

## Article

---

"“We wanted our children should have it better”": Jewish Medical Students at the University of Toronto, 1910-51"

W. P.J. Millar

*Journal of the Canadian Historical Association / Revue de la Société historique du Canada*, vol. 11, n° 1, 2000, p. 109-124.

Pour citer cet article, utiliser l'information suivante :

URI: <http://id.erudit.org/iderudit/031133ar>

DOI: 10.7202/031133ar

Note : les règles d'écriture des références bibliographiques peuvent varier selon les différents domaines du savoir.

---

Ce document est protégé par la loi sur le droit d'auteur. L'utilisation des services d'Érudit (y compris la reproduction) est assujettie à sa politique d'utilisation que vous pouvez consulter à l'URI <https://apropos.erudit.org/fr/usagers/politique-dutilisation/>

---

Érudit est un consortium interuniversitaire sans but lucratif composé de l'Université de Montréal, l'Université Laval et l'Université du Québec à Montréal. Il a pour mission la promotion et la valorisation de la recherche. Érudit offre des services d'édition numérique de documents scientifiques depuis 1998.

Pour communiquer avec les responsables d'Érudit : [info@erudit.org](mailto:info@erudit.org)

## **“We wanted our children should have it better”: Jewish Medical Students at the University of Toronto, 1910-51**

**W.P.J. MILLAR**

**C**onsider one student's plight, and what made him distinctive. “In 1929 I came to Canada from Roumania as a young lad,” he explained in a letter to the President of the University of Toronto, “without as much as a public school education.... Through lack of any education I found myself handicaped [sic] in many ways especially in the way of making a living. Therefore I firmly decided that no sacrifice would be too great to educate myself and thereby make myself a useful citizen. I have struggled through my high school education and now I am in first year medicine.” But he was having trouble making ends meet. “I have a home where I teach two youngsters every night for 2-3 hours in exchange for room and board, have also \$105 of my fees but the rest worries me considerably.” He had other serious problems as well: he had done very poorly on his term examinations and on the aptitude test taken by all first-year medical students. In the end, he was firmly counselled to abandon his choice of profession.<sup>1</sup>

His story encapsulates some of the themes of this article. Similar details appear in the records of many of his peers at the University of Toronto medical school. He was one of a minority, albeit a sizeable one, who shared certain characteristics: many of them were immigrants, or the children of recent immigrants; they were often short on money but long on ambition to make themselves “useful citizens” and not coincidentally to earn a good and respectable living by entering the profession of medicine; and to do so, they were willing to make sacrifices and work hard. Unlike him, they were, in the

---

This article is based on research jointly undertaken with R.D. Gidney. Drawing on that research base, we have written several articles that are referred to in the notes below. I would like to thank him, as well as Jennifer Connor, Jim Connor, Catherine Gidney, and Gerald Tulchinsky for their helpful comments and advice. I am grateful as well to Dr. Garron Wells, University Archivist, and the other staff of the University of Toronto Archives for their generous assistance.

1 University of Toronto Archives (UTA), Office of the President, Cody Papers, A68-0006/038 (04), letter to Cody, 31 Jan. 1939; attached, E. Stanley Ryerson to President's Office, 8 February 1939.

main, successful in their chosen field; unlike him, a handful of them were women. But all of them shared one salient characteristic: they were Jews.

The significance of this enclave of Jewish students in medicine at the University of Toronto is twofold.<sup>2</sup> First, their numbers, in vast disproportion to the small Jewish population of the province,<sup>3</sup> suggest the powerful operation of forces other than demographic in shaping the composition of this particular segment of the university. Second, their presence ran counter to a trend apparent throughout North America. During the interwar years particularly, at a time when quotas on Jewish students were already in place or were being established at nearly all major American medical schools and universities, and most Canadian ones, the University of Toronto maintained a policy of open admission. This article seeks to explore the reasons for these developments. It describes the formation of a large ethnic subgroup within the institution: their social and academic origins; how they fared in their progress through medical school; and how that progress intersected with, and illuminates, broader university policies and practice. It is, finally, the place of this group of students in the larger history of higher education in Ontario that commands our attention.<sup>4</sup>

Between 1910 and 1951, a total of 944 Jewish students – mostly men, but including a sprinkling of women – enrolled in first-year medicine at Toronto; that is, about 16 percent of the entering students.<sup>5</sup> Because of the trend towards

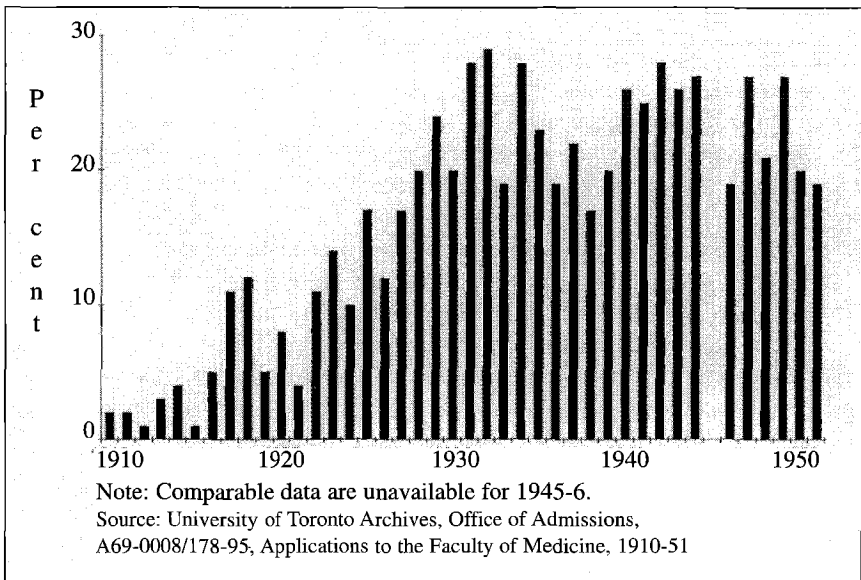
2 For a brief initial exploration of this topic, limited to the years 1910-32, see R.D. Gidney and W.P.J. Millar, "Medical Students at the University of Toronto, 1910-40: A Profile," *Canadian Bulletin of Medical History* 13/1 (1996): 38-41, 44, 47.

