Board of Trustees of the Miriam Hospital, 1932

Front row, l. to r., Charles Brown, Jacob Ernstof, Walter L. Sundlun, Helal Hassenfeld, Treasurer; Max L. Grant, President; Alter Boyman, Vice President; Mrs. Abraham Klemer, Vice President; Samuel Temkin, Recording Secretary; Harry S. Beck, Financial Secretary.

Second row, l. to r., Joseph Smith, Mrs. Joseph Smith, Mrs. Isaac Woolf, Charles Brown, Mrs. Morris Falk, Mrs. Harry Parvey, Mrs. Louis Smira, Dr. Isaac Gerber, Henry Hassenfeld.

Third row, l. to r., James Goldman, Henry Burt, Herman Silverman, Harry Lyons, Samuel A. Olevson, Charles M. Hoffman, Superintendent; Philip C. Joslin, Harry R. Rosen, Jacob E. Edelstein.

Photo from The Providence Sunday Journal, January 17, 1932.

THE MIRIAM HOSPITAL: 65 YEARS OF CARING

By Betty R. Jaffe

On November 15, 1925, a new hospital, The Miriam Hospital, opened the doors of a recently renovated building on Parade Street in Providence to its first patients. This event, the 65th anniversary of which is to be celebrated in 1990, fulfilled the dreams of many for a Jewish hospital and gave promise to the realization of a vision of an institution dedicated to the delivery of full health care services to the people of Rhode Island. On March 25, 1926, an Act to Incorporate The Miriam Hospital was approved by the Rhode Island General Assembly, by which fourteen incorporators were empowered

> to create a body corporate that shall have perpetual succession for the purpose of organizing, erecting, acquiring, equipping, transacting and maintaining a hospital and in connection therewith a training school for nurses for the sick, disabled and injured in the city of Providence, state of Rhode Island.[1]

The incorporators of the hospital were Lucy Black, Charles C. Brown, Fannie Grant Brown, Alter Boyman, Ethel Cutler, Theresa Feldman, Dr. I. Gerber, Mary D. Grant, Max Grant, Laura Klemer, Sarah Payton, Rose Siegel, Walter Sundlun, and Betty Woolf. The Jewish founders of the hospital envisioned a Jewish hospital established for the medical and surgical care and treatment of all, Jews as well as non-Jews.

The development of The Miriam Hospital represents a significant chapter in the social, cultural, and medical history of Rhode Island, as well as in the social, cultural, and economic history of the Jews of Rhode Island. Indeed, the development of The Miriam Hospital parallels the rise of Rhode Island as a medical center, and at the same time emphasizes the emergence of the Jews as an important economic force. The entire history is too vast to be presented within the pages of these *Notes*; however, it is possible to provide an overview and outline of important sources, events, concepts, and philosophies. Information is derived from primary sources and interviews with present and past leaders, lay, professional and administrative, in addition to magazine, journal, and newspaper articles. Selection of data and analysis of material is the writer's.

The Miriam Hospital has changed in sixty-five years from a small, limited, local, almost neighborhood clinic to a large facility. Its identity as a Jewish institution has remained fundamental and constant, and this identity has been and endures as the dynamic, driving force behind its evolution.

A Local Hospital: Early Years. 1926 to 1938

The responsibility for the origin of the idea of a "Miriam Hospital" can be traced to a group of women who constituted themselves as the Miriam Hospital Association in 1902, after breaking away from a group of both men and women who had founded the Miriam Lodge Number 13, probably as early as 1895. Ruth Woolf Adelson, a daughter of Betty Woolf, remembers, during her childhood in the early 1900s, meetings of women of the Miriam Hospital Association. Mrs. Adelson recalls that these women would walk up the stairs of three-story tenements to distribute and collect yellow and blue boxes, *pushkes*,* into which the families had dropped coins. These donations and other funds raised from whist parties were used to defray the costs of beds in existing hospitals and to buy kosher food and medications for others ill at home. Mrs. Adelson emphasizes that the women of the Miriam Hospital Association gave birth to the idea of a hospital, paid the deposit of $1,000 to secure the property, and then turned to men to give flesh and bones to their idea. She is proud of the women and their accomplishments, attributing the achievement of the men to being ramrodded by their wives.[2]

