Occupational Selection and Adjustment in the Jewish Group in Montreal With Special Reference to the Medical Profession

by

Rosalynd Gold

A Thesis

Submitted in partial fulfillment
of the requirements for the degree
of Master of Arts in the
Department of Sociology.

McGill University, Montreal.

September, 1942.

Acknowledgements

The writer wishes to acknowledge her gratitude to Dr. C.A. Dawson who gave her personal direction in the preparation of this thesis, and whose keen interest in the subject matter stimulated the investigation of the data in this study. Great thanks are due also to those professional people in the Jewish community in Montreal who so willingly gave up their limited time for interviews with the writer.

Abstract

The occupational distribution and adjustment of the Jewish group in Montreal, as in other metropolitan cities of Western society, are functions of their subordinate status as an ethnic minority. Their occupational pattern is marginal to that of the French and English groups and is characterized by self-sufficiency. Selection of Jews to the fee-earning professions is related to their limited opportunities in the occupational structure and to their cultural background. The occupational adjustment of the Jewish doctor is conceived in terms of his adjustment to the roles arising out of the groups of which he is a part. His ethnic identification influences distinctively his participation in Gentile medical institutions in Montreal, and the status he achieves. His clientele and practice are highly coloured ethnically. The development of Jewish medical institutions which parallel Gentile ones, and the assimilation of the doctors to Gentile culture, are part of the process of accommodation of the whole ethnic group to the life of the larger community.

TABLE OF CONTENTS

Page

List of Tables and Charts

PART 1

INTRODUCTION

CHAPTER 1

Statement of Purposes and Methodology

This thesis is a study of a special phase of life in the Jewish community in Montreal, namely, the occupational adjustment of the Jewish professional, with particular reference to the medical profession. Its main purposes are, firstly, to show through personal case histories, how the adjustment of Jewish doctors to professionally defined roles is qualified by their ethnic identification; and secondly, to show, the process of assimilation to the broader culture of the community in the analysis of the careers of the professionals.

The natural history of the career of the professional in a subordinate ethnic group will be analysed. In other words, attention will be focussed upon the situations and problems peculiar to the struggle for status of the Jewish doctor.

Problems of medical men, in competition with each other, for a better and bigger clientele, for hospital and other positions, for distinction through specialization and research work, are basically similar in our society irrespective of their ethnic group membership. Our purpose in this thesis is to discover how that competition for status and position is modified for Jewish doctors in the institutional pattern of Montreal.[1] We hold that, by no means, are all the problems of Jewish doctors modified by their Jewishness. This study stresses those that are and shows their relative importance. Further, through such an emphasis, the assimilation of the Jewish professional can be more easily gauged.

---

1 The institutional pattern of Montreal is characterized by its French-English division of labour. The Jews occupy a marginal position between these two dominant groups. They tend to identify their culture with the dominant culture, namely, the English one.

Roles

Because of membership in a given ethnic and a given professional group, the individual tends to enact certain roles. In adjusting to these roles he encounters certain problems.

An integrated personality is organized around the roles arising from the groups of which he is a part. Playing a role is not a simple act but a co-ordinated action motivated by the desire to fit in with the expectations of a group.[1] Cottrell defines it more specifically, thus, as a "consistent series of conditioned responses by one member of a social situation which represents the stimulus pattern for a similarly internally consistent series of conditioned responses of the other in that situation."[2] Taking a role is not merely imitation. It is in the process of imagining what people think of us that we conduct our behaviour and our organized roles. The motivation underlying our conduct is that of pleasing a person or persons. This motive of sociability, of pleasing people, of sympathy, is acquired early in life.[1]

Cottrell distinguishes between cultural roles and unique roles, the former referring to a modal pattern of behaviour which is expected in a given cultural group and the latter to the specific pattern of responses with which an individual operates, e.g., if a professional man is careless of what he says of his confreres to his clients, he is acting contrary to the culturally defined role, but he nevertheless has a particular or an unique role. Culturally defined roles, then, are related to groups, or as Cottrell puts it, to social categories, e.g., age, sex, class, occupation. Membership in a group determines how a person will behave and what his attitudes on a particular subject will be.[2]

---

1 R.E.L. Faris, in a seminar on personality given at McGill University, 1938-1939.

2 L.S. Cottrell Jr., "The Adjustment of the Individual to his Age and Sex Roles," to be published in the American Sociological Review.

Since the patterns of responses of a person are in large part determined by the field structure of the groups in which the individuals have "membership character," personality may be defined as the pattern of membership characters of the individual. The individual's attitude toward church, class, family, etc. are determined by his group loyalties. Furthermore these attitudes and behaviour patterns change, sometimes very rapidly, with changes in the field structure of these groups.[1]

Careers[2]

Limits to the nature and direction of careers are set by the social order. In a sacred society careers are well defined patterns of social status and distinct offices. In a secular society they tend to be vague and undefined depending on the continually changing circumstances. Yet certain typical sequences of positions, achievement and responsibility are revealed.

A career is defined as a series of social accomplishments of the person in his struggle for a place and function in the social order. Careers are motivated by ambitions or goals, and give consistency to behaviour over a long period of time. "A career is a person's sequence of role and realized status and office."

Status assigns people to various social categories, each with its own rights and duties. It is a standard definition of one's role in the mores and in law. Role is something more than status, in that it is more unique and dynamic, arising out of the dynamic social contacts of the individual. Hughes states that a status is never peculiar to the individual; it is historic and is to be regarded as a formal role. In the analysis of our case studies the concept of status is carried beyond the traditional

---

1 J.F. Brown, "Psychology and the Social Order," p.254, McGraw-Hill Book Co., New York, 1936.

2 Everett C. Hughes, "Institutional Office and the Person," American Journal of Sociology, 43 (November, 1937), 404-413.

or cultural one in the same way that role is. Status is used to refer to the particular social accomplishments of the Jewish doctor. Role refers to his various relationships and status is an achievement arising out of his changing roles. In the same way that role is given an unique definition by the individual, so is his status, once his unique role or roles become stabilized. For example, when a Jewish doctor becomes a"society" doctor for the upper class English people his unique role, after a period of time, sets into an unique status, different from that hitherto attained by Jewish doctors. In the case histories the changing status of the doctor is thus both culturally and uniquely defined.

In an office the person is subject to a standardized group of duties and privileges in certain defined situations. Therein the peculiar social role of the person and the historic role assigned to him may conflict. The less formal the office is, as is typical of secular institutions, the less rigid the demands upon the person and the more he can express his individual role and initiative.

Careers are generally utilitarian; they are related to business and the professions, though other types of careers exist. It is our purpose in this thesis to examine the career of the Jewish person in the medical profession, showing to what extent his role and acquired status and office are related to his ethnic identification.

The dynamic occupational organization

To give the proper setting to our analysis of personal case histories a discussion of the dynamic occupational organization in our society, with special reference to that of the Jewish group, is necessary.

Tremendous advances in the mechanization of industry and in transportation and communication have wrought great changes in the occupational pattern of our society and in the occupational stratification. These changes take place through the processes of secularization and

mobility. By secularization is meant the impersonal selection of persons to and the impersonal nature of occupations. By mobility is meant the extensive movement of peoples within and between occupations in adjusting to the changing demands of the occupational structure and the ideal of individual success current in our society.

A limited number of professional people, a small proportion of clerks and semi-skilled workers and a preponderance of farmers and proprietors, skilled and unskilled workers characterized the older occupational organization. The new one reveals a great expansion in the professions, in white-collar and in semi-skilled occupations.

The occupational distribution of Jews in Western society is a function of their subordinate status as an immigrant group. Selection to occupations is more restricted than for the native population,--resulting in a peculiar occupational pattern. They tend towards self-sufficiency, entering those occupations and professions where they can be on their own; and those industries owned by members of their cultural or ethnic group. They predominate in white-collar, semi-skilled and proprietary groups; they are found segregated in light industries and in the professions of medicine and law.

The ecological organization of occupations of Jews in Montreal is briefly described and compared to that of the total population, with special reference to the professional group. Occupational status levels of gainfully employed Jews are compared proportionally, by sex, to those of the total gainfully employed population. Occupation is related to place of residence or natural area and occupational trends are analysed.

The occupational selection and climbing of second generation immigrants is influenced by the low occupational status of their parents and by the occupational ideals of the group. Jewish immigrants, as other immigrants, swell the bottom of the occupational ladder and tend to climb

out of their low position as rapidly as the economy of the country permits; at least their children tend to climb into more remunerative occupations and into the professions.[1]

The idealization of learning, deeply implanted in the tradition of the Jews, is defined in the New World in terms of the doctor or the lawyer, particularly the former. This goal has been realized by many immigrant families and is of tremendous importance to their desire for higher status. It was realized more easily in the past than now for the class stratification is becoming more rigid, i.e. there are decreasing opportunities to climb. Further the increasing cost of a professional career makes it available only to those with financial means. Selection to a profession is hence an index of the striving of an immigrant group and of its cultural background.

Various problems of the physician indicated

To discover the physician's adjustment to the roles as defined by his professional career and his ethnic identification, and to reveal the process of assimilation therein, attention is focussed upon the following problems:-

1. The goals and ambitions of Jews in the direction of the professions are related to the status and culture of the family, and to the restricted opportunities for Jews in the occupational structure.
2. The extent of the assimilation of Jewish professionals is judged by their freedom to compete for positions and status on the basis of their individual merits and by the degree of self-consciousness of their ethnic origin.
3. The Jewish person, in training for a professional career, in starting practice and getting opportunities for prestige and recognition in the eyes of the community and of his confreres, is aided or retarded by the

---

1 A.W. Lind, "An Island Community," p. 249, University of Chicago Press, Chicago, 1938.

various groups and institutions in the Jewish community and in Montreal as a whole, e.g., the family, sick benefit societies, business institutions, hospitals, the university and other organizations.

4. From our data the professional Jew appears to be the spearhead of assimilation in the Jewish group. He is relatively more assimilated because of his lengthy technical training in a secular science, and of his lengthier contacts with a relatively exclusive Gentile circle in universities and in hospitals. He is inculcated into the standards and values of a profession and those of the professional Gentile group.

Our secular occupational organization mobilizes persons into occupations without regard for their previous attitudes and loyalties. The process of getting into a job or a profession implies a break-away from one's previous objectives and attitudes acquired in the close family and neighbourhood groups. Hence, the divergence between the ethnic culture and the professional culture is assumed to be important for the professional's occupational adjustment.

To what extent is there conflict between the role of the doctor as defined by the two groups? How is his career drive defined to fit in with the expectations of both groups? The relationship between the two groups in the professional's struggles to attain a satisfactory status is intensively investigated in order to show the problems peculiar to the Jewish professional.

5. Objectives and goals of the doctor center around the type of and extent of his practice both within and outside of the ethnic community; specialization; standard of living and security; and organized associations.[1]

---

1 See number 3 on page 6.

Methodology

This thesis is not intended as a study of the total personality which may be understood only by taking into account all the forces, both organic and environmental, playing upon the person and the way he reacts to various situations. A personality is organized around the roles arising from the group of which he is a part. In his efforts to find a place in society, to play a significant role in the various and more or less integrated groups of our society,--family, neighbourhood and business, the individual acquires a personality.[1] This study is intended to throw light on those roles, or response patterns, associated with certain groups, namely, the ethnic and professional ones, and in part the family group.

The case study method is perhaps the most useful for discovering interpersonal relationships and adjustment to culturally defined roles. A case study conceives of personal conduct and group behaviour as organic parts of the total cultural setting. Personal documents such as diaries, letters, autobiographies, case records of social agencies, and data collected in a confidential interview, make up the case history. The information in the case study, the attitudes and actions of the person, are to be understood, as Cooley stated, by means of sympathetic introspection. To be useful scientifically a case history should reveal values and attitudes that go deeper than their conventional expression; and they should be classified in some way, not treated as individual cases.[2]

Our case studies are limited to the professional careers of Jews. They consist of a specialized phase of the life of the Jewish doctor.

---

1 R.E.Park, "Personality and Cultural Conflict," American Sociological Society Publications, 25 (1931), 96-110.

2 E.W. Burgess, "Statistical and Case Studies as Methods of Sociological Research," Sociology and Sociological Research, XII (1927), 99-120.

Each case study is unique in that it depends upon the particular background and development of the individual. Explanations of varying individual experiences and attitudes are beyond the scope of this thesis since they require much more detailed analyses of each person. The case studies are useful to us insofar as they reveal a general pattern of situations and problems encountered in the careers of Jewish doctors. As we shall see, some fundamental similarities appear in the majority of the studies and these fundamental similarities constitute the major findings of the thesis.

Data related to the above-stated problems was collected by means of the informal interview with individual persons. Appointments for interviews were made over the telephone. With the exception of three or four persons, all readily gave up their time and in most cases co-operated fully. The time spent in interviewing varied considerably, depending upon the individual's loquacity and upon the number of times he was seen. The interview lasted from one to four hours. Brief notes were taken during the interview. They were written up more fully afterwards with a view to arranging the data in a more orderly sequence.

30 doctors were interviewed. Information on specific points concerning 5 others was collected indirectly. 5 lawyers, one engineer and 10 teachers were interviewed also. The last three groups are employed in this thesis to illustrate a few points. The analysis of the cases consists primarily of those of the doctors.

The case studies of the doctors are classified by the number of years in practice in the following way:-

Class	Number of years in practice	Number interviewed
A	1-4	8
B	5-9	7
C	10-14	9
D	15-19	6
E	20-	5

The cases are designated as A1, A2, C3, D4, etc. The order is arbitrary and

does not indicate the number of years in practice in each class.

The conclusions are based upon the case histories and general observations. Where there is insufficient evidence to make statements conclusively, and where further information is essential, it is pointed out. The objectivity of the concepts and conclusions in this study is limited only by the amount of information secured. The writer has neither the desire nor the intention to be partial to the merits or shortcomings of Jewish professionals. Nor are any instinctive or inherited caused postulated for certain characteristics and attitudes of Jews. They can be understood scientifically only in the light of the whole social situation.

The statistical data was compiled from volume IV of the Census of Canada; from Louis Rosenberg's work, "Canada's Jews, " which contains specially compiled data and from Jamieson's study, "The French-English Division of Labour in the Institutional Structure of Montreal." His results show the degree of segregation of French, British and Jewish in the industries and in employer-employee groups of Montreal.

PART 11

OCCUPATIONAL PATTERNS IN OUR SOCIETY AND THE DYNAMIC PROCESSES INVOLVED

CHAPTER 11

The Changing Occupational Pattern of Western Society

Secularization and Mobility of Occupations

The division of labour or occupational distribution in a minority group depends basically upon that of the wider society of which it is an integral part. The occupational pattern of the Jewish community of Montreal has its setting in the broad one of the whole community. The Jewish group in Montreal is ultimately dependent with regard to practically all the functions it performs,--occupational, industrial, familial, recreational, etc., upon the functions of the whole community.[1] In order to understand the significance of the occupational distribution and the goals and ambitions of this ethnic group in Montreal we must understand the dynamic occupational forces operating in our Western society.

The ecological organization of occupations

By the ecological organization of society is meant the pattern of distribution of human beings and their institutions and the relationships of these units. These relationships arise unintentionally and naturally out of the process of competition of humans in the struggle for life. They are organic, i.e., the units are mutually dependent upon one another for existence and they constitute what is called an organic or symbiotic unity.[2]

Similarly unintentional symbiotic relationships inevitably grow up based upon the division of labour. Each occupational group or unit relies upon the function of the other for its existence. A person finds his place in the division of labour as an employer or an employee,

---

1 J. Seidel, "The Development and Social Adjustment of the Jewish Community in Montreal," p.192, Master's Thesis, McGill University, September, 1939.

2 C.A. Dawson and W.E. Gettys, "An Introduction to the Science of Sociology," p.22, The Ronald Press Co., New York, 1929.

as a professional, clerical, skilled or unskilled worker, as a result of the process of competition.

"The occupational organization is a product of competition. Eventually, every individual member of the community is driven, as a result of competition with every other to do the thing he can do rather than the thing he would like to do. Our secret ambitions are seldom realized in our actual occupations. The struggle to live determines finally not only where we shall live, within the limits of the community, but what we shall do."[1]

The occupational organization and stratification

Western society is characterized by a hierarchy of classes which are commonly distinguished by differences in occupation and wealth. Many writers have pointed out that occupation is not and cannot be the only criterion of class. It is not our purpose here to become involved in such a discussion. We assume that occupation is the main determinant class, i.e., status; and that a realistic occupational stratification exists in our society.

Sorokin states that occupational stratification manifests itself in two fundamental forms:-[2]

(1) In the form of a hierarchy among the principal occupational groups, i.e., an interoccupational stratification. He is referring simply to a grouping of industries or firms, that is, entities or institutions. An industry is a production unit, a factory, a farm, a railway, etc. The people in the industry range from owners and high executives to the most unskilled labourers. There is a wide range of competency, skill and income in the same group. This is an industrial classification[3] which is not as significant in a study of status divisions as the second form is.

(2) In the form of an intraoccupational stratification, i.e., occupations are

---

1 R.E. Park, "Community Organization and the Romantic Temper," p.116, R.E.Park and E.W. Burgess, "The City," University of Chicago Press, Chicago, 1925.

2 P. Sorokin, "Social Mobility," p.99, Harper and Brothers, New York, 1927.

3 L.C. Marsh, "The Canadian Working Population," p.4, McGill University, Montreal 1939 and Census of Canada, "Occupations and Industries," V11, 1931, p. ix.

divided into those of (a) entrepreneurs or masters, (b) higher employees and (c) wage earners. Such a classification stresses the kind of work a person is doing irrespective of the industry in which he is found, e.g., there are skilled workers in all kinds of manufacturing industries.

It is in particular occupations that relations of superordination and subordination play such an important part in determining the person's conception of himself and of his status in the community. A job in an industry, or a professional position, means essentially belonging to a social group which forms a person's ideas and attitudes and gives him more or less prestige in the community with which he indentifies himself. An objective study of occupational distribution is important for occupations reflect, generally speaking, a person's cultural background, his training and skill, his scale of living and his status.

Many occupational classifications have been devised but there is no general agreement as to which is the most satisfactory. The one whick is the most useful in this thesis is the following devised by Alba M. Edwards:-[1]

1. Professional persons

2. Proprietors, managers, officials
   a. Farmers (owners and tenants)
   b. Wholesale and retail dealers
   c. Other proprietors, managers and officials

3. Clerks and kindred workers

4. Skilled workers

5. Semi-skilled workers
   a. in manufacturing
   b. others

6. Unskilled workers
   a. Farm labourers
   b. Factory and building construction labourers
   c. Other labourers
   d. Servant classes

The fourth, fifth and sixth levels are grouped roughly according to degrees

---

1 Alb M. Edwards, "A Social-Economic Grouping of the Gainful Workers of the United States," Journal of the American Statistical Association, 28 (1933),

of skill. The first three levels do not involve definite grades of competency for there is a considerable amount of overlapping.

Secularization and mobility of occupations

The impersonal nature of the occupational organization demands that humans be as mobile and as interchangeable as possible. Our division of labour is a secular one, where new occupations are created everyday and the various functions of the old ones are constantly subject to change.

"The industrial revolutions of everyday mean that the individual is not sure of his job; or at least, that one is not sure of one's son's job. This is true of whole regions, as well as individuals; changes in transportation, methods of production, extension of the frontiers of commerce do violence to the most deeply rooted prerogatives."[1]

In a sacred society, where unity is mechanical , i.e., based upon the physical and social similarity of its members,[2] individuals are either born to their occupations, or called to them as if they were missions or sacredly invoked. Careers are well laid out beforehand and there are well-defined patterns of achieving adulthood. In our secular society, where unity is organic, i.e., based upon the interdependence existing among the members and groups, whose physical and social appearances and functions are dissimilar, selection to an occupation is more impersonal. There are still certain occupations in our secularized division of labour to which people are more likely to feel "called" to than others, e.g., missions. There are still places in the division of labour to which one may be born, but one's parents may not have been so born, nor is one assured by society of this position.[1] In choosing an occupation people are more likely to feel a call to some professional career irrespective of economic considerations than to some factory job.

Persons who are selected to certain occupations are persons who have been reared in primary groups and have acquired a set of social objects

---

1 E.C. Hughes, "Personality Types and the Division of Labour," p.83 ff. "Personality and the Social Group," edited by E.W. Burgess, University of Chicago Press, Chicago, 1929.

2 Emile Durkheim, "The Division of Labour in Society," Translation, with an estimate of his work, by George Simpson, The MacMillan Co. New York, 1933.

and attitudes common to the community. Being mobilized to an occupation, finding a place in the division of labour in competition with others, means a removal from the base of one's morals. A most complete removal from one's "milieu natal" for professional life is represented by the Catholic clergy. Entering a new group, even in one's home community, lessens contacts with the family group and the family's attitudes and values. "Cutting off a person from his/base (home) simultaneously with his entrance into an occupation or with his change from one occupation to another, or even from one job to another, is that characteristic phenomenon of the modern division of labour which carries with it personality change."[1]

The significance of the divergence between the culture of the family and that of the occupation is probably greater for the ethnic person, for he is identified with an ethnic and sacred group which is different from the rest of the community and his immigrant family is different from that of native-born families. The divergence between the ethnic culture and the professional culture and technique is no doubt very important for the occupational adjustment of the Jewish professional.

Occupational mobility

Our occupational organization is dynamic. This continual change manifests itself in the process of mobility. Movement within and between occupations is a common occurrence in our society and has increased in intensity during the last two or three decades. Occupational mobility is mainly a product of the impersonal forces of competition and the mechanical advancement in our society.

Mobility is not mere movement. It implies a change. It is an individual's spatial adjustment to his environment. Park states that it is measured "by the number and variety of stimulations to which an individual

---

1 E.C. Hughes, ibid., p.86.

responds."[1]

It appears to vary with such conditions as the type of occupation, age, marital status, sex, family ties, community ties.[2] Certain types of work require more mobility than others, e.g., army officers, authors, ministers, salesmen, loggers, fishermen.[3] Unskilled workers who are never sure of their jobs are subject to a great deal of mobility. However, Davidson and Anderson in a study of the occupational mobility in the San Jose community found a good deal of mobility in all occupations, even in regular occupations, among all kinds of people. As a rule, younger people change occupations more readily than older people.[4]

Occupational mobility is occasioned by the search for employment and by the search for betterment of employment financially and socially. Social climbing is a strong motivation for occupational mobility since it is principally through our occupations that we acquire status in the eyes of our fellowmen. The ideal of individual success through occupational climbing was often attained in the days of an expanding economy. Alongside this ideal was the belief in the equality of opportunity for all, no matter what one's original status was. Freedom of employment opportunity is limited in our maturing industrial and commercial civilization. That mobility does not result in any appreciable change of status has been shown by Davidson and Anderson and others.[5]

---

1 R.E.Park, "The City, Suggestions for the Investigation of Human Behaviour in the City Environment," p.589, American Journal of Sociology, 20 (March, 1915), 577-612.

2 S.P. Heiber, "Job Finding and Methods of Industrial Recruitment," Master's Thesis, McGill University, September, 1934.

3 A.W. Lind, op cit., pp.35-36.

4 P.E. Davidson and H.D. Anderson, "Occupational Mobility in an American Community," p.174, Stanford University Press, Stanford University, 1937.

5 In an intensive statistical study of a representative sample in the San Jose community, California, ibid., they found that something less than half of the total movement of workers is horizontal; that the preponderance of the total movement of manual labourers is on the manual labour level; and that the greater

(continued on next page)

The ideal of social climbing, which is now very seldom capable of being attained, is still a very strong incentive to mobility and still a potent influence over the younger generation through the agencies of the family and the school. At the same time we see arising to replace this ideal the quest for security and stability. For those in the higher occupational brackets the wish to retain their status this desire is understandable. But more and more people in the lower brackets desire security in employment when they see the gates closed in all directions.

The changing occupational distribution of Western society

A limited number of professional people, a small proportion of clerks and semi-skilled workers and a preponderance of farmers and proprietors, skilled and unskilled workers characterized the older occupational organization. The new occupational pattern reveals a great expansion in the professions, in clerical or white-collar levels, and in semi-skilled occupations, involving a sharp reduction in the number of farmers and farm hands.[1]

During the period, 1870-1930, in the United States, there has been an increase in the number of proprietors and officials in the various branches of enterprise with the growth of industry and trade.

Striking occupational changes have developed with the growing importance of the selling and movement of goods. There are great numbers of commercial travellers, wholesale and retail dealers, salespeople, bankers,

---

(continued from previous page)
part of that of the white-collar group is likewise on the white-collar level; that three-quarters of all moves are confined to the same levels or to levels immediately adjacent to them; and that moves from top to bottom or vice-versa are quite rare.

M. Ginsberg in "Interchange Between Social Classes," Economic Journal, 1929, showed that the ladder can lift relatively small numbers.

P.Sorokin, op cit;, likewise showed that the unskilled level is not a catch-all for all misfits from other levels, for the majority of unskilled laborers began on the level in which they are now engaged.

1 P.E. Davidson and H.D. Anderson, ibid., p.62.

brokers, insurance and real estate men. There has been a great expansion of the clerical group, who, with the salespeople, form the largest body of white-collar workers "just as dependent upon modest earnings as the industrial wage earners but jealous of their status as part of the middle class."

A large increase in the numbers of workers in factories has taken place, in the building trades and in the varied employments which supply the means of transportation and communication. They form the large body of semi-skilled workers. Included in this group are the service workers, other than the domestic and professional service workers.

The professional group was ten times as large in 1930 as in 1870. "The complexity of modern life has enhanced the importance and attractiveness of scientific and intellectual pursuits." The machine age has created the technical engineers, the designers and the draftsmen, the architects, the chemists and the metallurgists. The number of physicians and surgeons has grown from 62,000 in 1870 to 150,000 in 1930. Since 1910 the growth of the medical profession has failed to keep pace with that of the population. The relative decline in the number of physicians has been partially offset by the remarkable recent growth of hospital facilities. The serious aspect of the lag, lies, however, in the distribution of physicians. The number of dentists is nine times as great as in 1870. Lawyers and judges have increased in numbers. Many other specialties, minor numerically, have arisen, e.g., librarians, newspapermen. There has been a great increase in the numbers of professional authors, artists and actors, and a tenfold increase in the teaching profession.[1]

The occupational background and ecology of Jews in America

The occupational distribution of Jews in the cities of America is remarkably similar. Their tendency to enter certain occupations in different metropoles is ascribed, not to a natural or inherent trait, but to the peculiar

---

1 The section on the occupational distribution of Western society is based on the article "Shifting Occupational Patterns," by R.G. Hurlin and M.B. Givens in Recent Social Trends in the United States, 1, McGraw-Hill Book Co. New York, 1933.

social conditions governing their existence throughout history.[1]

The restrictions placed upon the Jews by the government, the church and the guilds during the Middle Ages, besides their own ritual, accounts for their predominance in some and their scarcity in other occupations. They were prohibited from many important spheres of public life, from owning land or living outside cities; as a rule, they were excluded from the guilds and occupations open to them were very few; in addition, their own religious and community life restricted their activities. In Poland the Jews were allowed to own land and were hence less of an urban people; and their occupations tended to approximate those of the Christians. They were not chiefly petty traders and money lenders but had open to them a varied field of economic activities.

As a whole, in medieval society, the Jews were dominantly town dwellers. They were allowed to trade and engage in exchange. They were often physicians and emissaries of the rulers. The rulers used the Jews as a valuable taxable property. They had more varied and stimulating contacts than their Christian neighbours. Their contacts were secondary and impersonal; they knew languages and had connections. They were money lenders, bankers, merchants, physicians, negotiators and also teachers. The Jew was hence fitted to become the commercial individual. Nor did they avoid the arts and crafts altogether. They were in many cases the manufacturers of the wares they sold. These handicrafts were more profitable than pure handicrafts. There were numerous Jewish dyers, silk weavers, gold and silversmiths, tailors, printers, etc. These occupational skills were the stepping stone to their entrance into the occupational structure of the New World.[2]

Ruppin's review of the occupational distribution of the Jews in

---

1 Louis Rosenberg, "Canada's Jews," p.151, Bureau of Social and Economic Research, Canadian Jewish Congress, Montreal, 1939.

2 L. Wirth, "The Ghetto," p. 75 ff., University of Chicago Press, Chicago, 1928.

the U.S. is repeated here because of the similarity of conditions in Canada and the U.S.[1] The Jews are numerous in commerce, their traditional occupation, although their choice of occupations is now far freer than formerly. They are found in great numbers among shopkeepers, especially those dealing in dry goods, ready-made clothing, pharmaceutical goods, cigars, provisions, furs, shoes, furniture, jewellery and precious stones. They are pedlers and street traders. They are prominent in highly speculative trades, e.g., clothing and real estate.

Their importance in American banking is far smaller than in Europe. Ruppin states, however, that their connection with finance facilitated their entry into manufacturing.

They capitalized on their previous occupational experience as skilled workers, e.g., millers, dyers, furriers, tailors, diamond cutters etc. In the manufacture of knitwear, furniture, furs, tobacco and footwear, they are found in large proportions. The great percentage of tailors among Jewish immigrants corresponded to the place which the clothing trades had assumed in the United States as an economic base for them. Before the war, more than half of the Jewish workmen from Eastern Europe were engaged in them, having replaced German and Irish labour. Scores of Jews found their first economic foothold in the garment trades, which they could enter without a knowledge of the English language and without too much technical experience.

---

1 Arthur Ruppin, "The Jews in the Modern World," p.131, Macmillan & Co., London, 1934.

CHAPTER 111

The Occupational Pattern in the Jewish Community in Montreal

The occupational pattern in the Jewish community is analysed according to the following classes, in order of decreasing status:-

1. Proprietary, including proprietors, managers and officials, except farm.
2. Professional, including professional and semi-professional workers.
3. White-collar, including clerical, sales and kindred workers.
4. Skilled, including craftsmen, foremen and kindred workers.
5. Semi-skilled, including operatives and kindred workers, protective service workers and other service workers except domestic.
6. Unskilled, including domestic service workers and labourers, except farm.[1]

Table 1 shows the numbers of the Jewish and total gainfully employed population in the six status divisions and compares them proportionally. The proprietary group among the former is a little more than twice as large as that of the latter, being 17.72% and 8.42% respectively. This is due to the fact that the percentage of people working on their own account is higher among Jews than among non-Jews. The majority are owners of small shops and stores. For the total population this class is represented by owners and managers of large manufacturing concerns and large firms.

---

1 Alba M. Edwards' classification shown on page 13 has been modified, placing proprietors higher than professionals in the occupational scale and excluding farmers and farm labourers since their incidence is unimportant in a large city.
The detailed index of occupations prepared by Edwards in the "Alphabetical Index of Occupations and Industries," U.S. Department of Commerce, Bureau of the Census, 1940, was employed to re-class the occupational data for Montreal in volume 1V of the Census of Canada,1931. The index classifies all occupations into eleven groups:-

1. Professional and Semi-Professional Workers.
2. Farmers and Farm Managers
3. Proprietors, Managers and Officials except Farm
4. Clerical, Sales and Kindred Workers
5. Operatives and Kindred Workers
6. Craftsmen, Foremen and Kindred Workers
7. Domestic Service Workers
8. Protective Service Workers
9. Service Workers, except Domestic and Protective
10. Farm Labourers and Foremen
11. Labourers, except Farm.

TABLE I

Gainfully Employed, 10 years of age and over, Classified into Six Status Groups, for the Jewish and Total Population, by Sex, Montreal, 1931 [1]

Status Groups	Jewish						Total Population					
	Total		Male		Female		Total		Male		Female	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Proprietary	3669	17.72	3457	22.29	212	4.08	27890	8.42	23388	9.44	4502	5.23
Professional	889	4.29	749	4.84	140	2.69	24088	7.29	14118	5.73	9970	11.65
White-Collar	6814	32.93	4288	27.65	2526	48.62	74597	22.33	49887	19.28	24720	28.72
Skilled	3126	15.09	2970	19.15	156	3.00	54541	16.36	52687	21.14	1854	2.14
Semi-skilled	5167	24.95	3302	21.29	1865	35.90	76302	22.84	54421	21.84	25020	29.27
Unskilled	1029	4.97	733	4.72	296	5.60	66936	20.10	50588	20.31	16348	19.11
(Farmers & Farm Labour)	10	.05	10	.06	-	-	1359	.52	1330	.58	29	.30
Unspecified[2]	-	-					6977	2.14	4061	1.67	2916	3.38
TOTAL	20704	100.00	15509	100.00	5195	100.00	335829	100.00	250480	100.00	85349	100.00

1 Census of Canada, Vol. VII, Table 41. L.Rosenberg, op.cit., Table 235.

2 The percentages for the total population are approximate since 6977, or 2.14% were not accounted for in the six status groups.

The professional group is almost twice as large in the total population as in the Jewish one, being 7.29% and 4.29% respectively. The white-collar class is almost a third larger in the latter group, forming 32.93% of the whole group. Roy found in his survey that of the other nationalities besides English and French, those in the white-collar class are principally Jewish.[1] The other significant comparison is that the unskilled group in the total population is four times as large as in the Jewish one, being 20.10% and 4.97% respectively.

The three largest groups in the Jewish gainfully employed population are the proprietary, white-collar and semi-skilled ones. In the total gainfully employed population the four largest groups are the white-collar, skilled, semi-skilled and unskilled.

The distribution of Jewish males approximates closely that of the total Jewish gainfully employed. Compared to that of Jewish females, there is a much greater proportion of males in the proprietary (22.29%) and in the skilled (19.5%) groups than of females (4.08% and 3.00% respectively).

Jewish females in Montreal predominate in two groups, namely, the white-collar and semi-skilled groups, forming 48.62% and 35.90% of all Jewish females gainfully employed. Almost half of all Jewish females gainfully employed are engaged in clerical and sales work and more than a third in service and semi-skilled work. The total gainfully occupied females are more evenly distributed in all the classes but also predominate in the same two groups. A significant difference between the two is evident in the professional group where the percentage is 11.65% for the total females, and only 2.69% for the Jewish females. This is due to the small number of Jewish female teachers as a result of restrictions in this field.[2]

---

1 William J. Roy, "The French-English Division of Labour in the Province of Quebec," Master's Thesis, McGill University, Montreal, 1935.

2 L. Rosenberg, op cit., p.166.

CHART 1

Proportional Representation of Total Gainfully Employed Jews, 10 years of age and over, by Occupational Status, Montreal, 1931

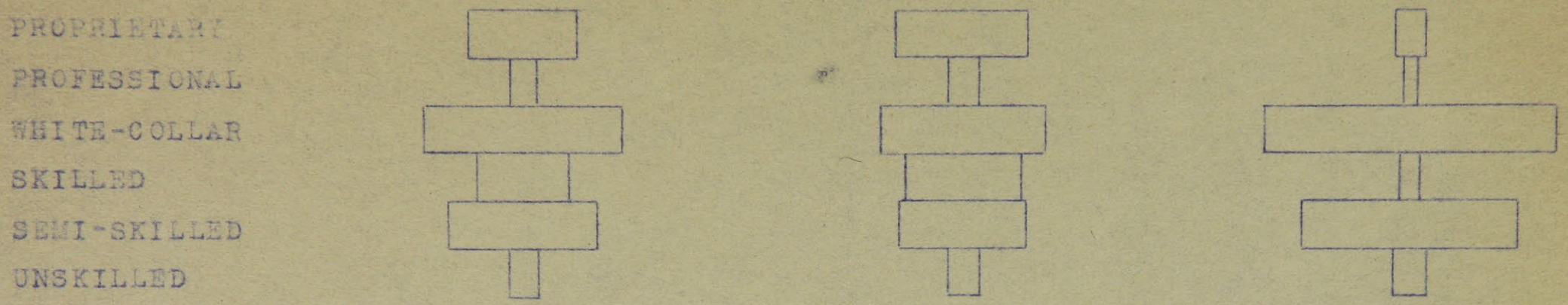
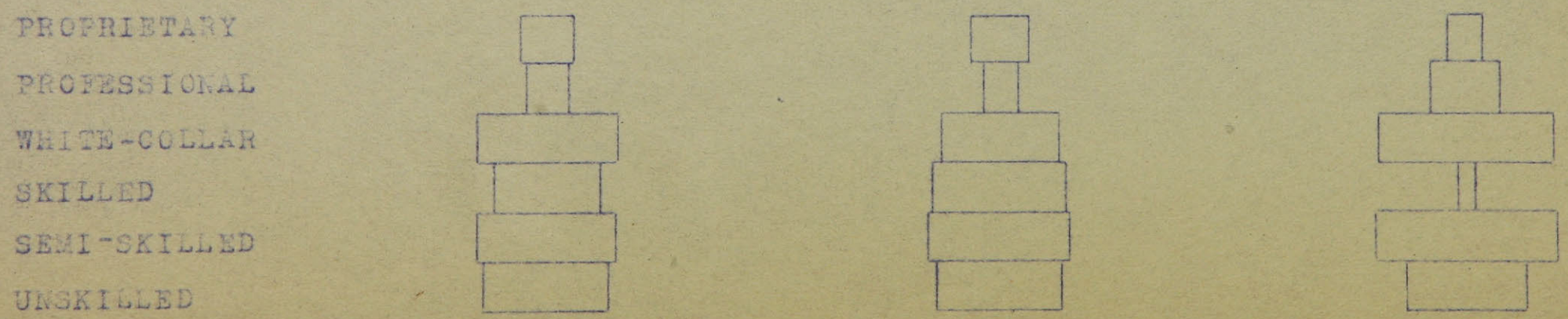


CHART 11

Proportional Representation of Total Gainfully Employed Population, 10 years of age and over, by Occupational Status, Montreal, 1931



The results of Table 1 are shown graphically in charts 1 and 2.[1]

The census occupational distribution

Table 11 compares the numerical and percentage distribution of gainfully occupied Jews to that of the total population of Montreal, according to the occupational divisions shown in the Census. The three largest groups among the Jews are manufacturing, merchandising, and clerical, which constitute respectively 34.98%, 31.03% and 10.82% of the total Jewish gainfully employed. All the other groups are very small, the largest of them being the professional one. Among the total gainfully occupied there is a more even distribution, the largest groups being manufacturing, 18.95%, labourers and unskilled workers, 15.12%, clerical, 10.73% , transportation and communication,9.24%, and building and construction, 8.86%.

Participation of Jews in industry

The bi-racial character of Montreal has had marked effects on the industrial structure. The English-speaking minority developed an industrial economy in a territory where the great mass of the people were organized in a parochial and peasant economy. The latter was a mechanical division of labor which did not gradually transform into an organic one as did the greater part of Western society. Rather, the more advanced and complicated division of labor was foisted upon the population, bridging a wide gap and utterly strange to the population. They have been left behind in the competitive struggle due to their original backwardness.

"In general, the industrial system of Quebec portrays a symbiotic rather than an equal competitive relationship between the two major ethnic groups, both within and between industries and plants. The key industries or capital goods industries, composed of a comparatively small number of large plants representing heavy investments of capital are dominated by corporations in which English-speaking directors are predominantly in control. Several secondary or consumers' goods industries are likewise dominated in a greater or less degree, by English corporate enterprises, though smaller individually-owned plants, many of

---

1 The results for Canada as a whole are quite similar to those shown for Montreal with the exception of the large body of farmers and farm labourers. See L. Rosenberg, op cit., pp. 162-3.

TABLE II

Numerical and Percentage Distribution of Gainfully Occupied Jews, 10 years of age and over, among the Various Occupational Groups, as compared with the Total Population, Gainfully Employed, Montreal, 1931 [1]

Occupational Group	Jews		Total Population	
	No.	%	No.	%
Manufacturing	7242	34.98	63649	18.95
Merchandising	6426	31.03	39680	11.81
Clerical	2241	10.82	36051	10.73
Professional	879[2]	4.25	23682[2]	7.06
Personal Service	718	3.47	38007	11.32
Transportation & Communication	699	3.37	31017	9.24
Building & Construction	684	3.30	29716	8.86
Laundering, Clean'g, Dye'g, Press'g	646	3.10	4246	1.27
Labourers & Unskilled workers	563	2.72	50814	15.12
Warehousing & Storage	285	1.38	4791	1.42
Insurance & Real Estate	211	1.02	3262	0.96
Entertainment & Sport	44	0.22	940	0.28
Finance	30[3]	0.14	1153	0.35
Public Administration & Defense	10	0.05	4179	1.25
Electric Light & Power	10	0.05	2432	0.72
Primary Industries	24	0.06	2021	0.60
Unspecified	8[3]	0.04	189	0.06
TOTAL	20704	100.00	335829	100.00

1 Census of Canada, op.cit., and L.Rosenberg, op.cit., Tables 108 and 235.

2 These figures are not the same as those shown in Table 1 for the professional group because the Census and Rosenberg do not include exactly the same occupations in this group as does Alba M.Edwards. Although Rosenberg's classification of status groups is exactly the same as that devised by Edwards, he does not explain how he arrives at the figures in each group.

3 Number arrived at from percentage distribution in Rosenberg's Tables.

which are French-Canadian, become more common.

Within the industries dominated by English firms employing a large labor force, a superordinate-subordinate relationship has developed between the two major ethnic groups. Generally, members of the English-speaking minority in Montreal are predominant in the skilled, supervisory and "white collar" positions, while the French-Canadians constitute the majority of unskilled and semi-skilled workers. In the economic system of Quebec, from the ethnic aspect of employer-employee relationships, the English-Canadian is, broadly speaking, the boss. In Montreal, and Quebec as a whole, there are no industries and very few if any plants in which a majority of English-speaking employees work for French-Canadian employers. The industries in which the latter are predominant, as in some "consumers' goods" industries where plants are typically small-scale and serve a local market, show a more-than-proportionate participation of French-Canadian employees.

With few exceptions, in those industries in which the participation of French-Canadians is above their expected number, that of the English-speaking gainfully employed is below, and vice-versa. ...competition between the two groups is reduced by a measure of occupational and industrial segregation. For the French-Canadians this is a matter of necessity more than of choice. Constituting the main body of labor, they tend to be oriented in large numbers to occupations of lower status in all industries. In some, a few of their number "climb", to be replaced at the bottom of the scale by members of the comparatively small immigrant minority. The English-speaking group is the more specialized and mobile element, the more successful "social climbers". Where members of this group come into competition with French-Canadians of a lower living standard, they tend to gravitate to other industries or occupations."[1]

Other ethnic groups in the city find their places with reference to the two main ethnic groups. Their entry into English or French dominated occupations is more or less restricted.

The Jews occupy a marginal position in the industrial structure. Not only are they distinguished as immigrants, but by their 'race' and religion from the rest of the population. Their existence is peculiarly subject to changes in the French-English division of labour. They occupy a special position in the economic system of Quebec. They are segregated by industry rather than by status. Their proportion of owners and managers as well as workers is high in a few lines of industry and uniformly low in the rest.[2]

The industrial segregation of ethnic groups is found by calculating the deviation from their expected proportions in the different lines of industry. The percentage which each group forms of the total gainfully occupied

---

1 Stuart M. Jamieson, "French and English in the Institutional Structure of Montreal," pp.81-82, Master's Thesis, McGill University, January, 1938.

2 Jamieson, ibid., pp. 61 and 82.

are British, 23.8% , French, 59.8% , Jewish, 6.8% and others, 10.3%. Deviations from this standard constitute a measure of the occupational or industrial segregation for the major ethnic groups.[1]

The participation of Jews in industry and the ratio of actual to expected is shown in Table 111. They are considerably far below their expected numbers in all but a few lines of industry. In the latter they predominate proportionally highest of all. They have confined themselves to light industry which requires small investments because they lack the capital necessary to establish factories engaged in heavy industries and which require a large preliminary plant expenditure for equipment. Furthermore, these industries are highly speculative. This segregation is seen in other cities also. In the clothing industry which is perhaps the most speculative of all, due to the phenomenon of fashion, the Jews participate 572.5% of their expected number,--proportionally higher than any other group in any industry. Jews form 35.2% of the total gainfully employed in the clothing goods industry. In fur dressing, which is also a speculative industry, their participation is 378.7% of their expected number; and they form 23.3% of all gainfully employed in the industry.[2]

In retail and wholesale trade, the English-French relationship tends to be symbiotic, whereas the position of the Jews is competitive. "In retail trade, where the average firm is small and the market local, the French-Canadians participate 104.2% of their expected number, the English-Canadians, 73.0%. In wholesale trade, where firms are on the average, larger and more specialized, the relative position of the two groups is reversed, being 89.9%

---

1 Jamieson, ibid, pp.54-55.

2 Source of these figures is Jamieson, ibid., Table 111,p.68.
There is no authoritative statistical information on whether the Jews dominate any industry in particular. L. Rosenberg, op cit., states that they do not. W.J. Roy, op cit., states that ownership of men's and women's clothing factories is largely in the hands of Jews; and that the manufacture of knitted woollen goods is largely Jewish-owned. (p. 82) However, this does not mean that the participation of people working in these industries is largely Jewish. Further statistical data concerning these questions is necessary.

TABLE III

Participation of the Jewish Group in Industries, Montreal, 1931[1]

Industries	Actual No. Employed	Expected No. Employed	% Ratio Actual.Expected[2]
Manufacturing			
Primary Textiles	250	383	65.3
Clothing Goods	6309	1102	572.5
Fur Dressing	303	80	378.7
Leather Goods	194	431	45.0
Non-Ferrous Metals	161	285	56.5
Iron Products	219	1135	19.3
Lithographing & Engraving	8	22	36.4
Publishing	267	359	74.4
Wood Products	185	190	97.4
Bread	144	174	82.8
Confectionery	58	162	35.8
Canning & Preserving	1	11	9.1
Sugar Refining	2	37	5.4
Flour Milling	6	35	17.1
Animal Foods	30	79	38.0
Paper Products	71	124	57.2
Tobacco Products	87	245	35.5
Non-Metallic Minerals	73	279	26.2
Electrical Power	33	124	26.6
Rubber Goods	18	94	19.1
Liquor	46	98	46.9
Chemical Products	42	143	29.4
Ship Building	1	43	2.3
Building & Construction	611	1646	37.1
Other Construction	73	643	11.4
Transportation & Communicatn.			
Air Transport	2	3	66.7
Telegraph & Telephone	48	273	17.6
Railway Transportation	135	987	13.7
Water Transportation	37	339	10.9
Road Transportation	166	382	43.6
Cartage & Storage	116	256	45.3
Finance	510	868	58.7
Wholesale Trade	793	465	170.5
Retail Trade	6128	2613	234.5
Extractive	15	119	12.6
Services	3147	5432	57.9
Unspecified & Miscellaneous	406	1029	39.4
TOTAL	20704		6.2[3]

1 Jamieson, ibid., Table III, pp.67-68.

2 Jamieson found the expected or proportional number of gainfully employed for each ethnic group in each industry by multiplying the total employed of the ethnic group by the total employed of all nationalities in a given industry, and dividing the product by the grand total of all gainfully employed. Footnote, p. 57

3 6.2% of the total population gainfully employed.

and 129.6% respectively." The Jews participate proportionally higher than the two dominant groups in retail trade, being 234.5% of their expected, and in wholesale trade, being 170.5% of their expected number.[1]

A higher percentage of Jews are found in small shops rather than in factories.[2] According to Rosenberg, they prefer small shops because they like the patriarchal relations with the owner of the small shop rather then strict discipline of the factory; and they hope to find a way from them of becoming independent artisans or manufacturers. Their preponderance in small shops is, in the opinion of the writer, basically a result of the process of competition. They are unable to get into large factories because of their origin. Further, Jews tend to concentrate in industries having a majority of owners of their own ethnic group.[3] Again, they are self-sufficient not because they prefer to, but because their entrance into industries controlled by large corporations is very restricted.

Participation of Jews in the professions

Table IV compares the percentage which Jews in each profession form of all Jews gainfully employed to that of all professionals in the total gainfully employed population in Montreal for 1931. The proportion of Jews in the fee-earning professions is higher than that of the total population, being 1.80% and 1.28% respectively; whereas, their proportion in the salaried professions is less than half that of the total population, being 2.45% and 5.78% respectively. Jews tend to enter those professions in which they can be on their own. In the salaried professions, they are dependent on a firm or corporation, and as members of a minority group, are less likely to be placed, and if placed, less likely to get ahead.[4]

Table V judges the participation of Jews in the various professions by the ratio of the actual number employed to the expected number employed.

---

1 Jamieson, ibid., p.83. 2 L. Rosenberg, op cit., p.

3 In common with the French-Canadians, Jamieson, p.82.

4. This point will be discussed further below.

TABLE IV

Percentage which Jews in the Professions Form of all Jews Gainfully Occupied Compared to that of Persons of all Origins, Montreal, 1931 [1]

Professions	Jews	All Origins
Musicians and Music Teachers	0.54	0.31
Lawyers and Notaries	0.35	0.25
Physicians and Surgeons	0.47	0.34
Dentists	0.23	0.13
Photographers	0.16	0.12
Opticians	0.03	0.03
Architects	+	0.06
Dancing Teachers and Physical Instructors	0.01	0.03
Osteopaths and Chiropractors	+	+
Veterinary Surgeons	+	0.01
Total Fee-Earning Professions	1.80	1.28
Teachers	0.89	1.67
Rabbis, Cantors and Shochetim	0.43	0.83
Accountants and Auditors	0.40	0.64
Artists and Art Teachers	0.08	0.13
Nurses, Graduate	0.08	0.66
Nurses in Training	0.03	0.31
Chemists, Assayers, Metallurgists	0.04	0.13
Authors, Editors, Journalists	0.09	0.13
Designers and Draftsmen	0.09	0.22
Social Welfare Workers	0.04	0.04
Civil Engineers and Surveyors	0.04	0.26
Electrical Engineers	0.03	0.18
Health Professionals	0.02	0.04
Mining Engineers	0.03	0.03
Mechanical Engineers	0.02	0.14
Professors and College Principals	0.01	0.16
Librarians	0.03	0.03
Trade Union Officials	-	+
Mission Workers	-	+
Agricultural Professionals	-	+
Judges and Magistrates	-	+
Unspecified Professions	0.10	0.17
Total Salaried Professions	2.45	5.78
TOTAL	4.25	7.06

1 L. Rosenberg, op.cit., Table 123, p.191.

\+ Less than 0.01%.

As a whole, they participate only 63.7% of their expected number. In medicine they are above their expected number by 36.6%; in dentistry by 80.8%; in the legal profession by 43.1%. In civil engineering and in teaching, both salaried professions, they are below their expected number by 84.6% and 46.2% respectively. In all other professions, with the exception of mining engineering[1] and rabbis and religious teachers, Jews are below their expected numbers.