3 In 1931, 2 percent of the Ontario population was Jewish; even in Toronto, the centre of Jewish settlement, it was only 7 percent. See *ibid.*, 38.

4 The materials on which I have drawn include the following: University of Toronto Archives, Office of Admissions, A69-0008/178-95, Applications to the Faculty of Medicine, 1910-51; UTA, Faculty of Medicine, A86-0026/001-004, 1890-1929, Student Record Cards: these are not complete for graduates before 1910; *Calendars and Directories*, University of Toronto, 1910-56. From these sources, R.D. Gidney and I recorded the relevant collective data for twelve entry cohorts in the years between 1910 and 1951. We also recorded data for each individual Jewish entrant from 1910 to 1938, and in 1951; and we kept a running count of the total number of Jewish students in each entry year from 1939 to 1950. Calculations throughout this paper are based on these sources unless otherwise indicated. For additional information on students at the University of Toronto medical school, see Gidney and Millar, "Medical Students," 29-52; R.D. Gidney and W.P.J. Millar, "Quantity and Quality: The Problem of Admissions in Medicine at the University of Toronto, 1910-51," *Historical Studies in Education/Revue d'histoire de l'éducation* 9/2 (1997): 165-89; W.P.J. Millar and R.D. Gidney, "'Medettes': Thriving or Just Surviving? Women Students in the Faculty of Medicine, University of Toronto, 1910-1951," in *Challenging Professions: Historical and Contemporary Perspectives on Women's Professional Work*, ed. Elizabeth Smyth et al. (Toronto: University of Toronto Press, 1999), 215-33.

5 Thirty-eight Jewish women students enrolled, mainly after 1920. In Toronto, Jewish women were less likely than Jewish men to enrol at university: for one explanation, see Lynne Marks, "Kale Meydelach or Shulamith Girls: Cultural Change and Continuity among Jewish Parents

“WE WANTED OUR CHILDREN SHOULD HAVE IT BETTER”



### Jewish students in 1st year medicine at University of Toronto

higher Jewish enrolments after 1920, the true proportion was more like 23 percent during the last two decades of the period. But even that figure underestimates the impact in some years. The early enrolments were at first marginal: from 2 percent of all entrants in 1910, to 8 percent in 1920. Thereafter, the percentage of Jewish students rose rapidly: 14 percent in 1923, 24 percent in 1929, and well over a quarter of all first-year students (a total of 48 men and women) or 29 percent in 1932. That high point was nearly matched in other years as well, particularly after 1930. For example, while the Canadian average for Jewish medical students in 1930-31 was 12 percent, Toronto accepted more than double that number into first-year medicine.<sup>6</sup>

These figures reveal the existence of a very different pattern from the trend in most North American medical schools during the first half of the twentieth

---

and Daughters – A Case Study of Toronto’s Harbord Collegiate Institute in the 1920s,” in *Gender and Education in Ontario: An Historical Reader*, ed. Ruby Heap and Alison Prentice (Toronto: Canadian Scholars’ Press, 1991), 298-300. Some of the figures in this paragraph differ slightly from those in Gidney and Millar, “Medical Students,” 38, which report the number of new applicants each year; here, I include those repeating first year in order to compare them to the numbers reported in the *Annual Reports* of the President of the University of Toronto (hereafter *President’s Reports*).

6 See Gidney and Millar, “Medical Students,” 40.

century.<sup>7</sup> Quotas on Jewish enrolment, whether a matter of formal policy or, more often, unspoken understandings, were common. Major American universities – Columbia, Harvard, Yale, Cornell, for example – had established quotas: at Columbia, the leader in this regard, Jewish enrolment in medicine declined by deliberate policy from 50 percent to under 20 percent during the mid-1920s.<sup>8</sup> Other universities soon fell into line. As Thomas Bonner notes, the figures are hard to pin down; these were mainly “secret quotas.”<sup>9</sup> But one commentator, noting the general decrease of Jewish enrolments, cites an average of 17 percent Jewish medical students in the United States at this period, and that includes the higher numbers at the few colleges that catered to them.<sup>10</sup>

In Canada, McGill University set the pace in introducing quotas. Alarmed at the growth of Jewish enrolments, university officials took measures to control them; enrolments in law were hardest hit, but the medical school also had a decrease from 15 percent in 1924-5 to less than 13 percent by 1939, and a new requirement that Jewish applicants produce higher marks than average for entry.<sup>11</sup> At the University of Manitoba, as a result of “systematic discrimination,” a drastic decline in the proportion of Jewish students admitted to medicine occurred during the 1930s and early '40s, from 28 to 9 percent.<sup>12</sup> Dalhousie University welcomed American Jews who were unable to enter elite medical colleges in the United States, but their numbers amounted to only 11 percent of enrolments.<sup>13</sup> At Queen's, the growing band of Jews who sought refuge from McGill's discriminatory policies was a concern to Principal Wallace, who cited the figure of 9 percent as a “problem.”<sup>14</sup>