The Grant and Brown family memorabilia, part of which is in the possession of Bette L. Brown, wife of the late Howard G. Brown, son of Dr. Charles and Fanny Grant Brown, contains two important Miriam Hospital items. The first of these is a handwritten President's Report of Mrs. Fanny Brown, presented as she concluded her term of office in 1945, which outlines the background of the activity of the women who conceived the idea of a Miriam Hospital and who started the annual donations from the women's organization, a tradition which continues to this day. The other item, a portion of a 1957 report, also handwritten, entitled "This Is Your Life, the Miriam Hospital Women's Association," authoritatively asserts that the source of the hospital's name is the Biblical Miriam who cared for her brother Moses and guided him to maturity.[3] These Rhode Island Jewish women were following the same road as their sisters elsewhere in the United States who were discharging the biblical promise to "bring ... healing and cure."[4]

This period of early development from 1895 to 1925 has been ably researched and written in an essay, "Jews in Medicine in Rhode Island," by Seebert J. Goldowsky, M.D., *Rhode Island Jewish Historical Notes*, Volume 2, Number 3, December 1957, pages 151 to 191. Attention is called especially to pages 172 to 183 for a review of the history of the Miriam Lodge and the Miriam Association, including an extensive bibliography and notes. The thrust of Dr. Goldowsky's essay is that the emergence of The Miriam Hospital represents the coalition of three organizations which believed in the necessity of founding a Jewish hospital. They were the Jacobi Medical Club, a professional and social organization of Jewish physicians; The

*Small can kept in the home, often in the kitchen, in which money to be donated to charity is accumulated (Yiddish).

Miriam Hospital Association, whose aim was to create a place for the medical care of Jews who could eat the proper kosher food and communicate in either Yiddish or English with their physicians; and the North End Dispensary, the only Rhode Island location, other than private homes or offices, where Jewish doctors were allowed to practice, inasmuch as they were not granted staff privileges in any of the other area hospitals. Dr. Goldowsky's article is required reading for a thorough understanding of the background of The Miriam Hospital before its beginning as the hospital on Parade Street.

The chronicles of the history of The Miriam Hospital after its opening on Parade Street originate within two bound volumes of the Minutes of the meetings of the Board of Trustees of the hospital. The first of these dates from the first regular meeting of the Board on April 26, 1926, and continues through December 1932· the second volume resumes with the Annual Meeting in January 1933 and ends with the December 1937 Board meeting. The records in these two volumes offer a rich primary source of information, with very few reports missing, although the chronology toward the end of the second volume has been interrupted and some of the reports are not in the proper order.

In these minutes, matters discussed, not unlike those currently on the agendas of hospitals, covered items such as standards of care, medical qualifications. nurses' pay, charity cases, and new surgical procedures, to name a few. A sterility clinic, prenatal dispensary care, and an outpatient department were undertaken by the fledgling institution. Important concerns were costs of treatment, reporting of alcoholic beverages during Prohibition, and relationships with other agencies, including the Community Fund, which the hospital joined in 1930. Coping with the Depression, with its financial burdens of decreasing income but continuing costs, was a serious matter. Balancing the requirement to maintain standards while being forced to decrease employees' pay occupied much of the time and efforts of the leaders of The Miriam Hospital in this period.

The role of the women, still organized as the Miriam Association, is preeminent, as much in financial and practical, as in intellectual and emotional support. During the early years a library for patients was initiated by the women, who, in 1936. also procured the services of a volunteer as the first social worker, albeit only part time. As they had demonstrated their energy and imagination in collecting funds and making the original down-payment for the building on Parade Street, so the women continued with a variety of efforts, raising and transmitting substantial funds to the hospital Board.