Occupation is related to class area

Montreal, as other metropolitan cities, is divided into natural areas, i.e., areas which are distinctive due to physical type and population type. These arise naturally as different elements of the population move about finding a suitable habitat. Business becomes segregated in one area; heavy industry in another; residential areas ranging from workingmen's homes to the exclusive homes of the wealthy become defined. Nor are these areas static; processes of invasions into areas and succession of different types of people, of business and industry are constantly taking place. The natural area evinces distinctive cultural characteristics, in physical appearance, in the status of its population and in the services it performs.

Occupation, a basic index of a person's status, is related to one's place of residence, or class area. Seidel, from data compiled on 512 Jewish families shows that a correlation exists between occupation and place of residence. As one goes from the first to the fourth natural area of the city occupation involves more education, capital outlay and ability to deal with the public.[2]

Table VI[2]

Number & Percent of all Gainfully Employed, Classified by Occupational Status, for Four Areas, 1938.

Occupational Status	First Area		Second Area		Third Area		Fourth Area		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Employer	9	3.8	14	4.9	49	20.3	15	19.0	87	10.3
Own Account Worker	46	19.5	78	27.4	63	26.0	19	24.0	206	24.5
Wage Earner	155	65.7	164	57.5	108	44.6	35	44.3	462	54.9
Not Given	26	11.0	29	10.2	22	9.1	10	12.7	87	10.3
TOTAL	236	100.0	285	100.0	242	100.0	79	100.0	842	100.0

1 Actual number employed is very small. 2 J.Seidel, op cit., Table XLVIA, p.76.

TABLE V

Participation of Jewish Gainfully Employed in Professional Services, Montreal, 1931[1]

Profession	Actual No. Employed	Expected No.Employed	% Ratio Actual.Expected
Electrical Engineering	6	37	16.2
Mining Engineering	6	5	120.0
Mechanical Engineering	4	29	13.8
Officials,Trade Associations	-	1	-
Designing and Drafting	18	45	40.0
Accountants & Auditors	84	133	63.2
Civil Engineering	8	52	15.4
Architects	1	13	7.7
Chemists & Assayers	8	26	30.8
Osteopaths & Chiropractors	1	2	50.0
Veterinary Surgeons	-	3	-
Physicians & Surgeons	97[2]	71	136.6[3]
Dentists	47	26	180.8
Opticians	5	7	71.5
Justices & Magistrates	-	1	-
Lawyers & Notaries	73	51	143.1
Religious Workers	4	19	20.1
Clergymen,Priests 'Rabbis,etc.)	86	51	168.6
Mission & Social Workers	8	10	80.0
Nurses, Graduate	16	138	11.6
Nurses in Training	5	63	7.9
Health Professionals	4	8	50.0
Professors, Principals	3	33	9.0
School Teachers	186	346	53.8
Librarians	5	6	83.3
Others	204		
TOTAL[4]	889[4]	1638[4]	63.7[4]

1 S.M.Jamieson, op.cit., Table V, p.91.

2 The number is now estimated as over 200 and as high as 250.

3 Physicians and surgeons of the major ethnic groups in Montreal are as follows: -

	Actual No.Employed	Expected No.Employed	% Ratio Actual.Expected
British	331	274	120.8
French	693	691	100:3
Jewish	97	71	136.6
Others	31	116	27.3
Total	1152		

4 These figures are based on those shown in Table 1, page 22 of this thesis since Jamieson's total of the participation of Jews in professional services (Table IV, p.85) does not correspond with the above figures.

Table VI shows that, from the first area to the fourth, the proportion of wage earners goes down steadily, and the proportion of employers goes up.

Further supporting this hypothesis is the well-known phenomenon of movement of immigrants from slum areas into progressively better residential areas with their economic climbing. Such evidence was also collected in our case studies and, of itself, is sufficient to prove that a correlation exists between occupational status and class area.

The changing occupational pattern in the Jewish community in Montreal

In order to show occupational trends data must be available over a period of years. The only occupational data that the Census shows for Jews in Montreal is for one year, namely, 1931. Information on the occupations of Jews in 1921 and in 1931 for Canada as a whole, on the occupations of Jewish immigrants by period of arrival, and those of immigrant and native born by sex in 1931 was compiled by the Dominion Bureau of the Census especially for Rosenberg's study.[1] The analysis of occupational changes as presented by Rosenberg may safely be applied to Montreal since the Jews throughout Canada are largely an urban people, and since a close similarity exists between the occupational distributions of Jews in Montreal and in Canada.[2]

An approximate idea of occupational trends among Jews is obtained from Rosenberg's data.[3] The occupational groups referred to are those shown in Table 11. Among Jewish males gainfully occupied, merchandising and manufacturing take first and second place respectively in 1931 as they do in 1921. Building and construction trades still take fourth place. The professional group has moved up to third place and the clerical group has dropped to fifth place. The group engaged in transportation and communication (semi-skilled and some skilled workers) has displaced the unskilled workers and now takes sixth place. Among Jewish females the greatest numerical increase has taken place among those engaged in personal service, in merchandising and in the professions.

---

1 L. Rosenberg, op cit., Tables 112,113 and 114. 2 See page 25, Footnote.
3 L. Rosenberg, op cit., pp. 169-174.

The trend for Canadian-born Jewish males is away from manufacturing industries and the personal service occupations to clerical occupations, the transportation industry and the professions, i.e.,away from skilled and unskilled to semi-skilled, clerical and professional occupations.

The Jewish skilled workers in industry were the first-generation Jews. Their places are being taken by non-Jews. The employer of a small workshop is being displaced by the non-Jewish factory worker engeged in a large plant.[1]

The group engaged in trade shows comparatively little change, although within merchandising, the Jew is being forced by circumstances to give up the position of small independent storekeeper for that of salesman in a larger store. Among the foreign-born Jewish males, only 17.8% are salesmen; whereas among the Canadian-born as high as 55.6% are salesmen. Increase of salesmen has been from 17.8% of the total number of Jewish males engaged in trade in 1921 to 25.3% in 1931.

The trend is away from the clothing industry where Jewish male workers are being displaced by non-Jewish female workers. The percentage of Jews in the printing trades shows a considerable increase. There has been a comparatively slight increase of Jews in the manufacture of metal products.

Jewish females in the clothing trade are giving way to non-Jewish females. Only 10.64% of all Canadian-born Jewish females are engaged in the manufacture of textiles in 1931 as compared with 41.86% of all foreign-born. The clerical group now forms the largest one among native-born Jewish females. Merchandising takes second place for both groups. The professional group has moved up to fourth place among the Canadian girls to take the place of personal service among the foreign-born.

The occupational pattern of the Jewish group in Montreal with its

---

1 J. Seidel, op cit., p.74, from an article in the Canadian Jewish Chronicle, Dec. 27, 1935, by L. Rosenberg.

preponderance of white-collar and semi-skilled workers is similar to that of Western society as a whole where a great expansion in these two groups has taken place.

Rosenberg states that "the social-economic structure of the Jewish population of Canada appears to have advanced further towards the type of highly industrialized and commercially developed population and in comparative size of professional, white-collar, skilled and semi-skilled groups resembles that of British and French origin more than any other group in Canada."[1]

---

1 L. Rosenberg, op cit., p. 164.

PART 111

THE ADJUSTMENT OF JEWISH PROFESSIONALS TO THE ROLES AND GOALS SET BY THEIR ETHNIC AND OCCUPATIONAL GROUP MEMBERSHIP

CHAPTER IV

The Cultural Significance of Membership in an Ethnic Group and in a Professional Group

Ethnic Groups

An ethnic community is an historically constituted group, which is characterized by a common tie of nationality or culture, living within an alien civilization but remaining culturally distinct. It may occupy a position of self-sufficient isolation or it may have extensive dealings with the surrounding population while retaining a separate identity.[1]

Ethnic groups are differentiated from the surrounding population in various ways. The three most common bonds uniting the members are (1) a common territory; (2) a common language; and (3) a common culture. The territorial base is necessary in order to maintain any real unity in the activity of the members. A different language is not always found in an ethnic group, e.g., the negroes in the United States. A distinctive culture is a basic characteristic of the ethnic community. It implies different customs and traditions, sometimes a different religion and always characteristic institutions, e.g., immigrant groups generally develop mutual benefit societies in order to assist members in times of sickness and death, in financial difficulties, and incidentally to serve as a milieu for social gatherings.

Where physical differences exist, race is a distinguishing factor. Another distinguishing feature in some groups is a common occupational status, e.g., immigrant groups tend to be very low on the occupational ladder.

Ethnic communities originating as a result of emigration from the Old World are common in our industrial civilization. The Jewish communities arose in Canada and in the United States when thousands of Jews fled from persecution and dire economic conditions in Europe. More than other immigrants, Jews tend

---

1 Caroline F. Ware, "Ethnic Communities," Encyclopedia of the Social Sciences, V, 607-613.

to set up relatively self-sufficient communities, migrating in family groups and bringing their own intellectuals and leaders.

Ethnic communities persist in our society, i.e., they are not fully absorbed into the life of the larger community. Complete assimilation to the culture of a country takes place when there is full primary group participation, when there is intermarriage on a large scale, and where 'racial' or cultural identification does not enter in as a factor in the institutional participation of the members, that is, when their freedom of movement is not limited by their ethnic origin.

"Assimilation implies, among other things, that an immigrant is able to find a place in all ordinairy affairs of life in the community on the basis of his individual merits without invidious or qualifying reference to his racial origin or to his cultural inheritance."[1]

Such total assimilation is an ideal which is attained only after several generations, and in the case of some groups, particularly the Jews, is never achieved.

At the other end of the scale is the complete isolation of the ethnic group where primary group relationships and all other institutional contacts take place only within the group. Complete isolation is impossible in our industrial society. Assimilation, however, is not to be regarded as a static thing, but as an ongoing process, occurring practically continuously as a minority group finds its place and function in the larger society. Further, assimilation is not necessarily going on all the time. The extent and direction of assimilation depends "in part on the degree of divergence between the dominant and minority cultures, in part on the size of the group and the nature of the bonds which hold it together, but primarily on the reception which the group receives, the status which it is accorded and the barriers which are raised against it by the members of the larger community. The survival of immigrant groups as ethnic communities may very generally be attributed to

---

1. Robert E. Park, "Social Assimilation," Encyclopedia of the Social Sciences, 11, 281-3.

the attitudes of the country which they have entered."[1]

In Western society, assimilation generally takes the form of acquiring the language, social ritual, and its standards and values. Immigrants develop their own institutions which, in part, parallel those of the larger community. At best, they are only accommodated, not assimilated, for the individuals do not participate fully in the common life without encountering prejudice. They are really only superficially assimilated for they cannot be completely at home in the groups and institutions of the larger community.

The immigrant child is the product of the native culture of his foreign-born parents and of the standards and values of the New World. Conflict between the two is frequent. The second generation immigrant is never completely identified with either and is therefore assimilated only superficially to the culture of the New World.[2]

Especially is this true in the case of the Jews, who, despite their tendency and desire to identify themselves with the broader culture, maintain their distinctiveness because of their language and religion. Not only are they members of an immigrant group, but of a so-called 'racial' and religious one. They tend to develop institutions, with the exception of those that cater primarily to their needs as immigrants, which parallel closely those of other groups in the community. In fact, the second generation and third generation Jews have institutions which are patterned completely upon those of the larger community, e.g., the Y.M.H.A., exclusive clubs and the Jewish General Hospital.

The adjustment of the ethnic person to his occupation is particularly significant for his assimilation since it is primarily through one's occupation that a person acquires and maintains status in the community. Our in-

---

1 Caroline F. Ware, op cit., p.608.

2 Pauline V. Young, "Social Problems in the Education of the Immigrant Child," American Sociological Review, 1 (1936), 419-429.

tegrated economic society, which breaks down isolation and causes contacts between members of different groups, is the greatest leveler of cultures, the most important force making for assimilation.

Confronted by lack of opportunity for full participation in the occupational structure and in other spheres of community life, immigrants tend to be racially and culturally conscious.[1] The extent of such self-consciousness depends on the extent of discrimination based upon racial origin. The assumption is made in this thesis, that in the final analysis, assimilation may be measured by the degree of ethnic self-consciousness. The restricted opportunities of Jews to climb, socially and economically, as compared to members of the dominant group in the community, intensifies their self-consciousness, directs attention and activity within the group, and retards their assimilation.

Occupational climbing in an ethnic group

First generation Jews, due to their ignorance of the language and the customs of the community, and the resistance to their entry into the better occupations by those already there, swell the bottom of the occupational ladder. In spite of and due to discrimination the occupational climbing of immigrants takes certain paths.[2] In Hawaii Lind found that ambitions of immigrants are redefined with a view to raising the economic status of their children. For a boy with an American education to accept the status of his parents is regarded as a confession of failure. To understand the goals and ambitions of second generation Jews, their means of participating in the wider life of the community, we must understand what determines the paths of advancement for the immigrant and his children.

Immigrants capitalize on their previous occupational experience. Beynon in his study of Hungarian immigrants in Detroit found that 77.5% of

---

1 Pauline V. Young, ibid., p.422.

2 A.W. Lind, op cit., p.249.

factory labourers remained such after migration; that miners and agriculturists and unskilled labourers remained such in the United States. He found that adjustment to the occupational structure was easy for cabinet-makers, carpenters, blacksmiths, bricklayers, wheetwrights etc.; that physicians and mechanical engineers made an immediate and successful adjustment; that other intellectuals, e.g., lawyers, bookkeepers, army officers, professors, etc. are unable to carry over from one culture to another owing to language and other difficulties.[1] Ruppin has shown that the adjustment of immigrant Jews to the occupational structure was closely related to their previous occupational experience.[2]

The cultural complex of a group defines the person's attitudes and ambitions. It is the whole way of life, involving standards of living, values, traditions, customs etc. Idealization of occupations varies with different groups and influences considerably their paths of advancement. Each immigrant group tends to follow certain well-marked paths of social and economic advancement. The tendency of the Greeks to become restauraunt operators, the Swedes, builders, the Irish, policemen, and the Chinese, tradesmen, is well-known. There is no single pattern of advancement for each racial group but certain patterns become more idealized and more common than others.[3] Differences in ambitions and notions of careers of ethnic groups are clearly reflected in the widely divergent degrees of participation in professional activities.[4]

Among Jews professional achievement is idealized and is often as important as becoming wealthy. The ambition to be a learned man is deeply implanted in their traditions. This ideal of intellectuality produced a type of student known as the Yeshiba Bochar, or talmudical student and the Melammed or rabbinical teacher, in the ghetto of the Old World. It still persists, though

---

1 E.D. Beynon, "Occupational Adjustments of Hungarian Immigrants in an American Urban Community," p.603 ff., Ph.D. Thesis, Michigan, April, 1933.

2 See pp.19-20 3 A.W.Lind, op cit., p.249. 4 S.M. Jamieson, op cit.,p.89.

in secular form. The other professions were closed to them. When the legal barriers to the professions were pulled down, there was a rush of Jews into the professions, particularly medicine and law. In the olden days a prosperous merchant preferred a poor but learned student as the future husband for his daughter; nowadays, a lawyer, a doctor, an artist or a writer are the prizes that the rich business man will seek for his son-in-law.[1]

The Jewish immigrant's desire to climb out of his low social position manifests itself in an intensified desire for his children to move upward. The doctor is the symbol of success to him in the same way as the lawyer is to the French-Canadian. The family is the setting in which the child forms his conception of his future roles. The professional man is generally the product of long range family objectives. Thus the Jewish child responds not only to the strong ideal of individual success current in our society, but to the projection of the parents, hopingkto make up for their low status. In any case, as Landis points out, projections of the wishes of parents is common in our society. Our social system, which emphasizes competition and individual success, often results in unfulfilled wishes centered on vocations. The parents project these wishes on the child and gain a vicarious satisfaction. No doubt, this is a subtle and often a very direct factor in controlling the occupational ambitions of the child.[2]

Idealization of education, usually defined in terms of the doctor, is common in the family experiences of the majority of the doctors interviewed. Very frequently, the doctor, in stating that he had his ambition to become a doctor as a youngster, qualifies his statement by saying that no one influenced him in his decision. Evidently people prefer to think that their vocational

---

1 Louis Wirth, "Some Jewish Types of Personality," p. 110, The Urban Community, edited by E.W. Burgess, University of Chicago Press, Chicago, 1925.

2 P.H.Landis, "Social Control," p.232, J.B. Lippincott Co., Chicago, 1939.

choice was on the basis of personal decision, e.g., A4 states,

"I always wanted to be a doctor. Since the age of five I knew that I would be one. I don't know why. As far as I know, my parents didn't decide for me."

Others say definitely that their parents did not influence them but that they cannot trace the source of their ambition.

A6, B2, C2 and E2 illustrate the idealization of learning in general common among Jews:-

A6 "I was the talkative one in the family. Hence I was supposed to be capable of becoming a good lawyer. My parents had their hearts set on this ambition for me. In any case, they wanted us to be professionals, not working men. As it has turned out, my older brother is a lawyer and I am the doctor. My older sister is a teacher.

"Study was drilled into us. It was part of our home life. My father was very stern about it."

B2 "My parents lectured at length to me, a young man on the threshhold of life, on the advisability of getting an education; they suggested to me, that if I worked, I could earn my way and might be able to go to college."

C2 "I wanted to be a doctor, not out of altruistic motives but out of curiosity in the human body. It is a hard question to answer since I really don't remember. No doubt my parents influenced me. They wanted me to have a college education at least. My mother was from a poor family and couldn't become an opera singer, her life-long ambition. She just finished high school. My father had never had a chance to educate himself. Both were therefore very anxious for their children to have the things they lacked."

E2 "My mother wanted me to go to college. At 13, I knew that I was going."

In a few cases the definition of being a doctor as a youngster is associated with emotional experiences and sickness:-

B5 "As far back as I can remember, my mother was always sick. With her encouragement, I suppose, I used to say that I would become a doctor later on and cure her. When I entered college, nothing could change my decision, although my parents then decided that dentistry would be more practical and would be less of a financial burden on them."

E4 "It seemed the natural thing to do. When a child I was very sick and I was told that I would become a doctor later and chase away the big bad man who had caused my illness. This impression stuck."

B7 "I spent my younger days visiting hospitals and clinics, for mother was often sick. Thus I had my heart set on becoming a doctor... Mother was always very pleased to hear me express my ambition."

An emotional experience connected with this ideal stands out in B7's memory. Of a ppor family, his older brother had to work. The latter often

slipped him quarters and gave him discarded clothes.

"Once he brought it up to me that he was supplying me with spending money. I was hurt and indignant. I decided to quit school. This was in second year high. Mother created quite a fuss and cried a great deal and insisted on my keeping on with my studies..."

C7 ascribes his ambition to various causes:-

"I was subject to this atmosphere, this sense of what is being admired and what isn't. Jews have brought this great respect for the learned man from Europe. The doctor was so regarded.

"My desire to be a doctor goes back a long way. Probably the reason was sentimental for my mother was always sick. The doctor's visits always put us at ease. I admired him greatly.

"Mother also had the idea of me being adoctor."

Some professionals were very frank concerning the great happiness of Jewish parents concerning their professionals sons:-

"My parents were very excited about the idea of having a son a lawyer,--you find this attitude among Jews. Father had cards printed even before I had an office," stated a lawyer, rationalizing his parents' excitability as part of the cultural complex of Jews.

A6 "The day I got my degree, I came straight home. My father was sick in bed. I showed him my diploma. He said, "Now, my son, you can examine me. If so many professors have decided to give you a diploma, you can examine me." He was very serious. We were all very happy."

B7 "When I graduated from high school, my father asked me what I wanted to become, saying that he did not wish to influence me. When I answered that I wished to go to the university and become a doctor, he blushed with joy."

Because interest in becoming a professional appears early in the life of those interviewed, and because approximately half of those interviewed come from families in which there is more than one professional, i.e., another doctor, or a lawyer, or the occasional engineer and teacher, there is ample evidence that this ideal is current and strong among immigrant Jews in Montreal.[1][2]

---

1 In a few families all the children became professionals, e.g., in one, three sons became doctors, with the fourth intending to be one, but discontinuing his studies; in another, of three sons, two became doctors and one an engineer; in another, three sons became professionals, and the fourth gave up his studies to join the army.

2 Other reasons for Jews becoming doctors will be discussed below.

In our society the class of the family, i.e., the place where it lives, the occupation of the father, its standard of living etc., whether it is an'old' or 'young' family, determines to a great extent the opportunities open to the child and the direction of his aspirations. Chances for education, training and financial success decrease as one goes down the scale from the upper to the lower classes. The traditions of a long-established family predetermine the vocations for the children. Generally speaking, freedom of choice is greater at the top of the scale than at the bottom. The vocational problems are keener for the middle-class youth than for the youth of another class, because of the necessity of maintaining a certain hard-won status and of climbing higher. These generalizations do not appear to apply to our sample of doctors interviewed, for the urge to obtain professional and particularly medical status, is common among all classes of Jews. It is interesting to note, though, that two of the doctors of the upper class considered other vocations seriously before going into medicine and chose medicine on the basis of interest rahter than idealization. For example, D4's choice of medicine is more secular, that is, planned to suit his individual interests:-

"I took up medicine because I thought I'd be a naval officer and so I would be able to travel. My parents wanted engineering because they didn't think that I could settle down to all the work medicine involved. I wasn't very good in mathematics so it seemed senseless to take up engineering.

"Originally I was supposed to be a lawyer because I was an outstanding orator in school. But I didn't like the practice of law which involved underhand practices.

"I took up medicine as a means of travelling and seeing the world. The war was on and I thought it would last a long time."

Of the doctors interviewed, 15 designated the status of their families as poor or working class; 12 as business class families, seven of which are or were comfortable and five are or were struggling along; 3 come from well-to-do families; the rest did not specify.

The place of residence, the amount of support the professional received in his training, are other indices of the status of the families.

The majority of the families show the well-known trend of movement from the area of first settlement to areas of second and third settlement as they climb financially. Even in cases where the father still makes a poor living, the family manifests this movement since the professional and other children give financial aid. A typical example is B7's family, living successively on St. Louis Square, Drolet, St. Urbain, Outremont and Bloomfield.

The majority of doctors supported themselves totally or partially in their training. 40% supported themselves totally, some even helping their families;[1] 40% partially; whereas 20% were supported completely by the family. As a rule, those that did not have to work their way through college, did not. C5, whose family became very wealthy when he was still in high school, nevertheless stated that he supported himself completely in high school and in college.

The extent of social climbing which takes place depends, further and basically, on the class structure of the community, or the economy of the country. In an expanding economy, as has existed on this continent until recently, when new industries and new regions were being opened up, greater freedom to rise in the occupational ladder actually existed. This era of expanding opportunity is drawing to a close. It is fair to assume that in the future openings between levels will become smaller and movements between them less and less. The natural disposition of those in positions of prominence to entrench themselves is likely to be overcome only as the competition of those pushing up from below becomes keener and more effective.[2]

Declining opportunities have resulted in a more rigid stratification of classes. Continuity of occupational status seems to be the general rule. The tremendous amount of mobility in our industrial civilization involves in the majority of cases a change in the specific occupation but not in the general occupational status. Although, at one time a profession was quite easily

---

1 Concerning this point, see cases A4, A5 and B1 in the appendix.

2 A.W. Lind, op cit., p.260 ff.

entered by poor students, it is becoming increasingly more evident that this path of advancement is open only to those with financial means. Our sample is not large enough to verify this conclusion in this thesis, but other studies have verified it. We suspect that, if the family status of all the Jewish doctors in Montreal were known, the younger would tend to come from richer families.

The discrimination to which the Jewish group is subject has resulted in a peculiar occupational distribution. Jews tend to enter those occupations where they are dependent on other Jews or are on their own. They tend to enter the fee-earning professions rather than the salaried ones because of the difficulty of securing employment or advancing in the latter. Thus the Jewish community tends to be self-sufficient in this aspect as in other aspects of its institutional life.[1]

Several doctors had other ambitions than medicine but gave up their occupational goals in favor of it because it was more practical:-

A1 "I was interested in child psychology and did well in it. The professor was painfully and sympathetically frank when we talked about my future, saying that my chances as a Jew were practically nil in this field."

B4 chose medicine where he could be on his own.

C7 "If a Jew wants to be a professional and make a living, being a doctor or a lawyer are the only practical professions.

C4 "I was an excellent student in mathematics and physics. At the end of my first year the physics professor tried to persuade me to make a career out of mathematical physics. He showed me a letter from a firm offering $80 a week for such men. I told my father about it. He was against the plan for it was too impractical and I would not be able to get a position due to my Jewish origin. His partner in his clothing manufacturing business was a chemical engineer who couldn't get placed. To him medicine was more practical. Thus I became a doctor, not because it was an ambition of mine, but because it seemed the easiest way out at the time."

The difficulty of Jewish teachers in getting placed and in getting positions in harmony with their training is very plain from the ten teachers in-

---

1 See chapters 11 and 111.

terviewed. The most they can achieve is a job in a public school, although the majority took the education course at McGill University. A few were unable to get jobs at all and obtained work in a sectarian school. Overt discrimination is common in this field. The difficulty of engineers in getting placed is well-known. The chemical engineer interviewed gave up his career and entered business after being absolutely unable to land a job in his field. These are isolated cases, but other observations confirm the fact that discrimination in the salaried professions makes such careers difficult and forces Jews into the fee-earning professions.[1]

According to Lind, occupational climbing is dramatically influenced by racial prejudice.[2] Racial attitudes interfere not only with opportunities for advancement, but even with opportunities to earn a bare living, e.g., as in the case of the negroes. Different groups in our society are subject to varying taboos. Hence the result of prejudice is to intensify the struggle for existence. Economic competition is the basic reason for racial prejudice. "hen an ethnic group escapes from its expected place, prejudice results. It is a function of the struggle between groups for status.[3]

"Had there been room at the top for all who had aspired the protective measure of prejudice might also have been less prominent. The relatively light manifestation of racial feeling in Hawaii is doubtless largely owing to the continuing abundance of occupational opportunity."2

In Hawaii, Lind has shown that the invasions and displacements of racial groups move with the precision and certainty of a natural process with respect to the direction and sequence of the movements.[2] Originally, each imported labour unit occupied a more or less symbiotic relationship to the existing population of the islands, but "they have, by successive steps, emerged as conscious rivals for positions of dignity and responsibility in the

---

1 Since the medical and legal professions are entered by so many Jewish students because (1) other fields were closed to them or (and) (2) their parents wished it, unsuccessful careers tend to be ascribed to their non-rational vocational choice. C5, a successful doctor, who claims to have chosen his profession on the basis of interest, says, "Those that are not doing well are not competent. They took up medicine because other fields were closed to them.

2 Lind, op cit., pp.268-9. 3 R.E. Park, in Lind, p.269.

community." At the lower levels of the occupational ladder competition is more impersonal but it becomes highly conscious conflict in the higher levels. Attitudes of toleration and indifference give place to open hostility and suspicion. "Race prejudice emerges as a defense mechanism when vested interests are seriously threatened." This picture, in essence, is true in the American scene also. The point to stress here is that competition is intensified at the top of the occupational pyramid. Professionals, accorded a high status, are likely to be very conscious of their struggle to get ahead and are likely to meet a great deal of prejudice. The extent to which a given racial group is represented in the professions is probably one of the best indices of its progress in the great American struggle.[1]

Prejudice against immigrants dies down when they become assimilated and hence indistinguishable from the rest of the population. Barring physical differences, the second and third are accepted fully in the social and economic structure.

Jews tend to retain their ethnic identity in succeeding generations, more than most other immigrant groups. Although they are not subjected to specific legal disabilities, they are barred from many occupations and many places of employment. There are always many rationalizations current in a culture which conceal the basic cause for discrimination against any person or group that is likely to be a competitor for a position or job.

"Economic rivalry, fear of losing one's own position lie at the root of prejudice. It is a protective device to maintain one's own status in the struggle for life."[2]

The significance of racial prejudice in this study is that it affects vitally the career and adjustment of the Jewish doctor.

Racial prejudice is a form of ethnocentrism, love of one's own and

---

1 A.W. Lind, op cit., p.261.

2 R.E. Park, op cit.

hatred of the outsider. In various social contacts the member of the ethnic group is treated differently than a member of one's own group. Ethnocentrism manifests itself in various forms, from keeping the stranger at a distance in different association with him to excluding him entirely from participation in one's groups and institutions.

Racial prejudice is generally ingrained into the cultural complex of a group, particularly when the specific "race" has been hated for several generations. It is unconsciously absorbed by individuals as are other cultural traits. Its expression in contacts with the disliked group is therefore a form or irrational behaviour.

In our interviews, experiences of discrimination in contacts with Gentiles were related and serve to illustrate the varying degrees of self-consciousness of racial origin current among second-generation Jews. Although each person reacts differently to similar experiences of prejudice because of each person's unique background and development[1], certain typical patterns of reaction appear. The range of self-consciousness of the professionals interviewed varies from extreme sensitivity to almost no concern at all with one's Jewishness. Specific personal incidents focussing attention on one's racial origin intensify self-consciousness.

One of the lawyers interviewed illustrates his extreme sensitivity:-

"Personally, I don't think I speak in a Jewish tone of voice. However, just knowing the fact that I am Jewish by appearance, Christians take it for granted that I speak with a Jewish accent. It is not justifiable to mock my speech because I take particular pains not to speak as a Jew. Nonetheless, they imply it despite the fact that I speak English correctly. I <u>should</u> speak with a Jewish accent , they think.IfI am not speaking with a Jewish accent, then I am trying to conceal my identity and they imply, "We Christians will never let you do that. We will not let you assimilate."

"By speech or gesture, even cultured Christians never let us forget that we are Jews.

"I know that I am a Jew. I was walking along St. Joseph Blvd. east, with a

---

1 To understand the full implications of each quotation for the person involved, a complete analysis of the person's background and traits is necessary.

book in my hand, minding my own business. I didn't walk in the other direction because I didn't want to be disturbed by people I know. A French fellow, drunk, started up with me. I ignored him. He followed me and caught up to me. He kept pestering me. I threatened to beat him up. A group of French people came over. On being questioned, the drunk said that he knew me, that I was the owner of such and such a building. Whereupon his questioner said that he was wrong, as some one else was, a Frenchman. The drunk said to his questioner, "Then you are also a Jew!" The latter turned red in the face as if this was the biggest insult possible. I left, on the advice of someone there, in order to avoid further trouble. Such publicity would be detrimental to me as a lawyer."

Physician A6 is an excellent illustration of the marginal personality, the individuality characterized by cultural duality, extreme sensitivity and malaise, intensified self-consciousness and rationalizations:-

"In Montreal High School, the teachers let us know that we were Jews. They often brought up the subject openly. They used to call the Jews onion and garlic eaters and when someone smelled of garlic, it was immediately blamed on the Jews.....

"There was more anti-semitism for me at the U. Of M. than at McGill. French people let you <u>know</u> that you are a Jew by a smirk or by a word; English people let you <u>feel</u> that you are a Jew. Thus I became increasingly conscious of my Jewishness. I had many fights, not for personal reasons since I got along very well with the Gentiles, but as a representative of my race. I tried to quell anti-semitism by my personal efforts. In fact I even spoke to the Dean about it and I told him off for not doing anything about it.

"I was sick of the Gentile world; I was sick of being a stranger. However, now I feel that it was a good experience for me as I became less sensitive. I was personally liked; no one ever insulted me personally. There were Jews at the university who were disliked for their exhibitionism.

"Outside of the many fights I had where I showed my true feelings I assumed a meekness at the university. I had to be meek , for to be otherwise would have meant self-annihilation.

"I made it my business to read the history of the Jews in the Jewish Encyclopedia, in all the countries and cities of Europe, I realized that I was not suffering at all. I read of the numerous pogroms and began to know that anti-semitism was ingrained in the traditions of people. I read how the Gentiles used to periodically steal all the Jewish children and bring them up as Gentiles; and other stories of persecution. I began to take pride in Jewish traditions and feel that the Jews were the only true Christians.

"The students at the university used to ask me, "Why are Jews evil? Why are they thieves? etc " I used to walk home frequently with a very nice chap and try to explain about Jews. One day, to my great disgust, I learned that he was going to give a lecture on blood letting among Jews during Passover.

"Now I wouldn't bother wasting time giving any explanations. People who ask such questions don't really want to learn. I immediately ask them questions about themselves, such as, "Why do you Christians preach about the brotherhood of man and do not act up to it?" and so on.

"When I graduated I turned completely in the opposite direction. I became a very aggressive person; I really just allowed myself to express what I had felt all the time. I overdid it. By now, I think that I have reached a happy medium.

"I got along exceptionally well with Gentiles. When I worked as a spealer on the boats and on the buses, many people used to ask me, "Are you a French-Canadian?" or "Are you a Scotchman?" I answered always, "No, I am a Jew."

Immediately their faces dropped and they quickly used to say that they are surprised that I am a Jew, that I don't look Jewish at all, and that of course, many of their friends are Jewish.

"Thus, in my work, as well as at the university, I became very Jew-conscious. I became literally afraid of Gentiles who suddenly discovered a Jew with nice qualities. You have no idea how their remarks hurt. They certainly left a dent on my character. I got so that I often expected such remarks even when they were not forthcoming. Once I showed open anger to a woman on the buses who asked me if I was French. I pounced on her with anger, and said, "I am Jewish and I know just what you are going to say; that I don't look Jewish at all and that some of your best friends are Jews and so on!"

"When there were dances on the boat, if I danced more than five or six times with the same girl, I was inevitably asked about myself. Often I left the dance-hall, because I was actually afraid of disclosing my identity.

"Very often I had to conceal my identity when I applied for a job; not because I wanted to or liked to but because I simply had to have a job. I worked in a hotel where the proprietor thought I was Scotch. It is surprising the extent to which Gentiles use the term Jew and associate it with things they dislike even when there is no occasion to show anti-semitism. I discovered this when I was not known to be a Jew. I was well liked by the proprietor. When I went back to him several years later to get some references, I told him that I was Jewish and not Scotch. You should have seen the look of disappointment on his face and I suppose he was thinking, "Imagine a Jew coming to work under false pretences. Just like them!" No, he wouldn't understand that Jews had to work under false pretences in order to get a job." [1]

E2 describes a situation which is rather unusual because of its overt expression of anti-semitism at McGill University, and which is not duplicated in any of the other case studies:-

"After the war, as a result of the overcrowding, the Jewish students were made miserable. Conditions were so bad that over half of them left for other universities. Unfortunately I had to stay because I could not afford to go out of town. Our classes had a 'ghetto.' We had special seats and did not dare to take any others. If we did, the Gentile students threw inkwells, papers and what not at us. Many were the times tacks were put on my seat.

"I was even more miserable as a Jew because of my marked accent.

"In clinics, when about 8 or 10 students crowded around a bed, the few Jews present had to stand in the back and could not see anything. If we dared to push forward, we were roughly pushed back to our place.

"The only Gentile friend I had in college was a Chinese student, who was treated the same way as the Jews were.

"Towards the end of my college career, it was easier to be a Jew for prejudice was not as great."

Often, where seemingly no prejudice exists, a Jew is reminded with a jolt that he is a Jew:-

Lawyer "I was the only Jew in my class in law and got along well with the French-Canadians. I was invited to all their functions. One incident, however, disillusioned me greatly. On a visit to the breweries, with a police escort, the boys, in the midst of a lot of noise, started yelling, 'A bas les Juifs!" I was very surprised and said so. 'Mais vous etes different.' The usual response."

---

1 See appendix, Case B6, for similar experiences.

C4 states that incidents of prejudice, e.g., the Jewish students being excluded from class invitations, his not being elected class president due to his being Jewish, didn't strike him as personal slights and hence did not bother him. He was on good terms with the Gentile students. His non-sectarian fraternity was never Jew-conscious:

"I don't remember any specific incidents of prejudice but I became more conscious of being a Jew when I left college. The Gentile doctors, even the younger ones and the interns, make you feel that they look down on you, that you are incompetent. When I call the A hospital to have a patient admitted, there is not a bed available as soon as they hear my name."

General knowledge that discrimination exists is usually expressed in this way, "I felt different as a Jew."

D1 was indifferent to prejudice, if any existed:-

"I never suffered from anti-semitism. I was the class interpreter in clinics for Jewish patients. I spoke Jewish in the wards. Other Jewish students did not care to show that they were Jewish. Prejudice was a matter of course to me. I knew it was there for I had been prepared for it. Personally, I don't like mixing with Christians. I prefer being among my own."

E4 is greatly concerned about the limited opportunities for Jews in industry and the professions. The Jewish problem worries him greatly.

Another form of accommodation to situations in which individuals are set apart or treated differently as Jews, is identification with Jewish nationalism. In the cases of A1 and C7, self-consciousness of ethnic origin exists, but apparently cultural conflict is minimized. They define their ethnic role in terms of a full participation in Jewish culture and traditions:-

A1 "I was very popular, as far as I know, among my school mates,--in spite of the fact that I was overtly and obviously a Jew. I was twice vice-president of my class in my fourth and fifth years of medicine. Although such a position is quite unimportant, it was very flattering to me as a person and as a Jew, and very significant of the liberal attitude of the 'goyim' in the class. I think Gentiles like Jews who are Jews. I was more popular than the Jews who tried to be more like the Gentiles.

"We were very friendly, but not on the basis of going to clubs together, or of drinking together.

"They saw in me a fellow who had certain definite interests. I expressed myself openly. They used to ask me in a very interested fashion, "What Jewish holiday is it?" and other questions relating to Jewish culture. I answered quite fully and did not dismiss the subject as quickly as possible,as did other Jews."

C7 "I often used to prepare my Yiddish lectures at the Catholic high school I attended. I wasn't conscious of any ridicule, if it was there. I don't think there was any ridicule. The boys used to peek into my books, asking me to translate words. I showed them the difference between Yiddish and Hebrew, for they were curious. I had no intention of making them feel kindlier towards Jews. Being Jewish was part of me. I felt no conflict, no consciousness or shame of being different.

"In clinics, when an interpreter was asked for the Jewish patients, I rose and went forward, since no one else did. I was very much at ease. The other Jewish boys were fidgety at first. When they saw how relaxed I was, they relaxed and thereafter left the job of translating to me. I felt that the English boys admired me for being able to speak another language and I certainly spoke Jewish fluently."

The significance of professional identification

Every occupation, due to the common activity and interests of its practitioners, tends to develop collective representations peculiar to itself. These standards and values, attitudes, sentiments, policies, etc., held in common, depend on the status of the occupation, the degree of permanence, the extent of devotion to and pride in one's business or function, and the degree of sensitivity to one's colleagues.[1]

A profession, which is entered after a long period of specialized intellectual training, the purpose of which is to supply skilled advice or advice to others for a definite fee or salary,[2] is represented both as a culture and as a technique. It is in relation to its technique and those who use it, that the group tends to build up a set of collective representations more or less peculiar to itself and more or less incomprehensible to the community. Hughes states that the occupational group's interests, which it couches in a language more or less its own, are the basis of the code and policy of the occupational group. "The code is the occupation's prescribed activity of the individuals within it towards each other and the policy represents its relation to the community in which they operate. There is always a limit to the degree in which the code and the policy of an occupational group can deviate from the general culture. Its members are products of a

---

1 E.C. Hughes, op cit., p.88 ff.

2 A.M. Carr-Saunders, "Professions and their Organization in Society," The Herbert Spencer Lecture, Delivered at Oxford, May, 18, 1928.

lay society. The practice of the occupation demands some degree of social sanction by the outside world."

The Jewish professional, in training for a profession, and in practising it, assimilates to a set of professional attitudes and controls, a professional conscience and a solidarity. The collective representations of the profession, i.e., its technique, code, policy, and "art," appear in the individual as personal traits. "The objects become to the individual a constellation of sacred and secular objects and attitudes." The extent to which the individual assumes the professional attitudes, and is familiar with its culture and technique, depends on the length and rigor of the training. His initiation into his profession, coupled with lengthy contacts with students and professors of the Gentile world, assimilate him more completely than other Jews to the standards and values of the larger community. Not only is he estranged from his primary group attitudes and values, as other professionals,are, but from primary group attitudes and values which vary considerably from the rest of the community. Hence the conflict between the occupational culture and the primary group culture, is intensified for him. Ethnic ways of behaving, ethnic loyalties, may seem very narrow to him and may be in direct opposition to those of his newly acquired profession.

The technique and culture of the profession distinguish it from other occupational activities. It is sufficiently conscious of itself to protect its status in the community through an association. Common interests and sentiments leading towards corporate organizations, cut across ethnic cultures and often national boundaries.[1] Collective representations are institutionalized in the professional association.

All established professions have certain common characteristics or aims which lead to the formation of an association. The practitioners

---

1 S.M. Jamieson, op cit., p.96.

desire, through the association, to maintain:

1. A minimum degree of competence of all practitioners. Membership is hence limited only to the qualified, thus distinguishing the better-equipped practitioners.

2. A high standard of professional character and an honourable practice. The association is the means whereby the ethics or the conduct of the members are controlled.[1] The two features common to professional ethics are (a) a rule against advertising, the purpose of which is to prevent the practitioner from exploiting the profession for his own personal advantage; and (b) a rule against indirect profit, --the fee or salary paid is to be the sole remuneration.

A third aim of the professional association is the desire to raise the status of its members. One of the oft-discussed issues with regard to status is remuneration, for the connection between the two is close. Efforts to maintain a certain standard of remuneration are common to all professions. Another means of raising the status of the profession is to engage in public activities. "It is only when practitioners are recognized as belonging to the skilled and responsible professions that the public listens to their advice and gives them authority to perform their functions in an adequate manner."[2]

The relatively rapid advance in medical science and technique, coupled with the great concentration of population in cities due to an expanding capitalist economy, has had marked effects upon the practice of medicine. The concentration of doctors in metropolitan communities and the degree of specialization in the medical profession has gone ahead very rapidly. More than 50% of the doctors in Quebec province are concentrated in greater Montreal, containing 33% of the population. More than 20% of the city doctors are specialists, in part or altogether. In rural areas, practically all

---

1 A.M. Carr-Saunders, op cit., pp.8,9 ff. 2 p. 16.

are general practitioners.

The technical facilities and degree of specialization have advanced considerably but the organization and ideology of the profession are still based on the general practitioner type of practice in a relatively homogeneous community. The typical physician no longer serves an economically and socially stable agricultural community, but has to adjust himself to an urbanized world of rapid communication, high mobility and large standardized production. The problems and situations he meets are quite different from those of the physician in the small stable community. Medical institutions and services have not yet met these rapidly changing conditions and are still relatively unplanned and individualistic.

The medical profession is divided into general practitioners and specialists and into different classes of doctors. The doctor is differentiated by the class of patients he serves, and by the problems he faces.

Within the profession in Montreal, varying degrees of status are based, not only on the wealth and prestige of the practitioners, but on their ethnic identifications. Ethnic loyalties cut across professional loyalties and lessen the esprit de corps of the professional group. The position of the Jewish doctor is marginal to the two dominant groups, French and English. The problems he faces, the success and prestige he attains are qualified, not only by his practice as such, but by his ethnic identification.

Specializing within the profession in Montreal coincides, by the large, with the French-English division of labour. The French-Canadian doctor, in the rural parish, was a general practitioner. In the city he tends to carry over this cultural pattern.[1] Further, he is unfamiliar with specialized services in large urban centers and lacks the social and financial incentive to spend extra money in becoming a specialist. The English doctors tend to spec-

---

1 His patients, also from rural homes, have the same conception of medical services as they did in their rural environment.

ialize more due to their greater sophistication as a city people and their higher financial status in Montreal. More than 25% of the English practitioners on the Island of Montreal are specialists in part or altogether as compared to 6% of the French doctors in the same area in 1931.

The general practitioner is relatively self-sufficient, performing all types of medical practice. "Everyone in his hinterland of practice is a potential patient, so that a relatively small population within the area of his residence, can furnish him with a sufficient practice."[1] The specialist, by the very nature of his practice, depends on a much larger population, and locates where he is most accessible to the largest number of people, in the center of the city. Further, his relationship to his patient is more impersonal than that of the general practitioner whose knowledge of his patient is intimate and depends on his treating him over a long period of years. The specialist performs his job and the relationship is ended. "The intimate long-term relationship between the sick person and the family physician is characteristic of the stable and personal social life of the rural French-Canadian parish; the social distance and impersonal ties between the specialist and his 'case' in the hospital ward or office is characteristic of the urban business world, basic to Anglo-Saxon civilization."[1]

Problems of urbanization and specialization fall hardest on the general practitioner, so that new developments in the medical profession fall hardest on the French-Canadian doctor. Over-concentration in cities, where life is mobile, favoring the specialist, tends to undermine the position of the general practitioner.

Other factors , such as professional nursing, social work, increase of hospital facilities, likewise constitute an actual or potential threat to the security of the general practitioner. Also, he is more threatened by

---

1 S.M. Jamieson, op cit., pp. 104-105.

the quack doctors or charlatans than the specialist, because his more intimate relationships, inspiring confidence, can be more easily duplicated than the specialized knowledge of the specialist.

The ecological pattern of doctors is modified by ethnic differences. English doctors (41%) are more concentrated in the centre of the city in an area of a dozen square blocks, notably in the Medical Arts Building on Sherbrooke and Guy streets and the Medico-Dental Building on Bishop and St. Catherine streets. The French-Canadians are more scattered in their distribution. Further, they tend to have their home and office together, whereas English doctors have them separately, indicating the more business-like nature of the latter's practice. The French doctors tend to concentrate in areas accessible to the population of the same nationality. However, due to facile means of communication and transportation, the trend for general practitioners seems to be toward centrally and conveniently located offices, accessible to the greatest number of paying patients. Some doctors maintain down-town offices and offices in their own homes in outlying districts.

In their distribution the Jewish doctors are like the English ones. According to the telephone directory of Montreal, about 40% are found in the center of the city; about 47% are located along a few streets in the Jewish area of second settlement, namely, Park Ave., St. Joseph, Esplanade, Villeneuve west, Mount Royal west, St. Urbain and Hutchison. The remaining 13% are found in outlying districts, namely, Outremont, Cote des Neiges and Westmount.

Theoretically, the common attributes of the members of a profession are sufficient to bind them into a unified organization. Ethnic and religious differences are transcended and professional competence and conduct are supposed to be the basis for status within the profession. Actually, in Montreal, the practitioners are differentiated along lines of language, nationality and

religion. Methods of initiation into the profession differ between institutions divided along ethnic lines. Due to differences in training, in technique and in culture, differences in attitudes and interests, and in methods of practice result. Specialization, spatial separation and unequal status of doctors in Montreal correspond roughly to ethnic differences.

The definition of the code, in respect to advertising, unguarded criticism of other doctors, etc. is differently defined by the two groups. "The definition of such things as 'good taste', however, is in the mores and the customs of the community, rather than in professional practice itself, so notions of what is and is not good taste tend to differ between members of dissimilar culture groups."[1]

The prestige and status of the individual doctor tend to be identified with his ethnic group rather than with the professional group as a whole. Men of outstanding ability in the profession, who are ordinairily responsible for much of the respect accorded the professional group, in Montreal tend to carry the members of their ethnic group along with them. The fact that the majority of well-known specialists in Montreal are English, centers attention on this group within the profession. English doctors, in any case, have a potentially wider public and closer contact with the developments of medical science in the larger English-speaking groups in Canada and the United States.

Medical societies and hospitals cut across lines of common scientific interest. There are separate local and provincial societies in certain branches of medicine for both groups.[2] The Jewish doctors tend to identify themselves in this respect also with the English ones, but have developed a few of their own organizations, making many of them independent of the English and French organizations.

---

1 S.M. Jamieson, ibid., p.112 2 Ibid., Chapter IX.

CHAPTER V

The Role of Institutional Resources in Defining the Career of the Professional Person in the Ethnic Group

The professional person is dependent upon various groups in the institutional complex of the community for the development of his career and for the status he is accorded. The roles, acquired status and offices of the Jewish physician in relation to such institutions as sick benefit societies, business organizations, hospitals and universities are modified by his ethnic identity. Due to his membership in a subordinate group, the institutional and financial resources of the community are more limited for him than for the Gentile physician. On the other hand, due to the growing social and financial resources of the developing Jewish community in Montreal, his opportunities for longer training, higher status and various positions are increasing.

The Jewish doctor directs his goals for status both in the ethnic institutions and in the broader ones of the medical profession as a whole. Our purpose is to discover the relative importance of his status in both, and how it is modified by his racial origin.

Sick Benefit Societies

A sick benefit society is an organization developing in an immigrant community in a metropolitan city, composed of immigrants from the same locality in Europe. It is patterned after the customs and traditions of the home community, but its raison d'etre is to accommodate the immigrants to their new habitat by providing the necessary aids in the crises of life cheaply, particularly in sickness and death. There are fifteen such societies in the Jewish community in Montreal,[1] ranging from very large ones (500-1000 members) to very small ones. They embrace the majority of immigrant Jews.

---

1 Canadian Jewish Year Book, 11, 1940-41.

The society employs a doctor yearly, by means of an election. Certain specific duties, obligations and benefits are attached to this office. The doctor is under contract to supply ordinary medical service to the society members by being on call and available to them beveryday of the year, from 8 A.M. to 8 P.M. He receives five or six dollars per member per year for which he is obliged to treat the whole family. In some cases, he receives one dollar per member per year where only the member is entitled to medical attention. Extra remuneration is given for night calls, confinements, injections, etc. Fees are generally considered to be low by the doctors. Members are supposed to visit the doctor's office if they are at all able to. The rules vary in each organization but correspond roughly to those outlined here.

Sick benefit societies serve as stepping stones in the Jewish doctor's career. They are important to the majority of young Jewish doctors, not only for the immediate remuneration, but as a means to an end, as an introduction to a broad section of the Jewish community. The doctor does not keep a society practice throughout his career, but gives it up when he has built up a satisfactory private practice.

Twelve of the doctors interviewed are or were at one time society doctors. There is sufficient evidence in the other cases and from general observation that the majority of young Jewish doctors desire such a position. Although they may dislike the duties and obligations the position involves, they realize that it is necessary in order to build up a private practice within the ethnic community. In fact, one doctor went so far as to say that society doctors monopolize Jewish patients since most Jews belong to such organizations. Perhaps this situation was true in the past when first generation Jews predominated in Montreal, but since the second generation Jews are not joining societies, this statement is probably an exaggeration. Furthermore, many of the members do not use the doctor the organization provides, and almost

all do not use him on every occasion when they are ill.

B6, who has been in practice more than five years, and who states that he is doing well enough for his wife to stop working, nevertheless desires to get into his father's society. This is an index that he hasn't the Jewish clientele he desires. Another doctor, C2, at one time desired to be the doctor in his parents' society, but was unable to get in. Now he does not desire the position as he is financially independent enough to do without it. D3 rationalizes his year of society work as a means of aid in fulfilling his ambition to become a specialist:

"I accepted the society work at that time because I could use the $1200 for my intended trip to Europe."