7 For the United States, see Marcia Graham Synnott, *The Half-Opened Door: Discrimination and Admissions at Harvard, Yale, and Princeton, 1900-1970* (Westport, Conn.: Greenwood Press, 1979); Harold S. Wechsler, *The Qualified Student: A History of Selective College Admission in America* (New York: John Wiley & Sons, 1977). For Canada, see Paul Axelrod, *Making a Middle Class: Student Life in English Canada During the Thirties* (Montreal & Kingston: McGill-Queen's University Press, 1990), 30-34; Gerald Tulchinsky, *Branching Out: The Transformation of the Canadian Jewish Community* (Toronto: Stoddart, 1998), 190-93; Frederick W. Gibson, *Queen's University, Volume II, 1917-1961: To Serve and Yet Be Free* (Kingston & Montreal: McGill-Queen's University Press, 1983), 199-200.

8 Wechsler, *The Qualified Student*, 169.

9 Thomas Neville Bonner, *Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750-1945* (New York: Oxford University Press, 1995), 341.

10 Leon Sokoloff, “The Rise and Decline of the Jewish Quota in Medical School Admissions,” *Bulletin of the New York Academy of Medicine*, 68/4 (November 1992): 502.

11 Stanley Brice Frost, *McGill University: For the Advancement of Learning* (Kingston and Montreal: McGill-Queen's University Press, 1984), II: 128; UTA, Faculty of Medicine, A79-0023, Box 60, p. 836, Clippings: Toronto Star, n.d. [Sept. 1934].

12 See Axelrod, *Making a Middle Class*, 32-4; Mary Kinnear, *In Subordination: Professional Women, 1870-1970* (Montreal & Kingston: McGill-Queen's University Press, 1995), 63-4.

13 P.B. Waite, *The Lives of Dalhousie University: Volume Two, 1925-1980. The Old College Transformed* (Montreal and Kingston: McGill-Queen's University Press, 1998), 81.

14 Axelrod, *Making a Middle Class*, 32-4; Gibson, *Queen's University*, 199-200.

Why, then, was Toronto so different from the rest? The explanation, I suggest, lay in the circumstances of both the city's Jewish population, and its university.

In the main, the first generation of Jewish students to enter Toronto's Faculty of Medicine in the early twentieth century came from unlikely backgrounds. The earliest Jewish settlers in the nineteenth century, primarily of British and German origin, formed small but distinct and relatively prosperous communities in several larger Canadian cities, including Toronto.<sup>15</sup> However, from the 1880s on this group was engulfed by a second wave of Jewish immigrants of a vastly different character. Fleeing persecution in their homelands in eastern Europe, and motivated as well by a desire for material advancement, they arrived in North America bearing a rich culture of their own, which they promptly set out to recreate in the new world. In Toronto, the centre of Jewish settlement in Ontario, they first gravitated to an area just south of the University of Toronto: a few densely packed blocks known as “the Ward,” the traditional site of immigrant housing in the city. The community gradually spread beyond this area, but its members tended to continue to reside within walking distance of their synagogues and the clothing factories and shops in which so many of them worked.<sup>16</sup> Their children went to Toronto public schools, picking up the new language and culture as they moved through the system. A few graduated from neighbourhood elementary schools like McCaul, Lansdowne, or Ryerson, and then went on to the more rarefied heights of high school, typically attending Jarvis, Parkdale, or Harbord collegiate institutes. That in itself was a remarkable achievement: until well into the twentieth century, most children in Ontario ended their schooling at the end of public school and only a small minority graduated with a high school matriculation certificate, the document

---

15 This paragraph draws in particular on the fine two-volume work by Gerald Tulchinsky, *Taking Root: The Origins of the Canadian Jewish Community* (Toronto: Lester Publishing Ltd., 1992), and *Branching Out*. See also Stephen A. Speisman, *The Jews of Toronto: A History to 1937* (Toronto: McClelland & Stewart, 1979); Speisman, “St. John's Shtetl: The Ward in 1911,” in *Gathering Place: Peoples and Neighbourhoods of Toronto, 1834-1945*, ed. Robert F. Harney (Toronto: Multicultural History Society of Ontario, 1985).

16 For a much more extended commentary on living and working patterns of Jewish settlement, see Daniel Hiebert, “The Social Geography of Toronto in 1931: A Study of Residential Differentiation and Social Structure,” *Journal of Historical Geography* 21, 1 (Jan. 1995): 55-74, and D. Hiebert, “Integrating Production and Consumption: Industry, Class, Ethnicity, and the Jews of Toronto,” in *The Changing Social Geography of Canadian Cities*, ed. Larry S. Bourne and David F. Lay (Montreal and Kingston: McGill-Queen's University Press, 1993), 199-213. For a close examination of the Jewish labour movement in the Toronto garment industry, see Ruth A. Frager, *Sweatshop Strife: Class, Ethnicity, and Gender in the Jewish Labour Movement of Toronto, 1900-1939* (Toronto: University of Toronto Press, 1992).

that marked the successful completion of high school and that, equally, served as the minimum qualification for entry to university in Ontario.<sup>17</sup>