Despite the fact that The Miriam Hospital's existence signified that Jewish doctors had, at last, a place to bring their sick patients, the heads of departments were

non-Jews, whose reputations had been established in the community at large. Jewish doctors in hospitals in the 1920s and 1930s were few and generally were family practitioners, while non-Jewish doctors were usually the only ones trained in specialties. Non-Jewish doctors as heads of services brought credibility to the hospital.

Throughout this period two concepts dominated and became the permanent keystone of The Miriam Hospital's philosophy: maintaining the quality of the hospital and of the medical staff with a high ranking by the American College of Surgery; and the charge of being a Jewish hospital, cognizant of Jewish traditions in every area from dietary laws to humane and compassionate treatment of patients and employees, Jew or non-Jew.

Years of Entrenchment: Plans for Expansion — 1938 to 1952

For the period of 1938 to 1952, a time of entrenchment, but with plans formulated for expansion, only two years of Board minutes are available, 1950 to 1952. These minutes are on microfilm and also in hard copy in a volume, Minutes of Board and Annual Meetings, covering Benjamin Brier's term in office as President from 1950 to 1955. For the twelve-year period between 1938 and 1950, the *Memorabilia*[5] of the Miriam Hospital Women's Association contains letters, articles, newspaper clippings, and photographs. With these, one may piece together a relatively complete picture of these fourteen years.

The early years of this period witnessed an improvement in the overall economy as Rhode Island and the rest of the country recovered from the Depression. A theme recurs concerning the inadequacy of space for patients and treatment areas, as well as the need for more room for additional departments, such as Social Services. During 1938, a drive for 2000 more members was launched, and, at the Annual Meeting in 1940, a Building Fund Drive was announced, with a goal of expanding the facilities and moving the hospital to larger quarters elsewhere.

Although World War II caused a shortage of physicians and nurses, the medical staff solved some of its problems by recruiting physicians who had succeeded in escaping the German Blitzkrieg and the roundup of Jews for concentration camps. In order to overcome the regulations of the state of Rhode Island and the Rhode Island Medical Society, which did not recognize the European training of the emigre M.D.'s, these physicians served as interns and residents, thus fulfilling requirements, until they passed the necessary examinations and were certified and approved to practice in the state.

During the years 1942 to 1945, as the nation was on a war-time footing, expansion

did not occupy center stage even though fundraising continued. The federal government, under the Hill-Burton Act, announced a grant of $197,000 for the erection of additional facilities, conditional on the hospital's raising matching funds. This was the first such amount received from the federal government. The opinion that Parade Street was inadequate with regard to size and expansion possibilities resulted in a survey of possible sites in the city until a suitable location was found in the building housing the Jewish Orphanage on Summit Avenue on the East Side of Providence. It was commonly acknowledged that the need for an orphanage was fast disappearing, making the building available. With Dr. Charles C. Brown as chairman of the Search Committee, the site at 164 Summit Avenue was procured, and, in March 1944, an agreement was signed by Dr. Brown, for The Miriam, and Henry Turoff, of the firm of Barker and Turoff, for architectural services. Construction was delayed until after the war.

In 1947, a New Miriam Hospital Building Committee was formed to raise $1,200,000 for the new hospital. Plans called for renovation of the existing building and the addition of a third floor. A large portion of the funds was raised, bank loans were received in anticipation of more receipts and a projected increase in costs, and in 1950 the project was begun. Two years later, the new hospital was completed at a final cost of more than $2,000,000, with $670,143 from the federal government (for the years 1949 to 1953), and the remainder from the building campaign fund, including many generous memorials. The new Miriam Hospital was dedicated on December 13, 1952, and, according to *The Providence Sunday Journal* of December 13, 1952, was an "'uninstitutional building' ... as much (as possible) like patients' homes." The new facility was to employ 450, with 150 beds (expanded to 210 in an emergency), and 30 bassinets. The size of the new Miriam Hospital was of great significance, but, even more important was its scope, which symbolized that it was prepared to take its next step, a giant step, toward assuming the responsibility of becoming a modern health care facility servicing the Providence area and the entire state.

