

A history of the Antisemitic 1934 Montreal Hospital Strike L'histoire de la grève de l'hôpital de Montréal en 1934

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Published ahead of issue: Sep 16, 2024; published: Feb 28, 2025. CMEJ 2025, 16(1) Available at <https://doi.org/10.36834/cmej.79539>

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Abstract

On June 15th, 1934, interns at Montreal's Notre Dame Hospital initiated Canada's first medical strike in protest of the appointment of Dr. Samuel Rabinovitch, a French-speaking Jewish graduate of Université de Montréal, as chief intern. By June 16th, the strike had spread to 75 more interns from Hôpital de la Miséricorde, Sainte-Justine, Hôtel-Dieu, and St. Jean-de-Dieu. The strike was purely antisemitic, targeting the first Jewish physician appointed to a staff position at a Catholic hospital. By situating the strike within its social context, Rabinovitch's story exemplifies medicine's history of systemic racism and highlights the contradiction between these practices and the medical principle of "do no harm." Our aim is to provide a comprehensive analysis of the relationship between Montreal's medical history and antisemitism in the first half of the twentieth century. We conclude that the strike reinforces the historical basis of promoting racial diversity and inclusion in medical education.

Résumé

Le 15 juin 1934, les internes de l'hôpital Notre-Dame de Montréal déclenchent la première grève médicale du Canada, protestant contre la nomination du Dr Samuel Rabinovitch comme chef des internes, un diplômé juif francophone de l'Université de Montréal. Le 16 juin, la grève s'étend à 75 autres internes de l'Hôpital de la Miséricorde, de Sainte-Justine, de l'Hôtel-Dieu et de Saint-Jean-de-Dieu. La grève est un acte purement antisémite, en réaction à la nomination du premier médecin juif à occuper un poste dans un hôpital catholique. Si on replace la grève dans son contexte social, le cas de Rabinovitch illustre l'histoire du racisme systémique en médecine et montre à quel point ces pratiques peuvent sembler contraires au principe de « ne pas nuire ». Nous avons cherché à fournir une analyse complète de la relation entre l'histoire médicale de Montréal et de l'antisémitisme durant la première moitié du vingtième siècle. Nous concluons que cette grève renforce les fondements historiques de la promotion de la diversité raciale et de l'inclusion en éducation médicale.

The Hippocratic Oath emphasizes "do no harm," encompassing both treatment and broader ethical considerations in medicine. However, personal biases can and do contravene this oath. A poignant example is the 1934 Montreal hospital strike, where physicians refused to work with a Jewish colleague, emphasizing entrenched antisemitism and institutionalized racism in the medical community. This event is critical for analyzing the intersection of Montreal's medical history with antisemitism during the early 20th century, notably the role of nationalistic antisemitism within the French-Canadian community and its impact on the Université de Montréal (UdeM). This historical investigation underscores the broader consequences of biases in healthcare and the

enduring importance of upholding the principles of the Hippocratic Oath.

Historical context

The influx of European Jewish immigrants to North America in the early 20th century led to the implementation of restrictive quotas in medical education, limiting the Jewish students' admission to medical schools.¹ Education was crucial for Ashkenazi immigrants' social mobility, contributing significantly to their social and economic progress.² Jews pursued careers in medicine at a higher rate than any other American sub-population, with over 60% of medical applicants being Jewish in 1934. This high percentage fostered perceptions of a "racial imbalance."³ Such race-conscious policies also marginalized other

minorities. For instance, McGill University's Faculty of Medicine only began admitting female students in 1918.⁴

Between 1901 and 1931, Quebec's Jewish population increased by over 800%, paralleled by rising antisemitic sentiments.⁵ The "Achat chez nous" movement, fueled by economic frustrations and an antisemitic climate, gained momentum during this period. This movement encouraged support for French-Canadian merchants, indirectly leading to the boycott of Jewish businesses.⁶ It was supported by French-Canadian newspapers like *Le Devoir*, *L'Action Catholique*, and *L'Action Populaire*.⁶ Adrien Arcand, a Canadian fascist politician, writer, and journalist who styled himself as "the Canadian Fuhrer," ardently supported this campaign, exacerbating hostility towards Jews.⁷ Arcand's publications expressed vehement antisemitic views, comparing Jews to pests that should be exterminated.⁵

Signs displaying "No Jews" became common in Quebec.⁵ Prominent figures like Abbé Lionel Groulx and Henri Bourassa exploited antisemitic rhetoric, scapegoating Jews for unemployment and portraying them as threats to the French Canadian "race."⁵ In the English-speaking community, McGill University Principal Sir Arthur Currie expressed concerns about the increasing Jewish student population, fearing it might hinder the education of Anglo-Saxon Protestant students.² In 1933, Currie noted with satisfaction that only one Jewish student was admitted to the incoming law school class.⁵ Correspondence from Ira Mackay, Dean of the Faculty of Arts, to Principal Sir Arthur Currie in 1926 revealed underlying biases, claiming that objections to Jewish students were not racial but economic.⁸ By 1938, McGill maintained a quota of "eight places a year for Jewish students," a practice continuing until the late 1960s.^{9,10,11}

UdeM did not implement a formal Jewish quota, partly due to the low number of Jewish students, who accounted for no more than 4.4% of the student body in 1935-1936.⁵ Despite the absence of official opposition, Jewish students' presence was contentious, especially among the Catholic-dominated student body. In September 1933, UdeM students protested Jewish students, escalating in February 1934 when Member of Parliament Sam Gobeil denounced Jewish students at the UdeM in the House of Commons.⁵

The 1934 interns' strike in Montreal

In February 1934, at Montreal's Hôpital Notre-Dame (HND), affiliated with UdeM medical school, a group of prospective medical interns declared, "We do not want him because he is a Jew."¹² This incident unfolded when Dr.