There is almost universal agreement among doctors that society work lowers the doctor's prestige in several ways. Attitudes of disdain and disgust toward it are common. There appears to be a tendency among lay people and among doctors to look down on the society doctor. The doctors who did not try to become society doctors, or who did not have to, express satisfaction in this repsect. E4 sums up the situation thus:-

"Societies in the Jewish community are rotten things for doctors. They underpay and overwork their doctors and generally take advantage of them. The doctor is at the beck and call of the members and is penalized if he does not conform to regulations. They actually degrade the status of doctors. The most they do is widen the contacts of the young doctor. Moreover, these societies, as people in general, cannot judge the quality of a medical man correctly. There is a young society doctor who is continually being told that he is expected to be as good as the one who preceded him and I know that the latter is not a very good doctor. Furthermore, the doctor is appointed by pull and influence alone and has to play politics."

In this office, the role of the doctor, the duties devolving upon him, and the expectations of his patients may conflict with his self-conception of his role as defined by his professional conscience. Yet, since this office is not as rigidly defined as in a sacred institution, there is more scope for his individuality, and in defining his rights and duties therein. The situations in which conflict arises and in which the doctor has to adjust to specific problems have three main aspects:- (1) Fees; (2) type of work and quality

of the work; (3) competition for the position.

Fees

Societies pay an unethical fee legally. In the medical profession,as in other professions, low fees coincide with low status, and high fees with high status. In our interviews the doctors frequently stated that the more people paid them, the more respect they got. Low remuneration does not necessarily reflect on a doctor's work, but in our society it is generally interpreted to mean that he is not as able, or efficient, or learned. It is part of the general pattern in our pecuniary society,--"the more one pays, the more one gets." Naturally, therefore, low fees are a bone of contention not only to individual doctors, but to the Jewish medical profession at large, which feels that its standards are being lowered. Fees in sick benefit societies are calculated to be as low as twenty cents per call. One doctor, who is very conscious and outspoken concerning his financial status, hates the sick benefit societies mainly on this account. He states:-

"We had quite a fight against the Sick Benefit Societies a few years ago. At a meeting I accused the doctors of making calls for a little as seven cents apiece. One doctor, got up angrily, saying it wasn't true, since he made fourteen cents apiece.!"

No doubt this statement is an exaggeration but it illustrates, although extremely, the attitude the doctors have concerning the fees of the societies.

Low fees are probably a great attraction for poor families to belong to societies for they are able to get private medical service instead of going to clinics. The fact that there are rich and well-to-do members who take advantage of the cheap medical service is annoying to the doctors:

A6 "One patient told me that the whole society revolved about the duties of the physician. An important function of the society is to provide cheap medical service. The doctor loses out in the end for some of the patients are rich enough to pay the full fee. The poorer ones can get cheap medical service through clinics. Hence the doctor is being deprived of a source of income."

A3 "All groups are represented economically in the society. There are very few rich people. The latter call me sometimes for they take advantage of the medical benefit they get by joining the society. However, they call specialists for special illnesses."

Fees are not very low in every case. B5, who has a small society, states that the fees work out to be quite normal because of the few calls he gets from the society.

That doctors can and do make a good living out of society practice is admitted by many of those interviewed. They have to know how to get patients to come for extras, and how to charge for extra work. None of the doctors gave much information on this point. Since there are doctors who have made a lot of money out of societies, we assume that they knew how to define the situation in their favor. In such a situation, the doctor makes the office coincide with his personal role.

Where the doctor insists on maintaining certain professional standards, the society member assimilates to these standards. D2 states that when he asked for extra money where it was due, the answer was immediately, "It's not in the rules." If he insisted, the member went to the secretary and found out if the doctor was right. A6 tells how he was able to increase his remuneration when a crisis arose:-

"When the flu epidemic was on, I charged my full fee to the members for each call, because, as I explained to them, I was losing out by not going to see non-society patients. A big fuss was raised over this matter. I resigned, stating that I must have a bigger salary in order to give them the service they expect. Another doctor was willing to accept what I thought was too little.....In the end, they gave me what I wanted. It wasn't much but I was very happy since I had won the point."

Type of work and quality of the work

Because the doctor is under contract, the members tend to take advantage of his obligations to the society, mainly by calling him unnecessarily, that is, for reasons for which they would not ordinairily call a doctor, or for which they would ordinairily go to the doctor's office.[1] A3, who is employed by a large society, states:-

"There is a tendency to call the doctor for minor ailments for which a doctor is not usually called. Almost half of the members call me one out of every

---

1 All the doctors never fail to point out that many of the members make as nice patients as any doctor could desire.

two times for non-essential things. By and large, about one-third of all calls are due to inorganic ailments, i.e., neuroses. These people do get a certain amount of relief from sympathetic listening but they require a lot of time for proper treatment.

"The ones who call a doctor often feel that they really need him every time. This is how they rationalize the situation. If they were rich, they'd call a doctor as many times as they call the society doctor. But, in their circumstances, without the medical benefit of the society, they'd just have to suffer and do without a doctor's services!"

D2 states:-

"Some people will call you for all kinds of foolishness just because they have a right to call the doctor. If the individual would have to pay a nominal fee of even a quarter per call, he would be deterred from making unnecessary calls."

A3 attempts to redefine the duties of his office in one respect:-

"I insist on their coming to the office when they are able to. When they telephone me to come over, I ask if they are in bed or not. If not, I tell them to come to the office. Frequently, they do not show up. It is too much trouble to come to a doctor's office."

There are many comical stories told about this habit of society members to make the doctor visit them, even when they are well enough to go to his office, such as finding a patient lying in bed with his clothes on, or with his underwear on under his pajamas.

An interesting counterpart to the unnecessary calls made by the members is their prestige seeking. It is satisfying to them to have a doctor at their beck and call. The members 'own' the doctor not only medically, but socially. They are anxious to get recognition from him for he is one of the most important members of the society. For example, A3 states:-

"If I have ten calls to make in one day, the ones I visit last feel that they have been slighted and are insulted."

The society doctor's professional status is likely to suffer for two reasons. Firstly, since his role is defined by the members as a doctor who can be called as often as the patient desires and for trivial things, without paying anything extra, this definition sticks when something serious arises. Then these members will call a "regular" doctor. This attitude and action on the part of society members is very common. Secondly, medical

standards may actually suffer due to the great amount of work in large societies. The doctor is unable to do good medical work when he has too much to do. Further, when he is overworked, he may not have the time to attend clinics, lectures, etc. and otherwise keep up with medical knowledge. D2 stated, in this respect:

"Very often I had not the time to do real good medical work. If I had to treat ten patients in an hour, I ask you, what kind of medical service could I give? Cursory and superficial. I listened to their complaints and made out a prescription. Some were satisfied; others were conscious of not getting good medical service."

C4 explains that doctors must change the lower status of society doctors by their own efforts:

"Society doctors can't give the service they like because they are overworked. If a doctor has to put in twenty calls a day, he cannot give good service. He is therefore not so highly thought of. When members want a 'good' doctor, they call another doctor. This attitude is changing and it depends largely on the doctors themselves. If the society doctor calls in a consultant and the latter states that everything that the former did is alright, the patient is convinced that the former is O.K. But some consultants will do their utmost to lower the prestige of the doctor who called them in.

"Another reason for the more respectful attitude of societies towards their doctors is because of the type of doctor. There are a few society doctors who are giving very good treatment, who insist on getting more remuneration when the case calls for more and who are setting high standards in the doctor-patient relationship."

C8 is one of the few society doctors who was able to define the duties and obligations of his office to suit himself and to conform to medical standards:-

"I educated the society I had. At the beginning, I was running around all day on calls, most of which were cases that could have come to the office. I resigned after the first month. I could afford to since I did not depend on them for a living. I made the point that the members were not fair to me. They called a special meeting to ask me back and to assure me that they would try to remedy the situation.

"The way I educated the people to treat a doctor properly was by picking the worst offenders in the society. If they called me at 9 A.M. I didn't show up until 11 P.M. If the patient complained to the society in a case where medical service was really needed earlier and they had had to call another doctor, I explained to them that it was difficult for me to differentiate between necessary and unnecessary calls since they made so many of the latter. These worst offenders became the best patients.

"I educated them to come to the office. Nothing was more galling than to be called at 7 P.M. by a man who had just come home from work. I did not examine him and told him that he was able to come to my office. Naturally he lodged a complaint to the society. When I explained that he could very

easily have come to my office because he wasn't sick enough to be in bed, he felt like two cents and would not do it again.

"After three months, I let them know that the fees were very low for the amount of work involved, but since I was under contract I would complete the year at the agreed fees. I explained that if they desire better medical service, they have to pay more. A special meeting was called and my fees were raised.

"I was fortunate that I had someone to talk to. The officers were business men who were able to understand my position, not like the ignorant ones in other societies. As far as the doctor is concerned, the officers are the important members.

"I fought for what was right. There was a ruling that I did not like. When a member became sick and called the doctor, the doctor was supposed to call the secretary of the society and inform him that this particular member was ill. Then the doctor was supposed to visit the patient again, whether the former thought it necessary or not, and report back to the secretary when the member became well. I insisted that I would not go unless I was called, or unless I thought it necessary. I separated the social call from the medical call. I explained to them that a doctor is not a member because he wants to be, but because he has to be; that he is not interested a bit in any of their social rulings, or politics , or petty grievances. They changed the ruling.

"I tried to impress upon them that a doctor should be called as if they had to pay him two or three dollars a call. They used to call me just for the sake or satisfaction of calling a doctor, for they did not have to pay anything extra. They used to call me a second time, for example, for an ordinary cold.

"I had them eating out of my hand. That society is now the best-behaved one in twon and they pay the best fees. When the patient lived far, or when I was visiting him often, many members used to pay me something extra of their own accord. I never asked to be paid. They didn't have to but they wanted to.

"I left of my own accord after two years. I did not leave because I was elected in preference to someone else. The members were very pleased with me. They made a farewell dinner for me and gave me and my wife lovely gifts. In fact, 40% of the members have remained with me as patients. Probably, my Jewish patients came mostly through the society."[1]

C8 refers to the fact that members of these societies are immigrants who are usually ignorant of the standards and values that prevail in the larger community. That there may be a cultural conflict between the highly assimilated doctor and the traits, customs and ideas of the first generation immigrant is evidenced by statements made by a few other doctors to the effect

---

1 This doctor actually was with the society for about seven years. His attempt to minimize the importance of his role as a society doctor is part of his prestige -seeking, his feeling, realized consciously or not, that society doctors are looked down upon. He is careful to point but how highly he was regarded by the members with the implication that he was different from other society doctors.

He is a smart business man. When he gave up his position in the society, he approached the richer members and said, "Why, this new doctor is not good enough to look after you. You like my services. I'll undertake to give you the same kind of service for $__ per year." The amount he gets is higher than that the society pays.

that they dislike the company of the members of the society. They don't care to be nice to these people and to take part in their ceremonies. However, the majority of doctors, in order to retain their position and to be popular with the members, understand the type of people they are dealing with.

C10 looks after two societies and has been a society doctor for seven years. He rationalized the fact that he still is a society doctor:-

"I don't mind it so much. Yet I should like to be independent of it someday. Societies are alright to have when a doctor starts for he needs the income.
"People are getting medical service for less than it is worth. The reason I hang on to these societies is that I have trained the members to do what I want. I discourage the ones who refuse to do what I want from calling me."

C 10 also separates the social role of being a society member from the medical role:-

"The society makes the doctor belong as a member because they want the extra dues. It's a racket. I did not think it necessary for the doctor to pay dues or to receive any of the benefits and they made me an honourary member."

Competition for positions

Competition for positions in the societies is pretty keen. In large societies there are as many as four and five contestants, from whom one is picked by an election. The elections exhibit the characteristics of a real political one, with a regular campaign by two or more opposing factions, canvassers, dinners for electors, policies, etc. An important function of these societies is prestige and power giving to members of the ethnic community. Thus the election of a doctor, as the election of officers, is taken very seriously by the different groups, for their status rises or falls with it:-

D3 "The society is a little government in itself, with offices, partisanship, policies, and internal dissensions. It is generally divided into two groups, one in power and one in opposition. The members love to be in office. Supposing the one in power chooses me as the society doctor, then the other group chooses another just as a matter of policy and not necessarily because they are against me."

A3 "There were a few instances at the beginning where they were educating me as a society doctor. Some were particularly occupied in telling me how fortunate I was to get in so easily. In fact, in past years there were big political campaigns. A few people told me jokingly that at the next election they intend to have more doctors because it's more fun. They said it in jest but I believe they meant it in all seriousness. They really enjoy a campaign. Also, the patients that were very satisfied with my services told me that at the next election they would boost me."

Besides the desire of the group out of power to raise their prestige in the ethnic community, or the enjoyment of having an election, or real dissatisfaction on the part of the members with the services of the physician in office, there are certain people in the society who benefit personally from a change of doctors:-

D2 "They are mainly insurance agents who purposely want more competition. They come to the doctor and say, "We don't like the doctor in our society. You become a member and we'll do our best to get you in." Sometime later, after you are elected, they want you to buy an insurance policy.
"One insurance agent, who was my best 'pal' before he became an insurance agent, asked me to buy a policy from him. I had enough insurance for my income and told him so. He was a very disappointed man, so much so, that in the next election, he made it his business to work against me."

Also, there are members whose sons or sons-in-law have just started to practise medicine and whose success means a great deal to the status of the parents.

The doctors usually state that they dislike the degrading experiences of a political campaign. In fact, for this reason, many stay out of societies. In cases where the doctor was given a society position without going through an election, he is very proud of the fact:-

A6 "I waited patiently to get this society. My father is an active member in it. Doctors usually compete with each other for the position. I just waited until the doctor resigned and I was elected unanimously. I did not degrade myself."

A3 "I was elected by acclamation when the incumbent doctor resigned."

C8 "The society needed a doctor. I sent in my application, giving my qualifications, which were very good. I was fortunate that the officers were business men who appreciated my qualifications. I was chosen."

In view of the intense competition for these positions, unethical behaviour is to be expected. That some doctors will disregard the standards of the profession in competing for the position appears to be true from general observations and from the following excerpts:-

A6 "Another doctor was willing to accept what I thought was too little. I called him up and explained to him that I didn't want to give up the society but that I wanted to improve my position. I told him that he was lowering the standards of the profession. He answered sheepishly that he thought the society was such a small thing and that I did not need it any more."

A3 "One doctor did some dirty work on the day before elections. He sent out cards to all the members, stating, 'The.....Society wishes you to vote for Dr...'

This action gave him a very bad name and worked contrary to the way he planned. Then there is the case of the doctor, who, by hook or crook, managed to be elected to a certain society, and who is disliked by most of the members because of the low standard of his personal habits. His habits are not regarded as becoming to a doctor's position.

Some members attempt to control the doctor by holding the promise of voting or the threat of not voting for him over his head. For example, when these people come to the doctor for an injection for which they have to pay extra, they say, "Remember, Doctor, we voted for you." Thus the doctor may yield to their demands for a cheaper rate. Some members actually boss the doctor, e.g., by threatening to call in another doctor and making him pay unless he comes on time. We cannot judge the extent to which the doctor is controlled by such direct means, but indirectly the doctor is controlled by society members. He has to be nice to all of them; he must not antagonize anybody no matter how much they annoy him or how much he dislikes them. When his expectations of his role as a society doctor are not met, he attempts to redefine it to a greater or less extent.

One of the planks of the Montreal Clinical Society, the medical organization for the Jewish doctors in the city, was to eliminate the evils of society practice. They intended to divide all the society work equally among the young doctors at a standard rate and almost succeeded in so doing. At the last moment, one or two doctors did not co-operate and the plan fell through.

There have been no combined efforts by Jewish doctors to do anything about society practice since, although most are clamoring for some change. What changes have taken place are due to the efforts of individual doctors.

Business Institutions

The development of Jewish-owned enterprises, particularly light manufacturing industries and big retail stores, with the growth of the Jewish

community, has been beneficial financially to the majority of the doctors interviewed. Work in these enterprises ranges from practically complete dependence of the doctor's income upon them to occasional remuneration from them. Medical services in these enterprises are paid mainly through workmen's compensation, and on rare occasions are part of the firm's policy.

Any industry in Quebec may insure itself against liability for accidents to its employees at work by paying a standard rate for workmen's compensation to the Quebec Association for the Prevention of Industrial Accidents. The Workmen's Compensation Act provides medical attention to workers for all industrial accidents. The worker is entitled to have the doctor he desires and sometimes French-Canadian doctors get the work in Jewish-owned firms. However, it generally works out that the employer calls whomever he pleases in the excitement of an accident.

The Quebec Association pays the doctor $3 for the first visit and $1 for each succeeding one. This type of work is profitable to the doctor in that he is sure of being paid. Compared to ordinary fees, however, compensation work pays poorly. Doctors who have a lot of factories are able to make a lot of money out of workmen's compensation.

Through one's family or friends, who own an industry, or who know someone who does, the doctor gets compensation work. Although these connections depend primarily upon the ethnic community, they carry him out of the ethnic community and give him status in larger groups in the city. As a result of these connections, Jewish doctors have contacted large numbers of French-Canadian workers, many of whom become private patients and recommend their family and friends to the doctors.

B5 gets some compensation work through friends who own a big store; and through his brother who is connected with the clothing industry. B6 started his practice with industrial work and still depends upon it for a large part of his income. The family is important here:-

"My wife is working for a big clothing firm. Her boss asked me to give medical care to the employees. Through my friends, who know employers, compensation work has come my way. In certain, ways, indirectly, I approached the bosses. Also, the father of a school chum of mine owns a business. My father and father-in-law each got me into places through pull.

"Can you imagine being a doctor for some big organization like the Mount Royal Hotel. Only the ' goyish ' doctors get such remunerative positions. Why, only for seeing a patient,they get $5."

B7, who has his office in the heart of the business area, does mostly factory work. He sees mainly French-Canadian working girls and is widely known to them. His practice is retricted to compensation work. As he points out, he chose this type of work because he wasn't doing well in the Jewish neighbourhood. He states that he made his connections mainly through being friendly with a French-Canadian, a well-known member of an association. His family also was important.

"I got a number of factories which seemed to be more lucrative than what my little practice uptown was bringing me."

"Compensation work pays if you do a lot of it. Often, after the first visit, I spend ten minutes each time and get one dollar for it. I don't know of any Jewish chap who isn't hungry for compensation work. I happen to know that the Jewish doctors think I have cornered the compensation market. It is just petty jealousy."

Certain chain stores have provided two doctors with enough to get them started off in their careers more easily than otherwise. The employees pay $5 each year for which they receive a medical examination and general medical attention throughout the year. Although these doctors are now not dependent on the stores, they state that a good part of their income is derived from this work. One was proud of the fact that, in comparison to other doctors, he did very well at the beginning.

One doctor stated that not many contacts are made with employees for two reasons, firstly, because of the tremendous turnover each year; and secondly, because they are not heads of families. Ordinairily they visit the doctor's office. It is only when an employee is sick in bed and the doctor visits him at home, that it is possible to contact the family.

Even little stores in the Jewish community are important. A5 states, very plainly:-

"All the doctor needs is a few boosters to build up a practice, such as individual people, and grocery stores or butcher stores where people congregate."

Full time positions in large firms and industries are closed to Jewish doctors because of their membership in a subordinate minority group. Competition for such lucrative positions is keen. Many English doctors are assured of an established career through such connections. Of the doctors interviewed, only one was employed full time by a railway company at the start of his career. He got this position through the influential head of the French hospital at which he interned.

The very remunerative work given to doctors by insurance companies is largely closed to Jewish doctors. Five of the doctors stated that they do insurance work. B5 and C4 examine people for insurance companies occasionally. B5 gets a very limited amount of such work through a Jewish insurance agent from whom he bought insurance with a promise of such work being given him. Probably all Jewish doctors do the occasional examination for certain insurance companies which allow people who are insured with them to go to the doctor they prefer. C4 is one of the cardiologists on the list of an insurance company because a report of his impressed them.

Two doctors, C8 and D6 do a great deal of work for French-Canadian companies. Of D6, a doctor who depends completely on a Gentile clientele, a French-Canadian insurance agent says:-

"I always recommend Dr. A... to people who ask for a doctor. He is a very good doctor and very amiable. He makes himself at home with all kinds of people, both French and English. When he is with a French patient, you would never suspect that he isn't French."

This doctor, by starting practice in a Gentile neighbourhood, by a slight change of name, and by his ability to make himself completely at home with different groups, has been able to compensate for the disasvantage resulting from his ethnic origin in competing for positions in the Gentile community.

C8 claims that he is probably the only Jewish doctor that does casualty insurance work on a large basis. It is very remunerative and he does a lot of it. Through his connections with the upper class French-Canadians

he was put on the list of a large company. At first, he was given only Jewish cases, but gradually got others and now states that he is the only doctor on the list of the company who is getting any cases. He ascribes his success to his intimate knowledge of the psychology of the upper class French-Canadians and his ability to get along with them. He says that he did not know his boss until recently, speaking to him only over the 'phone. He thinks that another Jewish doctor would have been more aggressive in his relations with the boss, attempting to be friendly immediately. Only when the latter came to him for medical advice, did C8 meet him and since then they have become good friends. C8 states that his boss told him how pleased he was with the latter's behaviour, and that if the latter had pushed himself, he would not have gotten any work. Both D6 and C8 illustrate conscious attempts at assimilation to the standards and values of other groups in order to achieve status therein.

C1, through pull, also with French-Canadians, and through his financial connections, has been able to get casualty work on a small scale. Because he is not accorded the status he desires, either by Jewish doctors or the Jewish community, he tends to identify himself and his interests with French-Canadian doctors and their interests. He is very friendly with the latter group.

The rapid growth of Jewish-owned drug stores has probably resulted in some contacts for the doctors. D3 states, that when he started practice, he asked some druggists if they would be kind enough to recommend people who asked them for a doctor to him. Drug stores and doctors are mutually dependent to some extent; but probably the former relies more upon the latter, than vice-versa. There is the story about D4 who never believed in prescriptions and never gave them. Some druggists used to send patients to him, expecting to get prescriptions in return. When the patients never showed up with prescriptions, they stopped referring people to him.

Within an ethnic community drug stores and doctors commonly boost each other. Stories of French druggists refusing to fill out prescriptions of their French customers which are signed by Jewish doctors are frequent.

Universities in the career of the Jewish professional

Discrimination against members of a minority group in educational institutions restricts the entry of Jews into the professions and tends to increase the difficulties encountered in the development of their careers. Further it intensifies self-consciousness of one's ethnic origin.

Incidents of discrimination are common but do not always actively interfere with the realization of one's ambition to be a doctor:-

A4 "When we enter medicine from arts we have to get two or three professors to sponsor our applications. I asked one professor, who had the reputation that whomever he sponsored got in. Although it was only a necessary formality many students went to him to make doubly sure of being accepted by the medical faculty. This professor did not know me very well, although I had taken a few of his courses and had made A's in all of them. He refused to sponsor me on the grounds that I would not make a good doctor. When I insistently asked why he thought so, he finally said that he sponsors only a certain number of students every year and that I was not one of them. When I told this to the other professor in the department he was very angry.

"I realized afterwards that his refusal was due to discrimination against Jews as other Jewish students had the same experience."

B1 met resistance at every turning point in his career and he was very disillusioned:-

"I met discrimination in Montreal High School and in college. As a matter of fact, in third year arts, when I was supposed to enter medicine, I and nine other students, all Jewish, were kept out. They did not even want us to continue our arts course. They stopped us from going to college for two weeks. The Dean as much as told us that he did not want us because we were Jews.

"At the end of my fourth year arts, I wasn't accepted in medicine even though my record was very good. I got the notice of my refusal when I was in New York working as a waiter. When I came back to Montreal, I went to see the secretary, since seeing the Dean had been of no use the year before. I was heartbroken at the prospect of not becoming a doctor. I asked the secretary to let me enter medicine in case someone didn't show up. That was the least he could do. Luckily, later I was accepted.

"After I graduated, still another crisis occurred to upset my plans. I could not get an appointment in a hospital until the last minute in a small town in Ontario,--also because the one appointed changed his mind. I was the first Jewish intern there.

Denial of entrance into the McGill medical school forces students to continue their studies elsewhere and thus lowers considerably[1] their status by interfering with opportunities for internship and hospital appointments:-

---

1 In colleges whose standards of training are not considered as high as those of McGill by the English doctors.

A6 "I wasn't admitted to medicine at McGill because I was Jewish."

Due to his extreme sensitivity to anti-semitism, A6 almost gave up his career.

As a Jew the development of his career was interfered with:

"If I had not been a Jew I would have advanced much further. My academic training would have continued at McGill and I would have saved two years. The majority of Gentile doctors fare well for positions in big firms and public health institutions are open to them and shut to Jews.

"I did not apply to be on the staff of the big Gentile hospitals because it was useless to try since I had been trained in a French university.

"If I had not been a Jew my personality would not have been shattered. I used to live in fear of being criticized and I was unable to do a thing about it. It would have developed in a more healthy way. I felt that I was a stranger and an intruder as a Jew."

B7 "At the time that I was ready to take my medical course the Jewish students found it difficult to be admitted to the faculty. Only five or six out of thirty students were accepted. Hence I went to Queen's. I supported myself partially. Since I wanted to life the burden from my father completely, I had a silly argument with him and left Queen's. I continued at the U. of M. I realized later that I should have stayed on at Queen's. There are other satisfactions in life besides money, namely, that of having gone to a good medical school, one that is accepted by the hospitals. The university I attended does not get the same consideration in an application for internship as do others. I was unable to get an internship except at a French hospital.....However, I felt very badly about it even after I started to practise, for I was at a disadvantage compared to other doctors."

Previous to the change in medical training requirements, requiring and guaranteeing a year of internship to the graduate doctor; and previous to the opening of the C and F Hospitals, getting a suitable internship was more difficult for the Jewish graduate than for the Gentile one. The majority did not even apply to the hospitals in Montreal for it was a foregone conclusion that a Jewish student could not get in.[1] A few doctors were able to intern at the old Jewish Maternity Hospital, which had only one intern. The usual thing was for the doctors to go out of town. A natural result of this difficulty for doctors who stayed in town was to go into practice shortly after graduation, where otherwise they might have continued their training. For example, E1 wanted to specialize but was unable to:-

"The only difficulty I had as a Jew was when I spent a year interning at the A Hospital. I was in the medical department and desired to specialize in obstetrics and gynecology. The chief in obstetrics was a shrewd pleasant man.

---

1 A5,B2,C6,C7 and C 10.

He always put on a smile for everyone no matter what he felt. I asked to see him. He put me off day after day until finally, he told me to come and see him at his office. When I came in I told him that I would like to specialize in obstetrics. He asked me what I read. I answered that I read Russian books and he started to talk about a Russian book he was reading and he kept the conversation on reading. It was purely evasion of the subject on hand. Finally, I asked him to come to the point. He answered that there were too many already on the list to enter his department. I persisted and said that I had heard that someone was needed. I insisted on his telling me why he did not want me and told him to be frank. At last he came out with it and said, "We would like not to have any Jews in the department. Also, your Bolshevik activities are well-known." I was extremely disappointed that I could not become an obstetrician and I did not have any money to go out of town."

Hospital associations of the Jewish doctor in Montreal

The principal functions of a hospital are carried on by its official staff of physicians. Each physician fills a specific position to which he is appointed by the medical board of the hospital. In cases where appointments are made by lay boards, such as in municipal hospitals, they are subject to the approval of the medical board. Positions in the hospital range in order of decreasing status from that of the chief of the hospital to that of clinical assistant. The status of a doctor is in large part determined by his hospital connections and by his position in those hospitals. The size of the hospital and its rating by the medical profession are important qualifying factors in this connection.

Certain duties and responsibilities devolve upon the doctor in his position. They generally involve giving his services free, or at a very small rate, to public patients on the outdoor. Every position involves specific duties and responsibilities, such as directing clinics, making out reports etc.[1]

The privileges that a doctor derives from a hospital connection are twofold:

(1) The hospital is an indispensable school for the physician in which he furthers his scientific knowledge.

(2) The hospital provides him with a workshop,--a place to practise his profession scientifically and to carry on his research. He has the privilege

---

1 These connections refer to voluntary hospitals, i.e., those which are run on a non-profit basis, and cater to both public and private patients.

of treating private patients therein with access to all the facilities and services the hospital provides.

Another advantage to the career of the doctor in a hospital appointment is the contacts he makes with the public. For example, A4 states:-

"The bulk of my patients are Gentiles. They have come through the hospital clinics. Some have been recommended by the D hospital when a specialist has been asked for.

"The head doctor gives me work at the hospital when he is away. Also, he is likely to recommend private patients to see me. To-night, the man who was here asked for a specialist at the hospital. When people are too prosperous for clinics, they are sent to private doctors. Some of them come my way."

Associated with the top positions in a hospital are very considerable contacts with the public and a greater reputation than that accruing to the lower ones.

Due to the intricate character of the modern practice of medicine and its dependence on many ancillary facilities, the medical graduate is at a loss when he finds himself without a hospital connection after the completion of his internship. Lewinski-Corwin points out that hospital facilities are not available to every practising physician either in European countries or in the United States. Without hospital facilities a physician is handicapped both in his development as a physician and in his practice. There are hospitals in Europe and in the United States,[1] which cater only to private patients and which permit any doctor to bring in patients, but "the standards of service and the character of the adjuvants may not always be of the highest order."[2] Thus the competition for positions in voluntary hospitals is keen.

Membership in the medical profession carries the ethnic person out of his ethnic group, for the latter cannot offer enough opportunities for distinction and advancement in the profession . In Montreal, the pattern of ambitions of Jewish doctors parallels that of the English ones rather than the French ones. Their lengthy contacts with and assimilation to English

---

1 Also in Montreal.

2 E.H. Lewinski-Corwin, "Hospitals and Sanatoria," p.470, Encyclopedia of the Social Sciences, V11, 464-471.

culture during their professional training, and the dominance of the English medical group in the profession in Montreal, results in their drive to identify themselves with the two chief English hospitals. The majority of doctors, whether they admit it openly or not, are very anxious to be on the staffs of these hospitals and to advance on the basis of their individual merits. Their ethnic origin, however, limits their participation therein.

The majority are barred from the staffs of Gentile hospitals:-

A5 "When I graduated I naturally offered my services to the Gentile hospitals as did the other boys. I was not accepted. It was during the lean years and men hung on to their internships for dear life. Until the F Hospital opened I did nothing for a few months."

C6 "When I started practice, I wanted to get on the staff of the B Hospital. I went to see the chief. He told me that there was no room for me at the time, but to come back after he looked up my record. When I came back he put his arm around me in a very fatherly way and told me that I had a wonderful record, both athletic and scholastic. He advised me to send in my application. Eight months later I received my application in the mail, saying that it was being kept on file. But other fellows who had graduated at the same time as I did were accepted on the staff although they had not done as well as I had."

It is a more difficult process for a Jewish doctor than for a Gentile one to get on the staff of a Gentile hospital. D1, who is very proud of his hospital association, states:-

"I wasn't on the staff of the J Hospital until three years after I started to practise. I was a junior there. I was allowed to study cases but had no right to give orders. Many men would not stomach such a subordinate position."

Several of the doctors interviewed stated that they did not care to work in a hospital and wait around indefinitely until being given a position. Frequently a Jewish doctor may work for years without getting an appointment. Knowledge of the difficulties encountered in this respect acts to redefine the goals of others. Many of them do not even apply to these hospitals and they direct their ambitions elsewhere.

C5, who is quite certain of getting positions in Gentile hospitals because of his achievements in the university and in his work, nevertheless does not care to be subject to the discriminatory treatment given to Jews:

"Dr. T... tells me that you're just tolerated at the other hospitals. Why should I feel uncomfortable? I can take my chances, work and beg for a position and get it eventually. I don't care to for it would still be a low

position.

"When I was doing research work, I was ipso facto on the staff of the Gentile hospitals and I knew what they thought of Jewish doctors. The Jewish doctors who have positions are always under someone. The ones who have recently been advanced because of men leaving and men dying, would otherwise not have been advanced. One doctor, who is about the best medical man in town, is still a demonstrator after working there for twenty years. Another, who should be full professor by now, is still under someone."

On the other hand C2, one of the favored compared to the majority of doctors, rationalizes the situation thus:-

"I think that the A Hospital has been very liberal to Jewish doctors. I don't know about the B Hospital. About 7% of all the Jewish doctors are on the staff. Since Jews form about 6% of the total population, the percentage is fair enough. The place they attain depends on how much work they do in the hospital.

"Certainly the F Hospital has done a lot for the Jewish doctors who had no hospital connections,--with the exception of fifteen or us."

The consensus of opinion is, however, that particular circumstances explain cases where Jewish doctors have gotten positions easily and have advanced rapidly. Only three or four have attained top positions for racial prejudice is more pronounced in competition for them. E4 states:-

"One of the Jewish doctors got to a top position due to a change in objective conditions. Although he was a prominent physician, doing a lot of outstanding work, and bringing in a great number of private patients, he was not given a high position officially until the F opened and the A Hospital was afraid of losing the large numbers of private patients he brought in."

B2 said that he got on the staff of the D Hospital because they were short-handed and because a friend of his is on the staff.[1]

A4, because of his outstanding work as a student and as an intern in the A Hospital, had an assured reputation even before he started to practise, and was accepted quite readily. Further he is advancing quite rapidly for his age. Yet he is not fully accepted by all the doctors:-

"Some of the doctors probably don't relish the fact that I'mthere. Perhaps I just dislike them personally and hence I think that they dislike me. I feel that about one of the older men particularly. He doesn't like me. He seldom talks to me and is very unreceptive to any suggestions I make. I believe, firstly , that he dislikes being on the outdoor, and secondly, that he resents the fact that a younger man is in a higher position and that he is a Jew. I know he is prejudiced against Jews because he hates to treat Jewish patients on the outdoor and by a few words he lets slip occasionally."

E4 "There never was any advancement for Jewish doctors at the B Hospital and there is none now. I was advanced because they needed me badly. Other Jewish doctors were advanced at the A and B Hospitals because there were no other men to fill the positions.

"Since 1916 I have been a demonstrator in medicine at the B Hospital and am still listed as such although I do not teach. I taught a few years on and off but the hospital tried to do without me whenever they could. As a Jew, I am not the proper person to teach.

"I used to receive a letter from the Hospital every year asking me to apply for advancement. I took it seriously for a while but after a few years realized the futility of trying to get advancement and I stopped applying. Some of the top men at the hospital are men I taught while I still occupy exactly the same position as assistant physician as when I started.

At the present time, due to the shortage of doctors created by the war situation, there is more freedom of movement for the Jewish doctor and there has been more opportunity to advance than usual. For example, for the first time in the history of the A Hospital, a Jewish doctor has been given the residency in obstetrics.

Very detrimental to the status of the Jewish doctor was his inability previously to have his patients admitted into a hospital on his own. He always had to call in a Gentile consultant. The effect of this was to lower his prestige considerably in the ethnic community and in the community at large. Jewish patients felt that they did not need to call two doctors and, instead, called the Gentile one directly. As a result, it became very common for the richer Jews to call English doctors all the time. This practice is now less widespread than formerly.

The Gentile hospitals have, within the past few years, decided to allow Jewish doctors to bring in private patients. C4 explains:-

"They knew that we were sending Gentile patients to the F Hospital, and frankly, I think, they wanted these patients for themselves."

<u>The C Hospital</u>

The opening of the C Hospital in 1927 gave many of the Jewish doctors a chance to further their careers, firstly, by supplying the hospital connection the majority lacked; and secondly, by accepting Jewish interns without any qualification as to their ethnic origin. It boosted the status of the Jewish doctors as a whole.

At the present time, it is very important to young Jewish doctors, by allowing them to do work which they cannot do elsewhere; and by providing for a minority of Jewish doctors their only hospital connection.[1]

This hospital appears to be regarded by a good many doctors as a last resort, when no other hospital connection is available:-

E4 "I was on the staff of the C, not out of alruism on the part of the hospital but out of necessity. 'Goyish' doctors wouldn't go there. It is a dump and a tenth rate hospital. I should be grateful to it for helping me along, but I am only to the point where I did not need it anymore."

The F Hospital

The F Hospital was opened in 1933 as a result of the efforts of the Jewish doctors combined with the financial resources of the Jewish community. It marked a great step forward in the status of the Jewish medical group in Montreal in that the doctors now had a connection with a first rate hospital where their participation was not qualified by their ethnic origin.

There are two groups of doctors whose careers have remained unaffected by the establishmen of the hospital, namely, the three or four who hold top positions in first-rate Gentile hospitals;[2] and the small group who are not attached to the staff of the F or any other first-rate hospital. The latter group naturally states that the F has been and is of no benefit to them. Intermediate is the group of Jewish doctors who are on the staffs of one of the large English hospitals and also on the staff of the F. They tend to minimize the aid the latter hospital has given them, e.g., C2 states:- "The F Hospital has done a lot for Jewish doctors who had no hospital connections, with the exception of fifteen of us." This attitude arises out of the prestige-seeking and assimilation drive of Jewish physicians, showing that they have made their way independently of the ethnic community. In spite of such rationalizations, these men gain advantages from their contacts with the Jewish

---

1 To be discussed further in the section on the F Hospital.

2 When the F opened, one Jewish doctor offered to remain on the staff of the B Hospital and not apply to the F, if he were given the official position he deserved. He was politely told not to miss such a fine opportunity, i.e., to go to the F. In the latter hospital he holds a top position.

community through the F Hospital. Ultimately they gain a larger clientele and greater prestige than they would have without it.

The duties and privileges of Jewish doctors in the F Hospital are similar to those of other voluntary hospitals outlined above. (pp.78-79) E4 states:-

"Doctors are given every opportunity to educate themselves. Anyone with the ability and interest can become a first class medical man. There is plenty of opportunity to see cases, attend lectures and conferences."

Differences in rank, except for top positions, mean very little. Except for the satisfaction a doctor gets in receiving a higher official status, his work and contacts remain very much the same.

At the beginning appointment were handed out to almost all the Jewish doctors. Due to overcrowding, the medical staff is now more particular in its selection of men.[1] For the same reason, some of the departments are closed to newcomers.

The majority of Jewish doctors in Montreal have been in practice not more than twenty years and half of that number not more than ten years. The Jewish community is relatively new in Montreal and second generation Jews are just at the start of their careers. Thus the doctors are, as a whole, young compared to English and French doctors. In other hospitals the top men are very old and continually giving way, due to retirement or death, to younger ones. At the F, the top men are still young and still struggling for a greater reputation and a better practice. E4 describes the situation briefly, but to the point:-

"There are only four positions in the whole hospital. You're not going to kill someone to give an opening to another person. And men can't be kicked out, unless for a very good reason."

Overcrowding and the relative youth of the doctors intensifies competition. Wire-pulling and connections with the powerful and wealthy lay

---

1 That there are not even enough hospitals for Gentile doctors in Montreal due to the great concentration of doctors in the city makes the situation at the F Hospital less unique.

board may influence promotions of certain men. That pull counts and that rivalry for positions is very keen is admitted by all the doctors. However, they state, almost unanimously, that there is not more rivalry in the F than in other hospitals. Antagonisms and prejudices at the F may simply appear greater because they are closer to the situation than at Gentile hospitals. However, the data on the hospital discloses the greater tendency towards keener competition than in other hospitals.

Dissatisfaction of many Jewish doctors, particularly the younger ones, with the state of affairs at the F appears to be due to three causes:- (1) demotions; (2) overcrowding and the youth of the doctors; and (3) the departmental system.

(1) Demotions. Some men bear a grudge against the hospital because they were demoted a few years ago. Due to incompetence on the part of some men, e.g., a few patients died who might have lived with better treatment, the reputation of the hospital was suffering. Demotions were not made on a personal basis. Two people made a list separately and the names practically corresponded. Those that did not were crossed out. The action was very direct and straightforward. It was announced to the doctors that certain men cannot treat patients in the hospital without the assistance of another doctor.

(2) Overcrowding and the youth of the doctors. E2 had exactly the same status as at the beginning, "due to politics." He states:-

"Younger men get ahead and are then kept down for the heads are as young as the younger men. When the former will be older and more established, they will not be so interested in economic advancement.

"I am just using the hospital as a 'practical' hospital, for I can't advance my medical knowledge. It takes years and years before medical knowledge grows in a hospital and before the doctors develop. Thus the younger men have not the benefit of years of experience of older doctors, as yet.

"The hospital is convenient for me but did not help me very much as I have the entree for private maternity cases at the A and E Hospitals.

The overcrowding at the F and the fact that all the doctors are young makes it next to impossible for the doctor just starting out to advance and excludes some of them entirely. Thus the career drive of the young Jewish doctor is rationalized in adjusting to the situation and is directed towards

other goals:-

A1 "Physicians holding leading positions leave a lot to be desired in their relations with those beneath them, with patients and in their knowledge. Knowing this, I cannot give them the respect which is due such a position, and the possibilities of rising higher on the staff are hence not so enticing to me. To me, success does not mean staff appointments, but a reputation among a large number of patients as an honest and trustworthy physician, trying to serve them medically and socially."

Similarly A2 does not care so much about advancement at the hospital or about being chief as other doctors do. But he believes that the man who works hard and has the ability can get ahead although a certain amount of pull is necessary. He is not antagonistic to those in supervisory positions as A1 is, stating that they are in those positions because of their medical knowledge.

A4, who has been particularly fortunate in the English hospital says of the ethnic ones:-

"I have more trouble getting along at the F and G Hospitals than at the other hospitals where I am given recognition and put in line for promotions. I don't make much effort there now but I intend to later on. When I want to get a higher position, that is consultation work, they will have to give it to me. When I come with an assured reputation they will accept me. I am biding my time.

A6 is not on the staff of the F because he did not live up to his professionally defined role in a particular incident. This worked against his getting an appointment:-

"A request of mine to the surgeon who had operated on a compensation patient of mine was misinterpreted. He thought that I was suggesting splitting fees. He spoke to me very saucily and I answered freshly. We nearly came to blows. I applied once to become a member of the staff and wasn't accepted. I did not feel at home there for a while. Now I think I will be accepted."

A7 and B4 are not connected with the F at all. Their only hospital connection is the C Hospital.

The F Hospital is unable to accommodate all the patients the Jewish doctors wish to send in because of limited space. Thus there is inevitably some sort of selection. The younger doctors interpret it as favoritism to the departmental heads as against them:-

A4 "The Hospital is a peculiar place, with lots of young people elbowing each other down. In the elbowing process they tend to run each other down. Jealousy is rampant.

"It is harder to get cases into the F than into other hospitals. It is always crowded. The chiefs are favored as against the younger men."

B7 "Occasionally I have trouble getting private patients into the hospital. Some younger men find it hard because there are not enough beds and there is always a scramble. The older ones probably feel that the work of the younger ones is not on the up and up. I personally don't give a hoot about the way the former treat the latter as it doesn't affect me.

"However, it is not a pleasant situation when the younger doctors meet discrimination at the hands of the older ones. The latter make it necessary for the former to admit a patient through one of them. The younger doctor can't give any orders and hence the patient feels that he is not being looked after by the original doctor. When it comes to sending a bill,--the younger doctor is left out in the cold.

"I try to do without the hospital if possible. Instead of sending a patient in for a few days for tests, I send him to different clinics."

B7 states, nevertheless, that advancement and promotions are made on the basis of merit.

C3, an obstetrician, just recently specializing in full, feels quite satisfied that he is next to the chief. Actually, his official position is similar to that of other men in the department, but he has been favored by the chief as against the other men for he does not offer real competition for the chief's position and his patients.

(3) The departmental system. To ensure competence, men are allowed to treat patients only in the special department that they are attached to.[1] A medical man cannot do surgery in the F Hospital. An obstetrician cannot treat medical cases. Medical men, however, are given a special privilege, that of doing obstetrics even though they are not attached to the department. The doctor is able to do what he wishes ouside of the hospital but must maintain certain standards in it.

What the medical staff regards as a precaution to maintain high medical standards, is regarded by some doctors as discrimination against them. The latter see in the departmental system an attempt to curtail their activities and their advancement. Since only the heads of departments are known to the public, other doctors do not gain in prestige by virtue of being attached to

---

1 The policy in other first-rate hospitals is very much the same.

a special department. Dissatisfaction here is due to an economic cause. With the exception of the chief, and a few others, men cannot afford to specialize. They have to do other kinds of work in order to make a living. Since many of the young doctors treat cases which they cannot treat in the F Hospital in the C Hospital, which allows its doctors to do almost whatever they please, these doctors feel that the F is not doing much for them:-

C7 "I am not on the staff of any hospitals other than the F, but I have the privilege to take cases into the C and the A hospitals and treat them. I do surgery in the former. However, I cannot do surgery in the F.

"In the Gentile hospitals there is a very mild form of social segregation of Jews and Gentiles. The Jew is not exactly kept out but he is not encouraged. However, let not the Jews talk of discrimination when they are more guilty of it themselves than the Gentiles. There is not one Gentile physician in the F. The Jewish physicians are not top men for they have as yet not had enough training. They need some top-knotchers in the hospital.

"Jewish people are clannish. They shoved into first-rate positions five or six men, fourth and fifth raters. Only these five or six men benefited from the hospital. What sense was there in jumping a $500 a year man to a $20,000 position.

"You ask the Jewish doctors where they take their cases. Not to the F, but to the C, B, A and K Hospitals. It took the other hospitals fifty years to degenerate. The F did it in a day. The younger fellows are doing well at the A and at the B Hospitals, but not at the F.

"They can't get patients in on their own. The hospital has all kinds of funny rules. They put a man into a department as a clinical assistant. He cannot get a patient into another department without the consent of the head. As far as his own department is concerned, his position does not get him any recognition for people know only the top men as far as success is concerned. This system of putting men into special departments keeps them down for they cannot accomplish anything. If they want to get a patient into another department, they have to call the consultants, the heads of the department. The latter put their names on the patient's door and it looks as if the patient is his. They treat the patient in the hospital. What is the patient going to think of the original doctor he went to?"

Medical positions in the ethnic community

Rivalry for positions offered Jewish doctors by the ethnic community, that is, in the hospital, in sick benefit societies and in other institutions, is very keen because there are not many of them and because their opportunities are very limited in the Gentile community. The G Hospital is a privately owned institution. There is a medical staff, but only one doctor in charge. The latter is very frank about his reasons for holding on to the position, namely, that he needs the salary. He states that if he

did not need the money, he would give the position up. Another doctor once tried to get the job but he did not have enough pull. The latter is annoyed that there is only one doctor in charge, meaning , of course, that he should be the one in charge. Such a position is very desirable, not only for its immediate remuneration, but for the reputation of the doctor. People know and talk about the specialist in the G institution.

Another doctor, who has status in the Gentile hospitals, nevertheless identifies himself with the Jewish community and focuses his career drive on the institutions within it:-

"I thought that a greater proportion of my patients would be Jews and I wanted to get official recognition in the Jewish community. As it has worked out, the majority of my patients are Gentile. When I went into practice, I felt it necessary to be on the staff of the G. As a Jew, I thought that my work as a specialist would be mainly among Jews.

"I had a hell of a lot of trouble getting into the G. I told my plans to one of the Board members and he tried to get me through. But my application was refused. I was advised to see the chief. I was told point blank by him that he did not want me around because I would try to cut into his practice and I would try to get his job. These jobs are political and since he did not know how much pull I had with the lay members, he didn't want to take any chances. I did not even know any of them."

Teaching and research careers at universities and hospitals

Ambitions to teach medicine[1] and to do research work are fairly common among the doctors interviewed. Accomplishments in these fields enhance the doctor's reputation within the medical profession both locally and in a wider area. Such goals are another aspect of the Jewish doctor's desire to be identified with the wider culture for he is the 'spear head' of assimilation in the Jewish group.

Racial origin frequently prevents Jewish doctors from attaining these goals, even in a very small way:-

B2 "If I hadn't been a Jew, I might have been on the staff of the A or B Hospitals; I might have been able to teach, as I like teaching. Few Jews get such positions. To get on the staff of these hospitals, a Jew has to be outstanding. A Christian doesn't have to be for he is taken on without question.

D3 states that he was unable to continue research work in the B Hospital when a new head, who was prejudiced against Jews, took over. D5 believes, that if

---

1 The F Hospital is not a teaching hospital.

he had not been a Jew, he would have a teaching appointment at McGill University, since his training justifies one. E4, although his ability is not denied, is still a demonstrator after twenty years, (supra)

We must recognize that failure to get a teaching or research appointment may be due to reasons quite apart from one's ethnic origin. B1 is very disappointed, although doing well financially, that he has been unable to work towards the goals he had:-

"I had ambitions. I wanted to be a professor. In New York I had the opportunity and I was going to stay on but I had to come back to Montreal.

"My ambitions are all shot to hell. All my desires have been knocked out of me. Practice wasn't the prime thing to me. I didn't take up medicine because I wanted to make a lot of money but because I wanted to do something for the world. I found out that to have ambitions in our social system leads to frustration of desires. The best way to have peace of mind is not to have ambitions.

"When I came back I was full of ideas. I was going to give all my time to the J Hospital. I wanted to introduce some new methods of treatment that they were using in New York and do research work. Would they let me? They would not even accept me in their hospital for it is only for their own graduates. Now I don't care.

"I had a very good training in some of the best hospitals in New York. When I came back I was way ahead of the pediatricians here. For the time I am in practice, I have an enviable position. I have a very wide practice,--all through the city. Knowledge counts.

"I am not satisfied just with making money. In any case, making money doesn't necessarily mean that one is a good doctor. Yet, God forbid, is something should happen, e.g., if a baby should die, even though through no fault of my own, I can lose half of my practice.

"At least, if you're secure with a university appointment, even when you grow older, there will be plenty of students referring cases to you."

B1 does not ascribe the frustration of his ambitions to his race, but to the organization of our social system. Indirectly, his racial origin is to blame for our economic system is such that discriminates against ethnic minorities.

Interest in doing research was B5's ambition all along, and now serves to compensate for his dissatisfaction with private practice and his slim chances to advance at the hospital:-

"I had hopes of advancing in the hospital. This meant a great deal to me previously. However, since I have discovered that promotion is contingent upon political factors rather than on merit, I am reconciled to my present position and am more or less unconcerned about attaining a higher status at the hospital. This attitude of unconcern has developed especially since att-

aining one of my long-sought after objectives,--an appointment to do research work at the university. Thus I have gained in status in another way. My superior is pleased with my work. I am satisfied now. I was interested in physiology as a student and to do research work was my only real ambition. Advancement at the hospital was something to be expected as a natural course but it did not mean a lot. I still have my knowledge which cannot be denied.

"Throughout my college course I hoped that I would be able to get an institutional position so that I would not have to cater to the public. When I found that such a position was not for me, I became reconciled to private practice and I liked it until recently. I have become dissatisfied because of the unsatisfactory nature of medical practice, from a scientific point of view. Very frequently I am at a loss to make a diagnosis. Half of the time physicians treat diseases symptomatically, e.g., if patients have a fever or a headache, they are treated for it even though the physician does not know what it is due to. To me such treatment is unsatisfactory.