A Community Hospital: Modernization of Facilities and Specialized Services; Creation of Research Facilities — 1952 to 1970

While the preceding 25 years had been a time of steady growth, accelerating somewhat after World War II, the next period, from 1952 to 1970, was characterized by explosive expansion and specialization, reflecting similar movement in medical care in the entire community. At The Miriam Hospital two parallel forces, each dependent on the other, were apparent: the development of a modern physical plant and, in the medical fields, the increase in specialization and research. For these years, the hospital has complete notes of meetings on microfilm, as well as hard copy of Minutes of 1952 to 1955 — Board, Annual and committees.

Conditions after World War II effected a radical change in the organization of the medical staff. Prior to the war, Jewish physicians were mainly general practitioners, either because of the lack of funds to pursue specialty training or, more frequently, because internships and residencies were invariably closed to Jews. As a result, the heads of services in the early Miriam Hospital were non-Jews. After the war, throughout the nation, the movement for Medical and Surgical Board certification developed and expanded, and, as a direct effect of the war and the experience gained by doctors, internships and residencies multiplied. Additionally, and most importantly, the G.I. Bill covered residencies and provided financing for veterans who were M.D.'s, enabling them to seek advanced training and to specialize in all branches of medicine and surgery. Henceforth, there would be no necessity for non-Jewish doctors to be heads of services, as Jewish doctors would be trained as specialists and, thus, be eligible to become heads of departments.

It is apparent from the minutes and from witnesses that the impetus for enlarging the physical space originated in the imagination of The Miriam Hospital leaders, whose ultimate aim was that The Miriam should become a teaching hospital. The first step to this goal was the appointment, in January 1955, of Dr. Alexander M. Burgess as Director of Professional Education. This action guaranteed two results: the creation of a substantive educational program for all attending physicians, which would realize the highest standards of professional practice, and, for the first time, accreditation for intern and resident training. Since The Miriam was not affiliated with a medical school, this accreditation would be granted only if there were a Director of Professional Education.

At the same time a Medical Code of Practice was instituted, by which, among other items, a strict division into medical and surgical specialties was established, as well as the mechanism for enforcing these rules. At The Miriam Hospital, each physician was a member of the specialty department for which he was Boarded or Board-eligible. Only surgeons were permitted to perform operations or to assist and only in their specialties. This Code resulted in more professionalism among the staff and improved care for patients. Another effect was the termination of the obstetrical department in 1957, because it had diminished in size and scope, and because the Board had determined that obstetrical patients would receive better care at a specialized facility, the Lying-In Hospital. Shortly thereafter, a Code of Practice for Patient Care was issued, creating a hierarchy for attending physicians and specialists and clarifying limits of care and treatment of patients.

Almost as soon as the move to Summit Avenue was complete, plans were made for a new building campaign. As facilities became crowded and overtaxed, more clinic space and beds became necessary. As early as 1956, projections were being formulated for a new campaign, with $700,000 promised by the federal government

under the Hill-Burton Act. Over a ten-year period needs increased and the requirements of affiliation with a university medical program at Brown University mandated a more ambitious facility. All this activity culminated in late April of 1966 when a new $6,500,000 addition was dedicated, with capacity increased from 160 to 247 beds. The background for this development parallels the evolving cooperation and coordination with Brown.

In 1962 The Miriam had established a close working relationship with the Medical Program at Brown University. This was a two-year graduate program, granting an Master of Science in Medical Sciences and preparing those who completed the course to continue at a medical school, frequently Harvard or Mount Sinai. In April 1963, after lengthy discussions with Brown's Trustees, the Miriam's Board of Trustees had approved a motion stating its intentions to affiliate with the projected Medical School. One of the essentials of this association was a research program and physical space for such a program. With this matter on the agenda, even during the building of the new hospital addition, a new structure to house the research center was in preparation. In 1968, the signing of a contract signalled the start of construction of this center, projected for $1,600,000, of which $325,000 was a federal grant.