As their records reveal, many of those who enrolled in medical school had made extraordinary efforts to get there. Especially in the early years of the century, some were older children or even teenagers when they arrived in Canada, and they needed extra months or years to acquire the necessary language and book skills. Some required more time in high school than usual to get their matriculation. Some picked up the requisite qualifications at night school or business college, in private tutoring sessions or at settlement house classes.<sup>18</sup> Not surprisingly, some of those who arrived in medical school were considerably older than the norm, and had spent a few months, or even years, at a combination of work and extra schooling before medical school. One applicant, for example, noted that "previous to 2 years ago I had not the opportunity of studying. Since then, an improvement in the hours of my employ as a street railway conductor, has enabled me to devote my spare time to studying up matric."<sup>19</sup>

It was not all that unusual for medical students to have had work experience. But what distinguished Jewish students was its concentration in what they typically described as "business." A few elaborated upon this occupation, mentioning such activities as "1 year in office," or sometimes a longer period; "telegraph for 3 years"; "prescription druggist for over 2 years" (this from an eighteen-year-old applicant); or "photographer." Only one specified a job related to education: "teaching Hebrew school." The predominance of experience in "business" was a departure from the more varied work lives of many non-Jewish students, which included, as well as "business," "teaching" (a close second), "nursing" (a male applicant), "dentistry," pharmaceutical work, and even prospecting.

The experience of work or study beyond the regular public school curriculum became less common after the First World War, both for the general student population and for Jewish students in particular. Indeed, over most of the period, the latter were more likely than their peers to move directly from high

17 See Gidney and Millar, "Quantity and Quality," 171. On this point in the 1880s, see R.D. Gidney and W.P.J. Millar, *Inventing Secondary Education: The Rise of the High School in Nineteenth-Century Ontario* (Montreal and Kingston: McGill-Queen's University Press, 1990), ch. 14; for as late as the mid-twentieth century, see R.D. Gidney, *From Hope to Harris: The Reshaping of Ontario's Schools* (Toronto: University of Toronto Press, 1999), 14.

18 On matriculation work at settlement houses, see Cathy Leigh James, "Gender, Class and Ethnicity in the Organization of Neighbourhood and Nation: The Role of Toronto's Settlement Houses in the Formation of the Canadian State, 1902 to 1914" (PhD diss., University of Toronto, 1997), 189-91, 212. One private tutor who was frequently mentioned in the student applications was Herbert W. Irwin, a teacher at Harbord C.I. and at Oakwood C.I. in the first quarter of the century. My thanks to Susan Gelman for this information: private communication, 27 Feb. 1995.

19 An applicant in 1921, who graduated from medical school with honours in 1927.

school into university. For one thing, fewer were immigrants themselves now. In 1910, 60 percent of Jewish applicants had been born in Russia or Austria, and more than 85 percent outside Canada. However, as the Toronto community matured, the number of those native to it increased – from 29 percent in 1920, to more than 70 percent in the next three decades. They were therefore accustomed to the school system and negotiated it with less difficulty.<sup>20</sup> But their access to the university was also enhanced because, unlike most other students, they tended to live near it. Over the entire period, half or less of the overall medical student body reported a home address in Toronto, while well over 80 percent of Jewish students did so, and a majority of those, particularly in the early decades, gave a street address within a few blocks of the university.

For many Jewish students that was fortunate, for otherwise they might not have been able to undertake a long course of professional training. Attendance at university entailed extra years of schooling on top of an already extended high school education; it also entailed forgone occupational earnings as well as direct costs in tuition and other fees, and living expenses for anyone coming from outside the city. Some, like the student whose letter was quoted at the outset of this paper, had to engage in such expedients as exchanging tutoring for room and board; most Jewish students, however, were able to live at home during the lengthy medical program.

That circumstance was also of considerable advantage because, in another contrast to the student body as a whole, their families generally moved in modest social and economic circles. Their fathers tended to be concentrated in the “business” class or were artisans or skilled labourers.<sup>21</sup> The categorization of occupations according to their labels as “business” or “artisan,” in the absence of data on economic circumstances, inevitably leads to some arbitrary classifications. Many Jewish parents were listed as “merchants,” for example, but that designation could encompass a range of occupations from pedlar to storeowner to real estate broker. The garment industry, in which many of them were engaged, was full of ambiguous titles: a “tailor,” “cloak maker,” or “dress designer” could be employer or employee, petty entrepreneur or sweatshop operator, artisan or manufacturer. Even though more precise socio-economic indicators are lacking, however, the differences between Jewish parents and the fathers of the rest of the student body in medicine are readily apparent. During the first two decades of our period, “business” accounted for 50 to 70 percent of Jewish fathers’ occupations, and “artisans” for at least a quarter. In the 1930s these proportions dipped somewhat, but the categories still included 65 percent

---

20 Almost all the immigrant medical students arrived in Canada as children and attended Ontario public schools before university.

21 For the occupational classification used in this paragraph, and the argument on socioeconomic standing, see Gidney and Millar, “Medical Students,” 34-5 and esp. note 19.



or more. On the other hand, there were very few in the professional classes – a handful before the First World War, and one or two annually over the next two decades.