"There are few men who are such giant intellects that they can handle all aspects of medicine intelligently. The majority of men are not able to know everything. I have not been able to encompass the amount of medical knowledge I want to and am hence dissatisfied. I know that I am doing better medicine than the majority of men but this is no consolation. I am inferior to the top-notchers. I can't work hard enough to achieve the state I want. I realize my limitations now. I have not the time to do the study necessary for my capabilities. This is why I look forward to my physiology with the vague hope that it may sometime lead to a well-paid full-time job. I would give up medical practice and would be happier for research work is more scientific than haphazard medical practice."

Research work and teaching appointments raise the self-conception of the doctor considerably, especially where there is publication. C5 did five years of research at the university and published in Germany and Italy and other countries by request. He studied the German language in order to be able to do so. His name is well-known in the medical profession. He is very proud of his research record. E2 did research work at the C Hospital and was supposed to publish it, with the promise of an appointment. When the F opened he did not need the appointment in the C and therefore did not publish it. Now, he states, the work is too old to publish:-

"In 1928 I got my M.Sc. in pathology after two years of work. At that time any graduate could work at his pet ideas in his spare time. Now the university wants its research workers to spend all their time there and it is more particular about who is asked to do research. I got a kick out of working on the paper and I was very happy when I published it. I got a lot of requests, even from Schiller of Vienna, asking me for a reprint. He wrote me that he would be in Montreal. When he got to New York he asked me for a reprint of a second article I wrote. My name is in a reference book on gynecology. I also got a request from another outstanding gynecologist asking me about some problem in surgical gynecology. I did not know about it so I did not bother answering. When I wrote the thesis, it gave me a little

C9 has recently been appointed a demonstrator at McGill. He and his wife are extremely proud of it . He thinks it is a wonderful accomplishment. D1 did research work at the L Hospital and published papers. He is very proud of his ability to do it and that his ability has been recognized. He states that he has many ideas to put into practice and that he has the entree to do research at the L but that he hasn't the time.

Even where the research work is not outstanding or even where no results have been obtained, the doctor's conception of his status is higher.

The role of the practising Jewish physician conflicts with his role as a research worker in the majority of cases. Doing research work conflicts with building a private practice because , for the latter purpose, the doctor has to be available all the time. Because the struggle to make a living and to build a good practice is so keen, the doctor has not the time or energy left to indulge in purely scientific interests, even where he has the necessary appointment. Purely scientific interests have to be accommodated to the economic struggle.

Similarly, several doctors point out that hospital appointments, attending clinics, conferences, etc. conflict with a busy private practice:-

B1 "If I were interested solely in making money, I'd tell the hospital to go somewhere. I know a lot of men who have no time for the hospital or they don't give a hoot about it.

B4, B7 and C6 spend very little time at the F Hospital because they are so busy with private practice.

Group Affiliations of the Jewish doctor other than medical

The goal to be a successful physician dominates the activity of the Jewish physician and often conflicts with roles expected of him by his family and friendship relationships, and by other interests. The majority orient all their activities around their roles and goals as doctors, resulting in very limited time and energy for other demands that are made upon them. Very few of the doctors interviewed belon g to organizations other than medical. The principal reason is lack of time. The demands of practice, i.e., hard work

and being available all the time, conflict with other roles, and in some cases, depending upon the individual, a social evening spent with friends or at a show.

It appears that membership in social groups is usually another aspect of the doctor's medical career. For example two doctors belonged to the Bnai Brith, a Jewish social organization, but found it worthless from an economic point of view. E2 states that every doctor belongs to a lodge:-

"I joined the Knights of Pythias because all my friends were in it. They told me that I would get a lot of patients through the organization. As it happened, I did. At that time, they employed a physician annually. The one who held the position wanted to keep it although he was doing well. He fought me for it. I happened to get more votes than he did."

Only one other doctor stated that he belonged to a lodge but was not an active member. C6 is now sorry that he did not accept a fraternity bid in college. He feels that he should have, for politically a fraternity helps. C8 states:-

"I am a member of the Bnai Brith, the Masons and the Knights of Pythias. I joined the Bnai Brith because my friends were there. I go there twice a year. I joined the other two organizations because I thought I'd get something out of them. I very seldom attend meetings.

A few doctors belong to the Business-Professional group at the Y.M.H.A., which meets once a week for exercise and lunch. Business people who have time belong to it. They are those who are better off financially. A lot of business is done at this weekly gathering.. The doctor no doubt makes connections through it.

Since the struggle to make a living and get ahead is so keen for the Jewish doctor, other interests, hobbies, and group affiliations are kept in the background.

Other organizations the Jewish doctor has contact with are small groups in the ethnic community to which he lectures on subjects of a medical nature. Some doctors are known as speakers among the different groups in the community, generally at the beginning of their practice. For example, B6 lectured a great deal to clubs of young people on sex; he continued this activity for a few years and rationalized it as giving vent to his urge for

public speaking. No doubt, it was a means of becoming more widely known. All doctors give lectures to lay groups at some time or other, but among those interviewed very few make a continuous practice of it. Lecturing to groups is an indirect form of advertising whether the doctor admits it or not. Some doctors will not accept such invitations as they consider this activity below their professional dignity.

C5 lectured to a large number of groups, both medical and lay, within and outside of the ethnic community and is exceptional in that Jewish doctors are generally not invited to Gentile groups. His lectures were very impressive and people talked a great deal about him. His name spread rapidly through the community on this account. One person tells of how her mother decided to make him their doctor. At the end of a lecture to a Jewish group, all the women were praising him to the skies. This woman's family had always used a Gentile physician, who had just died. From then on her family became his patients.

A1, who has been in practice less than two years, states:-

"I have spoken to many groups not purely on medical subjects, but on subjects of public health and on doctor-patient relationships. I always discuss what it is reasonable to expect of a doctor. The Jewish public lacks the knowledge that they should choose a doctor in whom they have confidence."

C7, who was a Jewish teacher before he became a doctor, and is well educated in Jewish culture, writes in the Jewish newspaper. Through this medium a doctor becomes better known to the Jewish community. His avowed purpose in these articles is to educate the Jewish immigrant and help him to assimilate:-

"I wrote a few articles in the Jewish newspaper on the relationship between the Jewish doctor and his patient. I advised them how to call the doctor; not to say it is urgent unless it is; and not to call four or five doctors at the same time. I stated that it is very nice to have so many doctors at once but that it is necessary to pay all of them."

<u>The Montreal Clinical Society</u>

The Montreal Clinical Society was founded in 1923 by the Jewish doctors in Montreal to face collectively the problems common to each one.

Since they were at a great disadvantage as compared to Gentile physicians with regard to hospital associations, training facilities, type of practice and status in the community at large and in the ethnic community, some form of solution to their problems had to be found . The two main planks of the Society were, firstly, to build a Jewish hospital, and secondly, to remedy the society evil. The first aim was accomplished in 1933. The second was unsuccessful. (supra, p.71)

Furthermore, it was intended as a meeting place to discuss scientific problems. It parallels the Montreal Chirurgical Society, the English medical society, where the Jewish doctors were not made very welcome.[1] As other ethnic organizations which parallel English ones where Jews are not made welcome, the Montreal Clinical Society is a form of accommodation to English culture.

After the establishment of the hospital, the society became sterile for it was no longer serving any immediate needs of the Jewish doctors. Scientific problems are discussed at the hospital and among small groups of doctors. As a result, many doctors dropped out. Efforts are now being made to revive it, to make it more vital to all the Jewish doctors in Montreal. Attempts are being made to bring back those who dropped out, in order to create more unity among them. The situation giving rise to the sudden activity of the society is the development among the Jewish doctors of a small powerful group who more or less control affairs in Jewish institutions. Hence it may be termed a movement to make the direction of the affairs of the Jewish medical group more democratic.

---

1 About a quarter of all the Jewish doctors belong to the English society where they become members only by special invitation. Those that belong prefer it to the Jewish one for its facilities as a medium to disseminate medical knowledge and discuss medical problems are greater.

CHAPTER VI

Distinctive Roles in the Career of the Jewish Doctor

The Jewish doctor is relatively more assimilated to the standards and values of the broader culture than are other members of the immigrant group. As a result, he is anxious to achieve status in the community at large as well as in the ethnic community. In addition, since a professional man cannot restrict his activities to one group if he is to attain any significant status in the profession as such, the Jewish medical man goes out beyond his ethnic group to compete for positions and recognition. Our data shows that the type of problems facing him, the kind of practice he has and the success he achieves are determined in great part by his ethnic origin. The roles of the Jewish doctor, as distinguished from those of the French or English one, appear in relation to his clientele and to the kind of practice he engages in.

The individual physician judges his success by his ability to reach the goals he sets for himself. These goals vary for each individual, depending on his interests and ability as a physician. His accomplishments and status are judged, in our case histories, by the following criteria:-

1. The quality and extent of his institutional associations. (supra, Chapter V)
2. The type of his clientele, that is, the economic and social position of his patients; their ethnic origin; their numbers; and the specific roles and problems arising out of the doctor's relationships to his patients.
3. The type of his practice, that is, whether it is specialized or general; and the ethical standard of his work.
4. His standard of living, involving such factors as the location and type of his office and home, the conspicuous consumption of his family, the role of his wife, his income and financial security.

All these factors are organically related and are separated only in order to clarify the analysis of the case histories.

The Jewish doctor's clientele

Recommendation by satisfied patients is the principal means of ensuring an expanding clientele.[1] Through the process of recommendation, the number of patients increases in geometrical progression and the doctor's reputation spreads among a constantly growing body of people.

A medical career in a bicultural area carries the ethnic person out of his community. Various factors within and outside of the close community condition the number and type of contacts he has with patients.

Within the ethnic community

The extremely important role of sick benefit societies in widening the contacts of Jewish doctors in the ethnic group had been discussed. (supra, Chapter V) A Jewish clientele at the beginning of one's career is due principally to a position in such an organization. Almost all of the doctors who started with a Jewish clientele were society doctors for two years or more. Several looked after two societies at the same time.

Next in importance in this regard is the family of the doctor. The family's role in the career of a professional son is significant , firstly, for the accommodation and assimilation of the immigrant parents to the Gentile culture and secondly, for the occupational adjustment of the professional. Directly and indirectly parents participate in the development of the career of their professional son. They help him financially and with decisions he has to make. His problems are just as keenly felt by them as by him. Their status is a function of his status. In fact, their prestige goes up at the moment the son decides to become a professional. When he finally achieves his goal, their status is enhanced, not only in the ethnic community, but in the larger one. Through his newly acquired standards and values, his problems and decisions, and through his status, they accommodate to the Gentile world. Immigrant parents always learn about the indigenous culture from their children, but the relatively greater identification of the professional with the Gentile culture, results in greater assimilation of the parents. In this important

way, the professional plays a role in the accommodation and assimilation of his ethnic group.

Because of the enhanced status a professional son brings them, and also because of their desire and responsibility to help their children, Jewish parents aid the doctor financially and by supplying him with contacts with patients. Financial help is received by the doctor according to the extent of the financial resources of the family.[1] The amount of such aid gives him greater or less status and varying conceptions of his role, e.g., it ranges from providing him with a small room in their home in the second area of settlement to an office in the Medical Arts Building, where he is sustained until he becomes self-sufficient.

E4 opened up his office in a room at home and bought a table and a couch for ten dollars. Nowadays, he stated, doctors need much more to get started. B1 and A6 took small rooms at home since their families were poor. A6 recognizes that a doctor must maintain a certain minimum standard of living:-

"I took the small front room at my parents' home on Park Avenue. My office was dingy and small. It certainly wasn't a place where people would be glad to send their friends. I did not realize at the time how much the looks of an office counted with people. They are impressed by nice things, especially when they go to a doctor. They like to be proud of their doctor."

E5, although depending on a loan syndicate to buy furniture and equipment, nevertheless borrows small amounts of money from his family:-

"We came back from New York where I had interned without a cent. We rented a house and bought furniture on payments. I equipped my office through a loan syndicate. The first week I earned seven dollars. This is something that remains vivid in my memory.

"There was nobody in a position to help us. My parents were in Europe. My wife's parents were dead. Her brother was comfortably off and let us have $100, trying to make it appear as a gift for he was sure he would never get it back. Her uncle also gave us $100 with the same attitude. They nearly fell over when we handed the money back to them a year later."

The majority of doctors interviewed had a hard time getting started due to insufficient financial resources. "Doing without a car," "walking for six months" are common statements and indicate the low economic status of these

---

1 The support given during training was shown in chapter IV.

doctors. Lack of necessary equipment, such as a car and medical apparatus, lower the doctor's self-conception of his status and the community's conception of his status:-

A6 "We moved here and bought furniture on credit. I felt very proud that I was able to pay all our expenses. We also bought a nicer-looking car for we felt that we could not move into Outremont with the shabby-looking car I had. What would people think of a doctor who went about in such a car?
"My office is still lacking in many things and is not as nice as I would like it to be, but it is a considerable improvement over the first one I had. I still lack the equipment which impresses patients."

E2 tells of an incident when a patient, whom he was visiting, looked out to see if his car was in front of the house. Not seeing it, he asked, "Where is your car, Doctor?", intimating that it was not very nice for a doctor not to have one.

At the other extreme is the young specialist, who is able to sit back and wait for five years or so untile he establishes a clientele. His family is rich enough to provide annice home and office for him. He is not worried about not having enough patients. Midway are C3 and D1, who are from comfortable middle-class families. They were able to set up an office away from home, although they did not do so well at the beginning. The unusual case is A5 who refused his family's help, although they are very well-to-do, because he wanted to be completely self-sufficient and independent of them. He started off in an office which they considered below his standing:-

"I opened up my office away from home, paying $35 a month rent. My parents naturally did not like this very much. I figured that if I lived at home, I wouldn't work as hard, for I wouldn't have to. Then I'd be treated as the little boy. If I'd have no patients, the family would say, pityingly, "Too bad, no patients to-day!" "

Marriage is admittedly very important in aiding the doctor financially and socially. Of the fourteen doctors who were married at the time they started practice, the wives of nine continued to work because of necessity. The majority were office workers. The working wife aids in maintaining the home and office and in maintaining a minimum standard of living. The doctor gains a very real sense of satisfaction, of greater prestige and relative success, when

his wife stops working:-

A1 "My wife is going to stop working finally. I feel that it is not the proper thing for her to work. We have not got a real home life."

A2 mentioned that his wife stopped work when he started to practise. A3's wife stopped when he became the doctor of a big society. They were very happy about it. There are cases where wives continue to work for other reasons than necessity, but these are in the minority.

It appears, although this is not very clear from the doctors interviewed, that responsibility for aiding the doctor who is married is shifted onto the shoulders of the wife and her family. In Europe a rich man gained a great deal of prestige by supporting a professional son-in-law, even before marriage to his daughter. This pattern persists here even in the case of people in the lower financial brackets.[1]

That marriage to a person with financial means, however, limited, is a desirable and a frequently conscious action on the part of the physician is quite openly admitted by the persons interviewed, usually, of course, with reference to someone else. A6 is refreshingly frank on this point:-

"I had always told my family that I would marry someone wealthy. I did just the opposite. The family accepted her as a daughter anyway. I was embarrassed, in a sense, because of what I had always said.

"I can't blame any physician for marrying a girl with a dowry because money is essential to start off."

The amount of money or aid received is generally relatively small, e.g., $1000-$2000, furnishing the home or office, or both. Nevertheless, it is important in putting the doctor on his feet. Of the doctors interviewed, four have married into rich families. C3 was finally able to specialize exclusively and move downtown on his marriage to a wealthy girl. C1 is able to live above his means and very exclusively because his wife is very rich.

---

1 Such support, which is really like the dowry, is by no means restricted to the Jewish group. It takes different forms in different groups and societies. The financial aid the English doctor receives is said to be incomparably greater than what the Jewish one receives. If the former's own family is not wealthy, he usually marries someone wealthy.

The conclusions stated here are true within the scope of the information received and cannot be assumed to be true in all cases.

Financial aid to a professional man is really an investment by the family. Future returns are expected in order to support a home of his own, and even the family.

Where there is no family responsibility, such as supporting a wife, children, or one's parents, further training is a simpler undertaking. Our data shows a connection between freedom from family responsibilities and further training. C5, C7, D3, D4, and D5 married later than doctors usually do and studied for a longer period in Europe and in the United States. Further, aside from not being married, they were not obliged to set up a practice in order to help their families. Four of these doctors started out as specialists. D4 states:-

"I was not married and therefore did not have to make a living and put up a shingle right after graduation. Had it been necessary for me to earn an income at the time, I am sure that I would not be a specialist, but a general practitioner and a doctor for a sick benefit society."

D5 "In my last year of college, the parents of the girl I intended to marry desired me to go into practice on graduation, with their financial backing. I neither wanted to go into practice nor did I want to be supported by anyone.

"I interned in the States and then taught for a few years at the University of W....Had I married then, as I had intentions to. I probably would not have continued my studies and would have remained at the University of W... Since this girl did not wait for me, I left to study in the specialty I had grown interested in, in Europe."

Further, six doctors, other than specialists, who married later, apparently did better in a shorter space of time than those already married. This was perhaps due to the fact that more could be invested in opening up an office. However, this conclusion may be invalid since so many other factors enter into the relative success a doctor achieves.

Through the family contacts and connections important to the career of the doctor are made. This ranges from advertising him in a small neighbourhood group to providing him with immediately remunerative connections such as a sick benefit society, or compensation work in a factory.

The immediate family, the wife and the in-laws boost the doctor and advertise him. This is very common. The doctor's career is as important to their status as to his own:-

G7 "Some doctors need nothing better than a mother with some kind of a store to get him started. All the women know before he graduates that he is a doctor and a good one! The mother is really proud of him and is not free from exaggeration, even though it may be unconscious on her part."

Lawyer "My father, besides sending out cards, took me around to the big-shots he knew. They were mainly firms he dealt with. He introduced me to them, "This is my son, the lawyer."

B6 "My parents were very proud and happy and introduced me to everybody as their son, the doctor. That is about all they did.

"I have told my mother and father, particularly the former, not to go out of their way talking about their son, the doctor. I am very insistent on this point, that she is not to talk about me unless asked."

Evidently, B6's mother does talk about him to her friends.

B5 "My mother-in-law is particularly concerned about talking about me, and stressing my qualities as a doctor to her friends and acquaintances.

"She felt badly, when the Jewish opened, and I was not given an appointment immediately and she had to face her friends in the society. When, shortly afterwards, the appointment came through, she was extremely happy. "

E2 "Marriage usually means connections for the doctor. It hasn't meant much in my case because my wife's family is small. However, there are the usual family meetings and gatherings at which I meet people. Other doctors get a great deal out of their families."

The wife defines her social role in terms of making contacts for her husband's benefit. Though the doctors did not give much information on this point, it is fair to assume that doctor's wives play this role consciously and tactfully:-

B2 "The other thing you call subtle advertising is this. You get your wife to join various organizations. So far, I haven't gotten anything through my wife."

"Some wives do a lot for their husbands. One particular girl I know down the street is always entertaining people. Whenever she meets anyone new, she makes a practice of inviting this person to the house. In this way, she gets many patients for her husband."

B5 "My wife is very serious about my practice. She is very pleased when someone of wealth makes me his doctor. She purposely puts herself out to be friendly with everyone and to make acquaintances among the richer classes even though she may not care for the company of certain people. She always keeps track of how new patients come to me."

C6 "My wife belongs to a large organization of English women. She was vice-president of a prominent Jewish organization. She was prominent in a national organization a few years ago and has distinguished herself in golf. All these

accomplishments have been on her own, since she comes from a poor family.

"Her connections certainly have led some families to come to me. Of course, they would not come if I did not have some kind of reputation."

C9 thinks that his wife is a big factor in his success. She is exceptional in that she is rather outspoken in her efforts to get patients for her husband. She knows his practice as well as he does and plays an active part in it. It appears that this doctor has not taken over the professional attitude of secrecy with regard to his patients.

It is within the ethnic community, as a rule, that the family and the wife have their friendships and contacts. However, through their ability to get him compensation work in factories, he may have large numbers of Gentile patients. Usually where their roles are significant in the career of the doctor, he tends to have a large Jewish practice.

Relatives may send patients to the doctor, although in many cases they may not patronize him themselves:-

A6 "My first paying patient was sent to me by my brother-in-law, a dentist. Through him I got a lot of patients....My brother, a lawyer, sent me accident cases. I have a few Greek patients through him."

Joining the society to which one's parents or in-laws belong and eventually getting in is common with society doctors, e.g., A6, B5, B6 and D2. A3 contacted his society through the place where his wife used to work.

Conflict between the first generation immigrant and his second generation son, who has become a professional, sometimes ensues concerning the means of getting started and known in the community. The desire of the parent for his son to have status in the groups with which the former identifies himself, e.g., a sick benefit society, reveals the vicarious satisfaction the former gains from the latter's status. B4 states:-

"Family pressure made me join a society against my will. I had an awful battle with my father. He thought that perhaps the doctor who had the job would quit and I would get it."

Association with a hospital in the ethnic community, and particularly being the chief or the head of a department, advertises the doctor among Jewish

people, for the latter's interest is greater in ethnic institutions than in Gentile ones.

E2 thinks that maternity work is an excellent way to get patients. He got his first cases through the old Jewish maternity Hospital:-

"A good way to get patients is through maternity work. Just give me the people who are growing up and haven't a doctor. If they come for maternity work, I get a good connection with them and usually keep them as patients. I got a lot of work through the old Jewish maternity Hospital where I interned."

An interesting factor which brings single Jewish women to the unmarried Jewish doctor is his eligibility. An outstanding case of this nature took place several years ago in the case of a young Jewish doctor, of a rich family. He was a very eligible bachelor, clever in his profession and also attractive. Flocks of young women came to him as patients.

Three factors militate against a Jewish clientele:-

1. The fact that a Jewish doctor was unable to get patients into the Gentile hospitals on his own (supra,p. 82) resulted in all the richer Jews, and even poorer ones using Gentile doctors. The prestige of the Jewish doctor was considerably lowered so that, even after the opening of the F Hospital, the Jews of the wealthier classes continued to patronize Gentile doctors. Within the past few years, and as several Jewish doctors are becoming as well known as English ones, the status of Jewish doctors as a whole is higher, and this practice is being discontinued:-

C4 "I think the situation for Jewish doctors is changing all the time. Now Jewish people think much more highly of doctors and Jewish consultants. At the beginning of my practice I found that when I told a Jewish patient that I would call in a consultant, they invariably thought that I meant an English doctor. This attitude has changed considerably in the past 10 years. Now I can call in a Jewish consultant and the patient accepts him readily.

"Formerly, a Jewish doctor could not get a private patient into a hospital without the help of a Gentile doctor. The prestige of the former was hence lowered. Also, the Jewish people have watched many of our present Jewish specialists 'grow up.' They have the feeling that they know how much they (the doctors) learned and they remember how much their fees were. Hence, Jews sort of assay their value and do not give them the respect they deserve. 'A prophet is without honour in his own country.' Now that is changing. They don't want Gentile consultants anymore. Gradually, a lot of Jewish men have acquired the prestige and respect they deserve. Further several Jewish doctors have risen to fairly high positions. This means that the status of all Jewish doctors will rise and they will have less of a struggle."

2. An interesting and important ethnic factor deterring Jews from patronizing certain Jewish doctors is familiarity. Within a close ethnic community as the Jewish one in Montreal, knowledge of the intimate affairs of people tends to be more widespread than in the city at large. Particularly, since many Jewish families have climbed rapidly in the financial, social and educational scales, they are not accorded the same respect as families with a tradition of wealth and education behind them. Jewish doctors, come , in the main, from poor immigrant families. Other Jews have watched them grow up and become professional men, intimately or at a distance. Familiarity with the doctor previous to his becoming a professional, somehow often acts against the best interests of the doctor.

People who knew him when he was knee high to a grasshopper, or when he was studying in school or in college, withhold a certain amount of respect which they accord doctors in general:-

C6 "I wanted to have my office in a district where I wasn't known, not because of the great amount of competition in other areas, but for this reason. I was known as a bohemian type of person, someone who could not settle down. Those that knew me intimately did not come to me. Why, they said, I knew that boy when he was a kid. To them an ordinary human being can't be a good doctor. That's the reason quacks flourish.

D3 "The less they know about him,the less they know him socially, the more the Jewish patient thinks of him. That man, they say, I knew him as a little boy. He was a dunce in school."

Patients who are familiar with the doctor, i.e., relatives and friends, do not live up to the doctor's expectations as patients and do not give him the same respect as strangers do:-

B5 "As a special favor to my father-in-law, I looked after his niece's family. They were very poor and I charged nothing for my services. Recently, one of the members of the family told a member of mine that she is now going to Dr. A... because she is able to pay.

"Another person related to my wife's family, whom I did not even know by name, called me up early one morning and addressed me by my first name, giving his first name. This was a medical call! I was very angry about it."

B2 "I got rid of my relatives as patients. First of all, they have no confidence in you because they knew you when,--. Secondly, they expect too much of you. They do not pay as much and often do not pay at all. Of course, they send me patients."

C7 also gets patients from his family, but they do not come themselves:-

"I don't welcome relatives. Those that have come to me have been recommended by other patients of mine."

Relatives take advantage of their familiarity in several ways, for example, they want cheap medical service; they show openly that they are doing the doctor a great favor by coming to him; they tend to be more critical and often refuse to follow his advice:-

A6 "Very few of my friends made me their physician at the beginning of my practice. I found that when I treated a friend I was in danger of losing him as a friend. Just this last year, the fourth year of my practice, I am starting to get friends as patients. In this respect, they are similar to relatives."

B4 "Relatives are terrific headaches,--not account of payment, but because they think that they are going to set you up in business by coming to you. If a man's busy, he doesn't need his relatives. I discourage them from calling me.

"Friends and business should be kept separate. I feel that I should not take fees from them; and on the other hand, they may want to pay."

C5 "I made it a rule that the family shouldn't send patients because they don't make good patients. I can't charge what I usually charge. Even someone I know does not make a good patient."

In the cases of C7 and A5 the status of the family is above that of the doctor:-

C7 "I got a little bit of a start with my indirect family. For example, my brother-in-law's brother sent me patients. The immediate family certainly doesn't come until the doctor is well-known. When I graduated my family was not of the poorest. They were not in my class. I was only a $2 man and a beginner. They paid $4 and $5 to doctors."

A5, whose practice is among French-Canadians, states:-

"We have very wealthy relatives whom I never see as patients. Our family is very big. They don't patronize me as freely as I think they should. Mind you they come and ask me what I think of the advice their top-ranking 'goyish' doctors give them. One in particular, an uncle who is very wealthy, always asks me if this or that his physician told him is alright. Obviously one is hurt."

In spite of statements to the contrary, Jewish doctors desire to be accorded the same status by their family, friends and relatives, as they have among other people. They are very hurt when they are not regarded highly by those close to them for what it means to their prestige and for financial reasons. C1, who hasn't been given the respect he desires in the

ethnic community, is very angry about it. He thinks he deserves it because he is from a well-to-do family and because he was trained in some of the best hospitals in New York. He states:-

"My family did not mean a damn to me. When I started practice, they were educated to non-Jewish doctors and did not come to me. The ones who came did so because they were temporarily financially embarrassed."

Familiarity militates against good doctor-patient relationships with the Gentile physician also, but this situation is exaggerated for the Jewish one because he belongs to a smaller community.

3. Young Jewish doctors state that they do not get the same help or push from the older Jewish doctors as do English doctors or doctors in some cities of the United States. Old established physicians generally give work they do not care to do, or have no time to do, such as night calls, confinement cases, etc. to young doctors. The latter are thus able to build up a practice through the help of the former. Jewish doctors in Montreal do not get such an opportunity because the older physicians are not independent enough to give up part of their practice:- [1]

C4 "It is said that there is more competition among Jewish doctors than among Gentile ones. Perhaps this is true. The latter can afford to give their younger men breaks for they do well enough. The older Jewish doctors may do well but not well enough to voluntarily give up some of their practice to the young men. But this situation is rapidly changing. The Jewish doctors are doing better as a whole. Perhaps it is because they are getting non-Jews as patients. The latter are accustomed to paying better and tend to stick to their doctors better. Jewish patients run from one doctor to another and they don't pay as well. The 'goyish' ones stick to their doctor until he dies."

In view of the fact that competition is so keen among Jewish doctors although almost all depend for a considerable part of their clientele on Gentile patients, it is fair to assume that there are not enough Jewish patients, under existing conditions of medical practice, for all Jewish doctors. Fam-

---

1 Only one doctor of those interviewed was systematically aided by an older physician. He opened up his office in conjunction with the latter. In this he was fortunate. He had been warned so much of the difficulties of starting practice that he did not find it as difficult as he expected. He made very little money at the beginning. He was helped by the older physician who gave him certain types of work to do, such as night calls, tests, and ordinary calls when he was out-of-town. The latter was sick the first year and stayed away

(continued on next page)

iliarity militates against a Jewish clientele in many cases, but it is only temporary. As soon as the doctor has some kind of reputation, familiarity is no longer important, for Jewish patients will come anyway. However, a surplus of doctors for a small community cannot be remedied with time. This means that many Jewish doctors will always have to depend upon a Gentile clientele.

In the larger community

The Jewish person's role as a doctor, and the greater assimilation to Gentile standards and values current among professionals, allow for such intimate contacts as physician-patients relationships between the Jewish doctor and the Gentile patient. Generally speaking, Gentile patients of the Jewish doctor do not have similar close contacts with other Jews. The significance of the doctor's acceptance by Gentile groups lies in the fact that it is part of the assimilation process of the ethnic community to the Gentile world.

For the doctor, the significance of his acceptance by Gentile groups is that he is dependent upon them for the development of his career and for the status he is accorded. More than one-third of the doctors started off with an exclusively Jewish clientele and are tending to get more and more Gentile patients; about one-third with an exclusively Gentile clientele, half of whom are tending to get more and more Jewish patients; the remaining number depended upon both groups for their start.

All the doctors interviewed, with the exception of two or three, are dependent upon groups in the larger community for a greater or smaller part of their practice. Half have as high a percentage of Gentile patients as 50% and approximately one-fifth depend upon a Gentile clientele for their entire practice:-

Al has a"relatively large number of Gentiles for the number of years he is in practice."

(continued from preceding page)
for some length of time. Thus the young doctor was able to earn more the first year. Such an arrangement is beneficial to both doctors because the older one knows that his patients will still be his after they see the younger doctor for the latter is only replacing the former.

About 65% of the patients of A2 and A7 are Gentile.

The bulk of the clientele of A4 and B2 is Gentile.

A5's clientele is all French-Canadian.

A6, B6, C6 and C8 have a large number of Gentile patients.

B1 is getting a larger proportion of Gentiles continually.

B3, B4, E3, and E6 have completely Gentile practices.

B7, C3, C4, C5 and D3 have a majority of Gentile patients.

A3, B5, C2, and D2 get very few Gentile patients.

More than half of C7's patients are Gentiles.

About 40% of D5's are.

E1, E2 and E4 get small numbers of Gentiles.

French-Canadian patients

The great migration of young French-Canadians to the industries of Montreal, and of immigrant groups with a low standard of living, has been instrumental in providing the Jewish doctors with a Gentile clientele.

The reputation of the great ability of the Jewish doctor is very widespread among French-Canadians in Montreal and also in outlying districts. Stories of 'miraculous' cures of persons on their deathbed, where other doctors have failed , are circulated rapidly and bring flocks of French patients to the particular doctor about whom the story is told:-

D3 "A patient in a French hospital was dying and was sent home to die. One of my brother's patients asked my brother to see this man. They brought him to the office. He could hardly walk. He was going under rapidly because no food could get to his stomach. We operated upon him at once. The operation was successful.

"Everyone he knew said it was a miracle. Here he was just sent home to die and the employees of the T..... company for which he worked were ready to go to his funeral. Shortly afterwards, the employees of the T.... company started to come to us. Many of them, from high to low, made us their doctors.

"French patients have often told me that they like to go to Jewish doctors because they are good doctors. They say that they would not go to a French doctor."

B4 "An aunt of a patient of mine had been in bed for two years. She was becoming weaker and slowly fading away due to pernicious anemia. She was English-Scotch and her husband was French. Under my care she improved within three weeks and was out of bed in two months. She would have been dead within six months and I told her so since she was not getting the right treatment. She raved about the 'miracle' and sent me a lot of patients."

E2 "French patients have often told me that Jewish doctors know more than French ones.

"A Jewish patient of mine sent me a French woman and her baby, both of whom were being very badly treated, medically, by their French doctor. The baby was five months old and was still on the same feeding as a new-born baby. After they were under my care for a while, her husband came to see me, with his kids trooping in after him, and told me how wonderful I was. 'I'll never go to one of my own kind again!' he said."

B7 "My French patients tell me often enough that they would rather see a Jewish doctor than a French one. They think that the Jews are smarter and more honest. They feel they get a better treatment and their money's worth. They say that medicines do not cost as much and that they are less likely to get fake treatments. Recently, a French girl came to me with an abcess which had been treated by a French doctor and wasn't healing up."

B2 "There is a Catholic woman across the street who has never has never had any other doctor but a Jewish one. She believes they have the knack of looking after people."

Excerpts like those quoted above run throughout the majority of the case histories.

Another reason for the use of the Jewish doctor among some French people appears in the case of B3, that is, that the former gets patients that the latter does not care to handle. B3 is a doctor, known throughout the French slums, as one who will always show up when he is called. He charges one dollar a call and often nothing. In fact, he is reputed to leave money frequently, instead of taking it. The children flock around him for pennies. French doctors don't come to these people unless they are told in advance that they are going to be paid. B3 is known as the only one who will come, even if he isn't paid. He makes no discrimination among the people he visits, and is thus taken advantage of.

Compensation cases are one of the principal means through which Jewish physicians get French-Canadian working people. The satisfied ones send their families and friends to the doctor. Thus, besides the immediate remuneration compensation work offers, it is a means towards enlarging one's practice.

Before the outbreak of the present war, many doctors, both French and Jewish, and more particularly the younger ones, depended upon relief work

to make a living. Relief patients were by no means desirable and were shunned by the more successful doctors. The following excerpts throw light upon this situation:-

A6 "My uncle, who is a doctor, sent me a relief patient whom he did not want to bother with. I understood why later. I treated this man exceptionally nicely because I was a young doctor and needed the money. Later on, I began to treat his whole family. They started to call me every second day, unnecessarily. I spent a lot of gas and wasbeginning to get annoyed. One day, after serving him for two years, I returned his slip and told him the reason why,--that he was calling me needlessly. What do you think he did, he turned around and called me 'Dirty Jew! '

"I made it my business to get relief slips. I was very humiliating though. But I couldn't be choosy. Beggars can't be choosers. I needed the money. A doctor who needs money has to be humble. I made about $20 a month through relief work.

"When I moved to Outremont later one I was glad to give up relief work. I found that I did not need it.

" I have established a big French-Canadian practice through the factories and through relief work."

B2 "I had a group of relief patients. I took good care of them as they were very nice to me. However, when they started to take advantage of me by calling me at unnecessary times I became fed up with them. One case, in particular, disgusted me. This particular man left his wife when their baby was two months old. He came back home with another woman who soon became pregnant and had a miscarriage. When she was in the hospital whe intimated to me, intentionally or unintentionally, that I had interfered with the pregnancy. This made me very angry and I refused to have anything further to do with them. There were other similar cases. I did not want to be mixed up with such tramps and gave up relief work. "

A5 "When I opened up my office it was at the height of the depression. My patients were mostly people on relief. A lot of doctors wouldn't handle them and thought they were doing me, a young man, a big favor by sending them to me. Others were sent by people I know in stores.

"The relief patients used to go shopping for doctors. Many changed doctors from month to month in the hope of getting more from different ones,--more attention, more pills, more medicine, etc.

"I got along very well with them. I realized that I had to be a diplomat with them because of my race. I knew many times that they had left their French doctors to come to me and I knew why. I never brought the subject up to them as I did not want to stir up hard feelings.

"The relief system of slips lends itself to endless abuse. Many of the French doctors took advantage of it and made a good deal of money. When they visited one person in the family, they got every member to sign the slip. Often I saw the French doctors hand in a slip at the end of the month with forty signatures. Some of them used to actually pay persons on relief for their slips. If the latter weren't sick and had a relief slip, they were only to glad to get 50 cents or so for their signatures and go out and buy a bottle of beer. Many times the payment to French doctors was discounted for this reason and that. I pride myself on the fact that I was always paid in full for the bill I presented.

"The greater part of my income came from relief slips. It rose steadily until 1939 and shortly after the outbreak of the war dropped suddenly since many of these people got jobs.

"As a matter of fact, I was very apprehensive about the transition for relief work formed the nucleus of my practice. However, these self-same people came to me after they started working and have brought me other patients.

"I commanded a lot of respect from them. Now I am doing very well with them."

A5 now directs his goals for a better and bigger clientele among French-Canadian groups:-

"I usually concentrate my efforts on an individual who has contacts. Now I am concentrating on a French woman who is attached to the Juvenile Court. She meets a lot of people every day. Often the children need medical attention and they send them to a private doctor. The family pays. In no less than three weeks she sent me eight cases.

"I started with the poorest French people and through them have gotten the middle class and some very fine French people."

In Montreal, accidents occur principally among French-Canadians for they form the majority of the population. Accident cases which come to the Jewish doctor are, therefore, instrumental in contacting French-Canadians. One means of getting such cases is through Jewish lawyers who have many French clients. There is not much evidence to state conclusively that lawyers and doctors of the same ethnic group cooperate in this respect, but, generally, this is said to be true. This generalization, to be valid scientifically, needs much more data than was collected in our case studies.

Friends and relatives in the two professional fields send each other cases. One lawyer said that he sends patients to those doctors who reciprocate.

A6 states:-

"My brother, a lawyer, sent me accident cases at the beginning. The first case netted me $50 for very little work. After that I never made as much on any one accident case and always felt a little peeved. I don't care for such work as it is very uncertain in remuneration. If the patient doesn't collect from the insurance company, he doesn't pay the doctor . His attitude is, that if I collect, you collect."[1]

C4 was greatly helped by his lawyer friends in starting his practice:-

"When I opened up I had a pretty hard time because I had very little money, just enough to buy a few things. Shortly afterwards my wife lost her job and it all depended on me. I called up some of my lawyer friends and said to them that I never thought that I would have to descend to this level, to ask friends to send me cases. It was a brain wave of mine and it worked out

---

1 Difficulties in collecting are very common, whether the doctor has to collect from the patient or the lawyer. There is a certain amount of antagonism between doctors and lawyers because the latter are able to twist the law to suit themselves. If the former are unfamiliar with the law, they may not get their full fee or any fee at all. Conversation about ways and means of collections in accident cases are frequent among doctors.

well. I was their medical council. I advised them whether or not to go ahead with a suit,,and how much to charge after the patient was examined for the latter often exaggerated. Thus the lawyers did not make fools of themselves in court and often enough court action was avoided.

"I was very successful at it. I made very complete reports and worked very hard. Three-quarters of my income came from the lawyers the first year.

"I gave it up after a few years because I got fed up with such kind of work."

Immigrant groups in the Jewish doctor's clientele

The Jewish doctor depends upon other nationalities, such as Italians, Greeks, Hungarians, Russians, Ukrainians, Poles, Negroes, etc. They are working class people of immigrant groups that have not as yet developed their own professionals. These people patronize Jewish doctors, rather than English or French ones, for apparently two reasons. Firslty, the ability of the doctor to speak Russian, or Hungarian, or Polish, or whatever the language of the patient is, is of great importance in such an intimate relationship to the immigrant person. D1 had only Hungarian patients the first few years of his practice. His family is from Hungary. He was able to speak enough of the language to give them medical service.

Secondly, the Jewish doctor, by virtue of his poorer background and his experience of discrimination, has more in common with people of other minority groups than either the English or French doctor.

A5 and A6 treat immigrant patients:-

A5 "These foreigners come to me for everything from childbirth on. So do the French people, of course. Usually, with many who cannot speak English, we have an interpreter.

"Now there are appearing doctors of their own language. This similarity in language is a strong bond between doctor and patient."

A6 "I began getting Italian patients through an Italian in a factory who was satisfied with my services. He sent me his father and the rest of his relatives. I also have a few Greek patients through my brother who is a lawyer. I expect to get more as a few form a nucleus. Each patient sends others. Negroes also come to me. The first negro patient I had was a relief patient. Through him, I am getting others."

English patients

English people of the lower middle and working classes patronize the Jewish doctor. Reasons for the preference of certain sections of English people of Jewish doctors as over against their own arenot so clear as in the case of the French people. Three causes for this preference emerge from the case histor-

ies but only the third is stated conclusively:-[1]

1. A few doctors stated that Jewish doctors tend to be more sympathetic towards and understanding of the patients than English ones. C5, who has a very select English clientele, states:-

"Why do these rich Gentiles come to me in preference to their English doctors? Because the latter haven't a feeling for their patients, an understanding of them."

D3 thinks that the Jewish doctor is more conscientious and more gentle in his approach to the patient; that he is more guarded in his attitude; and that he is not as brutally frank as the English one.

This lack of feeling or consideration for the patient cannot be taken at its face value, but lies deeper in the attitude of the doctor. English doctors are no doubt as considerate and thoughtful as any other doctor but they probably are more selective of the class of patient they have. The English patients that the Jewish doctor has are mainly of the lower classes.[2] The English doctor's attitude toward them may be condescending or their medical advice to them may not take into account their economic status. The interests of the upper class doctor and his working class patient are miles apart and conflict;-

E2 "A Gentile patient of mine, who likes me very much, told me that her English doctor used to talk to her on a high plane; as if she did not mean anything at all, and as if she didn' t know anything."

B1 "My English patients feel that they don't get as much attention from an English doctor as from a Jewish doctor. For example, if the former gets a call in the morning, he will come at night. Most English doctors are from rich families and are very independent."

Another factor is the greater independence of the English doctors, financially and socially, as compared to the Jewish ones. Naturally, the more independent the doctor is, the more he adapts his role to suit himself.

2. The Jewish general practitioner appears to charge less than the English one. Some of the doctors stated that their English patients usually remark

---

1 Another means of contacting Gentile patients is discussed under the section on Treatment of venereal disease.

2 C5 is an exception.

how small the doctor's bill is.

There are working class English people in the North end section of the city who are very poor payers. Almost every second doctor has had some experience with this group. They call Jewish doctors because they pay them very little and get away with it; or because they manage to get out of paying altogether; or because their English doctors know what they are like and won't accept their calls.

B2 "I moved away from St. Viateur and Park Avenue for several reasons. I was getting all of my business from the factory. My eggs were all in one basket. I was not getting any practice from the neighbourhood. To avoid any catastrophre in case I lost the factory, I wanted to get more practice.

"Then I was starting to get a type of patient that I didn't relish very much, mostly from the district belo Park Avenue. A neighbour of a woman I had treated called me. I told her that my fee was $3.00. She offered to pay pay $1.00. Then a minute later she decided she would pay me 50¢. I was getting very angery. Then she wanted to dump all the change she had into my hand. I told her off very harshly, saying that I was not asking for charity, that if she could not afford to pay, not to pay at all. From her I went to a neighbour who recommended and gave her a piece of my mind for placing such a low value on medical men.

"I had other similar cases and I decided to move away. Now when they call me, they pay me my full fee, $3.00. I try to weed out the bad pears. When I know some person really hasn't the money, I don't ask for my usual fee. But when the people can afford the fee, and try to get out of paying it, I am very annoyed."

In other words, patients that are not desirable because of low economic status, or bad paying habits, tend to be selected to a marginal doctor who is less independent than the English doctor in choosing his patients.

3. Although the neighbourhood basis of medical practice is rapidly vanishing due to the development of rapid transportation, mobility of the population, and specialization within the profession, locality still yields to the general practitioner a considerable amount of his practice.

Almost every doctor interviewed has patients that come from all parts of the city; yet more than a third stated that the start and growth of their practice depended upon people in the immediate vicinity.

The majority of doctors who depend upon a Gentile practice exclusively live away from the second area of Jewish settlement. But not all who have a Gentileclientele live outside of the Jewish district.

Nine of the doctors consciously moved away from the Jewish district to Westmount, Outremont and the rapidly expanding Snowdon district, and to Verdun. They tend to have an almost exclusively Gentile clientele. In Westmount, they are mainly English people; in Outremont and in Snowdon, English, French and Jewish.

Location of the doctor's office

Locality is one of the factors which defines the specific role each doctor has in two ways, firstly, by attracting patients of a certain nationality and class in the vicinity and thus creating problems[1] which another nationality or class of people do not present; and secondly, by affecting his status. Also, locality may influence the doctor's scale of fees.

In the case of B7, whose office is in the heart of the business district, locality is the chief determinant of the type of work and the patients he has; and the hours he keeps:-

"I didn't do well uptown and after two years decided to move downtown....

"Most of my work is done around this district, and a good part of it right in the office. I come here at 9 A. M. and stay till 6.30 P.M. In the summertime I get down at 8 A. M. and leave on Saturdays at 2 P.M. I am not back until Monday morning. Perhaps a case might come up which is worth more than the previous five and a half days work but the chances are that it won't. If I stay in one Saturday afternoon and find it worthwhile then I stay the following five or six Saturdays and I am usually sorry for nothing turns up.

"People know that I am here most of the day and hence drop in at their own convenience. They don't make appointments. If I am not here people will wait ten or fifteen minutes and then go next door to the other doctor.

"I do mostly factory work,--cuts, abcesses, infections and so on....

"People come to me for all sorts of things, even loans. A few minutes ago a patient, very secretively, showed me a medicine which is used for abortions. But since it said on the label not to take without the advice of a doctor she came to me to find out if it was alright. I told her I couldn't advise her about it. I get a lot of drug addicts dropping in. A very handsome fellow from Toronto came in the other day and asked for a shot of morphine as he was short of it. You never know if these people are legitimate or just trying to make a case on you. These drug addicts are regular lawyers,--they say that as long as I don't give them anything to take away I won't get into any trouble.

"If I get a call, I go out very reluctantlybbecause there is likely to be something better here. If I visit someone with a cold I will perhaps get $2 and perhaps I won't.... the time spent getting thereand back does not pay me. It pays me better to wait around here. I don't have a shingle at home because I would get more outside calls and right now I can't handle them..

"The bulk of my practice is made up of local working people. A great number of them are French working girls. Others drop in because they see a

---

1 To be discussed below.

sign up and they remember when they are sick or when a friend becomes sick. All nationalities come to me,--Syrians, Greeks, Armenians, etc.

"A lot of people don't know of any doctor because they are from out-of-town. Many have gotten my name through the yellow pages of the telephone book when they have looked for the nearest doctor in the neighbourhood. If my name started with Z I am sure that I wouldn't get many of the calls that come my way.

"Often I get phoney calls. For a reason I don't know of , people call and give me a phoney address. The result is now that if I get a call from people I don't know, I just don't go.

"I get people from countries thirty and forty miles out, who are recommended by patients of mine in hotels around here and in other places.

"Some of my patients are very poor; some are very rich and pay very well, e.g., a club owner and a broker.

"When I was in practice downtown for a short while and I was doing well, people talked about it. A friend of mine was very frank, saying that she was happy I was doing well, but that the only way a young doctor can do well is to do abortions. She was sorry that I had to do so, etc. I tried to convince her that she was wrong."

This doctor's role is completely different from any of the others' interviewed. It has the aspect of a purely business role, where contacts are casual and impersonal and changing, and where the money-making aim is most clearly expressed. His hours are business ones and his leisure time is his own. It appears, too, from other statements he made, that his interest in the medical profession is at a minimum. It is interesting to note that his role is unfavorably defined by the ethnic community.

C4's office is downtown, farther north than B7's, but not in the Medical Arts or Dental-Medical Building. He definitely does not depend upon the locality and does not allow the type of people in that district to influence his role:-

"I long ago gave up going to patients around here. When they call, I ask them what it is for and then say that I don't do that kind of work. I used to go to them formerly because I thought it was my duty as a doctor but I stopped when I found out that the two Gentile doctors in this district don't accept such calls. If Gentile doctors don't look after their own people, I don't have to be holier than the pope. They never pay for they are not in the habit of paying for anything. The people in this district who are my patients were recommended by patients of mine in another district.

Of the doctors who have their offices in outlying districts, such as Westmount, Cote des Neiges, and Verdun, the majority admit their desire to get away from the type of practice they would have up North, or in the Jewish

district. Dependence upon the locality in this district is limited by the fact that there is a surplus of doctors for the population. B2 states that he moved to a new district and he gives some insights on how a doctor's practice grows in the locality in which he has his office:-

"This district I moved to is growing. The first cases I got around here were emergency ones.[1] Then these same people came to me for colds, bruises, appendicities, etc.

"In this district, we doctors are not in competition. When one of us goes on vacation, the other looks after his practice. Their patients will not come to me, but they may send me other patients.

"In this district, I have gotten patients from out of the blue sky, seemingly. The Christians here are well-to-do.

"Then there is the drug store which might send you patients.

"Then I have done some subtle advertising. My sign lights up at night. There is a street car stop right outside my door. In case of an emergency, people have me in mind. They remember that I am nearby."

B4 moved downtown because he didn't care to have a society practice, or to try and get one. C3 felt that he could not compete for a society practice:-

"I opened up my office in Snowdon, which was a new district and where there were hardly any Jews. I didn't want to open up North since the majority of Jewish doctors were practising there. The majority were after society practice which I shied away from.

"At the beginning of my practice, I had very few patients. It took me five years to get going. I had an almost completely Gentile clientele."

C5 stated that, if he had depended upon his family contacts, his practice would have been in the second area of Jewish settlement. As it is, his office is in the exclusive residential area of the wealthy English people, and he has a much more desirable clientele than the doctors in the Jewish section.[2]

C6 insisted that it was not because of the keen competition up North that he preferred to start his practice in Westmount, but because he was too intimately known by many people.[3] This locality, he admits, gave him a better type of clientele because the population is well off.

---

1 This is the usual reason for calling a doctor close by for the first time.

2 The locality is not the reason for his desirable clientele but it is associated with it, i.e., such a clientele necessitates such a locality.

