrocardiographs	25,928
Electroencephalographs	2,052
Electroshock Therapy	635

Source: *Annual Report*, 1973

The number of physicians dispensing care has also risen, from 72 in 1934, to over 250 in 1959, and to 387 in 1973. In 1967 the entire staff numbered 1,512, 17% of whom were medical attending staff and 27% of whom were nurses.

The growth of the hospital since the Second World War is also reflected in the expanding array of specialized services. While these are many, fulfilling a multitude of roles, space restrictions here permit the description of only a few representative programmes.

In the years immediately following World War Two, when the Jewish General Hospital was traversing its first period of building expansion, it also undertook to increase the number of specialized services it offered. One of the first took the form of a sterility clinic, the purpose of which was to co-ordinate the skills of obstetricians and other specialists and thus to provide the best possible treatment and guidance for couples unable to conceive. Amongst the earliest on the continent, the Jewish General Hospital's sterility clinic was organized by Dr. George Strean, head of the Department of Obstetrics, and by Dr. Max Ratner, head of the Department of Urology. The rest of the clinic's staff initially included a gland specialist, a pathologist, a social service worker, internists and trained technicians. By the end of 1947, representatives of the young clinic proudly claimed that its results had been "very encouraging."¹⁴

During the course of the following year, the hospital was faced with an extraordinary challenge, although not one which necessitated the opening of a particular programme. In that year many thousands of refugees arrived in Canada from the Displaced Persons camps of Europe, having previously survived the concentration camps. Understandably, a large proportion of these men, women and children required medical attention. The Jewish General took a leading role in rendering this care to the new arrivals and this contributed substantially to the increased volume of in-patients and visits to the Out-Patient Department.¹⁵

While the number of services offered by the hospital continued to grow throughout the 1950's and early 1960's, the last 20 years have seen a great proliferation of specialized types of care. For example, in June 1966 the Jewish General set up an Infectious Disease Service under the direction of Dr. Jack Mendelson, a young doctor who had studied at McGill, the Jewish General Hospital, the Strong Memorial Hospital of Rochester, and Harvard. The Infectious Disease Service was founded to conduct research as well as to assist in the proper selection, use and non-use of antibiotics. After only a year of operation, Dr. Mendelson, also the Chief Microbiologist of the Department of Laboratories, could remark that "there is no question that the Service is needed. Available to all Hospital departments at all times, the demand for it is tremendous."¹⁶

Two years after the opening of the Infectious Disease Service, the Jewish General Hospital demonstrated its advancing state of maturity by creating a Department of Neurosurgery, located on the third floor of the new north-west wing. This department, put under the leadership of Dr. Harold J. Rosen and Jacqueline Doucet, R.N., would be responsible for any cases in which the nervous system required surgical treatment. The

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most common such cases are congenital injuries and malformations of the brain and spinal cord, injuries to the head and spine, abnormalities of intracranial blood vessels, such as aneurisms, peripheral nerve lesions, and intractable pain, such as that caused by recurrent cancers.¹⁷ In 1973 the Department of Neurosurgery joined with the Sub-Department of Neurology (previously part of the Department of Medicine) to form the Department of Neurological Sciences. In this manner diagnosis and treatment of neurological cases would be better coordinated and instructional potential enhanced. Dr. Rosen, Neurosurgeon-in-Chief, and Dr. I. Libman, Neurologist-in-Chief, were appointed as the department's first Co-Directors.

In January 1969 the Jewish General Hospital inaugurated its Department of Physical Medicine and Rehabilitation (PMR). This department, the purpose of which has been to rehabilitate patients through therapy, to achieve their maximum potential for normal living, physically, psychologically, vocationally and socially, has three sub-sections. One of these, physiotherapy, has existed since 1936, when Miss Elsie Martinsen, a Norwegian, was put in charge. She would hold that position for over three decades. Physiotherapy received about 50 percent more space with the opening of the new department in the basement of the northwest wing. The other two subsections of PMR, begun in 1969, were occupational therapy and recreational therapy, much of the latter being done by volunteers.