This occupational profile stood in the sharpest contrast to that of other entrants' fathers, who, as Paul Axelrod puts it, were a "middle-class constituency," though both groups, it might be said, ranged "from the comfortable to the modest to the struggling."<sup>22</sup> Before the Second World War, from 23 to 29 percent of students' fathers were professionals; that proportion rose higher over the next decade. "Business" occupations engaged roughly the same proportion – from 25 to 40 percent over the entire forty-year period – in contrast to the majority of Jewish students' fathers. Indeed, the modest increase in the number of working-class children – sons and daughters of artisans and labourers – entering medical school between the wars was almost entirely attributable to the growing enrolment of Jewish students. There were, apparently, plenty of cloakmakers, tailors, pressers, and others of limited means who dreamed large dreams for a favoured son or, occasionally, daughter. As a Jewish union activist in the garment industry put it, "Just because we had a hard life to make a living...we wanted our children should have it better. So no matter how poor a cloakmaker was, he wanted his son to be a doctor, a lawyer."<sup>23</sup>

Regardless of social background, every student, Jew or gentile, had to attain a minimum academic standard in order to enter the university. Every medical entrant was required to present the matriculation certificate of the Ontario school system (or its equivalent); it was at this juncture that individual ambition and merit intersected with university policy and practice, to the great advantage of minority groups like Jews (or women).<sup>24</sup> Since the early twentieth century, an implicit bargain had existed between the University of Toronto and the province's political and educational elite. The university received substantial funding from the province and played a dominant role in setting the educational standards that Ontario high schools had to meet. In return, it was expected to accept all those who met those standards by passing the high school matriculation examinations. Or to put it another way, selection for entry to the University of Toronto was carried out by the high school itself. Toronto was obliged to accept anyone who applied so long as he or she could present a matriculation certificate. Moreover, unlike American universities or McGill after the mid-1920s, where entry to medical school followed two years of university, Ontario students went from high school directly into medicine. And that would remain the case until after the Second World War.

<sup>22</sup> Axelrod, *Making a Middle Class*, 28.

<sup>23</sup> Quoted in Frager, *Sweatshop Strife*, 216.

<sup>24</sup> For this paragraph generally see Gidney and Millar, "Quantity and Quality," 181-9.

“WE WANTED OUR CHILDREN SHOULD HAVE IT BETTER”

The requirement, moreover, was, quite simply, the certificate itself, regardless of the grades achieved. Thus a high first or a near failure on the examinations merited the same treatment: either one would guarantee admission to medical school. As a consequence the academic achievement of the entrants in any given medical school cohort varied enormously. The matriculation exams could be written over a number of years; moreover, a student could rack up one failure after another but, if he or she persevered, continue to substitute other, perhaps easier, papers for the subjects failed. Thus it was possible eventually to obtain the “matric,” and thereby an equal chance for higher education, on the basis of a relatively poor exam record. By the 1930s, the consequences of this increasingly broadened access were apparent: in the words of one dean of medicine at Toronto, “our best students are excellent; our poorest students are numerous and extremely poor.”<sup>25</sup>

Though most Jewish entrants tended to have good marks on their exams, at least through the 1920s and early 1930s a number of students, including some Jewish ones, entered medical school with low marks and a history of having tried, and failed, various examinations before coming up with the magic combination. Particularly for the earlier cohort of Jewish students from immigrant backgrounds, the English language was a stumbling block; some of them had also written more papers than was usual, failing many. Some Jewish students were among those “extremely poor” ones of the '30s. But this merely indicates that these students, who were, perhaps, not so able or privileged, enjoyed the same access to university as those with the most promising academic records.

What, then, did the University of Toronto's admissions policy mean for Jewish students? First, they were accepted into medicine on their academic merits alone, without recourse to other criteria. Second, the provincial university set a matriculation standard that was attainable by a great many aspirants, and it then put no limits to the numbers of certified entrants. Finally, because at Toronto students went directly from high school into medicine, there was no “second stage” for selection to take place – no obvious break between, for example, undergraduate and medical education that could be used by the university as an internal screening device. Regardless of whether the university liked it or not, Jewish students who applied for admission had to be treated just like everybody else.

Once admitted to medical school, how did these Jewish students fare? Despite their varied backgrounds, collectively they tended to do very well indeed. Whether one examines the percentage who had to repeat an academic year, the number who graduated with no apparent academic problems and

---

25 Quoted in Gidney and Millar, “Quantity and Quality,” 173; for a more extended discussion of the matriculation process, see *ibid.*, 171-3.

within the shortest possible time (that is, they completed the course without repeating a year), or even the total number who graduated in a given entry cohort (that is, including all those who eventually passed after repeating a year or two), most Jewish students had better records than non-Jewish students, male or female. From 1910 to the late 1930s, for example, 15 percent on average of all first-year students failed their final exams – a particularly important benchmark in the medical program of studies.<sup>26</sup> The comparable figure for Jewish students was only 9 percent. In one memorable year, at a time when the faculty was attempting to prune the entry cohort to what it felt was a more manageable size, the failure rate on these exams rose to nearly half of all those who wrote them. By comparison, only a fifth of Jewish students were “ploughed.”

Similarly, the percentage of those who completed the program was higher for Jewish students than for others. In four different entering classes from 1922 to 1932, there was always a higher percentage of Jews who sailed through their studies and graduated after six straight years than for the entire student body: 67 percent of Jews entering in 1922-3, for example, compared to 58 percent overall, and there was an even greater gap in the following entrance classes. If one examines the records of all those who would eventually graduate after repeating parts of the program, Jewish students also did better (a consequence, of course, of their superior academic achievement).

In the decade of the Depression, retention rates dropped for everyone – non-Jewish students and Jews alike. And by the early 1940s, for the first time, it appears that an equal or higher percentage of Jews were dropping out of the course than of non-Jewish males: 46 percent of Jews entering in 1934, compared with 49 percent of the latter, completed the course in 1940; of the 1935 cohort, 49 percent completed compared with 48 percent of non-Jews.<sup>27</sup> Still, through the decade, male Jewish students as a group were only slightly less likely to stay in school than non-Jewish men, and considerably more likely to persist than women, despite their socio-economic background and presumably more precarious financial circumstances.