3 See quotation on page 105.

In spite of the fact that the Jewish doctor's practice carries him out of the ethnic community, the majority are keenly conscious of their status within it. In most cases where the majority or a large number of patients are Gentile, the doctors are given explicit and implicit recognition by the F Hospital and hence by the Jewish community.[1]

The doctor's desire to have a high status within the ethnic group may be explained in two ways. Firstly, it is his consensus group, the group in which he had his primary contacts and to which he is bound by sympathy and common customs and interests. His wish to have this recognition may be likened to the homecoming of a boy who has 'made good' in the world and who expects his family to accord him the same status that he has in the outside world. If the family does not live up to this expectation he is very offended. Secondly, although he may have considerable prestige among many Gentile people, the Jewish doctor is very seldom accepted by the Gentile medical institutions. Even where he is given official recognition by these institutions, his role in them is not the same as that of a Gentile doctor. For example, C5, one of the few doctors having a rich English clientele, and having entrees to any hospital he desires, nevertheless prefers to be on the staff of only the ethnic hospital, where he is accepted without any reservations as to his ethnic identity. He is a marginal personality by virtue of his training and education in a Gentile community. Whether he wills it or not, the role he plays in the Jewish community is the most meaningful one for his prestige.

Thus, we maintain that the Jewish doctor really uses the Gentile groups to attain his various goals and to further his career within the ethnic community and in the larger community.

Prestige in the larger community heightens it considerably in the smaller community. When a Jewish doctor is able to stand on his own

---

1 Jewish doctors have status in the Jewish community in two ways, firstly

(continued on next page)

feet, when he can afford to be independent of the help of the Jewish people, his status is much higher in their opinion. Their attitude towards a doctor whom they know they are helping along is patronizing; towards one who is successful, much more respectful, e.g., A6 states:-

"I make a living and this places me in a high position immediately. One of the members of a large society I now have said of me before I became their doctor, "This doctor, he makes a living without us." Thus my prestige is considerably higher."

Whether the doctor desires it or not, he is claimed by the ethnic group when he becomes successful. Success brings the Jewish patient for two reasons, firstly, his own prestige is heightened when he goes to a successful man; secondly, he has more confidence in the doctor.[1]

Some doctors say openly that they desire to have more Jewish patients, to get more recognition from the Jewish community. They are referring, of course, to Jewish people who can afford to pay for a doctor's private services. C3, in practice over ten years, depended formerly entirely upon Gentile patients and has just started to specialize because of his opportunities at the F Hospital. He states:

"I have about 25% Jewish patients and now more and more are making me their doctor. I prefer having Jewish patients and hope to get more of them because they pay better than my Gentile ones."

C2 "I could mention half a dozen men who depend on Gentile clients and are now looking for Jewish ones. They found that English patients are no panacea,--they never finish with the doctor, they run up big bills and in the end do not pay."[2]

Six doctors have status entirely outside of the Jewish community. Their type of practice is such, and their hospital and other associations in it are so limited, that they will probably never gain medical recognition within it. Four of the doctors appear to be very self-conscious of their

---

(continued from preceding page)
by being on the staff of the F Hospital; secondly, by having a Jewish clientele. These two factors usually go together, but status in the hospital does not necessarily mean a Jewish clientele.

1 To be discussed below

2 A discussion of the differences between Jewish and Gentile patients will bring this point up again.

separation from the Jewish community.

E2 says of a Jewish doctor who has no Jewish patients:-

"This doctor was a classmate of mine. He acts just like a 'goy' . He changed his name and opened up in Westmount. I asked him if he was glad that he had no Jewish patients and he answered that he wished he had more of them.
"He talks about his patients the same condescending way the Gentile doctors do, "The poor girl,--" That's the way they talk."

Wealth of patients

Doctors prefer to have wealthy patients because they pay better, enable them to have a better standard of living and a higher status. They are less bother, e.g., when a doctor recommends tests, X-rays, or hospitalization, the wealthier patients will follow his advice without much ado. The poorer ones take much longer to decide because of the financial burden involved. With the latter, a doctor has to try to accomplish the same treatment without the above aids.

Two of the doctors interviewed have a wealthy clientele. The majority have patients of the middle and lower classes. Most doctors, of course, have a few rich patients, and are very glad and proud of the fact.[1] Since so many patients do not pay, or pay very little, a few rich patients mean a great deal to the income of the doctor.

Until recently, rich Jews tended to go to well-known Gentile practitioners and many still do. Now, with their own doctors becoming well-known and becoming specialists, they are redefining their attitudes towards them and are patronizing them.

Physician-patient relationships

Problems confronted by the Jewish physician vary with the different patients he serves. Patterns of responses of the physician toward the patient and vice versa may conflict because the expectations of the behaviour of the doctor and the patient as defined by the medical profession are not similarly

---

1 B4, who has his office downtown, and has a very varied practice, both as to nationality and class, states that he has three rich English patients in Model City:- "One of my patients, who was very satisfied with me, has a sister who lives on Bernard and whose baby I treat. Her brother-in-law is the head of a large cartage firm and is very rich. He is my patient now and so are two of his friends living nearby. Socially they probably would not have anything to do with me. When they call me, they forget that I am Jewish."

defined by the patient.

The status and role of a doctor, and of different doctors, are interpreted in various ways by the various ethnic groups and classes of people treated. The majority of doctors interviewed distinguish quite clearly between Jewish and Gentile patients. Although reports of the characteristics of each do not always agree, some pretty clear-cut generalizations emerge.

Jewish doctor-Jewish patient relationships are highly coloured ethnically. The Jews, generally speaking, are very excitable, given more than Gentiles to acting with a great sense of urgency in all kinds of situations. This trait is not a native or 'racial' one, but one due to the peculiar social conditions governing the existence of the Jews. Their background of persecution, and their relatively greater difficulty in the struggle for existence, as compared to their Gentile neighbours has resulted in greater concern over the problems of every day life. Coupled with their traditional interest in healing, this characteristic influences their attitude towards doctors and their behaviour as patients:-

E2 "Jewish people are very impatient when they call you to come. It is a most maddening thing to be rushed. A Gentile won't call up and say, 'Doctor, come right away, the patient is dying!' A Jew will say that and similar things when they are quite unnecessary.

"They call you and in a few hours they cancel it. Or they keep phoning and pestering you. Sometimes, in an accident, all the neighbours rush in and each woman calls a doctor. It is a shameful thing. I've been at calls where five doctors come at once. It never happens among 'goyim.' In an urgent call once, another doctor rang the bell the minute after I got in. The people of the house practically shut the door in his face. They don't care about degrading the doctor. Sometimes the doctor who comes after another is there comes inside and raises heck; and people deserve it, for they are absolutely heartless.

"The situation is changing, but at the present moment it is a great strain to treat Jewish patients. They are difficult to handle. Their attitude towards being sick is highly emotional. Jewish people are very morbid and introspective. In contrast I think of one of my Gentile patients, an old lady of seventy-six, who is extremely cheerful even though she has to stay in bed all the time."

B4, whose practice is mainly in his downtown office, states:-

"When a Jew has a cough, he wants to call out the marines, or have the doctor come up on a fire truck. I cannot keep a Jewish patient long. His national characteristics do not fit in with my life. I can lose more by going uptown to see a Jewish patient than by staying in my office and seeing patients."

The majority of doctors discussed the attributes of their Jewish patients, many without being asked to. C7 started to talk about this aspect of a Jewish doctor's adjustment almost immediately, rationalizing the behaviour of Jewish patients on the basis of their ignorance of the customs of the country and their background of persecution. He explains the dissatisfaction of Jewish doctors with Jewish patients as a cultural conflict:-

"A patient is a patient and a patient is privileged. One has to understand that different things are a product of environment. The Jews are a class of people who find that the only way the get anything out of life is by insisting on and demanding things.

"The people from the other side are not used to mechanical conveniences. That is why they call you fifty-nine times and tell you again and again that there house is on such and such a corner.

"It is sometimes terribly annoying. The Jewish boys brought up here are somewhat anglicized. The fact that you can explain such a thing doesn't mean it becomes easy. A lot of the boys are trying very hard to be English, to talk without gesticulation, to take things calmly without displaying emotion, not to be too eager, etc.

"The Jew from the other side is much more concerned when his child gets sick than an English person. By upbringing and temperament they are more emotional. They had to make an awful fuss to get anything.

"You can't blame them if they are not as sure of the telephone as a means of communication as you are. They feel somehow that the operator is going to make a mistake. They are not so sure that they gave the right number to the doctor. The best way for them to do things is to come and ring the doctor's bell. The doctor thus feels that he is dealing with uncivilized people. It annoys me very much even though I understand it. Sometimes I try to educate them.

"This hurry-up business is a sad business. It is a go-getter business. Once we realize their background of persecution, we understand this attitude in immigrant Jews. Every fifty years or so they were cleaned up. They are nervous. They go after things with too much aggressiveness.

"The Jewish doctor usually deals with the poorer Jewish people for the richer ones go to Gentile doctors. Further, he was handicapped previously without a hospital. He acquires English culture and finds thathe has to deal with people with coarser manners.

"I prefer practice among Gentile people for it is easier and not so exacting. They are not so panicky about things as the Jews are. The worst part in treating the latter is that the responsibility is terrific. If the child doesn't get well, or if the patient dies, the doctor practically has to leave town."

B5 contrasts the attitude towards sickness, and the manner of speaking of an English professional and a Jewish one:-

"During the same day I got a call from an English lawyer and a Jewish one. The former said, 'Would you be able to drop by some time today to sound me out? I am not feeling so well.' The latter said, 'My mother is very sick. Come right away, Doctor! ' As it happened, the English lawyer was seriously ill, whereas nothing much was wrong with the Jewish lawyer's mother."

The tendency of Jews to demand that the doctor come as soon as they call him , and to go as far very frequently, in stating that it is an emergency when it is not is very common. Many of the doctors say that when Jewish people call them for an emergency they do not rush unless they know the people. Or they warn their patients not to do it again, for the next time they will not rush and it might be an emergency.

Jewish people expect more in the way of attention from doctors than do Gentiles. They want the doctor at their convenience, not at his:-

C5 "I don't like to handle Jewish people. They think they 'own' the doctor. They want him to rush over when they call him, they tell me what to do and what certificates to sign. At first, when a Jewish patient calls, and hears that he has to wait ten days for an appointment, he raises an awful fuss. Imagine keeping him waiting so long. I tell him to go to another doctor. After a while, he comes back to me and doesn't mind waiting.

"I treat the X family. They're alright. They're cosmopolitan and know about the physician-patient relationship. The other Jews are newly rich and haven't learned yet.

"The average Jewish doctor thinks too much of pleasing the patient. It is up to him to demand the proper behaviour from the patient."

Gentile people are more considerate of the personal life of the doctor than Jewish people. Jews like the doctor to come to them; Gentiles will visit the doctor at his office if they are at all able to. This trait is common to sick benefit society members, who treat the doctor as if he is at their beck and call. Its persistence among the Jewish group may be ascribed to the fact that, at one time, all immigrant Jews belonged to societies.

A common occurrence which annoys most doctors, in referring to their Jewish patients, is this: Someone in the family is sick all day, or even for a couple of days, and then suddenly they decide to call the doctor late at night or in the middle of the night to come urgently. When they decide to have the doctor, they want him right away: even though they could easily have called him at a time more convenient to him:-

E2 "They do not think anything of calling you late at night when they can easily call you earlier. When Gentiles call up, they ask, 'Will you please come up?' Jewish patients put the emphasis on when you will come. 'What time will you come?' they insist.

"I don't try to educate them at all. It is too difficult.

"Right now I have reached the stage where I can be more independent. I

make calls at my own convenience. If they don't like it, they call back that I shouldn't come. Often that means that they have called another doctor.

"Gentile people are more considerate. If it's late they say they are sorry to disturb the doctor; they don't keep on calling and hounding him."

Jewish people display greater interest in health than do Gentiles. This interest accounts for their greater concern over sickness and their insatiable curiosity in the whys and wherefores of various illnesses. Much of the conversation of Jewish women, particularly of the older generation is about the illnesses of different people, particularly themselves, and about the ability of different doctors.

Jews call a doctor more readily than Gentiles:-

B1 "Gentiles are not as conscious of giving themselves and their children good medical care as Jews are. The former are becoming more conscious of medical care now."

B4 "Jews don't wait when they get sick. 'Goyim' will wait until they are half dead."

This curiosity in health makes the patients ask a lot of questions and the doctor feels in many cases that the patient is suspicious of him. A Gentile patient will ask the doctor to fix him up. A Jewish patient will immediately ask what's wrong:-

E2 "Jewish people want to know everything; they always hold a threat of a specialist over your head. When you treat one member of the family, you treat the whole family. Their attitude of suspicion towards physicians is perhaps due to centuries of oppression. Perhaps suspicious is not the right word to use. They try to get as much out of you as possible; out of life, for that matter."

E1, who is greatly dissatisfied with his personal and professional life, shows open dissatisfaction with Jewish patients. Most of his antagonism is due to his failure in his career, to an attempt to blame his failure on his Jewish origin:-

"The Jewish patients are always suspicious. They don't know what to ask and are always questioning. In small towns, they respected learning. Having come to Montreal, they have acquired money and become arrogant. Those that haven't gained sufficient confidence in a Jewish doctor after years of experience are always asking for specialists. Those with money do go to specialists. I am referring to Jews from the other side and also to a good many Montreal-born Jewish women.

"What is it? They want to get a medical explanation and are very annoy-

ing in this respect. If you give it to them they do not understand a word and ask you again next time. Or they get their son or daughter to call you by phone, asking, 'What is it you said my mother had?'"

A4 "Jewish patients are ready to make their own diagnoses. They know what specialist to go to and when. They don't ask the advice of their family physician. If they have a difference of opinion with their family physician they will do as they see best. A Gentile has the attitude that the doctor knows best and will leave it up to him.

"I cannot walk into see a Jewish patient who is running a temperature of 102 degrees, give him a medicine, and tell him that I will pass around the following day. He will not be satisfied with such straightforward behaviour. He will ask all sorts of questions, 'What complications will ensue? Do I need a specialist?' etc. This attitude makes me very angry. Many Jewish people go to Gentile doctors; pay a higher fee more willingly; and the latter do not seem to have the same difficulty with the former as do the Jewish doctors.

"There is nothing a doctor likes better than being trusted by his patients. Gentiles are more loyal to their doctor than are Jews. I have had only one or two Jews, who, when I suggest tests, say to me, 'You are the doctor. Go ahead with what you think is best.' Most of them say, 'Is the X-ray or test absolutely necessary?' "

Gentile patients place more trust in their doctors and are more loyal to them than Jewish ones, according to the majority of the doctors:-

B6 "'Goyish' people have implicit faith in you, Jewish don't. I had two similar cases in one week. Both men were cutters, working side by side, one Jewish and one Gentile. Both had exactly the same injury. I saw one 8 times and the other 10. The English chap came in, was treated and took things as a matter of course. He didn't ask any questions and said that he would be back. The Jewish one came in, looked around nervously at my office and my degrees, and said, 'Are you out a long time, Doctor? Do you think I ought to have a specialist?' I was sarcastic, but not angry, 'I'm just out of college and have just opened up. But don't worry, you will survive."

Jews demand and expect better medical service than Gentiles:

G7 "The Jewish doctor who has had a little bit of training with Jewish people has to be good. If he isn't he is liable to be run out of town."

C6 "With Jewish patients you have to tow the mark more than with Gentiles."

E1 "It is impossible to please Jewish patients."

The task of the doctor is greater with a Jewish patient because of the greater responsibility involved:-

E2 "It is hard enough to diagnose and treat a case; and yet with Jewish patients we have to put up with a tremendous responsibility. Having Gentile patients means that much of the aggravation is removed."

The young physician is not given the same respect or trusted as much as the older one who has made his reputation. The ethnic group, knowing the doctor, intimately, or all about him, know how young he is, when he started

practice, etc. Particularly when it comes to payment are young physicians taken advantage of:-

A4 "Many of my Gentile patients have expressed amazement at my youth. When Jewish patients see a young man, they practically insult me by offering me one dollar. They say that they have a lot of friends and that they will send me a lot of patients. I usually tell them that my fee is three dollars and that I am not as young as I look."

A6 "People don't think much of interns, and even of residents. As they say of a resident, 'Why, last year, he only worked in an ambulance!' A young doctor has to stand for a lot of this sort of attitude. He is not supposed to know much. When a young physician charges what an older man is charging, which is not much, he is scoffed at..."

Shopping among doctors is very common in the Jewish group in Montreal. It is interpreted differently by different doctors, but usually as an index of a lack of loyalty on the part of patients to their doctor. Naturally doctors prefer patients who stay with them, who leave it to their judgment to call in a consultant, and so on. From a medical point of view, it is very interesting and advantageous to the doctor to follow up a case; and from an economic point of view, it is more profitable. This habit can be attributed to the ignorance of professional standards in an unassimilated group of people. It arises also out of their experience with society doctors. Among society members the pattern of calling in another doctor at the least pretext exists. It is also due to their continual search after better medical service. D2 tells a story about a Jewish patient that can be regarded as typical of the attitude of Jewish people:-

"If the course of recovery isn't as smooth as expected, a Jewish patient is likely to call another doctor. A Jewish woman I know was in the habit of calling different doctors all the time. Once she called me. Then she called in another doctor on the same case. Then she called me back. I asked her why it was necessary to have so many doctors. She answered, in Jewish, 'If my family is sick, then there aren't enough doctors in the city for me!'"

E2 "Jewish people often call another doctor after you've been there. Ethically, the second doctor, knowing that another doctor saw the case, is supposed to call up the latter and let him know. But this occurrence is so common because there are so many doctors that you can't keep track of those who have been there before you. All the doctor wishes is that the incoming one should not knock the other's prescriptions if he finds them around the home. Some doctors have been known to throw another's out of the window. On the whole, however, doctors are quite ethical.

E1 accuses Jewish people, for whom he has done a lot, of ingratitude, because they go to other doctors:-

"In all the cases of the Gentiles whom I have kept, they have remained with me after the first successful case. Not so with Jews."

Three of the doctors interviewed, who have very large Jewish clienteles, rationalize concerning the different characteristics of Jewish patients in the following ways:-

E4 "Jewish patients show a little more intelligent interest in their health. Why should they do whatever the doctor tells them to. He is no God. The other doctors complain about the lack of loyalty of Jewish patients. They don't understand that it is just because the Jew is more interested in his health than the Gentile is. I give my Jewish patients all the consultants they want."

C2 "In the case of a serious illness, society patients have the society doctor call in a consultant, or they call in another doctor themselves. Some of them come to me. That doesn't mean that they give up their society doctor. They may come with something the society doctor hasn't gotten results on and afterwards they call the latter again. The same thing happens to me when I don't get results quickly. The patient wants a consultant or calls in another doctor.

"I like my Jewish patients. As I get older and get more experience I realize more that it makes no difference whether patients are Jews or Gentiles. Those doctors who have had more experience say that they are about the same.

"A Jewish patient may call me and the following day or week another doctor, and then still another. Then about a month later he may call me again. If a Gentile patient switches his doctor he switches for good. But he does not switch quickly.

"If a Jewish patient calls in another doctor, it it not meant to be derogatory to the first one. He is just looking around for better results. This idea that Gentiles trust you implicitly is hooey. The old idea that the doctor is omniscient has passed. Implicit trust does not depend on race, but on the experience of the patient with the doctor. I know how Jewish people feel; they want to get results and why not? They are entitled to their money's worth.

"A Jewish patient feels he has called you, paid you and finished the transaction. He doesn't feel tied up with any loyalty. A Gentile patient, when he changes his doctor, calls up the original one and says, "Look here, we don't need your services any more."

"Personally, I'd just as soon have it the first way. A patient is never lost. Naturally, a doctor may feel that people are ungrateful after all he has done for them. But that's the way people are now. They criticize him, ask him a lot of questions and put him through a regular third degree."

Remuneration

In our society the remuneration of the professional is closely tied up with his status. Income is of paramount importance in determining the status of a doctor not only because of the significance of material returns in our

society, but because it is associated with his accomplishments and recognition in the medical profession.

Discussions of income and of fees are fairly common in the case studies. Very few of the doctors have reached the peak of satisfaction with their income. Where they are not doing as well financially as they think they should, they say so quite openly. Some of the doctors, particularly the younger ones, specify the annual increase in their income since starting their practice as an index of their success.

One of the most sensitive issues that arises often between doctor and patient is over payment. It is of very great concern to the doctor when the patient bargains down his fees, or when he is not paid, for it is a blow to his respect, and because his reputation varies according to the fee paid:-

B7 "The older generation have a habit which is most annoying. After my visit is over, they slip me a crushed-up bill, without asking what they owe me. Younger people will ask outright what they owe me. This occurrence embarrassed me greatly during my first year of practice. I felt as if I were sneaking out of the house afterwards. Getting into my car, I had the courage to open up the bill and see what it was.

"Now I act in the following manner. I open up the bill immediately in a noticeable way, using both hands. Upon seeing the amount which is always less than my fee, I say, 'There must be some mistake here for my fee for this call is $2. Now you owe me $1.' Sometimes I get more. Often I don't. I found that the firmer and harder I am, the nicer they are to me for they feel insulted."

Although there are conflicting reports on the paying habits of different groups, two conclusions may be drawn, the second only as a tentative proposal, requiring further investigation. (1) The Jewish doctor's Jewish patients, as a whole, pay better than his Gentile patients. Gentiles tend to run up bills and in the end do not pay. However, the Jews are more of a bargaining people, traditionally. Haggling on the part of Jewish

patients is a source of annoyance to the doctor.[1] Gentiles either pay the whole amount or do not pay at all. A4 is very concerned when his fees are bargained down, for he feels that he can judge a person's circumstances and charge accordingly:-

"Some of my Gentile patients have expressed amazement that my fees are so low. They pay better and are more loyal than my Jewish patients..

"I see one of my patients, who is not very well off, once every three months. For an X-ray, test, etc, I charge him $12. The first time he told me that he used to pay $25 for the same thing to another doctor. I don't charge him more because even the $12 is a strain on him. He pays me, even though late.

"I gave the same treatment to a girl in a family I was looking after. The first time she paid me she sent me a note saying how glad she was that I was so reasonable. This shows that there are patients who expect to pay more.

"A fellow came in the other day with a sore back. I happen to know that he has been working only for about a year. Hence I charged him only for the X-ray. He insisted that he wanted to pay in full for he was able to. So I charged him $3 more.

"I don't find this attitude among Jews. Quite the reverse. I sent a bill for $15 to a poor Jewish family. It was below my usual fee and I told them that. I must have averaged about $1.50 a visit. They sent me back a cheque for $10 with a note, Paid in full, on the back. I don't think that was very nice of them.

"Of course there are many Jews who are not like that, but we can expect it more often of them than of Gentiles."

B6 states that his French patients are more direct in the matter of payment than his Jewish ones.[1]

Because of their greater respect for specialists than general practitioners, Jewish people, even when they are very poor, will readily pay five or ten dollars to the specialist and not pay the general practitioner. Also, it works out, in comformity with this greater respect for the doctor whose fees are higher, that the stricter the doctor is about payment, the more he insists on getting his full fee, the more he is respected.

(2) The paying habits and paying ability of people are directly related to their class rather than to their ethnic origin. As it happens, Jewish patients tend to be of a higher income group than Gentile patients. Naturally, the former can afford to pay more. In view of the conflicting reports on the paying habits of different groups, it is not justifiable to make comparisons without further investigation.

---

1 See Appendix, Case B6, p.(xxxi), for more on the paying habits of Jews.

The Jewish doctor's practice

Intensified competition, in a subordinate minority group, resulting from its more limited opportunities in the division of labour, can have various repercussions. The demands of practice may be more exacting to the Jewish professional than to the English professional. An exaggerated tendency towards specialization may arise as a means of controlling competition. Always, the ethical problem is more complicated.

Ethics

Ethics are related to a small extent to ethnic origin insofar as different groups impose different values, attitudes and ways of behaving upon their members. However, assimilation to a professional culture implies a breakaway from the ethnic culture. The extent of such assimilation varies with different individuals but it does not determine basically the ethical behaviour of the professionals. The assumption is made that ethics are basically related to the intensity of the struggle to earn a living. In Montreal, since English, French and Jewish doctors face different problems in this regard, ethical practices come to be associated with ethnic identity.

Our information on unethical behaviour among Jewish doctors was so scanty that no satisfactory generalizations can be made. In the opinion of the writer, G7's discussion of the ethics of the English, Jewish and French doctors in Montreal is quite authoritative:-

"The Gentile physician is more tactful and has a better manner. He may mean exactly the same thing the Jewish doctor means but he says it in a much nicer way. The Jewish doctor, in referring to another doctor's diagnosis will say, abruptly, 'I don't agree.' The English one will say, ' It did not impress me that way,' or 'Do you really think so?' A Jewish person would not spot an unethical statement of an English doctor but an English person would.

"A lot of the Jewish boys are from poor homes. Compared to the Gentiles the percentage is much higher. The struggle to earn a living is very keen for them. They just have to make good. They can't sit there for 10 or 15 years and be supported by their father or father-in-law. They have to get out and do something. Under difficult economic circumstances, the fight to make a living is harder. The Jewish doctors are not going to lay down on the job and be defeated. I don't blame anyone resorting to such devices as clinics when they are not making a living. I blame those who will still do such things when they are piling up a lot of money.

"In ethics, in my opinion, the English physician comes first, next the Jewish one and lastly the French one. When a Jewish doctor opens an office, he may put an announcement in the Jewish paper. An English one will never do any kind of advertising; whereas a French one will go to the opposite

extreme, advertising directly in the newspapers, stating all kinds of specialties. Also, on their signs are always a notice of where they interned. This is a most disgusting practice. Internship doesn't mean anything. Why, if I'd put a list of my internships along with my sign, it would have to be 10 times as long and then they'd think I was a professor.

"A Jewish doctor will invite people he knows to parties and dinners, or rather his wife will do it for him. He may open all kinds of clinics, -- baby clinics, and what nots, charging $.50 to $1 a person. He contracts cases for a whole year. To an English doctor such things are foreign. All he knows is that each visit means a certain fee. There is no such thing as making three visits for the price of two.

"Jewish doctors who have to support a family will charge less to get a patient. An English doctor will never charge less.

"French doctors will go to the limit in unethical practices,--advertising freely, giving useless injections to keep people coming back. They give injections and treatments for such ridiculous prices as 50¢ and 75¢. They will make calls for $1. Many are on relief for $18 a week. Why can't they earn at least $18 a week? There's an awful lot going on on the other side of Main Street that should be investigated."

Unethical practices, from the point of view of the profession, which are ordinairily resorted to are the following:-

1. Advertising is the most common form. Among Jewish immigrants advertising their professional son is quite permissible and frequently indulged in. The practices of the doctor himself are, however, more restrained, and indirect, such as entertaining people; submerging one's true feelings towards various people (the personal role) in order to be friendly to all and thus become more widely known (the medical role); lecturing to lay groups and similar activities.

Strictly speaking, from the point of view of the profession, any advertising is considered unethical. In practice, different forms of advertising are implicity sanctioned. The more professionalized the doctor is, the less advertising he does, e.g., the sign on the door or window of a doctor's office tends to become less conspicuous with the more highly professionalized men.

2. Criticism of other doctors in the presence o f patients was more frequent and more unguarded in the past than now. Greater community of feeling arose among the Jewish doctors as they began to act collectively, e.g., through the Montreal Clinical Society, the Jewish hospital, and through meetings of small groups of doctors. E4 states, in this respect, "The hospital has

improved the morale of the doctors. They talk less indiscriminately than they used to about each other. I guess it is just the fear that something might be done about it." In other words, control over the activity of members of a profession becomes more effective with institutional development and a common meeting place.

3. Dispensing cheap medical service by means of clinics and contract work. (See C7, above)

4. Unethical behaviour in competition for society positions. (Chapter V)

5. Overcharging, (a) in relief work (Chapter V); and in compensation work, by seeing patients more often than medically necessary, e.g., B5 states:-

I am now looking after the workers in a fur factory which previously employed a French doctor. The board found that he saw each patient about ten times and that his bill was extraordinairily high. They asked the employer to call in another doctor without the knowledge of the first, if a patient was seen more than twice."

(c) in insurance work. C1 states that he finds that Jewish doctors overcharge insurance companies but C8, who does far more insurance work and is regarded as a more reliable authority, states just the contrary, that he often has to advise the Jewish doctors to charge more.

6. Abortions and dispensing dope. Very little was found out in this respect but that a lot of such unethical behaviour goes on in all groups is known . The medical profession generally keeps any indictments quiet.

Treatment of Venereal diseases

Along with pregnancy outside of marriage and taking dope, venereal diseases are taboo as subjects of open discussion. Practices which are contrary to the mores and which necessitate medical attention have an outethnic reference among people in Montreal. Because of taboos on such practices and the fear of being found out by visiting a doctor of one's ethnic group, patients go to a doctor outside of the close group:-

A5 "I know definitely that Jewish people go to see English doctors if they have a venereal disease. I know of cases within my own family. The feeling of shame coupled with the fear that if they go to a Jewish doctor the information might leak out, makes them go to doctors of another race.

B2 "Many French girls who are pregnant come to me. English people with venereal disease have come and many have remained as patients.

"In two cases of pregnancy outside of marriage, I was instrumental in getting the couples married by having a long talk with them. One was English. I sat down with them and figured out their finances and showed them that they could afford it."

C6 "I count among my patients some of the wealthier English people. Couples come to me, e.g., when a boy thinks he has made a girl pregnant. Although their families do not come, they may be satisfied and stay as patients."

C9, in speaking to a French doctor, said, "God Almighty, why do all your French girls come to Jewish doctors for abortions?" The latter answered, "For the same reason that all your Jewish girls come to French doctors! "

Availability

When the general practitioner starts out on his career all his activity is ruled by the necessity of being available to patients at any time they desire. Usually, but not in every case, he will see anybody who desires to see him and do any kind of work he is capable of doing until he reaches a satisfactory financial status. Of the doctors interviewed, their role as physicians dominates (or dominated) all other roles. This is not because they prefer to exclude other activities, but because they have to in order to make a success of their careers. Some doctors go as far as not even going to a show, or any other place where it is difficult to reach them without leaving their name at the desk.

A6's whole life is ruled by his drive to become a successful physician:-

"One of the most important things for a doctor to succeed is availability. After that comes knowledge of personality and knowledge of medicine.

"My close friedns are physicians and business men. I can't cultivate friends as I would like to since I never invite people here for fear I might be called away in the middle. My friends resent my retirement. Rather than face an evening of uncertainty, we don't invite people. We ask them to drop in informally but this doesn't work. People don't drop in unless they are invited beforehand. We certainly would like to have more of a social life."

This quotation is by no means meant to apply to every case, or to say that other doctors neglect their social life entirely, but it is merely to illustrate the position young general practitioners are in. Most general pract-

itioners rush around at the beck and call of their patients. Specialists and the rare general practitioner who plays a more independent role, see patients by appointment in the office and have their day planned out ahead of time.

B1 states, in this respect, that a doctor cannot be a social lion and a doctor at the same time. The two roles conflict.

B4 states that his practice is mainly Gentile. He has no time for Jewish friends, living away from the Jewish community. His wife has very few. He discourages friendship with his Gentile patients because he thinks that it doesn't pay to become too friendly with patients, that business and friends should be kept separate.

E3 is a very extreme case. He is at his office from morning till midnight and after, every day of the week. He was unable to see the writer except after office hours, i.e., at midnight. He is a specialist in venereal disease and sees munitions workers all day long. The only time he takes off is Sunday night.[1]

B3 is the doctor who sees poor French people. He works very hard, making calls at any time of the day or night and charging very little.[2] When asked why he doesn't refuse some customers and charge more, he states that a doctor's practice is so insecure that he can't let anything go by.

Most doctors make some kind of selection as to the patients they see and the work they do. Generally speaking, the less satisfied a doctor is with his income, the more he adjusts his role to meet the demands of his patients. Here are a few illustrations of selections different doctors make:-

B7 "I don't see clients at any time suitable to them. For example, if they come in on Sunday morning, I don't take them unless it is urgent; or late on a Saturday evening, when someone passing by decides to come in for a

---

1 Telephone conversation. Evidently his wife is not very pleased about the situation for he said, jokingly, that the last time he saw his wife, she did not recognize him and he had to show her his registration card.

2 He has delivered babies in the middle of the night, in rooms bare of furniture. In fact, on one occasion, he had to rest in his car while waiting for the event to take place.

general examination, I refuse to see them. I ask them to come back and they usually do. After all, there are certain times when a doctor must have his leisure.

"I try to distinguish daytime and nightime calls. In the daytime, I see anyone. At night, I try not to go to people who won't pay. I am sick and tired of being gypped so many times."

C4 "Many people used to come to me for certain things that I don't like to bother with, such as gonorrhea or gynecological work. I send them to other doctors and I get returns indirectly for they send me heart cases or other cases that they don't treat.

"I am more independent than most doctors because if I lost 90% of my practice, I can still afford to be very proud. My wife has an excellent position, in fact, she has a career.

"Even the first year of my practice, I never did anything that anyone can now say to me, 'Now you can afford to be holy, but what did you do before?' I never did anything illegitimate for anybody. I tried as far as possible to be ethical. I never did abortions. In the long run, it does not pay. Firstly, your conscience does not bother you. Secondly, you have no fear of being found out. Thus you are kept in line.

"I do treat people who are nice people and who have gohnorhea but I refuse to treat the people like pool room sharks or any other of the skum of the city. They don't even speak my language. I can't understand what they are saying. There is a lot of money to be made from that group.

"I have gotten rid of all my bad patients, e.g., those who bother me on the phone too much, people who want letters for everything. A school teacher wanted me to give her a letter saying that she had been sick for a week. I knew that she had been out of town and not sick. The man she had been with came to me with an infection which he blamed on her. Another case of such people are those who want me to give them certificates showing that they cannot continue to live in a particular house any longer because they want to break a lease. They can think of no other way of doing it.

"Of course, I admit that what I do is the easiest way out. I find that these people try my patience and temper so much, that I let them know that I won't do anything for them. Some doctors can manage not to give them what they want and yet keep them as patients. I can't"

E2 "I take care of babies also but I don't stress it very much. I really hate it and am seriously considering dropping it. It is an awful bother to be tied down to a contract even though I make more money than on individual calls."

Every doctor desires to have more independence and more leisure time, for his work is very enervating. Associated with a higher standard of living is a more independent role which the doctor assumes in his relationships with his patients. As he becomes better off financially, and as his practice grows, he is able to select the kind of work he prefers, to discourage patients whom he finds troublesome or unable to pay and to spend his leisure time without being disturbed. With most doctors, these accomplishments are only things to look forward to:-

A2 "For the short time that I have been in practice, I am doing well. I work hard and have no office hours. I see patients by appointment and whenever they drop in. I am hence very tied down as people drop in at all hours.

"I cannot keep up the grind indefinitely. I intend not to work as hard later on, when my practice is more secure. I do not take any vacations now. I am very thorough with my examinations and spend a lot of time. Later on, I intend to charge more and take more time off."

B4, who has an office at home and one downtown, is very busy all day long:-

"I intend to be a general practitioner and raise my fees later on so that I will be accessible to fewer people. I don t mean to say thatI don't want to treat poor people. If you have a small fee, you are accessible to all, they are all coming to you and you cannot rest. If I raise my fees, I will have fewer patients and I will be able to rest more. I can't do it for years. It's just a dream now."

E4 is now quite satisfied with his practice. He can sit back and take things easier for he can afford to. He doesn't want to work as hard as he used to and he doesn't want to put himself out for people he doesn't like as he did plenty of it during his life.[1]

C2, who is considered very successful financially, states:-

"Now I am more independent than I used to be. For example, I am giving you this interview and don't want to be disturbed. I have my telephone service take my calls and say that I am budy for the rest of the afternoon. If I want to take a Sunday off or a week's vacation, I have no qualms about doing it.

"I only select the type of work I do,-internal medicine, not the type of patients.

Specialization

Specialization in any branch of medical science denotes that knowledge and competence of the specialist are greater than that of the general practitioner in that branch.[2] The specialist is located in the business district of a metropolis and is dependent upon a relatively larger number of people for his clientele than is the general practitioner. His contacts with patients tend to become secularized whereas those of the latter remain upon a more intimate basis.

His role is more favorably defined than that of the general practitioner in a few ways. Generally speaking, his fees are higher; his patients

---

1 See appendix, Case B1, p. (xviii) for similar data.

2 In our society the development of a science can be gauged by the degree of specialization within it.

are of the richer class; and his working hours more limited for his work is done mainly in the office and by appointment. As a result, his leisure hours are his own, not subject to continual calls. Also he is free from many of the necessary monotonous demands made upon the general practitioner, such as attending colds, cuts, etc. Further, the layman accords him greater prestige.

The tendency to specialize is very common among Jewish practitioners.[1] Specialties are entered in one of two ways,-- through special training and through practice. Of the doctors interviewed, 18% were specialists from the start of their careers due to special training. 15% became specialist after practising general medicine for a while, through restricting their practice and through special courses. 15% are veering towards a specialty but as yet cannot afford to give up general practice.[2] 12% desire to specialize in the future but have been unable to do so as yet. 36% are general practitioners who have no intentions of specializing.

A4 is a specialist, in part, but cannot afford to specialize exclusively.

A5 states:-

"I intend to specialize in cardiology after a few years. It is much too hard doing general practice. A specialist has a gentleman's job, limited hours.
"Very few general practitioners have reached the stage where they are ready to take it easy. "hen they do, they are just about ready to drop."

B1 is a specialist who decided to specialize after realizing the tremendous scope of medicine.

B2 states:-

"I hope to specialize in heart diseases in the future. I got on the clinic by hanging around for about five or six months. I was there every week until I was given cases. I have not gotten an appointment yet. There is nothing like perseverance and persistence.

---

1 In this they follow the English practitioners, who show the developments in medical practice more clearly than the French doctors. As in other things, a minority group in a metropolis parallels its activity alongside that of the dominant racial group.

2 Financial backing, or freedom from responsibility of supporting a family, are necessary to specialize exclusively at the start. The very nature of the specialist's work demands a bigger clientele and therefore it takes him much longer to get started financially.

C3 is now a full specialist, after doing general work for ever ten years.

B7 states:-

"If at the present moment we had more money...I would specialize in surgery, by taking 2 weeks of intensive study from time to time at various hospitals, while still continuing my private practice.

"My prospects of becoming a surgeon are small unless something extraordinary happens."

E2, a general practitioner, illustrates the way the public defines his role in a way which he did not particularly plan:-

"I used to get a lot of venereal cases, stomach cases , etc. They have all slipped away from me. I am getting to have more and more women patients. The public makes the doctor.

"Some of my patients are surprised when they see men coming here for they think I do only maternity and gynecology. When a woman is going to have a baby, I get calls asking if I am a maternity doctor. Now I did not exactly will this kind of work.

"I like general medicine, but will probably specialize in obstetrics and gynecology later on."

D4 gives his reasons for specializing:-

"I started to specialize when I was in Boston in 1924. I liked the man I worked under. It seemed like a nice way of making a living, interesting, without too much work attached to it, although it did not mean making a lot of money.

The Jewish doctor in Montreal finds that respect for and knowledge of specialists vary among different ethnic groups. His Jewish patients expect and demand more specialized service to a greater extent than do his Gentile ones.

Several reasons are proposed to account for the greater tendency of Jewish patients to desire specialized service:-

1. Compared to the class of Gentile patients the Jewish doctor treats, his Jewish patients are more urbanized, i.e., more assimilated to the standards and values of city life. The French-Canadian and immigrant groups he treats have recently migrated from rural areas and are accustomed to the general practitioner type of practice. Knowledge about medical specialists is spreading slowly among the French-Canadian population of Montreal, and it appears, in a distorted fashion. For example, B2 stated that many French patients ask him if he is a specialist. They do not care what kind of a

1. His fees are high in Montreal but he is comparing them to those of New York specialists.

specialist he is, but will come for everything, as long as he says he is one. This attitude is no doubt fostered by French-Canadians doctors whose more limited training causes them to lay undue stress upon extra training such as, internship, special courses, etc.

2. Jewish people in Montreal were educated to consultants for whenever a Jewish doctor wished to bring a patient into the hospital, he had to call in a Gentile consultant. Thus this tendency has become a cultural trait of the Jewish group. Further they are not ready to accord Jewish specialists the same respect as they do English ones.

To the general practitioner this constant demand for specialized service causes conflict between doctor and patient on three counts. Firstly, he feels that he is not being trusted fully. Secondly, according to medical standards the doctor decides whether a specialist is needed or not. Jewish patients always ask for a specialist whether the doctor suggests it or not. Thirdly, a common complaint of the doctor is that the Jewish patient will pay the higher fees of the specialist more readily than his lower ones.

A6 "The only thing I dislike about the Jewish patient is that he wants specialized service. The Gentile patient places full confidence in me,-- I am the one who knows whether I need a consultant or not. The Jewish patient wants to make the decision.

"I have delivered only one Jewish patient because I don't call myself an obstetrician. When they hear that I deliver babies they say in surprise, 'Do you do that kind of work?' Such an attitude is exasperating.

"There is nothing a doctor likes more than being trusted by his patients."

Jews want specialists especially for obstetrics. Thus an index of recognition of the young doctor by the Jewish community is when they come to him for obstetrics:

B6 "The moment I could get Jewish people to call me, a young doctor, for maternity cases, I knew I had established myself in their regard."

Another aspect of this tendency is the career drive of the Jewish person. It is flattering to his ego to go to a specialist. Also, it is fashionable. He can talk about it, and in a small way, enhance his prestige.

Specialization is part of the cultural complex. In the case of the Jewish doctors it appears to be inflated.[1] Firstly, the ethnic community accords him greater respect. Secondly, specialization is a faster means of acquiring higher status in the competitive struggle. Thirdly, it may be the result of the relatively greater competition among Jewish doctors. It is common to hear a medical student say that he intends to specialize because general practitioners do not make out well.

Since doctors in Montreal are identified by the success of members of their ethnic group rather than that of the profession as a whole, outstanding Jewish specialists raise the status of all the Jewish doctors. Of course, this process works both ways, i.e., the Jewish general practitioners build the reputation of their specialists by sending them patients.

Standard of living

Associated with his status is the doctor's standard of living, which determines status in a limited way, and results largely from status acquired otherwise.[2] The type and location of his office and home, his car, his accumulated wealth and different forms of security, the role of his wife and the conspicuous consumption of the family, indicate varying levels of accomplishments.[3]

Aside from the materialistic values and ideals to which all are subject and all strive for, doctors and other professionals are expected to maintain a certain minimum standard of living. Jewish doctors attempt to meet this expectation for they are very conscious of attaining a comfortable middle class standard of living.

The location of a doctor's office and home has a bearing upon his

---

1 The only way to judge accurately whether this tendency is greater among Jewish doctors is to get control cases in the English group.

2 However, a high standard of living does not necessarily mean a high status in other aspects of a doctor's career.

3 Ordinairily, to the layman, the success of the doctor is most easily gauged by external appearances, such as his standard of living.

status (supra) particularly at the start of his practice. It is important to live in the more exclusive sections of the city, to have one's office in an exclusive residential district, or on "Doctor's Street." The doctor who has his office in the Medical Arts Building has greater prestige than the one who has it in the second area of settlement. The layman regards the doctor in a building catering specially to doctors as more of a specialist because specialists concentrate in districts around the building. The young doctor recognizes this factor in his success and is anxious to have his office there. But only those with considerable financial backing or no family to support start there.

Moving into the Medical Arts Building after being in practice for a while is an index of success. However, not all successful doctors do so. They move to better residential districts, such as St. Joseph Boulevard West (west of Hutchison), Outremont, Westmount and Cote des Neiges. The better the district is the more the doctor is able to charge. According to the layman, the more he charges, the better he is in his work.

Jewish doctors move ahead of the Jewish population into the second and third areas of settlement. Very few are found in the first area; the majority are in the second are and in the more exclusive parts of the down-town business section. At present, more doctors are opening up their offices in Outremont and the Cote des Neiges district, which is a new third area of settlement for Jews in Montreal.

The appearance of the office and home of the doctor is considered to be important by most doctors for it is more subject to close scrutiny by the community than other people's homes. The equipment of the office impresses patients and is therefore important to his status. However, it is not only for the impression it makes upon patients that the doctor desires to have the necessary apparatus, but because he has resources at his command to treat patients without having to send them to the hospital and to other

The majority of doctors do without most of the equipment available at the beginning of their practice and many do without a car, an absolute necessity, for a while. The following is a common statement:-

A5 "I had a hard time opening up an office for I had no money. I did a lot of scraping at the beginning doing without things doctors usually don't do without. I did not have a car for six months. Thank God those days are only a memory now."

Doing well early in one's career is a source of great pride to the doctor:-

A4 "I made my way quickly. It takes most young Jewish doctors years before they make a decent living. Many of the older ones also, even though they tell me that they are rushed off their feet, yet complain of poor financial returns. I do not understand why, unless they are exaggerating."

B1 "For five years in practice, I have an enviable position. I have a very wide practice throughout the city."

B2 "I earned my way right from the start because of a remunerative connection. I must say this is pretty good for a beginner."

"Owning one's own home" is an oft-expressed wish and usually, as soon as they have sufficient money, Jewish doctors, particularly general practitioners, buy their own home and have home and office together. When this happens, the doctor is very proud of his big accomplishment.

In his discussion of his finances and living conditions, A6 points out problems common to many of the doctors:-

"I am trying to live up to the public's conception of what a doctor should be. I have learnt that a doctor must not antagonize people for he lives on recommendation. Further, a doctor has to be what the public expects him to be, kind, with no thoughts of money, no matter how poorly off or well-to-do he is. The public expects you to live well, since they don't like to visit a doctor who has a dingy house and lives in a poor district.

"I am respected for I make a living and this places me in a high position immediately.....I don't want to lose any money I can earn as I want to build up a reserve...I'd like to see myself thirty years from now in a secure position...

"Our social life is spent at home since we cannot go out together. Further we have very limited space her. The house is very small and my wife hasn't the privacy she desires.

"It's good to be wealthy right at the start because one can have a larger home and help right at the start. My wife is tied down to the house all the time. She certainly has the worse end of the bargain. ..

"The thought of being insecure and having to maintain a high standard of living worries me. I carry life insurance. I should also like to have accident insurance but do not because of the additional expense. When I reach the $5000 mark, I will feel that I can afford accident insurance."

Every doctor, unless he has a paid position, is uncertain of his income. Patients may leave him; many do not pay; he may not have enough patients to ensure a steady flow of income. Thus financial insecurity faces the doctor. The more cynical ones say that even a big practice does not ensure a doctor's financial position. This uncertainty is a source of worry to many doctors. Means of overcoming it are mainly through various kinds of insurance and investments. Every doctor has some kind of insurance but in about every second case, it is thought to be insufficient. It is considered important to have accident insurance, particularly when he is dependent completely on his everyday work for his income.

Not much information was gathered about other investments, except property, but, no doubt, they are made where there is sufficient income.

Most doctors say they would like to retire but very few think that they will ever be able to for they do not earn enough.

The wife of the doctor plays an important part in his career. It is common for her to work a while after he has opened his office. The implications of this were discussed above. If the doctor's office is his place of residence also, the wife plays an important part as his assistant. Usually, upon her falls the responsibility of taking care of the doctor's calls, telephone and personal ones. Even where there is domestic help in the house, the wife's job is not entirely taken away, although it may be lightened. The doctor gains in prestige when his wife is freed of any responsibility connected with his work, i.e., when his business life is separated from his personal life. When the office is away from the home, where there is a telephone answering service or very efficient help, the wife does not play the assistant role. Giving his wife this independence and leisure is a vicarious satisfaction to the doctor. It is an index of a higher scale of living.

The majority of the doctors started out with very limited or no funds at all. Thus , the attainment of a high standard of living is enhanced in view of the fact that they are self-made men.

A higher standard of living is particularly significant for a member of an ethnic group. It is a visible symbol of success of the immigrant's family, something valued highly in the new habitat. Not only has the son been educated, but has brought wealth to the family, making the rise in his status much greater.

PART 1V

CONCLUSIONS

CHAPTER VII

A Summary of the Main Findings of This Thesis

The place and function of Jewish professionals in the Jewish community and in Montreal as a whole are highly qualified by their ethnic origin. The occupational adjustment of the doctors interviewed is conceived, firstly, in terms of their adjustment to roles as defined (a) by the medical profession, (b) by each individual in his unique way, and (c) by the particular problems and situations in their careers governed by such objective conditions as the ethnic, business and medical institutions in the bicultural community of Montreal and their types of clientele and practice; secondly, in terms of their achievement of specific goals and ambitions. This continual career drive of the professional for higher status is the central factor in the analysis of the case histories.

The extent of their assimilation to the Canadian culture is judged by the extent of their identification with the culture, technique and art of the profession; by their freedom to compete for positions and status in the division of labour without any qualifying reference to their ethnic origin; and in the final analysis, by their ethnic self-consciousness, which is conditioned by the degree of their acceptance by and identification with Gentile groups.[1]

The professional role of the ethnic person leads him to identify himself with main insitutions of the profession in a community. Thus, Jewish doctors aspire to positions in the leading English hospitals of Montreal. Further, the status accruing to such positions is greater

---

1 A division of the factors entering into the occupational adjustment and assimilation of Jewish professionals is made here only for purposes of clarity. In the analysis of the case studies, all these factors are organically related. The extent of their assimilation is part and parcel of their occupational adjustment.

than that accruing to positions in ethnic institutions. Of course, status in the latter is also desired. However, their freedom to compete for hospital and other positions in the institutional structure of the community is definitely limited. The majority are barred from the main English hospitals. A small percentage are officially on the staffs, but their attainment is modified in two ways: firstly, the Jewish doctor is not fully accepted as a member of the hospital by the Gentile physicians, i.e., he is not treated as one of them; secondly, his chances to advance are practically nil. Any significant advancement of a Jewish doctor tends to be due to unusual conditions, e.g., in wartime, freedom of ethnic persons to move into higher positions is much greater than in peacetime in our society, due to the greater demand for doctors.

The very remunerative positions in big English-owned firms and heavy industries are barred to Jewish doctors. Of those interviewed, three held such positions, in insurance and railway companies. These were, however, French insurance compnaies. The position in the railway company was attained through connections with prominent French-Canadians. To our knowledge, no Jewish doctors are employed in any significant way by English companies.

Through compensation work and health plans, Jewish-owned enterprises add to and in a few cases comprise the total income of the Jewish doctors.

In adjusting to his office in a Gentile institution, or to his drive to get such an office, the Jewish doctor assimilates, consciously and unconsciously, to the broader standards and values of the community. Those who are on the staffs of the Gentile hospitals tend to acquire, at least overtly, the ways of behaving of the Gentile doctors. Due to his professional identification, the Jewish doctor desires status in these leading institutions. However, his relative success and more often

complete failure in attaining status therein, is a function of his ethnic origin, intensifies his ethnic self-consciousness and retards his assimilation.

Experiences of discrimination, whether in inability to get positions or in personal contacts,[1] are varyingly reacted to depending on the individual's background. However, a general pattern of greater or less sensitivity to such situations, rationalizations about them and consciousness of ethnic origin emerges from the case histories.