Joseph Ress, who has served The Miriam Hospital in many capacities, as Board member with a specialty in professional matters and as President of the hospital from 1955 to 1956, was the liaison to Brown University (where he served on the Board of Trustees) during the very important discussions on affiliation with the Medical Program and Medical School in the 1960s. Mr. Ress cogently assesses the development of The Miriam Hospital, from a clinic-like facility, becoming a hospital with a commitment to the community, then an institution with full time resident heads of departments, while creating a strong medical education program. The final stage was The Miriam's emergence as a first rate teaching hospital for the delivery of excellent full-service medicine by an outstanding staff, characterized by cooperation between full time and attending physicians.[6]

With the opening of the new wing and the promise of a new research center, concurrently with the close cooperation with Brown, The Miriam Hospital became a desirable place for outstanding medical and hospital professionals. In the year 1966 - 1967, the first full time hospital-based chiefs of medicine and surgery, Dr. Robert Davis and Dr. F.A. Simeone, were engaged. With the naming in 1969 of Dr. Stanley Aronson as full-time pathologist-in-chief and Dr. Herbert C. Lichtman, with a joint appointment in medicine and pathology, the required hospital-based personnel were in place for full participation with the new four-year medical school at Brown.

A University/Teaching Hospital: Modern Full Service Facility — 1970-

This collaboration was formalized in 1970 through an agreement by Brown University and five hospitals: the Rhode Island, Lying-In, Miriam, Roger Williams, and Pawtucket Memorial. Brown was to have a fully accredited medical school, and these five hospitals were to be teaching hospitals for medical students.

For The Miriam Hospital, this participation with a medical school meant that the character of the hospital would change from a community institution to a teaching facility. But, at the same time, The Miriam would retain its identity as Jewish, with its association with the Jewish community intact, with its leadership Jewish, and its values dedicated to the highest aims of Judaism. The environment of a teaching hospital is one which encourages cooperation and coordination between attending physicians and full-time hospital-based staff as they work toward excellence. Implicit in this arrangement is the spirit of inquiry, searching, questioning, improving, and excellence. By the summer of 1970, the stage was set for The Miriam Hospital to present itself as a modern university-affiliated teaching hospital, committed to the delivery of complete quality health care and research for Rhode Island and Southern New England.

Dr. Banice Webber and Jerome Sapolsky assess the Miriam's affiliation with Brown as the high point in a history of remarkable growth of the hospital. Dr. Webber's view reflects a lifetime of association with The Miriam; as the son of an early Parade Street staff member, as a surgeon and President of the medical staff, and, presently, as a practicing radiologist and member of the Miriam Board. Jerome Sapolsky directed the hospital during the period of tremendous growth. He was Executive Director from 1967 to 1976 and then served, under a 1976 reorganization, as President until 1984. Both Dr. Webber and Mr. Sapolsky believe that the partnership with the Brown Medical School has been crucial in attracting outstanding graduates of accredited U.S. medical schools as interns, residents, and fellows, who stay after their training to practice in the state. For Dr. Webber, an important result of the affiliation is that The Miriam now has the means and skilled personnel to conduct research. He is also concerned that the hospital maintain its identity as "the only Jewish community organization that has served the entire community for almost 100 years, either as a hospital or as a health-giving organization." Sapolsky credits the Trustees of the 1960s with the vision to become part of the Brown program, but emphasizes the uniqueness of The Miriam as its identification and continuation as a Jewish institution of excellence and compassion. He sees the "parallel in a teaching hospital with the best of Judaism: a spirit of inquiry that prevents mediocrity and promotes self-criticism and currency."[7]

The sources of information for the contemporary period, from 1970 to the

present, are numerous, varied, and complete, with minutes of the Board of Directors, the Executive Board, and Annual Meetings. The records for the years 1970 through 1979 are on microfilm, and overlapping these are reports for 1978 to the present on file in hard copies available through the President's office.