Other examples of specialized services developed in the past two decades may be found in the field of cancer research and treatment. For instance, in the fall of 1971 a "Reach to Recovery" support programme was instituted for mastectomy patients, largely as a result of initiatives taken by Mrs. Ellen Cohen, earlier a mastectomy patient herself. Modelled on American examples, the "Reach to Recovery" programme has been operated by volunteer women who themselves have gone through the traumatic experience of having one or both breasts removed. The Jewish General Hospital was the first hospital to introduce "Reach to Recovery" to Montreal. Another cancer service which the Jewish General introduced to the region was a Colposcopy Clinic. This unit, part of the Department of Obstetrics and Gynaecology, is aimed at the early detection of cervical cancer and at the early treatment of pre-malignant lesions. In contrast to the older methods, the Colposcopy Clinic permits more effective, less costly and less time-consuming diagnosis and treatment.

In 1979 cancer treatment and research at the Jewish General Hospital received a further boost by the establishment of an Oncology Centre under the direction of Dr. Richard Margolese. The clinical research programme of the Centre was given two main goals: first, to improve the results of treatment for cancer patients by modifying programmes known to be effective, and second, to evaluate new treatments for cancer patients. The Centre's primary purpose, however, has been the care of patients, which has been dispensed at the Centre on an ambulatory basis, with all patients being assigned to a team of specialists, including a physician, a nurse and a social worker.¹⁸

Another specialized service appearing at the Jewish General Hospital in these years was the Social Disease Clinic, opened on the ground floor on February 14, 1972. This clinic offers diagnosis, treatment and follow-up care to patients, most of whom suffer from either gonorrhoea, syphilis, herpes virus infection, trichomoniasis, candida, mycoplasma or chancroid. Beginning in 1972, the Social Disease Clinic was staffed on a full-time basis by a nurse, who did most of the educational work (especially concerning contraceptives), and by three physicians specializing in microbiology. Together they made the clinic unique in Montreal. The foundation of this service, a response to the marked increase in venereal

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disease observed at the time, came about largely through the efforts of the late Dr. H.L. Nutik, the Director of Ambulatory Services, and Dr. Isaac Tannenbaum, the head of the Department of General Practice.

In December 1975 the Jewish General Hospital benefited from the addition of a new 15-bed Intensive-Care Unit. After several years of planning, in order to incorporate the best qualities of intensive-care units around the world, the ICU was built at a cost of \$700,000. It was paid for by a large donation from the Allan Bronfman family and by special grants from the federal government. The Women's Auxiliary supplied funds for the electronic equipment, including respirators and a control bank of electrocardiogram monitors. The ICU permits a concentration of equipment used in immediate treatment and resuscitation, and provides 24-hour surveillance, an immediately available staff of doctors and nurses, and special rooms for patients requiring isolation and for families wishing to be near sick relatives. On opening, this Intensive Care Unit was among the most advanced in North America.¹⁹

Further specialized services have been offered by the Department of Psychiatry, which was founded in 1951. Through its Institute of Community and Family Psychiatry, this Department has been responsible for such programmes as a Sexual Dysfunction Treatment Centre and a Job Experience Programme. The former, established in September 1973 and staffed by a multi-disciplinary team of psychologists, social workers, gynaecologists, urologists and nurses, helps couples and individuals to overcome difficulties in the sexual aspects of their lives. The Job Experience Programme was designed to give psychiatric patients an opportunity to engage in volunteer work in the hospital, thus building up their self-esteem and confidence, before re-entering the rough and tumble of the job market. The Department of Psychiatry has also offered care through its Adult External Services, including a Youth Service, geared to serving the specific needs of the young, which was created in 1973.

Another specialized service developed at this time, and one which could not go without mention, is the Neonatal Intensive Care Unit. Neonatology concerns high-risk babies before and shortly after birth. In the early 1960's, when about 1600 babies were being born annually at the Jewish General Hospital, it had only one intensive care room equipped to handle the newborn, and that included but six cribs. In 1964 improvements led to an increase in the number of cribs to 12 and the addition of a chart room, X-ray machines and a nursing mothers' area. Three years later the hospital hired two part-time neonatologists (pediatricians with at least two extra years of special training in physiopathy and the care of newborns), thus recognizing the increased specialization involved in the field of neonatology. Until then, pediatricians administered medical care to all high-risk new-born babies. At about the same time as the neonatologists were engaged, the initiation of a generous yearly grant from the Maurice Pollack Foundation to help support the costs of the nursery resulted in the naming of that unit after Mr. Pollack. Pressures, however, continued to mount, and already by 1968-69 the nursery for premature infants had become seriously overcrowded.