The Jewish medical group in Montreal presents a changing picture. It is just "growing up." More than half of the estimated 225 doctors are in practice less than ten years and all, with the exception of 13, less than twenty years. The doctors are mainly second-generation Jews who have just recently been entering the occupational world. Now there are outstanding men in the Jewish community as the doctors grow older and as opportunities for further training and higher status increase in the ethnic group. The result is that the prestige of the Jewish doctor as such is raised for the many are carried by the achievement of the few as in English and French groups.

With various social and financial developments in the Jewish community, mainly the establishment of the F Hospital and many Jewish owned factories and stores, the prestige of the Jewish doctors has been boosted considerably. Previously the Jewish doctors fought their battle for status individually. The lack of a hospital connection was very detrimental to their prestige. Very few had positions in Gentile hospitals. The result was that even the ethnic community did not accord them the same status as they did the English doctors. Through their collective efforts

---

1 Overt or covert anti-semitism is part of the cultural complex of the Gentile world and is therefore part of the irrational behaviour of Gentile individuals.

they attempted to better their position. Through the medium of the Montreal Clinical Society, they attacked the two existing evils, namely, the lack of an association with a first-rate hospital, and society practice. Combined with the resources of a growing wealthy class among the immigrant Jews, they established the hospital.

The hospital has enhanced the status of Jewish physicians,(1) by giving them a connection with a first-rate hospital where they can treat patients and educate themselves(2) without any qualifying reference to their ethnic origin. Through the hospital, several doctors have been given opportunities to specialize. By no means do all Jewish doctors agree that the hospital has benefited them. Because of overcrowding, a certain amount of selection of doctors takes place. Thus those that are less highly thought of professionally are not associated at all with the hospital. They are a minority group. The Jewish medical group does not accord them the same status as their colleagues on the staff of the hospital. Further, competition appears to be keener and advancement is relatively slower for younger doctors than at other hospitals because of the youth of the doctors. Those in leading positions are just at the peak of their professional careers or are as yet nnt satisfied with their achievements in the medical profession. They are not ready to retire or give up the struggle for greater success. Even the older men at the hospital complain that they will never get anywhere. Many doctors adjust their ambitions to suit the situation, e.g., they say, "I do not care to be chief of the hospital." This is merely a rationalization of the fact that it is very difficult to advance at the hospital. Another cause for complaint, true in other hospitals also, is the insufficient number of beds, which leads to favoritism in accepting patients of different doctors.

Although positions in the hospital, except for the four top ones, are for practical purposes very much the same, any slight advance in one's

official position is greatly desired by most doctors.

The hospital and other medical institutions in the ethnic group are part of the process of assimilation and accommodation of immigrant Jews and their native-born children to the life of the larger community. Such institutions parallel those of the Gentiles and arise out of the desire of the ethnic community to assimilate to the Gentile culture.

A distinctively ethnic institution is the sick benefit society which employs a doctor yearly at a specified fee. There are fifteen such positions available in the Jewish community in Montreal. The majority of doctors setting up practice desire them, firstly, for the immediate financial returns; and secondly, for the contacts it brings them in the ethnic community. These organizations are, therefore, stepping-stones in the careers of the Jewish doctors. These positions are retained by doctors until they consider that they are able to do without them financially; or until other doctors succeed in getting them. The society doctor tends to be placed lower in status both by the profession at large and by the ethnic community. The roles expected of him in this office and his professionally defined ones frequently conflict. His fees are low compared to ordinary fees. Since he is under contract, he is at the beck and call of society members, and is therefore differentiated in their minds from the 'regular' doctors. Further, in large organizations, he is overburdened with work and finds it difficult to do good medical work, because of lack of time. Finally, the keen competition for positions leads to unethical behaviour on the part of some physicians and makes thempless desirable.

Outside of medical affiliations, the associational life of the Jewish doctors appears to be very limited. In the majority of cases any extra-medical associations are merely another aspect of the career drive of the doctor towards success. The struggle for a satisfactory place in the community absorbs all his time and energy and conflicts with any social

role he may wish to play. Such a situation can be significant ethnically only if it is at variance with that in the English group after which the Jewish one patterns its activities. We suspect that English doctors, because of their greater financial independence,have more leisure to indulge in outside interests. Such an assumption, to be scientifically valid, requires data on English doctors.

Jewish doctors tend to identify themselves with the English culture as represented by the English doctors. This is an aspect of their career drive and their drive to be more fully assimilated. Actually, the status they achieve through their clientele and practice, their income and standard of living, and the problems they meet, are highly coloured ethnically.

The Jewish doctor's clientele appears to be more cosmopolitan than that of either the English or French one's. Such a generalization needs to be verified by analyses of the clientele of Gentile doctors in Montreal. Jewish doctors treat Jewish, English, French, Russian, Polish, Ukranian, Greek, Czech, Negro, Chinese, etc. patients. The majority of doctors interviewed are dependent on both the ethnic community and the larger community for the status they are accorded and the income they receive. Our evidence shows that at least half of the doctors have established themselves and have climbed up the financial ladder through their practice among English and French-Canadian groups and the various minority groups of Montreal. Apparently the ethnic group cannot supply all the Jewish doctors with a satisfactory clientele under existing conditions of medical practice.

A doctor's clientele and reputation among lay people grows mainly through the process of recommendation. Within the ethnic community several factors contribute to his connections therein, namely, the family, marriage, relatives, sick benefit societies and friends. Those whose clientele is

principally Jewish generally hold or have held positions in societies. Outside of the ethnic community there are various ways and means in which his reputation spreads. These are appointments in Gentile hospitals, industrial work, relief work, friendship with influential Gentile people, insurance work and locality. People in the ethnic community often send Gentile patients to their Jewish doctors. Among French-Canadians stories about the skill and ability of Jewish doctors are widespread and are very influential in bringing patients. Doctors desire status among Gentile groups in the city because it enhances their reputation in the profession at large and in the ethnic group and in the close circle of their family and friends. After they have "made good" outside of the Jewish group, they wish to be accepted by that group.

All doctors desire to have wealthier patients because of the greater financial returns from them and of the greater status accruing to the doctor when he has a rich clientele. There are only about three Jewish doctors in Montreal who have wealthy patients, and these are mainly of the upper English classes. As a whole, the clientele of Jewish doctors is composed of persons of the lower and middle classes. Very few have wealthy patients. The majority of doctors do treat a very small group of well-to-do people and are usually proud of their connections with them. Their Gentile patients, particularly the French-Canadian and immigrant ones, are of the working classes. However, doctors who have a big French-Canadian clientele tend to get upper class people of the same nationality. Their Jewish patients are mainly of the middle classes. Rich Jews did not always patronize Jewish doctors because they were educated to go to outstanding English consultants. However, with the development of outstanding Jewish specialists in Montreal, they are starting to patronize the latter. For financial reasons, Jewish doctors prefer Jewish patients because they are, as a whole, better off than the Gentile patients who

are selected to them. The latter are really not of the best type of Gentile patients and tend to be less desirable than those of the English doctor.

Jewish doctor-Jewish patient relationships are highly coloured ethnically. Certain characteristics and expectations of Jewish patients, arising out of their peculiar social history and circumstances, and their identification with societies, conflict with the expectations of the role of the doctor as defined by his professional conscience. He is assimilated not only to the professional culture, but to the broader standards and values of the community relatively more than the rest of the members of the ethnic group. Aside from financial and consensus reason, Jewish doctors prefer Gentile patients because they are more familiar with the professional code and the prevailing standards in the community than Jewish patients are.

Our evidence shows that specialization is more inflated for Jewish doctors than for English doctors. Several reasons account for this tendency: the greater status accruing to specialists, the attempt to control competition, and the stress on specialized serviees current among Jewish people in Montreal. However, to show whether this tendency can be stated conclusively, control cases of English doctors must be analysed.

Very little information about unethical behaviour of Jewish doctors was available. We assume that ethical practices are directly related to the intensity of the struggle to advance in one's career, and not to any particular ethnic group. However, in the medical profession in Montreal, ethics, as other aspects of doctor's careers, tend to be associated with ethnic origin.

The standard of living of the Jewish doctor, as of other doctors, is a function of his status acquired otherwise and also of itself gives him greater or less status in the eyes of the community. The loc-

ation of his office and home, the furnishings therein, the amount of security and leisure he has, the conspicuous consumption of the family, the role of his wife in connection with his practice, make up the various factors in his standard of living.

Goals of Jewish doctors with reference to their clientele, their practice, their institutional associations, are all aspects of their career drive for a greater reputation in the medical profession, more recognition by the ethnic community, a higher income and greater security.

BIBLIOGRAPHY

Articles

Burgess, E.W. "The Family and the Person," Personality and the Social Group, edited by E.W. Burgess, University of Chicago Press, Chicago, 1929.

"Statistical and Case Studies as Methods of Sociological Research," Sociology and Sociological Research, XII (1927),99-120.

Carr-Saunders, A.M. "Professions and their Organization in Society," The Herbert Spencer Lecture, Delivered at Oxford, May 18, 1928.

Cottrell, L.S. Jr. "The Adjustment of the Individual to his Age and Sex Roles," To be published in the American Sociological Review.

Edwards, Alba M. "A Social-Economic Grouping of the Gainful Workers of the United States," Journal of the American Statistical Association, XXVIII (1933), 377-387.

Encyclopedia of the Social Sciences

Burgess, E.W. "Accommodation," 1, 403-4.
Park, Robert E. "Social Assimilation," 11, 281-283.
Lewinski-Corwin, E.H. "Hospitals and Sanatoria," VII,464-71.
MacIver, R.M. "Maladjustment," X, 260-63.
Ware, Caroline F. "Ethnic Communities," V 607-613.
Young, Kimball, "Adjustment," 1, 438-9.

Ginsberg, M. "Interchange Between Social Classes," Economic Journal, 1929.

Hughes, Everett C. "Institutional Office and the Person," American Journal of Sociology, 43 (November, 1937), 404-13.
"Personality Types and the Division of Labour," Personality and the Social Group, edited by E.W. Burgess, University of Chicago Press, Chicago, 1929.

Hurlin, R.G. and Givens, M.B. "Shifting Occupational Patterns," Recent Social Trends in the United States, 1, McGraw-Hill Book Co.,Inc.New York, 1933.

Lind, A.W. "Occupational Trends Among Immigrant Groups in Hawaii," Journal of Social Forces, VII December,1928), 290-97.

Parsons, T. "The Professions and Social Structure," Journal of Social Forces, XVII, (1939), 457-67.

Park, Robert E. "Personality and Cultural Conflict," American Sociological Society Publications, 25 (1931), 96-110.
"Community Organization and the Romantic Temper," The City, by Park and Burgess, University of Chicago Press, Chicago, 1925.
"Human Migration and the Marginal Man," Personality and the Social Group, edited by E.W. Burgess, University of Chicago Press, Chicago, 1929.
"The City, Suggestions for the Investigation of Human Behaviour in the City Environment," American Journal of Sociology, 20 (March, 1915), 577-612.

Whitley, R.L. "The Case Study as a Method of Research," Journal of Social Forces, X (May,1932), 567-73.

Wirth,Louis,"Some Jewish Types of Personality," The Urban Community, edited by E.W. Burgess, University of Chicago Press, Chicago, 1925.

Young, Pauline V. "Social Problems in the Education of the Immigrant Child," American Sociological Review, 1 (1936), 419-29.

Books

Alexander, Frances S. "A Survey of Employment for Jewish Youth in the city of Montreal, Unpublished document, Montreal, 1937.

Beynon, Erdmann D. "Occupational Adjustments of Hungarian Immigrants in an American Urban Community," Ph.D. Thesis, Michigan, 1933.

Brown, J.F. "Psychology and the Social Order," McGraw-Hill Book Co.,Inc. New York, 1936.

Brown, L.G. "Social Psychology," McGraw-Hill Book Co., Inc. New York, 1934.

Census of Canada, "Occupations and Industries," V11, 1931.

Davidson, P.E. and Anderson, H.D. "Occupational Mobility in an American Community," Stanford University Press, Stanford University, 1937.

Dawson, C.A. and Gettys, W.E. "An Introduction to the Science of Sociology," The Ronald Press Co., New York, 1929.

Durkheim, Emile "The Division of Labour in Society," Translation, with an estimate of his work, by George Simpson, The MacMillan Co. New York 1933.

Edwards, Alba M. "Alphabetical Index of Occupations and Industries," United States Department of Commerce, Bureau of the Census, 1940.

Heiber, S.P. "Job Finding and Methods of Industrial Recruitment," Master's Thesis, McGill University, September, 1934.

Hoppock, Robert "Job Satisfaction," Ph.D. Thesis, Harper and bros. New York, 1935.

Jamieson, Stuart M. "French and English in the Institutional Structure of Montreal," Master's Thesis, McGill University, January, 1938.

Landis, P.H. "Social Control," J.B. Lippincott Co., Chicago, 1939.

Lind, A.W. "An Island Community," University of Chicago Press, Chicago, 1938.

Marsh, L.C. "The Canadian Working Population," McGill University, Montreal, 1939.

Rosenberg, L. "Canada's Jews," Bureau of Social and Economic Research, Canadian Jewish Congress, Montreal, 1939.

Roy, W.J. "The French-English Division of Labour in the Province of Quebec," Master's Thesis, McGill University, 1935.

Ruppin, Arthur "The Jews in the Modern World," MacMillan & Co., London, 1934.

Seidel, Judith "The Development and Social Adjustment of the Jewish Community in Montreal," Master's Thesis, McGill University, September, 1939.

Sorokin, P. "Social Mobility," Harper & Brothers, New York, 1927.

Wirth, Louis "The Ghetto," University of Chicago Press, Chicago, 1928.

Warner, W. Lloyd and Junker, Ruford H. and Adams, Walter H. "Color and Human Nature," Negro Personality Development in a Northern City, Prepared for the American Youth Commission, American Council on Education, 1941.

APPENDIX

APPENDIX

SELECTED CASE STUDIES OF JEWISH PHYSICIANS

Physician A4

My father came here about 35 years ago from Roumania. He married here.

We are three boys and two girls in the family. I am the oldest. One brother was supposed to be a lawyer, but he took only one year college. My younger brother is a lawyer. The girls did not even finish high school.

At the time I was going to college, my father had a few clothing stores and one large customer-peddler store. He slowly went from bad to worse and finally went broke. Before this happened he was making a fair living. In my last few years of college I had to help him out.

We lived for a long time on Rivard St. which was not a very good neighbourhood. Then we moved to St. Hubert near one of our stores.

One of my brothers was badly hurt in an accident on St. Hubert. Mother became very nervous and was afraid we might be killed. She wanted to move away from street car lines and busy streets. Hence we moved way out way out east into a very quiet neighbourhood. I was going to high school at this time and drove to school every day.

I think the big difference in our way of life came when we moved out east. Very few people came to visit us. My parents were probably very lonely. I'm sure that Mother felt that we were growing up and needed some Jewish associations.

We were in the middle of French people and they didn't like us. They bought from us because we gave them credit.

The children gave us plenty of trouble. They threw stones at us. They called us names. We always had to fight them and we gave a pretty good account of ourselves. The street car line was three-quarters of a mile from our house and on the way, fought one third of the way and ran the rest of the way.

Even when we moved back into the city we were subject to this street fighting.

When we finally moved back into town, Father opened a store on St. Lawrence street and we lived above the store. It went very badly. I was in first year college. Then he opened another store and failed.

Now he is a grocer and just managing to get along. He lives on Hutchison.

My mother was often occupied in the store. The children managed to take care of themselves. We're independent of each other; no one is the boss over the other. We don't rely on each other at all. But for more important things, such as needing money, we can count on each other.

My parents are not the type of people who can push themselves. They don't do anything more now than they did before. My father is a member of a synagogue; my mother belongs to the Malbush Arum Society.

I always wanted to be a doctor. Since the age of five I knew that I was going to be a doctor. I don't know why. As far as I know, my parents didn't decide for me.

When we graduated from high school my father said to us, "It is alright with me if you go to college, but I can't support you. I will give you room and board."

The girls didn't finish high school. The older sister had a fight with her teacher and quit school on that account. However, she wasn't particularly happy there and was looking for an excuse to leave. Although the family did not have the financial means, some means of sending the girls to school could have been found had they desired to continue.

I have never been particularly fortunate financially. I worked at different jobs even when I was in high school. I had had some experience selling fruit.

After I graduated from high school, I looked around for a job. I tried selling magazines for a day. I didn't like it. I also tried selling brushes for a day. I didn't care for that either and decided to try something else.

I applied to a chain store as an experienced fruit man, even though I wasn't. The following summer I was really experienced and commanded a higher salary with an individual retailer on Bernard. He was surprised when I left him at the end of the summer. I worked for him week-ends during the year. The next summer I worked for him again. After that I got a job in another chain store. I stayed with them through out my student days and gradually worked myself up to the position of summer manager. I was often sent to different stores to investigate troubles.

I interned for five years. When I started to practice, I was employed by the stores. Another doctor had 65% of the work since he was married and I was single. The stores were his greatest source of income. And since I was intending to specialize, I did not need the numerous contacts for general practice which a greater share of the work would bring.

I see about 180 to 200 employees. For $5 a year they get one full examination per year and ordinary medical treatment. X-rays, injections etc. are extra. This source of income provides me enough for my basic expenses.

I am specializing in heart work but as yet cannot afford to do so exclusively. I plan to in about two or three years.

I am on the staffs of the B,D,F,G, and I hospitals.

I started to work in the B Hospital as an assistant in the clinic. When the physician in charge was given another position, he recommended four doctors to replace him, each for three months of the year. I was one of the four.

Since then certain changes have taken place due to certain shortages and I am the physician in charge for six months of the year.

I see all the interesting cases. I have to check on all the cases. I give the final word in case of any doubt. I read through all the cases of all the doctors. If any one is stuck on a case, he calls me in. I prepare the interesting cases for conferences with the head doctor.

Last year the latter asked me to demonstrate to a group of students. I also teach in another hospital.

Some of the doctors probably don't relish the fact that I'm there. Perhaps I just dislike them personally and hence I think that they dislike me. I feel that about one of the older men particularly. He seldom talks to me and is very unreceptive to any suggestions. I believe, firstly, that he dislikes being on the outdoor; and, secondly, that he resents the fact that a younger man is in a higher position; and, thirdly, that that man is a Jew. I know he is prejudiced against Jews because he hates to treat Jewish patients on the outdoor. By a few words he lets slip he shows his dislike. I cannot lay my finger on any particular expression but what he says is equivalent to the French, "M.... Juif'."

A younger man, who is now in the army, used to make it quite obvious that he disliked me. I didn't like him either. I think he is anti-semitic although not openly so.

The nurses are very easy to get along with. In fact, most of them go out of the way to please me.

I think that I am slated for a promotion. Just now my official position is clinical assistant. This is anomalous since I am the physician in charge. There has been a hint given me that I will be an associate physician. This is a fairly high position for my age. I probably won't get much beyond that. Being Jewish, I have no illusions about being the head physician.

I admit that I am way ahead of my age as far as hospital positions are concerned.

At the F Hospital I am a clinical assistant.

At the D Hospital I am the assistant physician and will probably be full physician shortly.

When I went into practice I tried to get on the staff of the G Hospital. As a Jew, and as a specialist, I thought that a great proportion of my patients would be Jews. I wanted to get official recognition in the Jewish community. Hence, I felt it necessary to be on the staff of the F and G hospitals. As it has worked out, the great majority of my patients are Gentiles.

I have more trouble getting along at the F and G hospitals than at the other hospitals where I am given recognition and put in line for promotions.

The F Hospital is a peculiar place, with lots of young people all elbowing each other. In the elbowing process, they tend to run each other down. Jealousy is rampant.

I don't make much effort there now, but I intend to later on. When I want to get a higher position there, that is, consultation work, they will have to give it to me. When I come with an assured reputation they will accept me. I am biding my time.

It is harder to get cases into the F then into the others. It is always crowded. The chiefs are favored as against the younger men.

These things go on behind the scenes of the Gentile hospitals as well. But we don't know about them. Since we're closer to the Jewish community, we know all about all the antagonisms and prejudices among different groups of people and different individuals.

The Gentiles are smoother. They will stab you in the back as well. But since you don't expect it, you are surprised when they do.

I started practice in the month of November. I shared an office with someone in the Medical Arts Building. The office was very small and I didn't have enough space for my work. I moved into this four-room apartment and use all the rooms for my work. To have as much space as this in the Medical Arts Building I would have to pay about $120 a month.

This is a nice neighbourhood but I don't like the idea of having my office next to a store. Later on I might take a more central corner house. I might even stay around this district. Patients come to me any way. Most of them are here by appointment.

I have no practice to speak of in this neighbourhood. There is no one here except during office hours and hence I miss people around here who decide to come in when they pass by.

The bulk of my patients are Gentiles. They have come through the hospital clinics. Some have been recommended when a heart specialist has been asked for.

The head doctor gives me his work at the hospital when he is away. Also he is likely to recommend private patients to me. Then, of course, I have the usual friends and relatives.

Some Jewish doctors send me cases, both heart and general. They know that I see a lot of cases and that I am up-to-date in my investigations.

I admit that I am an atypical case for a Jewish doctor. I have had unusual contacts. Even as a student I had an overwhelming reputation as a good doctor. As an intern my case reports were considered excellent. They are still referred to. Hence when I came on the staff I was immediately accepted as a good physician.

Most Jewish doctors do not get on easily on the staffs of the Gentile hospitals, let alone being invited. In fact, many do not apply because they know it is hopeless.

From my work at the D Hospital I was recommended for the staff of the B. One thing led to another. Now I am called up to give lectures. I did a good job at the D and E hospitals.

I have had a relatively easy time financially since starting practice. I have always been able to make ends meet. I made my way fairly quickly. It takes most young Jewish doctors years before they make a decent living. Many of the older ones, also, even though they tell me that they are rushed off their feet, yet complain of poor financial returns. I do not understand why, unless they are exaggerating.

As a student, I took part in lots of outside activities. I was the managing editor of the Daily for one year. I played chess and was on different teams.

I was also very active at the Y.M.H.A. I took part in debates. I was on various teams. I was a club leader.

I began to cut down on my activities in my second and third years. I wanted to make better marks. It was hard to drop all these activities. I was on different councils and couldn't get out of them easily .

Recently I was called back to be on the Health Council and on the Membership Committee. I sat in on meetings for about a year. To the latter I submitted a report on what I considered wrong with the Committee and some recommendations. I thought that they did not let the young men run the organization. The original young men are still running it. Anytime a young fellow shows any initiative he is told to wait until he matures. My recommendations were shelved. When I said that I though that the committee itself should be dissolved because it wasn't doing anything, they certainly did not like it. I left soon after.

In class, at the university, I felt that there were certain people with whom I had nothing to do. The only important incident of anti-semitism I encountered was in regard to the Daily. I probably would have been editor-in- chief instead of managing editor if I had not been a Jew. I didn't worry about it a lot. Many people become embittered. I didn't. Otherwise I never felt that I was excluded from anything.

It is shameful to say, but true, that I found more snobbery among Jews than among non-Jews.

I was from below the tracks. I never really mixed with the Jewish fraternity crowd. They never mixed with me. If I met a Gentile fellow that I liked, it was easy to approach him and become friendly. Not so with Jews. We never had occasion to mix for we moved in completely different circles. There is a difference between people who live out West and those who live below Hutchison and Park Ave. People who go to the Westmount synagogues have relatively little to do with people who go to the small synagogues built by immigrants. There is complete distance between the two groups. I had very little to do with this group among the Jews and very little to do with the parallet one among the Gentiles.

Now these same people are making overtures to me, but I don't bother with them. Some of them are alright , of course.

I went to a meeting of the Maccabean Circle when I entered college. I took a back seat at the meeting. Once fellow came over and said hello

and that he hoped I would come again. No one else spoke me. I never went to another meeting.

I never belonged to a fraternity. Even if I had been asked, I don't think I would have joined, firstly, because I could not afford to; and secondly, because, at that time, the staff of the Daily was opposed to fraternities.

These things aren't as important as the more personal contacts. In classes, we sat side by side, walked out of the room side by side and looked in different directions. Even though they did not know me, they knew enough to snub me. There was a big fence between us.

I always had so many other interests that these things did not bother me. I know that I would never have cared much about their company.

Gentiles are more loyal to their doctor than are Jews. I have only had one or two Jews, who, when I suggest tests, say to me, "You are the doctor. Go ahead with what you think is best." Most of them say, "Is the test or X-ray absolutely necessary?"

Jewish patients are ready to make their own diagnoses; they know what specialist to go to and when. They don't ask the advice of their family physician. If they have a difference of opinion with their family physician, they will do as they see best. A Gentile has the attitude that the doctor knows best and will leave it up to him.

I can't walk in to see a Jewish patient who is running a temperature of 102 degrees, give him a medicine and tell him that I will pass around the following day. He will not be satisfied with such straightforward behaviour. He will ask all sorts of questions, "What complications will ensue? Do I need a specialist? etc." This attitude makes me very angry.

Many Jewish people go to Gentile doctors and pay a higher fee more willingly. However, the latter do not seem to have the same difficulty with the former as do the Jewish doctors.

Many of my Gentile patients have expressed amazement at my youth. When Jewish patients see a young man, they practically insult me by offering me one dollar. They say that they have a lot of friends and they will send me a lot of patients. I usually tell them that my fee is three dollars and that I am not as young as I look.

Most of my patients have seen me in a white uniform at the hospital, sitting at a desk and giving orders to the nurses. Many have expressed amazement that my fees are so low.

They pay better and are more loyal than my Jewish patients. If a person has taken the trouble to come to see me, I feel that he should have confidence in me.

I see one of my patients who is not very well off once every three months and charge him $12. He tells me that he used to pay $25 for the same thing to another doctor. I don't charge him more because even the $12 is a strain on him. He pays me, even though late.

I gave the same treatment to a girl in a family I was looking after. The first time she paid me she sent me a note saying how glad she was that I was so reasonable. This shows that there are patients who expect to pay more.

A fellow came in the other day with a sore back. I happen to know that he has been working only for about a year. Hence I charged him only for the X-ray. He insisted on paying in full for he was able to. So I charged him three dollars more.

I don't find this attitude among Jews. Quite the reverse. I sent a bill to a poor Jewish family. It was below my usual fee and I had told them that. I must have averaged about $1.50 per visit. They sent me back a cheque for $10 with a note ,'Paid in full.' on the back. I don't think that was very nice of them. Of course there are many Jews who are not like that, but we can expect it more often of them than of Gentiles.

I don't need a lot of money. I need more, of course, than a person on a job. In a few years from now I will probably be making about $10,000 a year. I can make $15,000 if I wanted to. I charge $3 a visit usually, and some people $5. If they argue about it I take $2. I don't have to see many patients a day to make about $5000 a year. Five patients a day gives me an income of over $5000. I collect about 90-95% of my bills. I am finishing up my fourth year and have reached the $5000 mark.

Physician A5

When I registered in my arts course I specified that I would follow it with medicine. I had no special reason for desiring medicine. It might just have well been dentistry or law. I did it as a matter of course. Perhaps I did it because it was fashionable,--boys I knew were heading for medicine. I certainly did not take up medicine out of any altruistic motives.

At college I first met discrimination when I entered the faculty of medicine. In my year about 40 Jewish boys applied and only 12 were accepted. The only logical reason for so many Jews being refused was on account of their race. Perhaps in no other year did so many apply. I was one of the fortunate ones. Many of the boys encountered outright prejudice in their contacts with one professor who swore quite openly that he would do anything in his power to prevent many of the Jewish fellows from getting in.

I was self-supporting throughout college. I worked on the sightseeing buses in the summer time and tutored pupils on the side.

When I graduated I naturally offered my services to the Gentile hospitals, as did the other boys. I was not accepted anywhere. It was during the lean years. Men hung on to their internship for dear life. Ordinairily, many who would have interned for only two years stayed on as long as five. Until the F Hospital opened, I hung around doing nothing for a few months.

I interned for almost three years at the F. At first there was disharmony and chaos at the hospital. The authorities weren't prepared for many of the things that happened. Now, however, it has the semblance of a well-run institution. It has been rated as an A-1 hospital. In this respect it is way ahead of some hospitals in Montreal which have been in existence for years.

I had a hard time opening up an office for I had no money. I did a lot of scraping at the beginning. I did without things doctors usually don't do without. I didn't have a car for six months. Thank God those days are only a memory now.

It was at the height of the depression when I started to practise. My patients were mostly people on relief.

A lot of doctors wouldn't handle them and thought they were doing me,a young man, a big favor by sending them to me. Others were sent by people I know in stores.

The relief patients used to go shopping for doctors. Many changed doctors from month to month in the hope of getting more from them,--more attention, more pills, more medicine, etc.

I got along very well with them. I realized that I had to be a diplomat with them because of my Jewishness. I knew many had left their French doctors to come to me and I knew why. I never brought the subject up to them as I did not want to stir up hard feelings.

The relief system of slips lends itself to endless abuse. Many of the French doctors took advantage of it and made a good deal of money. When they visited one person in the family, they got every member of the family to sign the slip. Often I saw the French doctors hand in a slip at the end of a month with forty signatures.

Some of them used to actually pay relief persons for their slips. If the latter weren't sick and had the slip, they were only too glad to get 50 cents or so for their signature and go out and buy a bottle of beer. The doctor thus could have collected $5 or $6 on one slip. Many times the payment to French doctors was discounted for this reason and that.

I pride myself on the fact that Iwas always paid in full for the bill I presented.

The greater part of my income came from relief slips. It rose steadily until 1939 and shortly after the outbreak of the war dropped suddenly.

As a matter of fact, I was very apprehensive about the transition because relief practice formed the nucleus of my practice. However, these self-same people came to me after they started working and brought me other patients.

I commanded a lot of respect from them. Now I am doing very well with most of them. They are from the surrounding district.[1]

Only about 5% of my patients are Jews. Most of them are from the family.

I also have some foreigners as patients. They come to me for everything from childbirth on. So do the French people. They do not ask for specialists.

They usually bring an interpreter when they cannot speak English. Now there are appearing doctors of their own language. This similarity in language is a strong bond between doctor and patient.

Jewish practice is monopolized mainly through societies. Many physicians hang on to societies for fear of losing the patients they have. Since the war started, many have given up society practice.

It is practically impossible to get into a society. Fortunately I never tried to get in.

The society system also lends itself to abuse. The doctor does not get the respect he deserves and is overworked. Some of the older men have given up societies because they just can't take it any more.

In spite of our aggressiveness, the Gentile doctors have the best practice in town. Many of our rich Jews still go to the English specialist. They have not as yet enough confidence in their own. That will come later for Jewish professional men are still young and the hospital is still in its infancy. Even poor Jews will scrape together a few shekels and go to a big English specialist.

It is easy to understand the lack of confidence of Jews in Jewish doctors. Previously,they had to consult a Gentile to get a patient into the hospital. Naturally, his prestige was lowered. The patient thought that he might as well go straight to the Gentile physician.

Societies have been responsible for this attitude also. Members have the idea they can call the doctor at their liberty. Then if anything serious crops up, they go to the specialist.

All a doctor needs to build up a practice is a couple of "boosters,"

1 This doctor's office is on the fringe of the area of first settlement of Jewish immigrants.

such as indvidual people or grocery and butcher stores where people congregate.

I usually concentrate my efforts on an individual who has contacts. I am now concentrating on a French woman who is attached to the Juvenile Courts and who meets a lot of people every day. Often the children need a medical examination, and since the city provides no public medical service, they are sent to a private doctor and the families pay. In no less than three weeks this woman sent me eight cases.

I am concentrating my efforts on the French groups.

I started with the poorest French people and through them I have gotten the middle class and some very fine wealthy French people.

One of the latter once called in a French consultant to confirm my diagnosis. After that they were content to let me go ahead with the treatment. I was glad about it also since I did not want all the responsibility on my hands.

We have very wealthy relatives whom I never see as patients. Our family is very big. They don t patronize me as freely as I think they should. Mind you they come and ask me what I think of the advice of their top-ranking English doctors. One in particular, who is very wealthy, always asks me if this or that his physician told him is alright.

Obviously one is hurt. Perhaps, if my immediate family had been more wealthy, they would come to me.

I know definitely that Jewish people go to see English doctors if they have venereal disease. There are a few cases in the family circle. The feeling of shame coupled with fear that if they go to a Jewish doctor the information might leak out, makes them go to doctors of another race.

I intend to specialize after a few years. It is much too hard doing general practice. A specialist has a gentleman's job and limited hours.

Very few general practitioners have reached the stage where they are ready to take it easy. They they do, they are just about ready to drop.

As a matter of fact I think that younger men on the whole are doing better than older ones. For some reason or other, the latter have not been able to hold on to their practice.

I want to retire when I am 50. If I can save another $25,000 besides what I have now I will be able to.

I am very tired out in the evenings for I work very hard and medical practice is enervating.

In the very near future I intend to own my own home on St. Catherine Road or somewhere near a central district.

I send most of my patients to the F Hospital. Sometimes I send them to the B Hospital where I have no trouble getting them in since a friend of mine is the admitting officer.

I never applied to be on the staff of any of the Gentile hospitals. I realized that it was next to impossible and I didn't want to be disappointed with a refusal. I have been told politely that there are no vacancies even though I know very well that there are.

Obviously the competition is keener at the F Hospital than at the other hospitals. It is small and has to accommodate a large number of doctors. Sometimes at clinics, there are almost as many doctors attending as patients.

I belong to the Montreal Clinical Society which holds a meeting once a month at which purely technical things are discussed. It was formed by the Jewish doctors because for years they were not made very welcome by the English Society. I was invited to the latter society by an English doctor and I attend its meetings more regularly than those of the former.

The meetings are more interesting for they have access to more clinical material and they have more outstanding speakers.

Belonging to these associations does not mean that doctors are going to send you patients. Most doctors try to do everything themselves anyway. Even specialists give general medical examinations.

Physician A6

My father left Russia in 1905 soon after he was married. Mother followed a year later with a new born baby.

My father was an orphan,in a sense, for his mother had remarried. His step-father abused and mistreated him terribly and he left home at a very young age. He became an apprentice to a tailor. Life as an apprentice was very hard. He walked around bare-footed most of the time, carrying a bag weighing from 50 to 60 pounds and he was fed on crumbs. Eventually he finished his apprenticeship, left for the big city and got himself a job. He was also in the army for a while. Then he got married and left for Canada. He has a few half-brothers but no close familial bonds exist among them.

I don't know much about my mother's family. She worked very hard as a girl in a candy store. Her sisters and brothers immigrated to Canada one after the other.

She has never had a chance to be educated here. She was busy with one child at first and then others came. She used to keep boarders in the house to help pay the rent. Until I was twelve years old we always had at least one boarder in the house.

My father has always worked as an operator in a tailoring shop. He knew and felt keenly the disadvantages of working in a shop. Hence he was determined to put us into the professions so that we might have some security when we would grow old. He felt that this is a free country and that we should all take advantage of the chances to be educated. He was never educated formally but has learned a great deal through his own efforts. My mother is illiterate, although she has a high native intelligence. I feel that she has developed her intelligence through us. By this I mean that she worked so hard and sacrificed so much to give the children an education that she is responsible for what we know. I identify myself with her, for whatever I've acquired, it has been through her efforts and sacrifices.

I was the talkative one in the family. Hence I was supposed to be capable of becoming a good lawyer. My parents had their hearts set on this ambition for me. In any case, they wanted us to be professionals, not working men. As it has turned out, my older brother is the lawyer and I am the doctor. My older sister is a teacher. Only the youngest one in the family, my other sister, is not a professional.

We all worked hard and my father worked hard. He was persistent in his ambition. Under the strain that we studied and worked we might easily have decided to give up trying if not for my father. I worked at various things, as an usher, on the boats and on the buses. Similarly with my brother. My sister made her high school fees by working in the five and ten. I got through high school on a scholarship. We all sacrificed a lot.

I remember every time something was needed in the house, for example, a new piece of furniture, there were debates for months ahead of time.

Study was drilled into us. It was part of our home life. My father was very stern about it. We lived in terror of not passing. A bad report meant a good scolding. We were really serious.

We had many disadvantages in studying because we were so crowded. If we had been placed in wealthier circumstances we would have been far better students, I am sure. We used to worry a lot about our fees. We felt that we had to earn more money in order to relieve our father of his heavy burden.

Our economic reserves were very limited but we didn't live beyond our means. I remember, in order to save a few cents, we used to go to the market on Saturdays and drag bags of potatoes and other things home.

We lived on St. Urbain near St. Catherine St. This became a real slum district after a while. We didn't move around because of our low financial means. It was time to move when a house of prostitution suddenly sprang up next door and the police raided it.

We lived with a bunch of crooks and it was very easy to become one. To make money as kids we used to minds cars; and even steal flowers and sell them in the streets. Once I was caught stealing some apples in the orchard of a big hospital. I wasntaken into the house of the caretaker and I begged for mercy. They took my name and address and for the next ten days I lived in terror for fear the police would come after me.

We moved finally because we had outgrown the district. Jews were moving out rapidly. We felt that we were among strangers. But more than that,so many unpleasant incidents were forced upon our attention, e.g, cops running across our roof, shooting in the streets, etc. My sister was growing up and her security was threatened. In fact, no one was secure.

We were taught to respect religion of itself but my parents told us that organized religion was a farce because of its association with finances. Although we observed every holiday, as my mother wished, it did not have any religious significance for us. It was more in the nature of a feast. My mother used to buy a seat in the synagogue for the high holidays. But my father and the boys never went to the synagogue because it was too expensive. Moreover, he felt that we should not have to pay to worship God.

Emotionally we are Jews. We are good Jews in spite of our non-religious feelings. We'll fight for our rights.

In public school we were a tough crowd,--Jews, Irish, Italians, Negroes, Chinese. We were all friends. There was no distinction or race or colour. Poverty united us. We had a common hatred of the French kids. We called them "frogs." And woe betide any of them that ran up against us. We had the reputation of being the toughest gang in town with the possible exception of the Griffintown kids. The latter thought that of themselves but neither of the gangs was going to take the chance to prove which was the tougher.

In the gang I was more or less reserved. I wasn't an active participant. I remember going to the park at night where all the kids gathered and the older boys told all kinds of smutty jokes. I must confess that I didn't understand a thing they talked about and felt very foolish about it. Therefore I kept very much in the background. I was tough but not rough.

In Montreal High School the teachers let us know that we were Jews. They often brought up the subject openly. They used to call the Jews onion and garlic eaters and when some one in the class smelled of garlic it was immediately blamed upon the Jews.

Ever since I can remember we got spending money once a week. In public school it was a quarter a week; in high school fifty sents; and in college a dollar a week.

I didn't enjoy college very well because I didn't haveany money to spend. I was worried all the time about not having enough to come through the year alright. I became increasingly nervous. I didn't have any time to take part in extra-curricular activities.

I wasn't admitted to medicine at McGill because of my race. I did not take up medicine because I wanted to be a doctor. I was interested in the workings of the mind and wanted to become a psychiatrist. However, when I realized that a long struggle lay ahead of me and that I would have to become institutionalized to make a living, I decided to practise medicine.

The refusal was on account of my race for I had done well in my arts course. Thus I lost two years of my academic training. I had to spend the last year of my arts course without combining the first year of medicine as I expected to; and one year at the University of Montreal before I was allowed to enter medicine there.

There was more anti-semitism for me at the U. of M. than at McGill. French people let you know that you are a Jew by a smirk or by a work; English people let you feel that you are a Jew.

Thus I became increasingly conscious of my Jewishness. I had many fights, not for personal reasons, as I got along very well with the Gentiles, but as a representative of my race.

I tried to quell anti-semitism by my personal efforts. In fact I even spoke to the Dean about it and I told him off for not doing anything about it.

I was sick of the Gentile world; I was sick of being a stranger. However, now I feel that it was a good expreience for me as I became less sensitive. I was personally liked; no one ever insulted me personally. There were many Jews at the university who were disliked for their exhibitionism.

Outside of the many fights I had where I showed my true feelings, I assumed a meekness at the university. I had to be meek for to be otherwise would have meant self-annihilation.

I made it my business to read the history of the Jews in the Jewish Encyclopedia, in all the countries and cities of Europe. I realized that I was not suffering at all. I read of the numerous progroms and began to know that anti-semitism was ingrained in the traditions of people. I read how the Gentiles used to periodically steal all the Jewish children and bring them up as Gentiles. I began to take pride in Jewish traditions. I felt that the Jews were the only true Christians.

The students at the university used to ask me, "Why are Jews evil? Why are they thieves? etc." I used to walk home frequently with a very nice chap and try to explain all these things to him. One day, to my great disgust, I learned that he was going to give a lecture on blood letting among Jews during Passover.

Now I wouldn't bother wasting time giving any explanations. People who ask such questions really don t want to learn. I immediately ask them questions about themselves, such as, "Why do you Christians preach about the brotherhood of man and do not act up to it?" and so on.

When I graduated I turned completely in the opposite direction. I became a very aggressive person; I really just allowe d myself to express what I had felt all the time. I overdid it. By now, I think that I have reached a happy medium.

I got along exceptionally well with Gentiles. When I worked as a spealer on the boats and on the buses, many people used to ask me, "Are you a French-Canadian? or are you a Scotchman?" I answered no always. I am a Jew. Immediately their faces dropped and they quickly used to say that they are surprised that I am a Jew, that I don't look Jewish at all , and that of course, they have many Jewish friends.

Thus in my work, as well as at the university, I became very Jew-conscious. I became literally afraid of Gentiles who suddenly discovered a Jew with nice qualities. You have no idea how their remarks hurt. They certainly left a dent on my character. I got so that I often expected such remarks when they were not forthcoming. Once I showed open anger to a woman on the buses who asked me if I was French. I pounced on her with anger,

and said, "I am Jewish and I know just what you are going to say; that I don't look Jewish at all and that some of your best friends are Jews and so on!"

Very often I had to conceal my identity when I applied for a job. It was not because I wanted or liked to but because I simply had to have a job. I worked in a hotel where the proprietor thought I was Scotch. It is surprising the extent to which Gentiles use the term Jew and associate it with things they dislike even when there is no occasion to show anti-semitism. I discovered this when I was not known to be a Jew. I was well liked by the proprietor. When I went back to him several years later to get some references, I told him that I was Jewish and not Scotch. You should have seen the look of disappointment on his face and I suppose he was thinking, "Imagine a Jew coming to work under false pretences. Just like them!" No, he wouldn't understand that Jews had to work under false pretences in order to get a job.

If I danced more than five or six times with the same girl on the boat, I was inevitably asked about myself. Often I left the dance-hall because I was actually afraid of disclosing my identity.

The day I got my degree I came straight home. My father was sick in bed. I showed him my diploma and he said, "Now, my son, you can examine me. If so many professors have decided to give you a diploma, you can examine.me." He was serious when he said it. We were all very happy.

My first internship was the the I Hospital. A year or two before that a Jewish doctor had become quite prominent there and was going to be given a senior appointment. The French interns decided to strike in protest and Dr. T.... stood by his post alone. He did all the work for a while. When I was there a little later, a little runt of a doctor who knew my name very well, used to call me everything but my name, e.g., Goldberg, Cohen, etc. Once heccalled me Dr. T.... Then I couldn't contain myself any longer and said to him sarcastically, "You don't like Jews very much, do you?"

I interned for a few years out of town.

I had always told my family that I would marry someone wealthy. I did just the opposite. The family accepted my wife as a daughter , nevertheless. I was embarrassed in a sense because of what I had always said. I can't blame any physician for marrying a girl with a dowry because money is so essential to start off.

Her family is similar to mine,--industrious, honest and poor people. There are three sons and two daughters. Her father is a men's tailor. They all went through high school. The difference between their family and mine is that they're pious.

I didn't want to impose upon my parents but I had to. My wife worked. I took the small front room at my parents' home on Park Ave. My office was dingy and small. It certainly wasn't a place where people would be glad to send their friends. I didn't realize at the time how much the looks of an office counted with people. People are impressed with nice things, especially when they go to a doctor. They like their doctor to have a nice place so that they can be proud of going to him.

I earned $1200 the first year. After six months I bought a car. When my wife and I had saved up about $1000 between use, we decided to take up house. We moved here and bought furniture on credit. I felt very proud that I was able to pay all our expenses. We also bought a nicer looking car for we felt that we could not move into Outremont with the shabby looking car I had. What would people think of a doctor who went about in such a car?

Our house is very small for us as we have a baby now. My office is

still lacking many things and is not as nice as I would like it to be but it is a considerable improvement over the first one I had. I still lack the equipemnt which impresses patients.

My first paying patient was sent to me by my brother-in-law who is a dentist. I didn t even have my office then or any instruments. I borrowed some instruments and much to my surprise, earned $8. I could hardly believe that I could make money as a doctor for I had done so much free work for so long. Then I had a woman patient who had since sent me many others. Through my brother-in-law I got a lot of work. I had a patient in the clinic who had cancer of the rectum. She was very pleased with me. Her son was the president of a shop society, an employees' sick benefit association. I didn't make any active effort to get this group and hence did not humiliate myself. They asked me to be their doctor and although the salary was very small, $120 a year , I took it. In order to get this society, I had to buy a car and spent $495 on a car. However, it was worthwhile.

Then the father of one af my patients owned an industry which employs about 75 people. He got me the compensation work there. The first year I made $50 through them and am still their doctor.

My uncle, who is a doctor, sent me a relief patient whom he did not want to bother with. I understood why later. I treated this man exceptionally well because I was a young doctor and needed the money. Later on, I began to treat his whole family. They started to call me every second day, unnecessarily. I spent a lot of gas and was beginning to get annoyed. One day, after serving him for two years, I returned his slip and told him the reason why, that he was calling me needlessly. What do you think he did, he turned around and called me "Dirty Jew!"

I made it my business to get relief slips. It was very humiliating but I couldn't be choosy. Beggars can't be choosers. I needed the money. A doctor who needs money has to be humble. I made about $20 a month through relief work.

When I moved to Outremont later I was glad to give up relief work. I found that I did not need it. I began getting Italian patients. Through an Italian in a factory who was satisfied with my services, I got his father and the rest of his relatives.

My brother, a lawyer, sent me accident cases. The first case netted me $50 for very little work. After that I never made as much on any one accident case and always felt a little peeved. I don't care to do such work very much as it is very uncertain in remuneration. If the patient doesn't collect insurance, he doesn't pay the doctor. The attitude is that if we collect, you collect.

I have established a big French-Canadian practice through the factories and through relief work. I also have a few Greek patients through my brother and expect to get more as a few form a nuclei. Each patient sends others. Negroes also come to me. The first negro patient I had was a relief patient. Through him I am getting others. Jews number among my patients also.

Some of my patients are honest, some are crooks. The latter certainly take advantage of me. They call me with no intention of paying. Perhaps they take advantage of my simplicity. There is no particular group of people that are dishonest. A poor Negro family or a poor French family will pay me because they have a sense of decency. Other poor people are so degraded that they feel no obligation to pay.

There are a lot of patients who can afford a lot of other things but not paying their doctor. Not only do Jews have bad traits in this respect, but others do also. It is not the race but the individual.

Here is an example of an ugly type of Gentile:- I visited a child in the middle of a very cold night. I stayed there about an hour and a

half assuring and reassuring the mother that the child was alright. She told me to send her a bill. I sent her one bill after another. Once I went to her house to ask her why she didn't pay. This wasn't a very good thing to do. I suggested reducing the bill if she could not afford to pay the whole thing. She answered that she did not see why she had to pay since her husband is a soldier.

I was once called out fifteen miles to deliver the wife of a Frenchman. I had treated him very nicely before that but I wasn't paid for the delivery.

In Westmount I am known as a pediatrician. I visited this woman's child a long time ago. Her husband has a good position; she has a maid and all that. And she hasn't yet been able to pay me $3.

I have learnt one lesson, namely, that a doctor must not antagonize pepple for he lives by recommendation. Further, a doctor has to be what the public expects him to be,--kind, with no thoughts of money. This has to be true no matter how well-to-do the physician is. The public expects you to live well; they don't like to visit a doctor who has a dingy house and who lives in a poor district.

I sometimes deliberately cross out names of people who owe me money because I become so angry when I see them. I know that they can afford to pay and that they will never pay. I am not interested in making people pay. I can't insist on being paid because, in a poor house, I am cheapened; in a well-to-do house, I am made to feel that I am impolite. If you start haggling, you are called a "kleiner" (small) doctor insultingly. If they think you are nice they call you a "grosser" (big) doctor.

Very few of my friends made me their doctor at the beginning of my practice. I found that when I treated a friend I was in danger of losing him as a friend. Just this last year, the fourth year of my practice, I am starting to get friends as patients.

People don't think much of interns. Even of residents. As Jewish people say of a resident, "Why, last year he only worked in an ambulance!" A young doctor has to stand for a lot of this sort of attitude. He is not supposed to know much. When a young physician tries to charge what the older man charges, which is not much, he is scoffed at. The latter is thus leaving an ugly heritage.

At the beginning of my practice, I noticed that everybody I met asked me for my card and told me that they were going to send me patients. I was just swamped with such patients! (sarcastically)

My patients are about half middle class and half poor class. I have a couple of Jewish people who are wealthy. I take care of their factories.

The wealthier Jews go to wealthy doctors. Many go to Gentile doctors. The poorer Jews are organized into societies. And the way to get them is through societies.

I think it is common for Jewish patients to go to English doctors and even occasionally to a French doctor. At one time, all the Jews in Papineau were patients of a French doctor in the district. People go to well-known specialists because it raises them to a certain status. Then they can talk about it to their friends. For the same reason, it is fashionable, they go to Gentile doctors.

The Jewish person respects the physician only when he is more or less on his feet. Jewish people like wealth and respect it as much as they respect education.

The only thing I dislike about the Jewish patient is that he wants special service. The Gentile patient places full confidence in me,--I am the one who knows whether I need a consultant or not. The Jewish patient wants to make the decision. He believes in specialties. I have only delivered one Jewish patient because I don't call myself an obstetrician, or a pediatrician. When they hear that I deliver babies, they say in surprise. "Do you do that kind of work?" Such an attitude is exasperating.

There is nothing a doctor likes better than being trusted by his

patients. I don't keep patients who don't trust me.

Now I have a society which is more profitable than the first one. I waited patiently to get it. My father is an active member of the society. Doctors usually compete with each other for the position. I just waited until the doctor resigned and I was the only other doctor in the society. To run in a society you have to run a real political campaign with canvassers. I waited and waited until I was elected unanimously. I didn't degrade myself.

Societies are ugly things. The Medical Association should improve this evil. Here is an existing evil that they can attack. Physicians are dispensing services at an unethical fee. One doctor I know figured out that he was getting 20¢ a call in his society.

One patient told me that the whole society revolved about the duties of the physician. An important function of the society is to provide cheap medical service. The doctor loses out in the end for some of the patients are rich enough to pay the full fee. The poorer ones can get cheap medical service through clinics. Hence, the doctor is really being deprived of a source of income through the societies.