Jewish women, as a group, also tended to do better than non-Jewish women in medical school. On average, *all* female students tended to do more poorly than their male peers. Women tended on the whole to be more likely to fail subjects, repeat years, and take longer to graduate – or not graduate at all – compared with men.<sup>28</sup> But the record of the thirty-eight *Jewish* women entrants between 1910 and 1951 does not reflect this general pattern; of the twenty-seven who can be followed through their entire program, a greater percentage completed medical school in six years, that is, in the shortest possible time, than

26 Percentages are calculated from the figures given in the President's *Reports*.

27 These dropout rates were not an artifact of wartime enlistment; they occurred before the war years.

28 See Millar and Gidney, “Medettes,” 220-22.

did women in general or even the entire, mostly male, student body. They were, in fact, the peers of Jewish men in this respect. One hesitates to construct a generalization on the basis of a handful of records. They suggest, however, that these women must have been highly motivated to succeed. As one such graduate recalled, on being told “there was no place in medicine for me because I was a woman and a Jew,” her immediate reaction was that “I knew I wanted to become a doctor and these men and their rules were not going to stand in my way. I became more determined than ever.”<sup>29</sup>

That statement raises a more general question, however. The university’s academic policies appear to have been rigorously non-discriminatory: in neither its admissions policy nor its academic standards throughout the medical program do there seem to have been any formal or informal mechanisms of exclusion. If that were so, they would surely have manifested themselves in differential admission or failure rates. It is perhaps telling that, despite growing pressure from the faculty of medicine for higher standards, one curious feature of academic policy remained in force until 1938: any student who failed any year could apply to repeat it. And even then, the revised standard was simply that students could not repeat the same year twice. The number of students who repeated a year – or two, three, or even four – was considerable.<sup>30</sup> But they did *not* include a disproportionate number of Jews. They did not include even a *proportionate* number of Jews. The academic records, in other words, do not indicate, or even hint at, any form of outright or gross discrimination against Jewish students.

Still, the comment by the woman graduate noted above indicates that the process of informal counselling and advice-seeking might well discourage applications from less intrepid women or members of minority groups. And, more certainly, there was a good deal of uneasiness among university officials about the presence of large numbers of Jews on campus. Since the University of Toronto was supposed to have a mandate to cater to the entire province, the university’s leaders and administrators, as well as some of its critics, kept a sharp eye on the balance between urban and rural residents, and particularly between Toronto and the rest of the province. In the crossfire of conflicting interests, the large bloc of Jewish students provided a tempting and recurring target for those who wished to complain about the unduly high concentration of Toronto students in the general student body.<sup>31</sup> Their financial difficulties in the

29 Dr. Ricky Kanec Schachter, quoted in *Toronto Star*, “Kicking Down Doors,” 30 March 1995, D6.

30 See Gidney and Millar, “Quantity and Quality,” 178.

31 There were also a disproportionate number of Jews in University College and in dentistry, but medicine had the highest percentage. For charges of too many “city Jews” in the faculty of medicine and of favouritism towards Toronto residents, see for example UTA, Cody Papers, A68-0006/015/05, “Harper, W.S.,” Dr. W.S. Harper, Port Perry, Ont. to Cody, 8 May 1935. Similar sentiments appear in an article written for *The Canadian Student* by C.E. Silcox: see UTA, Cody Papers, A68-0006/012, “Silcox, C.E.,” Silcox to Cody, 8 January 1934, attached.

1930s also elicited such revealing comments as President Cody's observation, "Frankly I think that when a student has no means at all he should not attend the University but rather should remain out until he can earn money sufficient to pay his way. This has always been the way in which the people of our stock have acted in the past. Our chief difficulties in the present time have come from a small group of [the] Hebrew race."<sup>32</sup>

University administrators also kept careful track of the number of Jews in medicine as well as in other faculties. Sometimes made public, but more often expressed only in internal memos, these calculations may or may not have indicated anti-Semitism, but they do bespeak a high level of awareness. The Faculty of Medicine, for example, mounted various arguments during the inter-war years in favour of limiting the number of students. In the course of many (fruitless) attempts to achieve that goal, it submitted numerous statistics to the administration and prepared briefs documenting the number of Jewish medical students.<sup>33</sup> Thus, to give but one instance, a comparison of pass/fail records for "Gentiles" and "Hebrews" between 1929 and 1931 turns up in a memo prepared for the Faculty's "Limitation Committee."<sup>34</sup> Similar documents can be found at other places in the university archives over this entire period.<sup>35</sup>

Nevertheless, it is my contention that all this record-keeping meant little to university praxis until after the Second World War. Concerns about disproportionate numbers were not translated into action. If the university leadership was wary of what might be thought an unduly high number of Jews, it was equally wary of being thought to promote the interests of city folk over those of the rural hinterland. There was undoubtedly anti-Semitic feeling in the university community, which showed itself particularly over the question of hiring Jewish faculty.<sup>36</sup>

32 Quoted in A.B. McKillop, *Matters of Mind: The University in Ontario, 1791-1951* (Toronto: Ontario Historical Studies Series and University of Toronto Press, 1994), 360-61.

33 UTA, Cody Papers, A68-0006/039/03, Dean Fitzgerald to Cody, 2 Mar. 1935; UTA, Faculty of Medicine, A86-0028/014, Folder: Statistics, (memo) "Percentage of Jews in First Year Medicine," n.d. (c. 1938; contains statistics for 1921-37).