The years 1972 and 1973 saw important developments in the neonatal service. In late 1971 the provincial government passed Bill 65 concerning the operation of the province's hospitals. One of the provisions of this act required the consolidation of obstetrical and neonatal care in a limited number of hospitals, including the Jewish General. Thus, the pressure of numbers grew further. In response to this, as well as to the recognized need for

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specialization to provide an optimum service, the hospital opened a neonatal intensive-care unit in 1972. Dr. Apostolos Papageorgiou, the unit's first full-time neonatologist, was put in charge. (He still holds that position today.) To cope with the increased demand on the hospital's neonatal services, work was begun on a larger 30-bed neonatal intensive-care nursery, paid for by government funds and a further grant from the Maurice Pollack Foundation. The results achieved by this unit have been phenomenal. For example, in 1972, 20.9 babies per 1000 were stillborn or died within the first week of birth at the Jewish General. By 1976, this rate had dropped to 7.5 per 1000, and two years later the rate plummeted to 4.7 per 1000. This fell well below the provincial government's goal of reducing perinatal mortality in the province to 12 per 1000, set for 1980, and compared very favourably with the 1976 rate of 13.1 per 1000 in Quebec and over 16 per 1000 in Canada as a whole. This data applies to babies weighing over 1000 grams at birth. For those weighing between 501 and 1000 grams, the rate of neonatal mortality in the Jewish General Hospital was 385 per 1000 live births, compared to 843 per 1000 live births in all of Quebec. This is especially remarkable in that this province had the lowest perinatal and neonatal mortality rates in North America. Since then, under the continuing leadership of Dr. Papageorgiou, and with the full support of Dr. Sydney Pedvis, the Head of Pediatrics, the record-breaking neonatal unit has continued to provide a superlative level of service and has been the site of virtual miracles, such as the survival of Simone Joyette, the first documented case of a baby continuing to live, despite birth less than 24 weeks after conception. Simone Joyette, born in 1978, weighed only 600 grams.²⁰

While the number of specialized services at the Jewish General Hospital has grown greatly since the Second World War, there has also been a countercurrent. One example is the Department of General Practice, created in 1966 and put under the responsibility of Dr. Milton Snarch. This Department, initially staffed by 37 doctors, making it the hospital's second largest, was formed with the purpose of increasing the role of general practitioners.

Another exception to the tendency towards growth in specialized services involves the closing of the Department of Pediatrics. Following Bill 65, which instituted the centralization of certain medical services, the government decided that pediatrics should be concentrated in the Montreal Children's and St. Justine hospitals. Thus, in 1973, the Jewish General closed its 52-bed children's department and devoted the space to other purposes. Henceforth, the Jewish General Hospital would provide full services only for the newborn and for youths aged 14 and over, but would continue to look after other children through its out-patient clinics and emergency services. Children requiring admission to hospital would be transferred to one of the two hospitals specializing in pediatrics. However, the Jewish General would arrange the supply of kosher food for Jewish children in the other hospitals, thus permitting those youngsters to obey the laws of their religion, despite the change in hospitals.

On the whole, it is clear that following the tribulations of the Depression and the Second World War, the Jewish General Hospital entered a period of growth and specialization, responding as best it could to the community's needs. Whether or not it will continue to meet the specific requirements of that community will depend on the social awareness and generosity of Jews and other communities throughout the city.

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Additions being built, 1966



Jewish General Hospital in 1969

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The Allan Bronfman Family Laboratory for Nutrition and Metabolic Research, 1963



In the kitchen, 1964

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Play period in the Pediatric Ward, December 3, 1963



Chanukah in the Jewish General Hospital, 1965