I find that many of the members apologize for calling me for they know that the fee is low. In one case, however, a person was very disrespectful to me. He reprimanded me for being late. I told him that I wasn't a grocery boy.

I put the members of the small society I belong to in their place when they called me to come to them in cases where they could just have well come here. I felt that I didn't have much to lose and I insisted on it. Also I charged more when I felt that I had to. When the flu epidemic was on I charged my full fee to the members for each call, because, as I explained to them, I was losing out by not going to see non-society patients.

A big fuss was raised over this matter. I resigned, stating, that I must have a bigger salary in order to give them the service they expect. Another doctor was willing to accept what I thought was too little. I called him up and explained to him that I did not want to give up the society but I wanted to improve my position. I told him that he was lowering the standards of the profession. He answered sheepishly that he thought that the society was such a small thing that I did not need it any more etc. The end was that the society gave me what I wanted. It wasn't much more but I was happy because I had won a point.

I also have a little group of children, a Zionist group, which I give medical attention. The fee is low but I don't mind since I regard the services more or less as charity. When I become better off, I will give them my services for nothing. I will consider it as a donation to their cause.

I don't expect to keep the other societies later on but I will make contacts through them.

I am not on the staff of the F Hospital because in my first year of practice I made a faux pas. A request of mine to the surgeon who had operated on a compensation patient of mine was misinterpreted. The surgeon thought that I was suggeting that he split fees with me. He spoke to me very saucily. I answered freshly and we nearly came to blows. I applied once to become a member of the staff and wan't accepted. I didn't feel at home for a while in the hospital.

I am on the staff of the C and H hospitals.

I didn't even apply to the English hospitals because it's useless. The English doctor looks down on the ability of the French doctor and I was trained in a French university.

Then again, being on the staff of too many hospitals is a waste of time. I believe in staying in my office and offering my services when they are wanted. People don't have to wait long. When I am called I am there as

soon as possible. I once lost a call because I was at the hospital. It was an accident case. I don't like to lose a patient because through him I may get a large clientele. One never knows.

I am going to apply to the F Hospital again now as I believe I have established my reputation there. I go to medical meetings and clinics.

I am more concerned with what my patients think of me than what the doctors think of me. I send them patients. They don't send me patients.

I have had patients admitted to the C Hospital easily. If I have any trouble admitting them, I call in a consultant. But I don't call in a consultant unless I feel that I can't do any more than I did for the patient or that I can't diagnose the case.

The first year I was in practice, I had good results in treating some diseases of the scalp. Now people ask me if I am a skin specialist. I discouraged such talk since I do not want to be known as a specialist.

I am trying to live up to the public's conception of what a doctor should be.

I am respected. I make a living and this places me in a high position immediately. One of the members of the large society I now have said of me, "This doctor, he makes a living without us." Thus my prestige is considerably higher. I don't use the society as a stepping stone. I am glad to have the extra money as a saving. I don't want to lose any money I can make as I want to build up a reserve. I'd like to see myself thirty years from now in a secure position.

If I had not been a Jew, I would have advanced much further. My academic training would have been continued at McGill and I would have saved two years. The majority of Gentile doctors fare well. Positions are open to them. Jobs in big firms, public health institutions are shut to the Jew.

My personality would not have been shattered. I used to live in fear of being criticized and was not able to do a thing about it. I felt inferior. If I had not been a Jew, my personality would have developed in a more healthy way. I felt that I was a stranger and an intruder as a Jew.

My close friends are physicians and some are business men. I can't cultivate friends as I would like to, since I never invite people here for fear that I might be called away in the middle. My friends resent my retirement. Rather than face an evening of uncertainty we don't invite people. We ask them to drop in informally but this doesn't work. People don't drop in unless they're asked. We certainly would like to have more of a social life. Our social life is spent at home because we cannot go out together. Further, we have very limited space here. The house is very tiny and my wife hasn't the privacy she desires.

It is good to be wealthy because one can have a larger home and have help right from the start. My wife is tied down to the office. She certainly has the worse end of the bargain.

The thought of being insecure and having to maintain a high standard of living worries me. I carry life insurance. I should also have accident insurance but I do not because of the additional expense. In this respect, I am judging by the past. I have always been in good health. When I reach the $5000 mark, I will feel that I can afford accident insurance.

I am not ambitious to be the chief of a hospital or to be a specialist. I want a big practice in order to make a nice living.

I would like to have enough money to retire when I am sixty. That is, if I want to. Judging by the past few years, I have advanced considerably. I'll soon reach the $4000 mark and will probably make about $6000 within the next few years.

A criterion of success to me was when I got all the families in one apartment house as patients. This typified to me the success of contacts.

One of the most important things for a doctor to succeed is availability. After that comes knowledge of personality and knowledge of medicine. I do not study as much as I should and I have a sense of guilt about it.

I want my home and office together. I would like to stay in this neighbourhood. I want to establish a neighbourhood practice, the closest thing to a country doctor. The reputation of a doctor in an established district is enough for me. No Medical Arts Building for me. Even if I were wealthy I wouldn't move there.

My wife feels the same way as I do about living simply.

We observe ceremonies because we want to be distinguished as Jews. We are not religious. I want my son to be indentified as a Jew. If he will marry a Gentile, I will disown him. That's the way I feel now. I wouldn't want to have him as a son. We should keep on being Jews because as Jews we represent 2000 years of tradition, suffering and learning.

I don't want my son to be a doctor if he has to get all the kicks in the pants that I got and has to make all the sacrifices that I made. Doctors nowadays are not given human rights, such as, e.g., a day off a week.

Physician B1

I made up my mind as a youngster that when I'd grow up, I'd be a doctor.

I am the only one of six children who wanted to study; the others all went to high school and flunked. They didn't want to study. I was different from them in looks and in temperament.

My people had a little store out of which they made very little. They couldn't afford to send any of us to school but wanted to. The others in the family did not want to study anyway.

My people were orphans who had never had an education. They were thus interested in helping their children get somewhere. They did not force us to work.

I worked ever since I was eight years old. I washed dishes, cleaned the stove, etc. in a small restaurant near our house on St. Dominique. I made very little, enough for a show. As a kid I had the incentive to work; I always manifested a desire to get ahead..

When I lost the scholarship in public school, I went and got myself a job at McBride's on St. Lawrence.

During the time I went to high school, I worked successively at the Midway Theatre selling chewing gum, as a message boy, in Belmont park one summer, and in the last year of high in a fruit store.

I knew when I entered high school that I'd be a doctor and I had a goal for which to work.

In our public school only four out of the 80 children that graduated went to high school and I was the only one who went to college. I had a friend who wanted to go to high school but his parents made him work.

I worked in the fruit store right throughout college in the summertime and week-ends during the academic year. The last three summers I worked as a waiter in a New York resort.

I met discrimination in Montreal High School and in college. As a matter of fact in third year arts I was supposed to enter medicine but ten of us were kept out, all Jewish.

They didn't even want us to continue our arts course. They stopped us from going to college for two weeks. We were told that we weren't wanted because we were Jews.

At the end of my fourth year arts they didn't accept me in medicine even though my record was very good. Itgot the notice of my refusal while I was in New York. When I came back to Montreal, I went in to see the secretary. I was heartbroken at the prospect of not going to take up medicine. I asked him to let me enter in case some one did not show up. That was the least I could do. Luckily, I was later accepted.

In college, there was plenty of discrimination in the form of remarks and aspersions but I didn't let it bother me. Not only are the Jews discriminated against by the Gentiles but even more so by the richer Jews.

I had no use for college activities. I didnot have the time anyway.

After I graduated, still another crisis occurred to upset my plans. I couldn't get an appointment until the last minute in a small town in Ontario,--also because some one did not show up at the required time. I was the first Jewish intern there. Before that I was very hurt and made up my mind not to care.

I realized during that year the tremendous scope of medicine and decided to specialize. I didn't know what I wanted and just took what I got.

I liked the work I got into very much. I did two years of postgraduate work in my specialty.

I didn't plan to come back to Montreal but had to for my older brother fell sick and he was the main support of the family. I returned for I felt that I had some obligation to the family.

I started off on Park Ave. My friends were the first ones to come to me. I was very fortunate as they gave me a start. I didn't have many,--about four or five, but you don't need many as the number of patients grows in geometrical progression through recommendation.

At the beginning, I had only Jewish middle and lower class people.

I did not discriminate against patients who displeased me. If you do, you can never build up a practice.

Now I am more or less choosing my patients since I don't care as much. If a woman calls me, first, she has to pay, secondly, she has to follow my instructions. If no t, I tell them to go elsewhere.

When I had nothing to do, I used to cater to every whim and fancy of my patients. Now that I am starting to be successful financially, I can afford to be more independent.

I have cut out contract work. I have found out that not only did these people not live up to the amount of money they agreed to pay, but thought the doctor was at their beck and call. If a baby sneezed, they called me. They asked me to come just to weigh the baby. Now, I charge for every call.

I never had clinics.

My financial returns exceeded my expectations.

I am a fello w of the American Academy of Pediatricians, a recognized specialist. Many who call themselves specialists are often not so regarded by doctors. I knew my work when I started to practice. I am now in my sixth year and am in a position equivalent to that acquired after ten and fifteen years of practice.

I worked very hard. There were times when I went to bed feeling hysterical. Now I've reached the stage where I don't care if I make less money. My health is more important.

At the beginning I had a lot of payments to make on my equipment and on the car. I charge m ore now.

I am not so anxious to get patients and find that they respect me more.

Now I never go up to even congratulate a friend of ours who has had

a baby for fear that my intentions might be mistaken. I learnt this early in my practice. A friend of my mother came to say, that her daughter, who had just had a baby, wanted to see me. When I visited the daughter, she said, "I'm sorry, I've already engaged a doctor." It was very embarrassing and made me feel like a heel.

My first Gentile patients have come through recommendation by Jewish people. Now they recommend each other.

The Gentiles have more confidence in a doctor. They are less fickle and stick to their doctor. They don't go to a mah jong game and change their doctor.

The Jewish patients have no conception of courtesy to a doctor. I am nicer to my Gentile patients because they treat me more nicely.

In my type of work, the mothers are neurotic. They are dishonest to me and to themselves. I have a chance of seeing how the next generation is becoming neurotic.

However, Gentiles are not as conscious of giving themselves and their children good medical care as Jews are. They are becoming more so now.

Last month, three or four new Gentile patients came to me from Rosemount, having given up the clinics they used to attend.

My Gentile practice is growing rapidly. It is composed of French, English, Scotch, Irish, Poles and Russians.

It is understandable why French people come to Jewish doctors,--since all French doctors ought to be sued for malpractice.

Perhaps English people don t go to English doctors because the latter are too independent. They are all from rich families, and have good positions. When they are called in the morning , they come at night, and they charge a lot. Jewish doctors probably give English people better attention and they don t charge as much.

A Jewish mother wants to have everything done for her and she gets excited if her child sneezes. A 'goyish' one is more likely to be more independent.

My Gentile patients travel 2 and 3 hours to come to see me and a long way to go home. Furthermore, they keep their appointment on the dot. A Jewish patient, if she lives 15 minutes walk away, finds it too difficult to come to me. I have to go to her.

When I moved away from Park Ave., I lost patients around there because they dont want to travel a little farther. And these patients did not come to me at first. When they saw people coming to me, they lost their trepidation.

I belong only to medical associations. You can't be a social lion and a doctor at the same time.

I am on the staff of the F Hospital.

I worked at the C Hospital without an appointment. One fine day I walked out in disgust. Then they gave me an appointment.

I have gotten away from all my ambitions. As you see, I want to make a comfortable living and not to exert myself too much.

I had ambitions. I wanted to be a professor. I wanted to teach. In New York I had the opportunity and I was going to start there but I had to come back to Montreal.

My ambitions are now all shot to hell. All my desires have been knocked out of me.

Practice wasn't the prime thing to me. I didn't take up medicine because I wanted to make a lot of money, but because I wanted to do something for the world.

I found out that to have ambitions leads to frustration of desires in our society. The best way to have peace of mind is not to be ambitious.

When I came back I was full of ideas. I was going to give all my time to the hospital. I wanted to introduce some new methods of treatment that were used in New York and do research work. Would they let me? They would not even accept me in the hospital for it is only for their own graduates. Now I don't care.

I had a very good training in some of the finest hospitals in New York. When I started practice, I had no difficulty at all. I was way ahead of the others here. Knowledge counts.

I am not satisfied just with making money. In any case, making money doesn't necessarily mean that one is a good doctor. I have an enviable position now and a very wide practice,--all through the city. Yet, God forbid, if something should happen, e.g., if a baby should die , even though through no fault of my own, I can lose half of my practice.

At least, if you're secure with a university appointment, even when you grow older, there will be plenty of students referring cases to you.

With the medical men in Montreal, all that counts is a nice car, nice clothes, etc. Here the community is small. There aren't enough good Jewish medical men and everything is petty.

My ambitions were unsatiated. I wasn't even given a chance to find out if I couldn't reach my goal due to my own limitations.

Our socio-economic system is so rotten that it doesn't lead to good scientific work. Doctors are always rushing around to make a living.

If I were interested solely in making money, I'd tell the hospital to go somewhere. I know a lot of men who have no time for the hospital or don't give a hoot about it.

Positions in the hospital don't mean very much. I have the lowest position and do the same work as the top men. So far, I have learned nothing in the hospital. I have learned from my own private practice. I learn from going to lectures, reading, etc.

I am in favor of socialized medicine even though I am making a nice living.

Physician B2

My parents are from Poland.

My father was a little bit of a rebel. He started to shave when he was sixteen and shocked the whole community. They complained to his father who told them to go home and take care of their own sons.

My father worked for a cousin of his who was a master tailor. He learned the trade and saved up enough money to get here. He landed in Montreal and had only seven cents in his pockets . He slept at the Grand Trunk Station the first night. He was nineteen years old then. Unfortunately he did not have enough money to get to New York as he had planned. He left Poland in order to escape the compulsory military training.

He is an unassuming person but not a modest one. He takes immense pride in whatever he does. If he had the spur of mother, he would have made much more money. She's a real go-getter.

He is in the contracting business. Most of the time people who worked for him made more than he did. I remember one night during the last war he came home without a cent in his pockets for he had had just enough meoney to pay his employees. He was once a foreman before he had his own business. He quit because he didn't like doing the things expected of him in such a position.

His business is just the same as always. He makes just enough to get along. He lives on Jeanne Mance.

My younger brother is now in the armed forces. He had one year of coll-

ege and quit, saying that one poor person in the family was sufficient. He was very practical and did very well in business, rising to the top.

My mother is fairly religious. For a month after my bar-mitzvah I put on the philacteries everyday. I had my father doing it every Sunday. Then father and I stopped. She wanted me to do it once a week but I pointed out that father did not do it. My father told me that I did not have to be religious to be a good Jew.

I remember that on Sanguinet street we were subject to a lot of anti-semitism. We got out of it with our fists. I once beat up a big fellow who tried to stop us from playing and I was very proud of myself. He let us pretty much alone after that.

We always mixed with Gentile kids. My mother ha d a dry goods store in a French district. She used to tell us that it is better to deal with a "goy" than with a Jew. We were taught that we were a superior race and that we would have to tolerate a lot because people did not understand us. My mother's little brother had been killed by a German on whose land he was playing. It was something that remained in her memory always.

I have learned personally that it is not a bad idea to treat Christian people even nicer than one does Jews, although one has to stand up to them once in a while.

One incident of persecution I suffered as a child stands out in my memory. It was a Purim night. I was dressed up as an old man. In front of a penny arcade on St. Lawrence street, someone started to annoy me. It appeared to me that the reason for his behaviour was because I happened to be a Jewish kid. He must have said something to that effect. Perhaps he just bothered me because he saw a kid dressed up as an old man. In any case, I went home, crying, to my parents. Through my tears I asked them why I had been molested. I was very confused about it all. I don't know what explanations they made but they gave me a quarter. The surprise of receiving a quarter quietened me down.

Our mother has never taught us to be very affectionate towards her and father. Now she feels that she has made a mistake. She feels a lack of affection on the part of the children. My brother, the youngest in the family, was brought up to show his affection outwardly and hence mother loves when he comes home.

I was respected at home as the eldest in the family. Even when I was twelve and thirteen my parents discussed certain things with me. Now my folks turn to me with all their problems, such as, for example, buying a frigidaire for a flat they own, where to buy it, what kind, and so on.

Although I was consulted once in a while with reference to the younger ones in the family, I felt that I was being dominated. They always made me run messages and do other things I didn't want to do. My mother bought all my clothes for me until the time I left town to intern. She used to buy me a half a dozen socks, or ties, whether I needed them or not. I never experienced such delight until I bought myself, for the first time, a pair of socks.

I was afraid of being dominated because I saw that my father was subdued. I am more like my mother. I dominated the others. The sister next to me in age didn't exactly like the idea. The others did not mind. We had the usual fights but, by and large, we were very friendly. We also had a very exalted opinion of ourselves. My sisters did pretty well in whatever they undertook, especially sports. The youngster would glory in our accomplishments.

The kids in the street nick-named us the "Boosters." We talked about how good we were or the members of the family were in certain things. My brother used to boast, "My brother can do it better. My sister can do such and such."

My dad is also pretty vain about little things. He does things slowly, carefully, and then boasts about how well he did it. He has always brought out the fact that he was very good at cheder. He is, I am sure, pretty capable. I remember, when we were teaching him English, he had a beautiful handwriting.

My parents lectured at length to me, a young man on the threshhold of life, on the advisability of getting an education. They suggested to me, that if I worked, I could earn my way and might be able to go to college.

Hence I started off to get educated. Medicine was not my lifelong ambition. I was veering towards the sciences in college. I almost specialized in chemistry until something drastic happened to me. I was mixing some oils in the lab and, all of the sudden, an explosion took place. It upset me greatly. I lost interest in my chemistry lectures. The apparatus cost me $20. Before that happened, I was going to take post-graduate work. I had wishful dreams of being on the teaching staff. At the beginning of my fourth year, after the explosion, I started to feel discouraged. I thought that there was no room for careless people in chemistry. I decided that the exact sciences, the handling of instruments, were not in my line and I told that to my professors. That explosion was a landmark in my life.

Probably in the background I had decided that there was no room for Jewish boys in the pure sciences. I found this out through my summer job-seeking at the Bell Telephone. All my qualifications were accepted until my name was given. Then the job was off. In medicine, I decided, I would get along alone.

I changed my chemistry courses to psychology, physiology, etc. When I told my parents about my decision to enter the medical faculty they were extremely happy. When I saw how much my parents wanted me to become a doctor, I showed some resistance and told them that I was not yet sure. I didn't want anyone to influence my choice. I was very headstrong and independent and wanted to do things my way.

I finally got my B.Sc. and entered medicine. Fortunately, I liked it very much. As far as medical school was concerned everything was straightforward.

At the university I was on all the class activities, particularly sports. In fact, I got along very well with the boys. I aspired to the bigger teams but working on Saturdays militated against this ambition. I did not join any fraternities, although I was once approached, or any particular clubs.

I was very chummy with one Jewish boy. I never felt that I did not belong as I got along very well with the boys.

I wasn't a consistent worker at college. For weeks I took it very easy and then I crammed for the next few weeks, making up for my past negligence.

I worked as a salesman for a large Jewish firm week-ends and summers. All the time that I was working there I was hankering for something else, such as, a job at the Bell Telephone, a job on the buses; I was unsuccessful in my attempts to get these. I did stevedoring for a while. At the firm, I disliked the work.

I interned for two years at a hospital in the States. Due to some unpleasant situation I wasn't at the Jewish. I gave a written application for summer work to a physician in the hospital. Shortly

afterwards, I heard that the interns had been appointed. I had not even been notified that they could not accept me. I felt very insulted and humiliated. There seemed to be no excuse for such treatment since my application had been in writing. I made no fuss about it, not wishing to antagonize anyone in case I wished to work there later.

After two years of internship I took my first vacation since starting college.

I was all worked up about the city I was interning in and had full intentions of remaining there to practise. The relationships among doctors were very amicable, much more so than here. A younger man is always taken under the wing of an older physician with an established practice. The latter gives the former night work, holiday work, etc. It is not usual in Montreal. Even if it kills them, the older men hang on to every bit of practice they can. They do not raise their fees so that the younger man can make a fairly decent living. The young doctor has to charge miserable low fees because of the low fees charged by the older men. I feel that a start for a young man should be made under the wing of an older one.

I must say that the brand of medicine is higher here, e.g., where I interned the interns operated on appendicitis. Such a thing is unheard of here.

I came back because a large factory I had made connections with as a student offered me a good practice to start with. I gave up all my ideas of interning further.

Thus I earned my way right from the start. I must say that this is pretty good for a beginner in medicine.

I liked my office being near to where my parents lived, but I had a separate one right from the start. I didn't want my folks to mix into and know my business. People wouldn't come to me, I felt, if they knew the family. I made up my mind to establish a business independent of them. They were, of course, very nice to me as I lived at home and paid nothing. I bought my equipment on credit, my car on credit and I also had to pay $400 in back fees.

As an intern I was quite a ladies' man. I ran around a lot with different members of the opposite sex. I met my wife here in April and married her in November. At that time I had an income of $120 a month. She worked for about six months until she was too far gone to work.

My wife is a Westmount girl. She was brought up in the Temple Emmanuel faith.

Incidentally, (very proudly) my father-in-law is a bridge engineer. He was an honour student at McGill in 1905. I have often told him, that if I were in his place, I should be vice-president by now. He has watched one promotion after another going over his head. Once he had a nervous breakdown because a younger man than him got a promotion rightfully his. He is 60 now. He is of short stature, wears glasses and goes to bed at 10.30. He is a typical professor. He is very brilliant.

He was born here. His fatehr was one of the first Jewish aldermen in Montreal. The latter was originally an insurance agent for his "landsmen."

The peculiar part of it is that he is well up in his work even at his age. Recently some articles of his aroused the attention of engineering circles.

I moved from St. Viateur and Park Ave. for several reasons. I was getting most of my business from the factory. My eggs were

all in one basket. I was not getting any practice from the neighbourhood. To avoid any catastophre in case I lost the factory, I wanted to get more patients.

Then I was starting to get a type of patient that I didn't relish very much, mostly from the district from below Park Ave. A neighbour of a woman I had treated called me. I told her that my fee was $2.00. She offered to pay $1.00. Then a minute later she decided that she would pay me $0.50. I was getting very angry. Then she wanted to dump all the change she had into my hand. I told her off very harshly, saying that I was not asking for charity, that if she could not afford to pay, not to pay anything at all. From her I went to the neighbour who recommended me and gave her a piece of my mind for placing such a low value on medical men.

I had other similar cases and I decided to move away. Now when they call they pay me my full fee, $3.00. I try to weed out the bad pears. When I know some person really hasn't got the money, e.g., a woman whose husband is overseas and has several kids, I don't ask for my usual fee. But when people can afford the fee, and try to get out of it, I get mad.

The district around here is growing. The first cases I got from the district were emergency ones. Then these same people came to me for colds, bruises, appendicitis, etc.

Many French girls who are pregnant come to me. English people with venereal disease have come and many have remained as patients. In two cases of pregnancy outside of marriage I was instrumental in getting the couples married by having a long talk with them. One was an English girl who couldn't afford to get married. I sat down with the couple and figured out their finances and showed them that they could afford to get married.

My Jewish clientele is very small. Most of my patients are French and English. The French people are from Rosemount and Verdun. I haven't yet gotten a big clientele from this district. Through one Frenchman who mistook me for another doctor, I got a group of people.

I had a group of relief patients. I took good care of them as they were very nice to me. However, when they started to take advantage of me by calling me at unnecessary times I became fed up with them. One case particularly disgusted me. This certain man left his wife when their baby was two months old. He came back home with another woman who soon became pregnant and had a miscarriage. When she was in the hospital whe intimated to me, intentionally or unintentionally, that I had interfered with the pregnancy. This made me very angry and I refused to have anything further to do with them. There were other similar cases. I did not want to be mixed up with such tramps and gave up relief work.

I often get this question from French patients, "Est-ce que vous êtes un specialiste?" If you say no, you're no good. If you say yes, they will come to you for everything for they don't pay much attention to what you specialize in. Probably they have this attitude from French doctor who make a big fuss about internship (as many don't intern) and specialties.

The French people have the attitude that Jewish doctors are good but to be taken advantage of. Here is an illustration of their respect for Jewish doctors but their fear of going to them. This woman had had a miscarriage under the care of a French doctor and was now pregnant again. Her husband asked me to take care of her. Two weeks later the wife went to church and was afraid to tell the father-confessor that a Jewish doctor was taking care of her and she gave the name of the same French doctor who had looked after

her previously. Thus her husband said that they would have to go to the French doctor. She had another miscarriage.

A French patient of mine was once refused by three French drug stores to have my prescription filled.

There is a Catholic woman across the street who has never had anyone but a Jewish doctor. She believes they have the knack of looking after people.

French doctors get a lot of competition from Jewish doctors. The latter have the former beat by a mile. The French ones diagnose everything as "maladie de coeur," and they fill out a prescription. They never give a proper examination. When a Jewish doctor examines a French patient, the latter immediately sees the difference and continues coming to the former.

If any ordinary Jewish doctor were to be a French one, he would be tops among them. I think that Jews have this healing sense.

I am kept pretty busy with the factory. I see Italian, French and Jewish patients. This is not like a society where the group is close-knit and stable. There is a terrific turnover,--over 60% change every year. It isn't like having the heads of families who can influence the rest of the family. They are mostly from 16 to 25 years of age. I have picked up some of them as patients, even if they leave the company. If I happen to get somebody who becomes ill and requires me to come to the house, I am likely to get him as a patient in the future. Since I am a company doctor, the workers may begin to feel after a while that I am a check on them for the company. Originally a doctor was sent every time an employee stayed away, even if only for a hang-over or a little rest. This bred distrust. I told the company that I would go only when called.

I got rid of my relatives as patients. First of all, they have no confidence in you because they knew you when---. Secondly, they expect too much of you. They do not pay as much and often do not pay at all. Of course, they do send me patients.

As for as picking up business from thin air, one can't do it in the Jewish community. Every family has a doctor in the family.

In this district I have gotten patients from out of the blue sky, seemingly. The Christians here are well-to-do.

Then there is the drug store which might send me patients.

Then I have done some subtle advertising. My sign lights up at night. There is a street car stop right outside of my door. In case of an emergency, people remember that I am nearby.

The other thing you call subtle advertising is this. You get your wife to join various organizations. She belongs to various sisterhoods. So far I haven't gotten anything through her. Some wives do a lot for their husbands in getting patients. One particular girl I know is always entertaining. Whenever she meets someone new, she invites them to the house.

In this district, the doctors who go on vaction leave me work. Their patients will not come to me but they may send me other people.

I didn't apply for an internship at the A or B Hospital because I knew of many cases of Jews being refused. Now it is different for every graduate is guaranteed an internship. If I hadn't been a Jew, I might have been on the staff of these hospitals. A Jewish doctor has to be outstanding to get on. A Christian doesn't have to; he is taken on without question.

I am on the staff of the F and D Hospitals. I got on the staff of the latter because they were short-handed and a friend

(Continued on next page)

of mine is on the staff. I feel that I would love to teach and that I would be a good teacher. I do so occasionally at the D when the regular teachers are away and get a great kick out of it.

I hope to specialize in chest diseases in the future. I got on the chest clinic by hanging around for about five or six months. I was there every week until I was given cases. I haven't gotten an appointment yet. There is nothing like perseverance.

In the future I don't think I will be any further ahead in the hospital. I f you're not a politician, you can't get ahead. That's the consensus of opinion. Some one either has to retire or move up before a younger man can step up. By the time there is a vacancy, some one else more capable than you may be advanced.

The first year I was in practice, I thought it a waste of time to attend the hospital clinics. At the least inconvenience I did not show up. Recently, an upheaval took place,--there were some demotions. Some people were not attending to their job or were slack in other respects. Now, even if I have an emergency call, I try to put it off until after the clinic.

Too much emphasis is placed on the part we doctors play in the outpatients department. All it is is a service we give to the hospital in return for which we are allowed to bring in private patients. Most men feel that they should be paid for these services. Probably they will be paid later on. Some hospitals in New York pay and one in Montreal pays a small amount. Really, the clinic is the meeting place for doctors. We discuss our medical problems, cases, collection methods and so on.

One man will often run down a consultant of some kind for his method of treatment or for his attitude towards his colleagues. This story was told, for example;- A consultant, on seeing the medicine that the family doctor had ordered, told the patient not to take it and in his anger threw it against the wall. He then proceeded to order the very same medicine. The family called in the family doctor and told him for they felt that he should know. As long as this running down of doctors takes place only among doctors it is not unethical. This story is a common occurrence. When the patient feels that he is not getting results fast enough he will call in another doctor. The latter may very well tell him that the medicine prescribed is not the right thing and give another one. A young fellow is usually more honest. If he feels that the original prescription is alright he will tell the patient to keep on using it. Such action is poor from a business point of view. When I told a patient to keep on using what the previous doctor had prescribed, there was a look of extreme disappointment on his face.

By changing the medicine, or the advice, an older man may get back a patient whom a younger man has taken away. The real big man doesn't descend to such levels because he's on the top anyway. Fellows who have been in societies are more apt to do it.

In this district we are not in competition. When one of us goes on vacation, the other looks after his practice. We help each other in many ways, e.g., when we have a certain problem on our hands which is difficult.

All I want in the future is to be recognized as a good doctor. I have never wanted to be chief in the hospital . I want to get a good enough practice to be able to buy my own home and $30,000 of insurance. We want to have another child. I don't want to be rich when I die. I just want to make sure that my wife and children have enough to live comfortably on in case I do. I also intend to take out accident and sickness insurance shortly.

Physician B6

My parents came here as young people 35 years ago and were married in Canada. My father was and still is a foreman in a ladies tailoring shop. My brother, older than myself, is the manager-owner of a men's clothing shop. We have lived successively on De Bullion, Prince Arthur and Mt. Royal Streets. My family's economic position was low but it improved as time went on.

My wife's father formerly had a business of his own. He now sells privately. They live in the same district as my family.

I spent my younger days visiting hospitals and clinics, seeing doctors and nurses, for my mother had several operations for different illnesses. Thus, as a youngster, I had my heart set on becoming a doctor. When our family doctor asked me what I would be when I grew up, I answered, "A doctor." He advised me against it. Now I would give the same advice myself, unless a person is set heart and soul upon medicine and is ready to work hard and sacrifice much. My mother was always very pleased to hear me express my ambition. No doubt she encouraged it. I was also quite musical, and I studied music for four years. Mother, however, favored medicine. Other actions of mine strengthened my desire. I was known as the first-aid man in the street. I was interested in people's injuries and whenever anything happened, I was called. This strong wish of mine, from the time of my public school days, to my adolescent years, is, I believe, what carried me through the hellish first year of practice.

My childhood was not a very happy one. Since my mother was ill most of the time, the household duties fell upon my brother and myself. My grandmother cooked and we did the dirty work. When my brother started to work, he refused to do housework any longer and I had to do it all myself. I beat rugs in the back yard, swept, dusted, washed dishes and shopped very economically, for I had to. Right now, I do a lot of food shopping for my wife works. I have broken in the maids here for I know as much about housecleaning as the best housekeeper.

Now and then I was very jealous of my brother. He could periodically buy new shirts and new ties. I couldn't for I was only a student. I was also jealous of his freedom and his late homecomings from parties. Yet I didn't like this kind of behaviour since it went against my grain. I was very bashful to go to parties. The first one I attended was in my last year of high school. Then my brother discarded his clothes, he let me have them. Sometimes, he also slipped me a quarter or a fifty cent piece for spending money. Once he brought it up to me that he was supplying me with spending money. I was very hurt and indignant to think that I had to stand for his presumptions and forthwith decided to quit school. This was in second year high. My mother created quite a fuss; she cried a great deal and insisted that I keep on with my studies. If not for her, my whole path of life might have been different. On such incidents does the course of our lives depend.

I felt very much older than my school-mates and also my college friends. Their conversation seemed foolish to me. This feeling, I suppose, was due to the fact that as a youngster I was burdened with responsibility while the others my age were playing in the streets. Financial matters always worried me a great deal. When I was eight I felt like an old man. I used to feel that my high school fees of $4 a month were an added burden on my father. I helped, a little, by working at odd jobs in the summer-time, such as delivering parcels.

When I graduated from high school my father asked me what I wished to do. He made it clear that he did not wish to influence me in any way. When I said that I wanted to go to the university and become a doctor, he blushed with joy.

I paid my university expenses myself and my father supplied my room and board. He wasn't well off, being just an employee. Through persistent bothering of an employer, I landed a job for the summer as a lecturer on sight-seeing tours. I worked at this for six summers. These experiences gave me a lot of self-assurance and taught me how to handle people.

In Mount Royal School and in Baron Byng High School, my environment consisted almost of 100% Jews. Thrown into an environment at McGill University where there was a varied mixture, I became extremely sensitive of my Jewishness. Under heightened emotional stress, people forget themselves temporarily, i.e., they forget their class and race differences and make common cause. During the first week of college, everybody was very excited about the novely of going to college, and we were all very palsy-walsy. Afterwards, I saw more formality. There wasn't open animosity but a cooling off of attitudes as different groups were singled out. The manner of greeting changed from one inviting friendliness to one holding the other person at a distance. I felt it keenly the first year. Several experiences heightened this tension. A tall, skinny fellow named T... was very chummy with me. The first week or two we walked together, exchanged notes, etc. One fine morning he turned away from my greeting. I saw that he was ashamed of his attitude. He had discovered that I was a Jew. He certainly could not expect me to say to him before we became friends, "Now, look here, I'm a Jew." On later occasions, I purposely said, very loudly, "Hello, T..." in order to hurt him and he was hurt.

Several of the campus bigshots were friendly to me. One day I was handed an invitation to an S.C.A. dinner. Excitedly I showed it to a friend of mine, whose looks were typically Jewish. I asked him, "Have you an invitation?" He said no and laughed at me, "The invitation is not intended for Jews. Tear it up." I did not attend that dinner. My Christian friends cooled off afterwards. They had found out that my name was Moses.

I didn't look like a Jew at all, nor did I speak with an accent. As a suggestible youngster, I spent much time playing baseball with Scotch soldiers stationed near our house. In fact, I sometimes pronounced words in a typical Scotch manner and was mistaked for Scotch.

Before my entrance into the medical faculty I had conquered my complex of being a Jew. I had solved it by being very formal with the Christian students. One day, an English fellow approached me. I was very cool and nodded hesitantly. He wished to borrow my notes. We walked upstairs. "By the way," he said, "you must have lots of Jews around here. Our professors at home know how to deal with them. They make it so tough for Jews to pass that only the best get through." I cannot describe my feelings. I was flabbergasted for the moment. I didn't know what to say. I was certainly not going to betray my race and said, "I am also a Jew." This chap immediately excused himself in an embarressed tone of voice. He assured me that many of his best friends were Jews, etc. etc. I felt like spitting in his face because of his hypocrisy.

This occurrence threw me into the slumps again. I spent much time thinking out the problem and finally evolved a few simple rules to follow, to be very formal and not to seek friendship unless mine was sought.

As a result my attitude towards Christians was cool. I have overcome it, for it was also prejudice. I can now treat an individual simply as an individual. I feel much more self-reliant and am myself with all kinds of people. I treat Jews and "goyim" similarly. Other Jews have two personalities,--one with their Jewish friends and one with their Christian friends. Often, for example, when walking with a Christian, they are ashamed to say, hello to someone whose looks betray his Jewishness. As far as I am concerned individual's opinions do not worry my feelings any more. The other day I was walking with one of my Christian patients. I stopped to talk with an old bearded Jewish man. Perhaps my patient realized then that I was Jewish. I don't know. I don't care. I have often seen a Jewish crow d, in a boisterous mood, suddenly quieten down and put on their best behaviour when a Gentile appears.

Until the time I had my M. D. in my hand, I felt like Damocles, as if something bad was going to happen to me. I always felt that I did not know enough to be a good medical man. I studied all day and did not find the day long enough. I had a horrible feeling that I would not get my degree. The day of graduation, I felt extremely happy and that the world belonged to me. This sensation of well-being has never left me. Now I have a hundred times more reason to worry than before but I don't. If I don't make a cent one day, I don't worry about it.

My parents were very proud and happy and introduced me to everybody as their son, the doctor. That is about all they did. I have told my mother and father, particularly the former, not to go out of her way raving about her son, the doctor. I am very insistent about this point, that she is not to talk about me unless she is asked. My parents have always been fine people. They are not social climbers. They haven't changed their acquaintances in the last twenty years.

A few weeks after graduation I married the girl I had been keeping company with for five years. We both had nothing materially. Her mother gave her $65 on our wedding day, saying, "I hope this helps you along on your honeymoon."

I interned for one and a half years out of town. My wife stayed here and worked and saved. We saw each other every few months. I earned about $25 a month as an intern. Since I did not drink or smoke, I sent the odd $20 home and bought some instruments.

When I started practice we had a little money. My wife worked. I had an occasional call. I walked for three months. Then I bought a car. Let me tell you it certainly was a struggle. I have a bank book as a memo. My account went up and down. Gradually I saved a little. Now I am saving more and am satisfied with my income.

I joined my father's society. But I could not be a good politician. It was against my grain to hand out cigars and cigarettes; to invite important people to my house. My wife and I discussed it. I asked her if she would like to stop working. I would try to be a good politician and get in and we would live more economically. She refused and kept on working.

Very shortly she can stop working. I am now earning enough to support us in our present way of life. We have not denied ourselves anything we have really wanted.

When we took up house, we lived with another couple in a very exclusive residential district. We paid $75 a month rent. People could not understand how we lived there for a while. They gossiped about my wife's old man supporting us. Why people say that I don't know and I don't care.

They don't realize how we had to skimp and save out of my wife's salary. There are, of course, some doctors who have married for money. The doctor around the corner, here, has a well-to-do father and married a girl with money. How else can a young doctor come to own his own home?

From the beginning my clientele was composed of both Christian and Jewish patients, ahlf and half. My patients are now Jewish, French and English. I didn't particularly encourage my relatives to come to me. I was never friendly toward them and never got anything from them. They are never pleased and think they do me a great favor by coming to me. I did not want my relatives to feel that I am indebted to them for a livelihood. The younger generation visit me and we get along very well.

I started with industrial cases, abscesses, finger cuts, the usual colds, appendicitis and common diseases of children. Later on, maternity cases came my way. The moment I could get Jewish people to call me, a young doctor, for maternity cases, I knew I had established myself in their regard. My first cases were my sister-in-law, my maid's two sisters. I take care of their children now.

How did I get industrial work? My wife is working for a large fur firm. Her boss asked if I would give medical care to the employes. Through my friends who know employers I have gotten such work. In certain ways, indirectly, I approached the bosses. Also, the father of a school chum of mine owns a business. The latter got me in. My father got another place for me through pull. Similarly with my father-in-law. My French patients are mostly workers in the needle trade.

Can you imagine being a doctor of some real big organization, e.g., the Mount Royal Hotel? Only the "goyish" doctors can get such remunerative positions. Why, only for seeing a patient they get $5.

In my opinion doctors are too indefinite and vague in their remarks to their patients. I command pretty much confidence because I am very definite in my advice. People don't want to hear a doctor say, "I think, or It seems to me."

I know how to handle people when I walk in on a family. I can become very chummy with them in no time. In this way I get results which many doctors don't. People disclose very personal things about their family secrets and their sec life which are of importance in many illnesses.

Further, a patient wants a doctor to show genuine interest. Too many doctors pat them on the back and say, "Don't worry." They don't put themselves out to be interested.

In Montreal, too many Jewish people run to "goyish" doctors because they have more respect for them. Also, they want top men. There is only one top Jewish doctor they flock to.

I have a French patient who is a salesman, and quite an intelligent person. He said to me the first time he came, "I couldn't go to a goddamnfrog. They don't know a god damn thing." He had, it seemed, been roped in for fancy treatments. French doctors have all sorts of little machines which they use for treatments, for which they charge so much.

My first maternity case came through a Frenchman whom I had treated in an industry. He asked me to come and see his wife. Through this process the whole family flocked to me. Jews will follow one member

of the family who is very satisfied with a doctor, also, but they are shrewder. Jewish people will criticize anyone, no matter how good they are. Gentiles are more complacent.

A French patient will ask me in advance, "How much is your fee?" If he can pay, he will agree. Otherwise he will say outright that he is unable to and will leave. Jewish patients don't ask, they demand to know the fee and will always haggle. From $10 they will boil it down to $4, saying such things as, "What did you do? boil a needle? Dr.... will do it for less." I always feel like throwing them out by the scruff of the neck but I don't. Other doctors are short-tempered and will reply, "Go to your other doctor." I am diplomatic and say, in effect, "I am flattered that you have come to me instead. But I cannot set the other doctor's price, nor can he set mine. I cannot do any better. "I study these people when they are haggling. I sit back and laugh at them, inwardly. They think that they are so shrewd and then they start walking out. I say, "Of course, I can give you a cheaper article." But no, they want the best. They always come back. One might think a doctor's office is a grocery store.

Sometimes I think it is a matter of satisfaction to them to bargain, not of economics. It is on the whole, truer of the older generation than the younger. The former have a habit which is most annoying. After my visit is over, they slip me a crushed up bill, without asking what they owe me. Younger people will ask outright what they owe me. This occurrence embarrassed me greatly during my first year of practice. I felt as if I were sneaking out of the house afterwards. Getting into my car, I had the courage to open up the bill and see what it is. Now I act in the following manner. I open up the bill immediately, in a noticeable way, using both hands. Upon seeing the amount, which is always less than my fee, I say, "There must be some mistake here. My fee for this call is $2." Sometimes I get more, often I don't. I found that the firmer and harder I am, the nicer they are to me for they feel insulted. I have never had this done by the cheapest "goy." The poorest will not do it. Of course, there are many who don't want to pay and they don't. Only Jewish people squeeze the bill into a little ball.

Being pulled out of bed at 3 o'clock in the middle of the night and not being paid my full fee is most aggravating. I wish I were not so soft when it comes to collecting money. I've steeled myself time and time again before going on a night call to make sure I'll be paid. But when I am already up and they are bawling for me, I can't refuse. On the way, I promise myself to insist on getting paid. Some people are nice enough to ask, "Well, Doctor, how much do we owe you?" Very often, on seeing their living conditions, I just answer, "Whatever you can afford," and get $2 or $3 instead of $5. Others just let you go. They don't even ask. With the exception of one call on Van Horne, I have never yet gotten my full fee on a night call from a Jewish patient. Often I know that they have enough money money for other things, e.g., for new clothes for "yontavim" and their dedeficiency in paying the doctor is inexcusable to me.

It is true that even the upper crust of the Jewish community living around here are justmaking ends meet, living up with the Joneses, and often don't pay.

Some patients whom I have visited four and five times pat me on the back and tell me what a nice doctor I am. They haven't given me a cent yet. They call Dr. S... all kinds of names, The latter has made them pay. Some doctors say very roughly, "If you haven't the money,borrow from your neighbour." Darn it, these people will respect the doctor who makes them pay more than the one

who doesn't in spite of the curses they heap upon his head. They'll call the one who won't sue last. How can I sue a person for $2? The amount of ill-will created by such action wouldn't pay. The person sued will go around telling about the injustice of the doctor.

At One time I used to lay out money for drugs, and often large amounts. The patient then paid me at his leisure. Now I insist on being paid beforehand and do get paid.

A doctor should be remunerated for his services for he can't live on air. But he is not on the list of a person's musts, such as the baker, the grocer, the butcher, new suits of clothes for the High Holidays and then other personal belongings. The doctor, they think, has a halo around his head. He is a humanitarian who works to serve people in need.

"Goyish" people have implicit faith in you, Jewish don't, e.g., I had two similar cases last week, one Jewish and one English. Both men were cutters working side by side and they had exactly the same injury. The English chap came in, was treated and took things as a matter of course. He did not ask any questions and he said that he would be back. The Jewish chap came in, looked around at my office and my degree nervously and said, "Are you out a long time, Doctor?" and then, "Do you think I ought to have a specialist?" I was sarcastic but not angry, "I'm just out of college and have just opened up. But don't worry, you will survive." I choose to smile over situations like these which cause other doctors with too much ego great distress. It works to my benefit.

Most of my patients are middle-class. I have very few who are financially well off. These few are the manufacturers, some of whom expect me to make concessions because they give me a lot of business. Sometimes, they underpay me.

I am interested in psychology, psychiatry and psychoanalysis and have twelve important books on these subjects. I have studied the human mind and am very familiar with it. To understand a patient's feelings is as important as to understand his physical ailments in curing him. I feel that most medical men don't tackle their patients as human being with minds. An important phase of human life many physicians cannot be frank about is sex. To me, as a doctor, the importance of discussing sex problems frankly cannot be overestimated.

I have lectured a great deal to clubs of young people on sex. I have now stopped lecturing though I still receive invitations. I have had my outlet for public speaking. When younger, I stammered and was subject to an inferiority complex. I spent a good deal of time analysing my behaviour, reading psychology and did come to a better understanding of myself. I have reached a happy medium between inferiority and superiority complexes. People who try to compensate for an inferiority complex overdo it and develop instead a superiority one.

My summer work brought me into contact with all kinds of people. Tourist range from working class people from cities, to doctors and big business men. They always pumped me about my personal life. I always made it my business to pump them. I learned not to answer their intimate questions if I didn't want to, by asking them questions. Most people do not have the nerve to ask a question a second or third time. I discovered that the power of words is great if we know how to use them. I learned also to listen sympathetically to the hard luck and sad stories of people without being influenced to feel badly myself.

I am not afraid of people. I will not avoid saying hello to someone I know. I can quickly change the attitude of fear, of avoidance on the part of a person by a genuine friendly greeting. I know how to make people feel at home when they come in. Other doctors are too formal with their patients. I invite many people to my house because I like people. I t is not in my mind to invite them in order to get connections. If people thought I had ulterior motives, I would feel badly about it.

If an old school friend of mine, who is holding down a job, approaches me on the street, I can see his defensive attitude toward me, a doctor. He comes toward me, and says, very cockily, "Hello, there, T...!" He, of course, would not give me the satisfaction of calling me Doctor, I respond in a very friendly manner and this bundle of complexes softens up. He starts asking me about my career as a doctor when he knows that I am not snubbing him because of being a doctor.

I like general practice, for I never know what I am getting next. One needs a great deal of commonsense to get along. I have one of the best-equipped bags in the city, containing some things other doctors don't dream of carrying. One has to be pretty wide-awake.

Emergencies used to excite me. In the first year, besides the novelty of getting a call, I became so excited that I simply rushed out of the house without any preparation for the emergency. Now, in a very determined tone of voice, I make the person calling tell me what the matter is and I come prepared instead of rushing pell-mell out of the house.

I am very deficient in personal protection except for a few thousand dollars worth of life insurance. I want to have medical insurance but it is very expensive. Every doctor should carry it in case of being sued for malpractice. The insurance company takes over the case, does all the legal work and pays.

I would also like to have an old age pension since I won't have enough money to retire. I expect to work until I pop.

I don't expect to make a fortune out of medicine. Unscrupulous persons can do so in certain ways, e.g., they can make a patient come back more times than is ethically necessary. I guess I am not enough of a business man to make a lot of money. There is a certain doctor who gives a complete check-up which costs $30 no matter what the patient comes for. He will prescribe the most expensive stuff. Even middle-class people go to him although they can't afford to.

In college, someone advised me to leave town for a year or two on graduation, come back, renew my old acquaintances and set up on Doctor's Street. Of course, for a while, things would be tough. I would need money to back me. However, I would establish my reputation as a $5 man and make out well later on.

Even now, if I cared to move to the Medical Arts Building and raise my fee, sooner or later, with objections from my previous patients at first, people would come and pay my fee and my reputation would grow.

I don't try to keep up with the Joneses. I know my limitations I wouldn t dream of moving from here to Westmount for it is here that I have my patients. I don t plan to have an office in the Medical Arts Building. One thing I would like very much is to own my own home farther up the street.

I don't see clients at any time suitable to them. For example,

if they come in on Sunday morning I don't take them unless it is urgent. Or if they come in late on a Saturday evening for a general examination because they are passing by I refuse to take them. I ask them to come back and they usually do. After all, there are certain times when a doctor must have his leisure. I try to distinguish daytime and nightime calls. In the daytime, I will see anyone. At night, I will try not to go to people who won't pay. I'm sick and tired of being gypped so many times. One gets disgusted being deceived.

If at the present moment we had more money, my wife would give up her position. I would buy a property. I would specialize in surgery by taking two weeks of intensive study from time to time at various hospitals, while still continuing my private practice.

My prospects of becoming a surgeon are small unless something extraordinary happens, e.g., such as a rich patient leaving me money in his will. My contact with rich patients is practically nil, with the exception of the factory manufacturers. The latter often tell me about the diets prescribed by their physicians. They don't mean to employ me as their family doctor when they employ me as the factory doctor.

I am on the medical clinic of the F and C hospitals. I do some work at the D Hospital. I belong to the local medical society. I do not subscribe to the journals of the American Medical Association or the Canadian Medical Association, as I can read them in the libraries. It is not necessary to spend $10 to get them. It is true that I don't read them regularly but from time to time I spend an hour or two in the library, catching up with back issues. I was on the staff of the H but I left because I can't spend all my time on free work.

I am a social member of the K.... Association. I receive no benefit from it. I pay 25 cents a month. The point is, that my name is registered. I show up at meetings once in a while merely to show my face. I hope some day to be its physician. I ran once but it was useless to try. Some doctors belong to two or three at a time. They are idiots and are wasting their money. I belong to the society because once I am ther I might have a chance. After all, they might become dissatisfied with the other doctor. I imagine when they are displeased, they say, Remember, Doctor, Doctor T... belongs to the society." This society business lowers the doctor's self-respect.

My friends are a mixture of professional and lay people. We have never been very intimate with anyone because we were always too busy.

There is something I have noticed about the older men,--you probably know them,--they are as a whole just interested in money. The amount of money they can get out of a client is more important than the case. The younger men are more interested in medicine. Perhaps I am too idealistic.

Physician B7

My father came from Roumania and my mother from Galicia. They were married here. He owns a retail clothing store. I think he was a rain coat cementer for the Dominion Rubber Company when he came here. One time he owned a gramophone store.

I am the oldest in the family. There are four others. One sister is a teacher. One is married and stays at home. My brothers are in the credit business.

My father always made a comfortable living. We lived successively on St. Louis Square , Drolet, St. Urbain, Outremont and now Bloomfield.

He was the sort of person who gave each of his children his own choice and helped each as much as possible. When I finished high school he asked me whether I wished to enter a profession or business. I answered that I wanted to study medicine. As far back as I can remember I always wanted to study medicine. I never had any other ambition. My parents were very much in favor of a professional career.