34 UTA, Faculty of Medicine, A86-0028/014, Folder: Statistics, "Statistics for Limitation Committee." Despite its sinister connotations, the committee's title referred to the issue of limiting numbers of entrants generally; there is no evidence, and no reason to suppose, that it was intended to focus on Jews.

35 See for example President's *Report*, 1919, 13; UTA, A73-0051/016, Office of the Registrar, "President," Acting Registrar to Falconer, 12 Nov. 1929; UTA, Office of the President, Falconer Papers, A67-0007/124, "University College 1929-30"; UTA, A68-0006/2/2, Cody Papers, "Fennell, A.B., Registrar," Fennell to Cody, 11 May 1933; UTA, Office of the Registrar, A65-0013/077, "Religious Denominations, c. 1950-1953"; UTA, Faculty of Medicine, A86-0028/014, Folder: Statistics, "Admissions - 1st Premedical Year 1949-50."

36 See for example *Varsity*, 4 December 1923, 2; 3 December 1935, 1; UTA, Hart House, A73-0050/002 (73), Warden 1924-5, J.H. to J.B. Bickersteth, 29 June 1925 (my thanks to Catherine Gidney for this reference); Michiel Horn, *Academic Freedom in Canada: A History* (Toronto:

But there was also a good deal more overt discrimination in the larger society outside the university.<sup>37</sup> Policies such as that established to allow Jews to avoid writing exams on the Sabbath put a small measure of equality into practice – though equality had to be bought by paying a fee for the privilege. This kind of uneasy accommodation was perhaps strengthened by the fact that Jews and non-Jews tended not to mix socially within the university. University policy, however inclusive, did not have much to contribute to social tolerance. As the poet Miriam Waddington recalled, “Before World War II Jewish girls didn’t usually think of living in residences such as Whitney Hall for the simple reason that they would not have been welcome there.”<sup>38</sup> Nevertheless, and perhaps despite itself, the university maintained a policy of non-discrimination towards students in academic affairs. And for Jewish students in medicine, that policy allowed them to study for a degree, which in turn conferred the all-important professional licence, on the same terms as their peers.

After the Second World War, it was, for a time, a different matter. Following a wholesale revamping of the medical program, which included a concomitant overhaul of the university’s admissions policy, the medical faculty now began to impose a strict limitation on the number of entrants. The new policy allowed, and encouraged, selective procedures that could be intentionally discriminatory. As I have argued elsewhere, the number of women admitted dropped sharply. At the same time, in contrast to pre-war years, they tended to have records of striking academic achievement in high school, and to continue that distinction throughout the medical program.<sup>39</sup> A similar phenomenon occurred with Jewish entrants. The percentage of Jewish students in first-year medicine fell from close to 30 percent during wartime, to nearer 20 percent after the war – though the decline was uneven, and reversed itself twice over the six years after war’s end. However, by 1951 they formed merely 19 percent of the medical student body. That did not happen by accident: it appears that the

---

University of Toronto Press, 1999), 65-6, 137-8, 165-6; Waite, *Lives of Dalhousie University*, 119-20; Tulchinsky, *Branching Out*, 190-94. Speisman in *Jews of Toronto* says that a leading rabbi thought that anti-Semitism was “altogether absent at the University of Toronto” (p. 121) but this comment should probably be read sceptically.

37 See Stephen Speisman, “Antisemitism in Ontario: The Twentieth Century,” in *Antisemitism in Canada: History and Interpretation*, ed. Alan Davies (Waterloo, Ont.: Wilfrid Laurier University Press, 1992), 113-33; Irving Abella, “Anti-semitism in Canada in the Interwar Years,” in *The Jews of North America*, ed. Robert F. Harney and Moses Rischin (Detroit: Wayne State University Press, 1987), 235-46.

38 Quoted in Alyson E. King, “The Experience of the Second Generation of Women Students at Ontario Universities, 1900-1950” (PhD diss., OISE/University of Toronto, 1999), 77. See also *Varsity*, 19 October 1931, 2 (editorial); Eisen, *Diary*, for a general illustration of this in one student’s life.

39 See Millar and Gidney, “Medettes,” 226-8.

admissions committee limited the numbers of Jews as a routine procedure.<sup>40</sup> The University of Toronto was falling into line with the pre-war policies of other North American universities.

If one can judge from the 1951 entry cohort, the effect of the quota system was, for Jews as for women, to enforce a higher standard of admission.<sup>41</sup> Collectively, Jewish students (male and female) achieved a higher average on grade 13 examinations (the post-war equivalent to matriculation) than the average for all non-Jewish males. It was also higher than any previous collective average for Jews. All the Jewish men were in the top half of student rankings. So was the one female Jewish student. Most Jews had firsts in mathematics and science, and better marks in English. By comparison, non-Jewish males came off a poor third in this respect. Some of their examination marks had even been raised by the examiners from a failing grade to a bare pass, an unknown occurrence among the two subgroups. In general, then, Jewish students appeared (rather like women) to be the cream of a highly selected crop.

That distinction remained with them through their medical studies, at least as measured by retention rates. Jews were about on a par with women students generally in graduating from medical school with all due speed – 88 percent of them completed the course in six years.<sup>42</sup> This figure was comparable to the 75 percent of women who achieved such a record, and the 92 percent of all women who eventually graduated. In contrast, the non-Jewish male cohort of 1951 achieved retention rates of 64 percent in six years, rising to a final toll of 80 percent. By that standard, Jewish medical students, male and female alike, formed an even more remarkably successful minority in the post-war years.