Samuel Rabinovitch, a top-of-his-class Jewish UdeM graduate was hired as an intern (Figure 1).⁵ Three Roman Catholic residents resigned from their positions and the hospital received letters protesting a "foreigner" or "Jew" taking a French-Canadian's place.¹³ A petition signed by other residents demanded Dr. Rabinovitch's dismissal.¹⁴ Despite this, the hospital stood by its commitment to Dr. Rabinovitch.¹² On June 14th, 1934, HND's Roman Catholic interns initiated a strike, refusing to assist in emergency operations or respond to ambulance calls, pressuring Dr. Rabinovitch to resign.^{14,15} By June 16th, the strike spread to 75 interns from various Montreal hospitals, severely hampering the city's healthcare system.¹⁶ Media coverage portrayed Dr. Rabinovitch as a "foreign physician," unfairly linking him to Jewish stereotypes.¹² The Canadian Medical Association Journal raised concerns about a potential broader boycott against Jews.¹⁷



Figure 1. Photograph of Dr. Samuel Rabinovitch. Photograph is reproduced with permission from the Canadian Jewish Chronicle. 22 June 1934

The Hippocratic Oath

Despite HND's public stance, behind-the-scenes discussions led to Dr. Rabinovitch's resignation on June 18th, 1934.¹⁸ In his resignation letter, he cited several reasons for his decision: the insult to the Jewish race, the need to alleviate patient suffering, and the desire to ease the difficult position of the hospital directors. He emphasized that a physician's duty is never to abandon those they are sworn to protect.¹⁹ HND's superintendent confirmed Dr. Rabinovitch's reluctant resignation.²⁰ The striking interns returned without facing any consequences,

sparking debate within the Jewish community about succumbing to antisemitic pressures.^{14,21-23}

This incident highlights the conflict between professional ethics and personal prejudices. Despite facing personal injustice and systemic bias, Dr. Rabinovitch upheld the Hippocratic Oath. His resignation ensured the continuity of hospital operations but did not lead to systemic changes addressing racism in healthcare.¹⁴ This situation mirrors more recent challenges of racism in medicine, emphasizing the need for a profound understanding of racism and its impacts.²¹

The consequences of Dr. Rabinovitch's resignation

Following his resignation, Dr. Rabinovitch secured an internship at a Catholic medical institution in St. Louis, Missouri, highlighting the challenging environment for Jewish physicians in Montreal post-strike.¹³ This move was emblematic of the broader trend, as many Jewish medical graduates from Montreal relocated to the US in search of better opportunities.²³

Meanwhile, back in Montreal, a significant development was taking place for the Jewish medical community. The Jewish General Hospital opened in Montreal in late 1934, becoming a beacon of inclusivity with a non-discrimination policy.^{26,27} The hospital's concept originated in 1928 among Jewish leaders and philanthropists.²⁷ It offered care to Jewish patients and employment opportunities for Jewish doctors previously excluded and marginalized in Montreal.¹³

In 1940, taking advantage of the more inclusive environment fostered by institutions like the Jewish General Hospital, Dr. Rabinovitch returned to Montreal and established a successful private practice. His legacy continued through his children, two of whom followed in his footsteps to become prominent physicians.¹³ In a poignant 2004 interview, Dr. Rabinovitch reflected on the hatred he had encountered but expressed no resentment, showcasing his remarkable character and resilience.^{17,24} He passed away in 2010 at the age of 101, remembered for his dedication to medicine and his ability to rise above the prejudice he faced.²⁵

Reflective conclusion

The 1934 Montreal hospital strike highlights the ongoing necessity of implementing and upholding anti-discrimination policies, practices, and values within the medical field, especially in medical education. Understanding this historical contexts is vital for addressing contemporary discrimination issues affecting various

ethnic groups.^{28,29} The medical community must combat antisemitism and all forms of prejudice, striving for an inclusive future where diversity is not only accepted but celebrated. Healthcare professionals must extend the Hippocratic Oath's principle of "do no harm" beyond patient care to include treating colleagues with respect and compassion, fostering an environment where everyone, regardless of their background, can reach their full potential.³⁰ This commitment to inclusivity and diversity is essential for building a healthcare system that truly serves all members of society.

Conflicts of Interest: All authors have no conflicts of interest to declare.

Funding: There was no funding provided for this investigation.

Acknowledgements: The authors wish to thank Dr. Rolando and Pam Del Maestro for their great support in the William Osler Medical Student Essay Award contest. We would also like to thank Dr. Mary Hague-Yearl for her guidance.

Edited by: Marcel D'Eon (editor-in-chief)

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