My parents are not very emotional or demonstrative. Neither is the rest of the family.

At the time I was ready to take my medical course most Jewish students found it very hard to get in. In my group about five or six out of thirty Jewish students were accepted. Hence I went to Queen's University. I supported myself partially but my father still had to help me out. I wanted to continue at Queen s but at the same time I wanted to lift the burden from my father. I had a silly argument with Dad about it and left Queen's. I realized later that I had made a bad mistake. There are other satisfactions besides money, that of having gone to a good medical school. I continued at the U. Of M. which is a recognized class A medical school but it doesn't get the same consideration as Queen s in an application for Internship. People in the hospitals are not interested in how good you are but where you had your training.

I interned at a French hospital where I was treated with the greatest respect. I never had any trouble or run-ins with anyone.

I opened up my office around Park Ave.and Mt. Royal. My original idea was to open up downtown. I was sorry I didn't . For some reason or other I forgot about it completely. After two years I decided to move downtown. I didn't do well uptown.

I was very friendly with a French-Canadian chap who was a well-known member of an association. He recommended many cases of compensation to me. In Quebec workmen go to whomever they please. Also, I got a number of factories which seemed to be more lucrative than what my little practice uptown was bringing me.

Most of my work is done around this district, and a good part of it right in the office. I come here at 9 A. M. and stay till 6.30 P. M. In the summertime I get down at 8 A. M. I leave Saturdays at 2 P.M and am not back until Monday morning. Perhaps a case might come up which is worth more than the previous five and a half days work but the changes are that it won t. If I stay in one Saturday afternoon and find it worthwhile th n I stay the following five or six Saturdays and I am usually sorry for nothing turns up.

People know that I am here most of the day and hence drop in at their own convenience. They don t make appointments. If I am

not here people will wait ten or fifteen minutes and thangо next door to the other doctor.

I do mostly factory work,--cuts, abscesses, infections and so on. The only difficulty I have is when I advise one of my patients to stay home for a couple of days. Then I have to visit them after hours and my evenings are taken up; I talk a lot then because I have little opportunity to do so during the day.

People come to me for all sorts of things, even loans. A few minutes ago a patient, very secretively, showed me a medicine which was used for abortions. But since it said on the label not to take without the advice of a doctor she came to me to find out if it was alright. I told her that I couldn't advise her about it. I get a lot of drug addicts dropping in. A very handsome fellow from Toronto came in the other day and asked for a shot of morphine as he was short of it. You never know if these people are legitimate or just trying to make a case on you. These drug addicts are regular lawyers,--they say that as long as I don't give them anything to take away, I won t get into any trouble.

Once I treated a woman for a condition of her hand. It didn't heal as rapidly as she expected and she went to another Jewish doctor. He told her that I hadn't diagnosed the case correctly and that she could sue me. Fortunately for me, the treatment was correct. She came in, threatening to take me to court but she didn't.

My French patients tell me often enough that they would rather see a Jewish doctor than a French one. They think the Jews are smarter and more honest. They feel they get a better treatment and their money's worth. They say that the medicines don t cost as much and that they are less likely to get fake treatments. Recently, a French girl came to me with an abscess. She was being treated by a French doctor and wasn't getting anywhere.

It is a strange thing that I never wanted or welcomed a Jewish clientele. I have found Gentiles more satisfactory as patients. Jewish ones always want specialists for everything. Jewish general practitioners are really a clearing house for specialists. I find that my Gentile patients resent having a consultant. To them, the doctor who knows them well is in a position to treat them better than the specialist. I have often had to pay the consultant's fees myself when I've called one in.

If I get a call, I go out very reluctantly because there is likely to be something better here. If I visit someone with a cold I will perhaps get $2 and perhaps I wont. It's too much trouble for me to get my car out and the time spent getting ther and back doesn't pay. It pays me better to wait around here. I don't have a shingle at home because I would get more outside calls and right now I don't handle them. Perhaps later on I will, if they throw down this building, for example.

The bulk of my practice is made up of local working people. A great number of them are French working girls. Others drop in because they see a sign up and they remember when they or a friend of theirs becomes sick. All nationalities come to me,--Syrians, Greeks, Armenians etc.

I don't make a habit of finding out who sent me the patient as do other doctors. My patients are not stable. Very few of them come back because they are transients. I do, however, treat some of their families.

A lot of people don't know of any doctor because they are from out-of-town. Many have gotten my name through the yellow pages when they have looked for the nearest doctor in the neighbourhood. If my name started with Z I am sure that I wouldn't get many of th e calls that come my way.

Often I get phoney calls. For a reason I don't kno of, people

call and give me a phoney address. The result is now that if I get a call from people I don't know, I just don't go.

I get people from countries thirty and forty miles out, who are recommended by patients of mine in hotels around here and in other places.

Some of my patients are very poor; some are very rich and pay very well, e.g., a club owner and a broker.

When I was in practice downtown for a short while and I was doing well, people talked about it. A friend of mine was very frank, saying that she was happy I was doing well, but that the only way a young doctor can do well is to do abortions. She was sorry that I had to do so etc. I tried to convince her that she was wrong.

Occasionally I have trouble getting private patients into the F Hospital if I send them in myself. I send my public patients to the C Hospital and have no trouble whatsoever. Some of the younger doctors at the F find it hard to get private patients in because there are not enough beds and there is always a scramble. It is not a pleasant situation when younger doctors meet discrimination at the hands of older ones. The latter by making it necessary to admit a patient of the former through one of them, are unfair to the former. The younger doctor can't give any orders to the nurse and hence the patient feels that he is not being looked after by the original doctor. Not only is the doctor put in a lower position but when it comes to payment, he is left out in the cold. Once, a patient of mine had to pay a bill of $200 to the admitting doctor and I did not dare send a bill. I try to do without the hospital if possible. Instead of sending in a patient for a few days to undergo certain test, I send him to different clinics.

The older men probably feel that the work of the younger men is not on the up and up. Gossip among doctors has it that a certain doctor has been spided deliberately by an older physician who wasn't sending him enough referred work. I personally don't give a hoot about the way the older men treat the younger ones as it doesn't affect me.

Other reasons given for the difficulties put in the path of the young doctor by those in responsible positions take this form: The younger physician who is yet not good enough may spoil the reputation of the hospital. To me this is a ridiculous excuse because no young man is going to jeopardize his reputation by trying to do something he cannot.

The work I do is more lucrative than other practice in this respect,--that anything I do I get paid for. I charge people right there and then. If I run a bill, I usually don't get paid. Compensation work pays if you do a lot of it. Often after the first visit I spend 10 minutes each time and get one dollar for it. I don't know of any Jewish chap who isn't hungry for compensation work. I happen to know that the Jewish doctors think that I have cornered the compensation work. It is just petty jealousy. I am perfectly content to let the other fellows look after general practice and let me look after compensation work. Once can't do both. I get urgent cases here and if I get any on the telephone, I can't go.

I am very lenient as far as money is concerned. If I were harder I could make 10% more than I do. I very seldom charge if I feel that the patient can't pay.

The unfortunate part of my type of work is that I am either very busy or very slow. There are a lot of lean days and fat days. On account of very busy days, I can't take on any other kind of work.

Physician C5[1]

My mother trained us to be self-sufficient at a very early age. We had lost everything in a pogrom in Russia and we had to depend completely on our own initiative.

Hence in public school I worked as a message boy for 30¢ a day. In high school I was a messenger for the telegraph agencies. In college I worked in a clothing store and rose to the head of it. During the last two years of college I was the councillor in a summer camp. I soon became the director and made $500 a month. I worked with all kinds of people because I wanted to get to know people and understand them.

Naturally after my parents became wealthy they objected to my being a messenger boy and supporting myself.

I spent two years in the enginaering faculty at the university and then decided I was more interested in and suited for medicine. I switched to medicine.

After graduation I had to take a job that paid me. I interned in a hospital in Chicago and earned $10 a month. This was enough to cover my expenses. The following year I did not even have enough money to buy a coat. I drove around all winter without an overcoat.

The year after I had a position in which I earned $5000 a year. I had enough money then. I bought myself several coats and put a few in storage in case I should ever again be without one.

Professor X of Chicago was looking for a man with five years' research experience to be on a commission to investigate health problems. I applied because I had my eyes wide open. You can call it opportunism if you want. I had had only two years training but he was impressed with my qualifications. He said, before I left, 'You had better change your name because it will be appearing in letter-heads.' I answered that if that was the only way I was able to get the job, that I didn't want it. The following day he called me and gave me the job.

I worked at the city hospital and came into contact with chief justices and other people in the public eye everyday. A medical man who was able to leave immediately was needed by a very prominent chief justice. Since I was not tied down to any practice, I could leave. I travelled through Europe as physician to this chief justice. I made a lot of meney then.

Opportunities like these are accidental. You have to keep your eyes wide open.

I did not intend to come back to Montreal to practise but since I am an immigrant from Russia, I was an alien in the United States and was not allowed to practise there.

I opened up my office away from my home. I paid $35 a month and lived there. My parents naturally did not like this very much. I figured that if I lived at home I would not work as hard for I would not have to. Then I'd be treated as the little boy. If I had no patients , the family would say, pityingly, "Too bad, no patients to-day!"

I am a specialist in psychiatry and internal medicine and have had a good training in both. Very few doctors are trained in psychiatry and it is necessary in order to treat the body as a whole. I am able to put myself in the place of all kinds of different people and understand them. For example, I was called to Chicago in order to persuade a young woman to have an operation for cancer. She had been very obstinate. She was very badly adjusted. In two minutes I had her agree to the operation. I received $1000 for that

---

1 This physician practises in Toronto. The interview took place in Montreal.

two minutes, just due to an extra bit of imagination. Afterwards I went to Chicago every second day in order to help the girl readjust herself. Her parents sent us a $2000 silver tea service. They sent my wife a very expensive diamond necklace and many other valuable articles in appreciation for my services.

I run classes in my office in the evenings in psychotherapy. The hospital has asked me to lecture to the interns on the subject. It is really very simple if you know how.

My patients are drawn mainly from the upper Gentile classes. I treat many university professors and their families; the financial leaders; and the social leaders. A great many of my patients come from out of town. I sometimes go to see them. 50% of my patients are people in the public eye.

I charge a lot to people. Only then do they think that they are getting a lot. It is very irrational, but true. A doctor who charges $1 may give exactly the same service. But who would go to him?

I have comparatively few working people.

Why do these rich Gentiles come to me in preference to their English doctors. Because the latter haven't a feeling for patients, an understanding of them.

I don't like to handle Jewish people. They think they 'own' the doctor. They want him to rush over when they call him; they tell him what to do, what certificates to sign. At first, when a Jewish patient calls and hears that he has to wait 10 days for an appointment,he raises an awful fuss . Imagine keeping him waiting so long! I tell him to go to someone else. After a while, he comes back to me and doesn't mind waiting. I treat the Y family. They are alright. They're more cosmopolitan and know about the physician-patient relationship. The other Jews are newly rich and have not learned yet.

The average Jewish doctor thinks too much of pleasing the patient. It is up to him to demand the proper behaviour from the patient. The Jewish doctors work hard and rush around because they do not see patients by appointment. I know in the morning what I am going to do the whole day. I have my schedule planned ahead of time. I work till six o'clock.

My patients number around 31,000. I see between forty and fifty patients a day. I see them in separate rooms. The nurse naturally does a lot to help.

I have all the hospitalization facilities here for necessary tests. In about an hour and a half a patient gets all the tests which require three days at the hospital. He gets the results in the same day. Also, only one person is doing the tests. At the hospital there are all kinds of technicians and assistants.

I have to keep up with my knowledge and for this purpose do a lot of reading, attend lectures and conventions. I belong to many medical societies.

I did five years of research at the university and published in Germany and in Italy and other countries by request. I learned German in order to be able to publish in German. It meant a lot of hard work. I belong to some honourary societies in recognition of my discoveries. My name appears in several journals of research publications.

I have lectured in about 600 places in Toronto and out-of-town. I lectured for a few years in succession to the medical society at the university. Jewish fellows are never asked.

I can show you thousands of letters from people expressing their gratitude to me for what I have done for them.

I was a demonstrator at the university for some time for which I received $196 a year. It was the same thing over and over again. I got sick

of it. I was not allowed to use my imagination.

Many of my patients used to go to my teachers. At first I sent them back. But later when I realized that they were making mistakes, I started from scratch with these patients.

The hospitals are hotbeds of jealousy. Medicine is made up, first of the science of medicine, and secondly, of the art of medicine. On the first, medical men agree. The second gives occasion to opportunities for jealousy. When a patient leaves a doctor because of dissatisfaction, or when a doctor's advice is not agreed to, the doctor naturally is very hurt.

My purpose in attending clinics is to get more experience. Other doctors hope to get patients through clinics.

I was promoted at the Jewish hospital here even though I said I did not want to. It doesn't give me a chance for more training. Other doctors want promotions because they get consultations then. I don't need these consultations. Patients come and one never sees them again.

The results of a doctor's work should give him his reputation. Positions at the hospital give a man more honour and prestige. He can hide behind them. It should be his work that gives him his reputation, not his hospital positions.

Jewish doctors become second- rate specialists when they can become first-rate general practitioners because being a specialist enhances their reputation.

The position of the Jewish doctor is very much like that of the Gentile one. It depends a great deal on one's training and accomplishments. Those that are not doing well are not competent. They became doctors because other fields were closed to them.

My success is due in the main to perspiration. I worked very hard.

The Dean of medicine asked me to change my name so that I might get along more easily. I refused. I want to be known for what I am when people come to me. I don't want to act under false pretences. So what if my name is hard to pronounce? People can learn to pronounce it.

Physician E2

My parents came from Russia as youngsters. My family was very poor. We lived in the old first area of settlement. My father was a peddler.

When I was thirteen I knew that I would go to college. My mother wanted me to go.

I started on Sherbrooke and Main Street. I never really wanted to practise since I don't like to deal with the public. It is difficult and annoying. I intended to do research work. However, I found it too difficult after a few years of practice.

I got patients right at the beginning even though I was not married. The public has the idea that a single man is not stable or reliable.

My practice is mainly Jewish. I am glad of that for one reason,-- stability. The community is always here. Also, Jewish patients, with all their shortcomings, pay better.

A good way to get patients is through maternity work. Just give me the people who are growing up and haven't a doctor. If they come for maternity work, I get a good connection with them and usually keep them as patients. I got a lot of patients through the old Jewish maternity Hospital where I interned.

I belonged to the Bnai Brith for a while. It was worthless from an economic point of view for it was a tottering organization at that time. Every doctor belongs to a lodge. I joined the Knights of Pythias because all my friends were in it. They told me that I would get a lot of patients through it. As it happened,,I did. At that time they employed a physician annually. A well-known doctor down the street had the job. He fought with me to keep it, even though he did not need it, for sentimental reasons. As it happened, I beat him. I still belong for sentimental reasons. I go down once in two years.

Marriage usually means connections for a doctor. It hasn't meant much in my case because my wife's family is small. However, there are the usual family meetings and gatherings where I meet people. Other doctors get a great deal out of their families, e.g., compensation work.

One of my patients has in his employ a very cultured refugee woman. She works in the shop for $10 a week. He sent her to me and then he paid for her. Now if that woman stays here, she might marry, she might make me her doctor and perhaps I will get a lot of connections through her.

I used to get a lot of venereal cases and stomach cases and so on. They have all slipped away from me. I am getting to have more and more women patients. The public 'makes' the doctor. Some of my patients are surprised when they see men coming to me for they think that I do only maternity and gynecology. When a woman is going to have a baby, she calls and often asks if I am a maternity doctor. Now I did not exactly will this kind of work.

I like general medicine but will probably specialize in obstetrics and gynecology later.

I take care of babies also but don't stress it very much. Some patients whom I deliver are surprised when they find out later on that I do pediatrics. They say that if they had known they'd have asked me to look after their babies. I really hate it. I am seriously considering dropping it. It is an awful bother. I hate to be tied down to a contract even though I make more money than on individual calls.

I am now delivering many second generation Jews, whose mothers I delivered.

The medical profession is more serious about being paid now than before. Life was simpler in the past. Now a doctor needs more money because of all the things he must have. Patients demand them. They come in and ask for all kinds of treatments, short wave, long wave and what not.

At the beginning of my practice, it happened very frequently that patients, on not seeing my car in front of my office, said, "What, you haven't got a car, Doctor?"

Jewish patients are difficult patients to handle. They want to know everything; they always hold the threat of a specialist over your head. When you treat one member of a family, you treat the whole family. Their attitude towards physicians is perhaps due to centuries of suppression. They are suspicious. Perhaps that is not the correct word to use. They try to get as much as possible out of you, out of life, for that matter. They live high.

There is a lack of loyalty between a Jewish physician and his Jewish patient. Perhaps this is due to the fact that the community is small and there are too many doctors. It is also due to the fact that previously Jewish doctors were ostracized professionally because they had no hospital of their own.

The situation is changing but at the present moment it is a great strain to treat Jewish patients. They are difficult to handle. Their attitude towards being sick is highly emotional. Jewish people are very morbid and introspective. In contrast I think of one of my Gentile patients, an old lady of seventy-six, who is extremely happy and cheerful, even though she has to stay in bed all the time.

People still feel that physicians work for humane reasons only. They chisel and bargain down fees. My personal experience is that Jews are better-paying patients than the Gentiles. The latter love bills. They always want you to send bills and then the chances of collecting are slim. Around this district on Esplanade and Jeanne Mance, there are a group of Gentiles who never pay; I wish to heck they would not call me. It is such a bother. I never want to go but always do. They are nice people, but poor. The Jewish people, in the same district, pay better.

Gentiles think the Jewish doctor is pretty smart. Many, of course, call their own doctors.

French patients are the worst of all when it comes to paying.

When it comes to specialists, Jewish people pay and pay plenty. Especially is this true (not as much now) when they go to Gentile specialists. Often enough a Jewish person will come to you, give you a story about not having any money. When you treat them, you try to do every thing to save their bill. You cut down your visits. You try to save on medicine. Then if a specialist is called in, out of the clear blue sky, they have $10 for him.

Another annoying thing is that they often call another doctor after you have been there. Ethically, the second doctor , knowing that another doctor saw the case, should call up the latter and let him know. But this occurrence is so common because there are so many doctors thatyou can't keep track of those who have been there before you. All the doctor wishes is that the incoming doctor should not knock the other's prescriptions if he finds them around the house. Some doctors have been known to throw another's out of the window. On the whole, however, doctors are quite ethical.

Jewish people are very impatient when they call you to come. It is a most maddening thing to be rushed. A Gentile won't call up and say, "Doctor, come right away, the patient is dying'." A Jew will say similar things when they are quite unnecessary.

They call you and in a few hours cancel it. Or they keep phoning and pestering you. Sometimes, in an accident, all the neighbours rush in and each woman calls a doctor. It is a shameful thing. I have been at calls where five doctors show up at once. It never happens among 'goyim'. On an urgent call once, another doctor rang the bell the minute after I got in. The people of the house practically shut the door in his face. They don't care about degrading a doctor. Sometimes the doctor who comes after another is there comes inside and raises heck; and people deserve it for they are absolutely heartless.

Also they do not think anything of calling you late at night when they can easily call you earlier.

When Gentiles call up they ask, "Will you please come up?" Jewish patients put the emphasis on what time you will come.

I don't try to educate them. It is too difficult. Right now I have reached the stage where I can be more indenpendent. I made my calls at my own convenience. If they don't like it, they call back that I should not come. Often that means that they have called another doctor.

It is hard enough to diagnose and treat a case; and yet with Jewish patients we have to put up with a tremendous responsibility. Having Gentile patients means much of the aggravation is removed.

Gentile people are more considerate. If it is late they say they are sorry to disturb the doctor. They don't keep on calling and hounding him as Jewish patients do.

Two weeks ago I delivered baby twins to Jewish parents. I recommended a specialist to look after the babies. The father asked, "Is he the best?" It was such an awful thing that I had recommended a man younger than myself, but a good man. I gave him the name of the chief in the hospital and he was satisfied. It was the only thing to do with an ignorant man like that.

The average Jewish doctor probably depends mostly on Jewish practice. Societies kill everything for the Jewish doctor. The community is small and has many societies.

I was in a tiny society for a short time. I was a novelty to them and we got along beautifully. They treated me very white, but my experience does not count.

Since we depend on Jewish patients, societies offer a tempting bait to certain young doctors. But the fees are rididulous. It is contract medicine. I take care of babies by the year and charge $50 for each. In a society members pay $5 to $7 each and that includes the whole family. Also, society members call the society doctor for trivial things and in case of something serious call a "regular" doctor. They call him and threaten him if he does not come on time. They say that he will have to pay for another doctor's fees or that they will report him.

Doctors are reduced to a low level, having to participate in real political campaigns. They have canvassers going around. The situation is such that there is cut-throat competition. The wife of the doctor has to give parties for cheap women.

Another thing that is an eyesore is that there are some very rich men that still belong to societies and get cheap medical service.

It is not only that societies underpay the doctor but they feel that they are getting something for nothing.

Societies are organized for cemetery benefits, medical benefits and social benefits. The young Jewish people nowadays do not want the social benefits. They are alright if they do not interfere with medical practice. They should have an honourable fee. In my opinion, societies will die a natural death.

A Gentile patient of mine, who likes me very much, told me that her English doctor used to talk to her on a high plane, as if she did not mean anything and as if she did not know anything. French patients have often told me that Jewish doctors know more than French ones.

A Jewish patient of mine sent me a French woman and her baby, who had been treated very badly, medically, by a French doctor. The five months old baby was still on the same feeding as a new born baby. After I took care of the baby for a while, her husband came to see me, with all his kids trooping in after him, and told me how wonderful I was. "I'll never go to one of my own kind again!" he said.

I did research work at the C hospital with a promise of an appointment. After the F opened I did not need it and we didn't publish the results of the work. Now it is too old to publish.

In 1928, I got my M.Sc. in pathology, after two years of work. At that time any graduate was able to work at his pet ideas. Now they have to spend all their time there and they are particular about whom they ask. I was very pleased and happy to do the work. I published an article in gynecology. I got a lot of requests from Schiler of Vienna asking me for a reprint. He said he would be in Montreal to see me. When he arrived in New York he asked me for a reprint of my second article. I also received another request from an outstanding gynecologist asking my opinion on some problem in surgical gynecology. I did not bother answering it as I was not familiar with the problem. After I wrote the thesis, a leading English physician in Montreal told me it was very good. It gave me a little local reputation. My name is also one of the references in a book on gynecology.

I never tried to get on the staff of the Gentile hospitals. Previously, it was a terrible thing for them to have a Jewish doctor on the staff. They loosened up as time went on.

At the F Hospital I have exactly the same status as at the beginning. Due to politics the younger men get ahead and then are kept down. Also, the heads are as young as the younger men. When they will be old and more established, they will not be so interested in economic advancement. I'm just using the hospital as a 'practical' hospital. I can't advance either in position or in education. It takes years before medical men develop their knowledge. Thus the younger men have not the benefit of years of experience of the older men, as yet.

Doctors who are in the obstetrical department are in an awful fix when they want to send in a medical case into the hospital. They get around the difficulty in this way. They get friends of theirs to take the case in and they hang around. All the doctors know about this subterfuge but no one talks about it.

Some of the doctors have asked me to deliver their wives. This is the greatest compliment they can pay me. Some men send me patients. I really am now able to specialize if I want.

The Jewish doctors in Montreal are just developing now. They are fitting in with the trends of the times. We now have some "society" doctors that cater to the upper classes. Many are becoming specialists. However, they are not old enough to be top men yet. They have not reached the same stage as the Jewish doctors in New York have.

Two Case Studies of Jewish Lawyers

1

My father is a wholesale grocer. He came here about 28 years ago from a small town in Austria. Mother came with me, a boy of nine, eight years later. In those days father worked for the C.P.R. He got into the produce line shortly afterwards. He worked for a big company. He was smart. In a short time he was the manager of the produce line. However, he wasn't the type to work for some one else. He had partners in business a few times but these arrangements didn't last. He has been in business for himself for the past 25 years.

My brother was born here. He is now 20 and is in the last year of Arts at McGill, a pre-medical student.

My father is quick and strong. Mother is deeper, quieter. She decides policy. Father is not as far-sighted as she is. He complained of such innovations as putting steam heating in rooms, (they own the building where the store is and the building in which they live nearby),getting a frigidaire. (To him an ice-box is good enough.) Mother gets her way and he is always reconciled afterwards. She hardly ever says a needless word. She is very good at composition and that with only four years schooling. Father has a good head. He is learned in Hebrew and spouts it the way I spout English. He is an exceptionally hard worker. Mother is also, and has always worked in the store.

For nine years I lived in Roumania. I studied in Radaoutz, Bukovina. I was taught German and Roumanian in school. I entered Canada in 1920 at the age of nine. I was educated in the Protestant schools of Montreal. I graduated from the university and admitted to the practice of law in Quebec.

I was not self-supporting. In part I was for I helped my father during the summer-time as a salesman and in the office. It was my irksome duty to make new customers only and then hand them over to the regular salesmen. I audited the books in the office.

In Europe my parents wanted me to be a rabbi. Here, influenced by the fact that a cousin of mine in Europe is a doctor, they had this ambition for me. Ever since the age of 12 I really wanted to be a writer. Somehow when I was in public school the teacher instilled me with the idea that the only worthwhile thing in life was writing. I looked up to Shakespeare as a god. Now my writer-god has changed. I suppose he has been transformed in George Bernard Shaw.

I think I am exceptional in being a lawyer. Don't take me as the average in the sense that I chose it as my life-work. I like it, as a game of chess, as a manner of making a livelihood, less precarious than writing. Even law is precarious but not to the same extent.

At the university, I loved languages and did exceptionally well in German and French. I considered a teaching career. I wanted to know what was going to be the end. I was very practical and considered the pros and cons. I have these distinct characteristics,--perseverance, will-power and a also the ability of looking at things realistically. It goes back a long time. In college I weighed the pros and cons of everything I did, even when deciding whether to go to a movie or not. (I must note, however, that I usually landed up in a movie even when I decided against it!) I thought a great deal about my future.

Having been born in Europe, my chances of landing a job as a teacher seemed to me to be considerably less than if I had been Canadian-born. Then again, as a Jew, perhaps it would not have been any different. I also had

ideas of being a teacher of the English language and it seemed to be ironic and far-fetched that I, an immigrant and a Jew, should presume to be a teacher of English! I saw examples of such efforts on the part of Jews. The E.... boys, brilliant in languages, with an education at the Sorbonne did not get what they were after. I said to myself, "Am I better than they are?" certainly not. This determined my decisions.

Also, before I graduated, I felt that law is a good stepping stone to writing. I think a lawyer gets to know people better than a doctor. People in trouble reveal their ambitions, their personalities. In court, they are under emotional stress. I expected it to be a school of life and I am not dissapointed.

I see a very varied life. The foreign elements regard a lawyer or a doctor as a god. Some Russians came to see my partner and me. They were all powdered up and slicked up, their hair like a highly polished surface. It was funnier than hell. After they left, my partner opened the windows to get rid of the odour of perfume.

I looked forward to experience. With things in life that appeal to me, I can createsomething else. Good fiction deals with the highlights of life, not all the details.

I am now partners with a lawyer who does a lot of my work. I spend my working hours seeing people, tracing witnesses, etc. In this way I am getting paid not only for legal advice but for my experience.

I suppose passing my final Bar exam, and accordingly being admitted to the practice of law, gave me the greatest happiness in my life. I felt now, that as a lawyer, I could really do what I had always wanted to do.

I was tickled pink to graduate. Father had cards printed even before I had an office. My parents were very excited about the idea of having a son a lawyer,--you find this attitude among Jews. My father took me around to the bigshots he knows, introducing me to them as his son, the lawyer. We left a card everywhere.

Many times, if my father heard of an accident, if a customer of his had an accident, he tried to steer the case my way. Through these clients, others have come my way.

Without accident cases, a lawyer might as well close up since half of his income is derived from them.

My first arrangement was not at all to my liking. I shared an office with another lawyer, both of us in the same room. He was in the front and I was in the back, both in the same room. My clients had to pass him in order to reach me. When he was busy with a client, my client had to wait and vice versa. It was "schleperish." Then I rented an office in a very nice building.

At the beginning my clients were chiefly grocers and my cases all collection cases. They were small grocery accounts which came to me chiefly through my father. For two months I had nothing but collection cases. It drove me bugs. I felt very nauseous about the whole business because it is so mechanical. You do one and you do them all.

After a while I got into accident cases. They were small ones at first. My father had three cars and I started with him. Now it it my specialty. All lawyers try to specialize but they are not as lucky. There is more money in accident cases than in collection or criminal cases.

I know many people with cars. I am an exceptionally good mixer. I t does not take me long to start a conversation. I love to be in the company of people, but my work, writing, requires that I be along most of the time. Of course, lawyers shine in wit and alertness inconversation. If I see people, I let them know that I specialize in accident cases.

Then there was workmen's compensation through people who recommended me.

I don't do much contract work. Most of it comes in May. These contracts relate to the sale of place of business and the stock-in-trade. I also draw contracts for buildings.

I have handled big accident cases, having made as much as $1000 in one case which extended over a long period of time. I don't soak because I want clients to come back and I also want their recommendation. Lawyers live by recommendation. I believe this is true of most small lawyers.

In my opinion it is not true that they soak one big case because it is very rare to have a big case, thinking that the client won't come back anyway. It costs a person more to go to a big law firm than a small lawyer. If the latter needs counsel he employs it and this counsel costs less than if the client had gone directly to the counsel. Further, a small lawyer takes more care than the law firm. He has personal contact with witnesses and traces cases himself. A firm employs a tracer, who is on a salary and not very concerned about any particular case.

I have had a case of separation of bed and board. I gave it up because it became too smutty. The woman in the case, with a child by another man, was suing her husband for support. She offered to pay me by prostituting herself as she had paid the doctor. I refused. I was paid with money.

I intend handling a lot of real estate because there is money in it. If you deal with large amount s of money, you make a lot of money. Now I am going after real estate directly and indirectly. Just as I let people know that I specialize in accident cases I'll let them know what I specialize in real estate. My prospects are at present my father, who owns two properties and people whom he knows who own property.

There is also money in bankruptcy. I have done a bit.

Indirect recommendation is the most common way in which my clients have come to me. I always ask a new client who recommended him to me.

Many have just come in because of the sign outside, at my home. One of these was a French woman who had had her case handled by a French lawyer and the latter got only $50. I got her $3400 for her husband, the victim of the accident. It is the district in this case which brings in the business.

I have had from the lowest class, the lowest, most degenerate, to exceptionally cultured individuals as clients. For example, people who were on relief, who even as soon as they received $1.80 per week, spent it on liquor, usually rubbing alcohol. Thieves, prostitutes, doctors, business men, policemen etc., have come to me. Most of them are the middle class. The business people are on the average worth about $10,000 or over.

Mostly Jews and Frenchmen are my clients. Frenchmen take to me because I know their language. I speak more cultured French. If I want to I can speak their lingo. This brings in clients. It makes me one of them. I can do it sincerely for I love languages. I love the twists and turns, the idioms of language.

My mother has a rooming house, which consists of one-room apartments. They are steam heated and have other conveniences even though they are in the business district where the housing is poor. There are people from Russia, Roumania, Nova Scotia, even one Chinaman. It is a League of Nations. Some of the Russians have families in Europe and live here with French-Canadians. Some even have children. I am familiar with them. I say hello. They borrow my books from me. They send me clients. They are always out of money. They borrow from my mother and return it at the end of the week.

Further, my father's employees send me cases in order to get in the good graces of the boss, my father.

My father puts things my way indirectly. He knows a lot of people through business and this is very fortunate for me. For example, through him, two bank managers are my clients; also, I have the Syrian trade throug h him.

Last, but not least, I am a good mixer and get to know people quickly. If I would devote all my time to law I'd make much more. My friend, a lawyer, hasn't the vitality that I have. I havenot the untouched attitude as he has. I am a hail fellow well met. Perhaps you think that I am shooting my mouth off, but it is true.

I will not defraud my client. I am very ethical in this way. I always have his welfare at heart.

There are certain things I would not do. One large firm, known strictly for accident cases, has policemen hand out their cards to victims immediately after the accident. This is unethical.

A certain action was taken against a friend of mine. Another lawyer knew about it and called him up, asking if he could settle the case. He got the business. I consider this unethical because this other lawyer knew that this fellow ordinarily would come to me. I could not do such a thing even if I did not have enough business. I was very mad. Also, I was out $5. Don't think I did not call him up and warn him not to do such things again.

A certain case I had aggravated me more than anything I ever had. Two lawyers, myself being one of them, were appointed. The other lawyer settled without me. As a result I had to sue the client for my share. The other lawyer advised his client to pay. I threatened to report the former to the Bar. I was very upset about this whole affair. When I think of it, I feel very angry.

My word is my bond. I have lost time and money in cases where I promised not to charge unless I collect.

I am very proud of my status as a lawyer and expect to get due recognition.

My reputation as a good accident lawyer.is growing constantly with grocers and with French-Canadians. As a whole, with the latter, I am an expert.

I am one of the boys but I can assert my position in the case I want to. I was in the synagogue. I was told that if I were to join the army, I would not have to join as a private. I answered that I might have to. In this way the conversation started. One smart alec there was explaining to the group that if, as an employer, you have an employee working a certain number of hours and you have to pay hime$10 for it, you can make him sign that he worked 30 instead of 40 hours. His point was that the employer can get away with it and the government would never catch him. I remained quiet as I did not wish to join the argument and I did not want to talk business on a holiday. Then this same fellow asked me, "How about law? How are you making out? " Then he turned to the other s and said, "If you want to know anything about law, don't ask D (my second name), ask M (his second name). This aroused my ire. He had the audacity to say this in front of other people thus lowering my prestige. I spoke in deliberate and strong terms. I did not let him get away with the statement he had made before about cheating employees of their wages. I explained very clearly how the worker could claim his wages and showed him up as an ignorant fool . This shut him up. I was very peeved. I have a certain amount of knowledge about certain things which they haven't got and they dared tell me about law.

I belonged to a Speaker's Group. I have outgrown it as I know how to speak in public.

At various times, I was on this and that committee. Usually, I was on the literary committee. At the present moment, I belong to a writer's association.

My intimate friends are three lawyers, one bookkeeper and one salesman. My best friends are books and a show once in a while. I correspond with two writers. One is a poor Irishman who doesn't know I am Jewish. I have as yet

not told him because I don't want to lose a correspondent I like. I think he is prejudiced against Jews. I want to hook him; once I do he won't mind my being a Jew very much . I feel closer with these two writers than with my intimate friends.

You think that I handle every case that comes to me. Certainly not. I have a certain prestige. There is not much money in criminal cases. Whom shall I defend? I don't care to act for the accused; perhaps for the accuser. Some parents came to me with this case: their six-year old daugher had been accosted by a drunken man of fifty. They were all poor; besides the whole affair was smutty.

A grocer brought charges against a message boy who had not handed in the money he had collected. The former knew thatif he did not have a good lawyer, he would be liable for costs etc. He took out a warrant for his arrest. The boy, a French-Canadian, admitted his guilt. The judge said to me , "My colleague often has collection cases in this court from you people (Jews)." This judge doesn't like Jews. I answered, "My Lord, one must distinguish between collection and criminal cases. A case of theft, which the accused definitely admits, does not come under the category of collection." It was no use. I got very little pay. I spent an enormous amount of time looking up things; waiting in court; and postponing my other business.

I don't like collection cases under $25. Persons who can't pay $10 will not pay quickly. It is a darn nuisance if you can't get anyt hing for it involves as much trouble as collecting $500. Under $25 the lawyer cannot charge a fee but is entitled to collect 50% from the client. Naturally the client is not satisfied. I have had cases of $1.25. At the beginning of my practice I took them. I would not handle anything under $25 now. As a favor to my personal friends I would do it. Also, I would do it where I believe in my taking the case, the man will give me future business, e.g., big concerns will try out a lawyer for small cases and then give him big cases.

In 80% of the cases, the clients come to me with the proposition to share 50% of the profits, saying that they do not want to invest any money in it. They don't realize that I have expenses. To me 50:50 means sharing the net profit. I have had enough aggravation out of cases like these.

A poor case is where the wages of the person being sued are hard to prove. Also, where a person is working for a big firm and his wages are easy to prove, he maybe fired by the firm when a collection means that his wages are seized. Then we are left with nothing.

When an ordinary person comes in and asks me for advice, I charge. When a big man who will give me future business comes in, I use my noodle. Once, twice, three times, I do not charge. Then bingo! I get a big case from him.

A client of mine, a bank manager, is a cheap chiseler. He constantly tries to 'fineigle' things his way. He feeds me cases and big ones, e.g., on a $250 case, I can get $31. He starts chiseling and does not give me the collection. One of these days he will have a csse which I will have to fight in court and then I will make a lot of money on him. It shows prestige on my part to gain the confidence of bank managers.

I get most of my money from Christian people. I have more Jews as clients but make more money out of the former because Jews have a lot of collection cases whereas Christians come mostly with accident cases.

I don't get paid for half of the work I do. I did a lot for a certain rabbi, a lot of which was not very pleasant work. One day I found out that he recommended a butcher, a paying client, to another lawyer. Later, he called me up for some more free work, to attempt to reduce the taxes on his

building, asking a favor after that! I did not even do it for my father. I said, "Your daughter can do it as well as I can." This is not true, of course. He tried to get around me and said, "After all, you are the lawyer of the synagogue." I was not going to do it for him and for nothing. And don't you think I told him in a half subtle way that he had recommended a butcher to another lawyer. He shut up after that.

I have enough money but I have to earn it by law. However, the arrangement I have now doesn't take up too much of my time.

I love pleading cases. I can express myself well and think that I make a very good job out of it.

I want to have security to be able to write the things I want to write,- not merely junk because it is a way of getting into print and sells. I want to write things I feel I know, not the way life should be but the way life is.

My parents feel that they have done their bit. They have one son who is a lawyer and one son who is going to be a doctor. They refer to my brother: Here is the doctor. One day my mother had a splinter in her finger. I tried to get it out. My father said, "This is not your department. It is the doctor's."

They would like to see me married; have a home and a couple of kids. They'd love it. I'd rather sacrifice marriage. If I produce one or two good plays and they hit Broadway or one or two good novels, I would get married. If I would be sure of making a living as a writer instead of as a lawyer, I would marry.

Due to the prejudice of the judge, I lost one case which I am sure I won legally. I had it against a French outfit. The judge was known to be anti-semitic. That was the only time I lost a case. I am positive I won, but no matter how much better I would have presented my case it would have been to no avail.

My partner tells me of an instance where two lawyers, one a Jew and one a Christian, were fighting an accident case, when the judge imitated the sing-song voice of the Jew,

Personally I don t think I speak with a Jewish tone of voice. I have a marked Jewish countenance. Just knowing the fact that I am a Jew by appearance, Christians take it for granted that I speak with a Jewish accent. It i is not justifiable to mock my speech when I take particular pains not to speak as a Jew all the time. Nonetheless, they imply, that despite the fact that I speak English correctly, I should speak with a Jewish accent. I f I am not speaking with an accent, then I am trying to conceal the fact that I am Jewish, and they imply, "we Christians will never let you do that; we will not let you Jews assimilate with us."

By speech or gesture, even cultured Christians never let us forget that we are Jews. I belong to an association which is mainly Christian. There was a woman there of about 60. She started to speak to me in Yiddish. She spoke English in a sing-song voice to remind me that I am Jewish. I said to her, "I see you speak German," and I was thinking inwardly, "You're a blinking prejudiced hypocrytical idiot. There is no occasion to remind me that I am a Jew."

You know why I get Christian clients, because they know that Jews are a shrewd race. Many times a high class Christian comes to me. On the other hand, a Jew will go to a Christian lawyer because he thinks that he has more pull.

Another incident which forcibly brought home to me that I am a member of a hated race and identified with all hated races, was when a French kid yelled at me, "Chinois!"

I belonged to a sick benefit association, chiefly for business reasons. There was too much "Family Compact." It takes too long to get in even if you try. I did try. I made speeches and felt very bored at meetings. There were other lawyers also. We were called "honorary solicitors," but this doesn't mean a thing.

I felt that I might as well go out with a young crowd instead of gassing around with an old crowd and have a good time. The fees and contributions ran me into $25 for the year. I was lucky enough to earn this amount of money out of a case brought me by a society member.

If I were on edge for a dollar; if I were married, I might be forced to use every avenue to earn a living.

Right now, I have no direct contact with the Jewish community; I go down to the Y sometimes.

I would not mind living more pleasantly than I do now, but it could be a hang of a lot worse.

Idealistically, I desire a house on the outskirts of the city, with a garden and plenty of fresh air. As much as I would like puttering around a garden, and a home which need s attention, I cannnot give myself the time.

More realistically, I would like to live in a more modern apartment with large rooms, two for myself, having plenty of room for all my books. I own over a thousand books.

11

I was born in Montreal and brought up in a small town in Ontario. When I was fifteen I came to Montreal and boarded here. I attended school and college here.

My father came to Canada when he was twenty. He peddled in Ontario. Shortly afterwards he bought a two by four shop. Then he built the biggest building he could build and since has one of the biggest stores in the region in which he is. Be also bought farms and other property. He was successful because he always lived very modestly. Now my parents think they would like to live here but I am against their changing their way of life when they are old and have all their friends in Ontario. They are very orthodox Jews. My mother came from a very orthodox family. Her father was quite a well-known Jew. He built one of the Talmud Torahs here. My father came from a very plain family. He used to eat everything under the sun until a few years ago. He suddenly made up his mind to keep all the rules of orthodox Jews.

I am the oldest in the family. One of my brothers is a commercial traveller. Another is with the store. My sister worked with my secretary for a while. She married into a family which is said to be very wealthy. A lot of people overrate me also.

I used to speak Hebrew as fluently as I speak English. My parents wanted me to be a rabbi. I used to think that very foolish, although now I am not apt to make such rash judgments.

I am not orthodox but I want my home to be kosher because I am a Jew. I want my children to know what a Jewish home is. When they grow up they can choose another way of life if they please. I would like my children to be happy in whatever field of endeavor they choose. I want them to have a proper outlook on life. They have got to learn to give as well as to take. I think that as a whole Jewish parents know nothing about teaching children how to adjust themselves to life. Like in every other family, when we got out into the world, we had plenty to learn. My parents did not know a lot of things they should have known. I was taught discipline. I got up at seven; 'davened', practised my violin, went to school, came home and studied under a rabbi, and then I practised again. My father had a rabbi imported esp-

ecially for us. My day was full but I was not taught how to mix with people; nor was I prepared for any of the problems of life as we live it.

I married when I was twenty. There was quite an uproar at home. My parents were disappointed. They figured on my finishing my career, becoming a doctor or such like and after establishing myself and proving my capabilities, getting married. Further they wanted me to marry a girl from a family of high social status with a lot of money. The girl I married is just the opposite. She was from a very low class poor family. I learned from them how to live. My father, since I had acted completely on my own, told me that he would continue to pay my college fees and for my board, but not for any other responsibilities I had assumed. That was the way I wanted it.

Right now I would not advise my own son to marry at twenty. We were unaware of the pitfalls ahead of us. But we are not sorry for we have been very happy, more so than many others. We have two lovely children.

The law profession was not a life-long ambition with me, nor did I seriously consider it when I was in college. I became a lawyer because this was the line of least resistance. I could pave my own way in life.

I was an honour studen in economics. In my fourth year I wrote a thesis for a contest given by the banks throughout Canada in order to cull the so-called economic brains of the country. This fitted in perfectly with my plans to get into business. I did not intend to stay in the bank because unless you become the vice-president or president,you rot away. I thought that with my financial connections my chances of being successful in business would be greatly increased. In my class there were a few outstanding economics students, Jewish and Gentile. Our theses were read first by our professors. I was told that mine was as good as any at McGill and that if McGill got the honours, my chances of being chosen were good. My professors advised me to change my name to an English-sounding one even though our names were enclosed in sealed envelopes, attached to the thesis and they were not supposed to be revealed until the best theses were chosen. There were several siftings by different judges. The Jewish names were the first to be eliminated.

I was realistic in my choice of a career because I had to be. I was married and hence my outlook on my future was different than that of other students my age. I had to get into something where I could make a living and I chose law.

During my student days I worked for an advertising company. My wife worked in a department store. When I graduated I worked in a lumber camp for a while in order to earn my bar fees and a month's rent for an office. My father's financial help ceased when I graduated from college for reasons which I have mentioned. Although he was pretty well fixed he did not help me get established.

Although every man thinks that his business is the hardest to be in I seriously believe that the law business is the toughest one for any young Jewish man. It is full of that sense of insecurity which is almost as bad as not having any money at all. Here one either starves to death or goes nuts because one has to wait around until clients come. It is unethical to go out and hustle for business. Most lawyers sit around in their offices and soon find out that they are not feeling so well about it.

I was the kind of fellow who didn't. Bar ethics or no bar ethics, I had butcher' and baker's bills to pay. I had to hustle and I did hustle among Gentile businessmen. It is a prize secret how I did it. To me it is like the sixth sense,--to know that when you are in a certain situation, you sense business and you know how to go after it. That's how I did it. I mean this. I was lucky due to something which seems intangible to me.

There are two ways of getting clients. Firstly, there is the direct approach. You go to John Smith who has a job and say to him, "I understand that you have a certain amount of legal business and that you have a lawyer who attends to it for you. I am a young man and you can help me get a start by giving me some of your less important business." This method is strictly taboo. I have done it thousands of times. So have others. Of course, one does not go straight to the person without some kind of introduction. The ground was usually prepared through a friend. Secondly, there is the method of recommendation which takes longer but is also important.

I was so intent upon making money and getting business that my head used to be in the clouds all the time. When I came home at night, the case I was thinking of was more important to me than the kite my little girl was making. I got to realize that there are other things in life besides making money. I try to enjoy other things in life. I try to forget about making money when I am away from business.

The other day I drove a young fellow home. I remember him as a bright looking young man before he started to practise. Now he looks terrible. He asked me, "How do you do it? You are driving a car and doing so well." He is worrying all the time about what is coming to-morrow. I told him that we have to realize that this sense of insecurity can get us down and that we have to get away from it in order to enjoy life. When we get home we should try to forget about work. I asked him, "Do you think that you have done the best you can in view of the difficulties facing Jewish lawyers? If you satisfy yourself that you have done your best under the circumstances, where we have no Jewish banks or Jewish insurance companies and so on, then get out of the profession." I continued, "Why starve in dignity, just because you have a diploma." I advised him to get out only if he is sure that he has done all he can.

I know of another lawyer, who after suffering for six or seven years, gave it up and got a job as a shoe salesman. When I met him he was quite happy. He knew that at the end of the week he would get his thirty dollars and would not have to worry about it.

Our parents thought it dignified for us to have a place to hang our hats on. Why can't Jews become machinists, toolmakers, farmers? We should bring up our children to fit better into the work they choose.

My clientele is about 99% Gentiles. I deliberately set out to get them. If I had to depend upon a Jewish clientele, I 'd starve. My clients are of the middle class. I didn't go to the small man. I felt that with the same effort I could tackle the middle class. I did not go to the dress manufacturers because their business consists of cutthroat competition. Doing legal work for them would involve cutthroat competiton. People of the middle class might send me to others of the middle class and probably occasionally to a richer man. I did not go to the prime industries because I knew I did not have a chance and not because I didn't want to. Once I tried to approach a big industry, but did not get anywhere. I thought over the reason for it and decided that it was because I could not get close enough to the rich men. We had no common meeting ground, no golf club around which to become friendly. I decided to pave my way to the bigger industries and richer people through the middle class.

Mind you the solicitation of business takes place on a grand scale with the corporations. They have such advertisements as "Let us make your will," The client is drawn in in a nice way. Through some juggling legal work arises around the will-making. The young punks have to do soliciting boldly and cheaply. In order not to cheapen himself, he has to do it indirectly and it is much more difficult.

My father was in business for over fifty years. He used to say that the doors would be wide open for me when I would go into practice. I have not

made a dollar from his connections. He has a big store in Ontario and is here once or twice a year. If he were in Montreal, he might help me. To top it, he is naturally a shy person and does not talk about me unless asked.

I have one or two Jewish clients now. My relationships with Jewish clients have not been very satisfactory. They tell me what to do, how much to charge etc. I tell them that if they don't want to pay my price, to go elsewhere. They can get the service cheaper from a hundred other lawyers. I find that they pay the charge cheerfully in the end. It is only a little salesmanship. You have got to make them feel as if they can't get the same service elsewhere. I had collection cases at first. They are the least important things a lawyer can do, but they serve to build up confidence. About 75% of the work of Jewish lawyers is collection work. Some of them do a lot of accident work, but they have to be ambulance chasers at first and many of them remain ambulance chasers.. The law catches up with them in the end. I know of several cases of lawyers being disbarred for ambulance chasing. I have only about one or two accident cases a year. I won't solicit any because it is not profitable to me.

The bulk of my work is commercial. I am supposed to have a good business sense. I am outside of business and can look at it objectively and am hence in a position to advise them on policy. There are many other thingscoming up now, e.g., price ceiling.

I don't do any criminal work.

Now I won't do some of the things that I did when I was starting to practice, because too many people know me and I have a reputation to uphold. Direct solicitation by young lawyers is permissible. The Bar Association does not bother with them and older lawyers excuse it since all young lawyers do it. When a lawyer with an established practice descends to direct solicitation, he is very unpopular and in danger of being reported. A certain ambulance chaser I know, is doing quite well and yet seeks more than he has. He is getting more work that would ordinairily be distributed among more men.

Some of the French Canadian lawyers are gentlemen, but most of them are just as foxy and tricky as they believe the Jews to be. Look at an English lawyer walking along the street, carrying a brief case. He is most likely thinking about the case. Did he present it well? How can he improve it? The Jewish lawyer walking along is thinking: Where am I going to get money for the rent? I wonder when I'll get my next case. I haven't had a new case in three weeks. The former can concentrate on his work for he has no financial problems and this makes all the difference in the world.

There are only about a half a dozen successful lawyers among Jews. I call successful those who are on the road to security, or who have security. I mean those who can retire because they have saved up $100,000 and can live onthe interest,--about $80 a week. There are many who have made money but who cannot afford to retire because they did not make enough to save.

I think that I am different from the other fellow because I have the ability to get business, to get adjusted. I have a sixth sense. I have just been lucky. It is not necessarily intelligence or ability which makes one successful for there are many people of this calibre who have failed. Luck counts a lot.

My clients treat me with respect. Some of them think that I am a soaker, that I charge too much. However, I have noticed that these are the people who always come back. A little success on my part is exaggerated by clients. They like to pay for the privilege of coming to a successful lawyer.

I charge the regular rates. I don't cut prices as others do. I never did. I think that I am the only Jewish lawyer who charges the regular fee.