Jewish entrants in 1951 were also participants in a changed social order. They no longer came largely from recent immigrant backgrounds and, increasingly, new immigration was reshaping their society and muting their own distinctiveness. More and more, they grew up in comfortable homes in middle-class neighbourhoods; they went to schools like Forest Hill Collegiate Institute, which churned out academic stars. Moreover, a higher proportion of their fathers engaged in professional occupations (23 percent compared to 8 percent just before the Second World War) or in white-collar or managerial work (14 percent). These proportions were beginning to approach the norm of 28 and 17 percent for professional and white-collar occupations respectively.

---

40 See for example UTA, Faculty of Medicine, A86-0028/014, Folder: Statistics, "Admissions – 1st Premedical Year, 1949-50." A member of the Faculty of Medicine who was intimately acquainted with its selection procedures stated that quotas on Jews and women were established in the years after the Second World War. See *Oral History Interviews*, University of Toronto, Faculty of Medicine (Hannah Institute for the History of Medicine), vol. 43, Dr. Jan Steiner, p. 59.

41 See Tulchinsky, *Branching Out*, 275.

42 12 percent changed fields or dropped out.

One can surmise that, in both social and economic terms, the Jewish students' families had moved firmly into the ranks of the middle class. Thus, somewhat paradoxically, while fewer Jewish students were allowed to enter medicine in 1951, their social distinctiveness had largely vanished, and their scholarly merit was more readily recognized and rewarded.

As histories of the Jewish community tell us, acceptance by, and integration into, mainstream Canadian society was halting and incomplete up to the mid-twentieth century and beyond.<sup>43</sup> Ontario, and indeed Canadian, society, especially before the Second World War, contained sometimes-virulent strains of anti-Semitism that formed part of the more general xenophobic response of a relatively provincial and insular society to foreign peoples and alien cultures.<sup>44</sup> This account of one small segment of the Jewish community offers an insight into both the individual and collective nature of their struggles. Jewish medical students at the University of Toronto had a record of personal effort and considerable achievement before they entered medical school. The policies of the University of Toronto, on the other hand, and the pressures brought to bear on it by the political culture of the province, were what allowed them to gain entrance on equal terms to others, and to make their way through professional training without formidable, or even formal, obstacles. Though after the Second World War they faced discrimination as a result of biased admissions policies, that may have been a short-term reversal, and one that apparently lessened over the next decade in response to demographic pressures as well as more liberalized attitudes.<sup>45</sup>

This is not to say that, during the forty years examined here, Jewish students did not ever experience *informal* discrimination. In the classroom or as undergraduates on the hospital ward, that discrimination might take the form of overt hostility or simply social isolation. A graduate of a later period recalled no noteworthy anti-Semitic incidents, but characterized his clinic group as “odds and sods,” all outsiders like himself – though whether because of their ethnicity (Jew, Italian, West Indian) or their non-Toronto origin was a moot point.<sup>46</sup> Formal discrimination *after* graduation, on the other hand, is indisputable. Though internship was not a requisite for a licence to practise in Ontario until 1958,<sup>47</sup> it was already becoming a *de facto* stage of professional training in the 1920s, and a necessary one for those ambitious to go on to post-graduate study and specialization in a particular field. Until well after mid-century it was

---

43 See Tulchinsky, *Branching Out*; Speisman, *The Jews of Toronto*; David Eisen, *Toronto's Jewish Doctors* (Toronto: Maimonides Medical Society of Ontario, 1960).

44 See for example Donald H. Avery, *Reluctant Host: Canada's Response to Immigrant Workers, 1896-1994* (Toronto: McClelland & Stewart, 1995).

45 See Gidney and Millar, “Quantity and Quality,” 189.

46 Private communication, Dr. Ted Tulchinsky, 30 January 2000.

47 See *Calendar*, University of Toronto Faculty of Medicine, 1956/7, pp. 52-3.



the first really difficult obstacle for Toronto's Jewish students in their professional careers. No internships in Toronto hospitals were open to them until 1929; after that date, there was only token accessibility.<sup>48</sup> The exception, Mount Sinai Hospital, was established in the 1920s partly as a training ground for Jewish interns, but it could offer only a few positions. The remaining option was to go elsewhere, which in most cases meant the United States. Large numbers of Jewish students took that option, and many did not return – another variant on Canada's recurrent "brain drain."<sup>49</sup> Those unable or unwilling to shoulder extra expense could begin to practise immediately after graduation from medical school, though often at some personal and professional cost. Especially in the 1920s, for example, some found themselves competing fiercely for the position of "lodge doctor" with Jewish benefit societies, an ill-paid job at the bottom of the medical profession's totem pole.<sup>50</sup> It was not until after the Second World War that most Jewish doctors began to move into the mainstream of their profession.

Still, medicine remained a remarkably attractive and accessible professional occupation throughout the first half of the twentieth century. Unlike other professions such as engineering or teaching high school, it could be pursued by Jews as individuals in their own community and, with luck, elsewhere. If personal ambition and merit, and family support, provided the initial stepping stones, then the policies of the University of Toronto over most of this period built a crucial bridge to the medical profession. It is perhaps small wonder that such large numbers of Jewish students studied medicine at the University of Toronto.

---

48 See Speisman, *The Jews of Toronto*, 120; Tulchinsky, *Branching Out*, 192.

49 Eisen, *Toronto's Jewish Doctors*, 8-9; see also the internship locations in the class lists in UTA, Office of the Registrar, A73-0051/226/010, medical graduates 1928-9, 1931-42.

50 See Eisen, *Toronto's Jewish Doctors*, 12, 15; Willinsky, *Memoirs*, 47-8.