The Miriam Hospital seen through these archives is a large and very complex health care institution. But it remains distinct and identifiable, with its unique constituency and history, as a Jewish hospital. Even so, The Miriam, as well as all five hospitals, incurred costs for the alliance with the new Brown Medical School/ Teaching Hospital network. One of these was the forfeiture of part of its autonomy inasmuch as certain areas of activity became conditional on approval by all the participants. Other restrictions and restraints are exerted by state and federal governments through their agencies. The Rhode Island Health Planning Council passes on such matters as the acquisition of equipment and the addition of facilities, based on state need and on the financial capability of the hospital. With the increase in Medicare and Medicaid, both the state and federal governments play a large role in constraining and controlling health care, complicated in the 1980s by considerable reductions in federal government funding. In 1977, The Miriam joined the Consortium of Jewish Hospitals, the name of which was later changed to Premier Hospital Alliance. The Hospital gained much desired aid and consultation from this group, the purpose of which is to discuss, analyze, and resolve matters of interest and importance common to Jewish hospitals.

Within the hospital itself, the personnel in administration and on the medical staff has increased. The only exception was the elimination in 1977 of Pediatrics, inasmuch as it was believed that children could be cared for with a higher standard of treatment at the Rhode Island Hospital, a location where pediatric medicine, as well as all branches of pediatric surgery, occupied more space and maintained house personnel adequate and appropriate to the tasks. This action followed the area trend toward specialization and allowed The Miriam to concentration on being a general hospital for the care of adults.

Many hospital-based physicians with appointments at Brown joined the Miriam staff, augmenting the primary care facilities and accelerating and enlarging the more complicated critical care services, so that The Miriam became equipped and staffed as a tertiary care hospital. Supporting this expansion was a concurrent increase in interns and residents recruited from accredited American medical schools.[8] Since 1977 all slots have been filled through the national program for matching. With these added pressures of the medical education program simultaneous with inflation, costs soared, and the hospital became a very expensive place to run.

At present, matters relating to all phases of medical staff activity are regulated by

the medical staff through its Executive Committee. This group and the Professional and Academic Committee of the Board of Directors have jurisdiction over professional matters: medical, surgical, dental, and research. Chronological records of these meetings can be found with other minutes cited above in the President's office. *Chart Notes*, published on a monthly basis for members of the Medical Staff Association, is a digest of important events, meetings, and research studies of and for the hospital's physicians and dentists.

Complexities in the care and treatment of diseases and conditions were addressed during this period. New methods of diagnosis and breakthroughs in treatment necessitate continual review and purchase of current equipment. The acquisition of Computer Tomography (CAT) Scan and, most, recently, the use of Magnetic Resonance Imaging (MRI) have enabled the Radiological staff to achieve a level of accuracy previously unknown in x-ray diagnosis. The introduction of angiography, angioplasty, the refining of surgical procedures, and the cardiac rehabilitation program located at Brown, have allowed the department of Cardiology to move far ahead. A change in duration from extended hospital to out-patient surgical care in many instances has produced a need for an ambulatory care center and, answering this requirement, the Miriam Health Centers building opened in May 1989.

The 1980s have been characterized as a litigious age, and regrettably, The Miriam Hospital has been involved in several suits. The first two of these occurred in the surgical staffs: one involving cardiovascular surgeons against the hospital; the other concerning podiatrists, whose group was suing several area hospitals. These suits were resolved in out-of-court settlements, resulting, respectively, in a reorganization of the cardiovascular surgery department and in the podiatrists being assigned to the department of surgery, under the authority of the chief of surgery. The third suit was brought by the state of Rhode Island against the hospital, initiated because of perceived inappropriate accounting procedures. Charges were dropped by the state after The Miriam implemented improved accounting procedures and internal audits.

Reorganization in the administration occurred in 1976, in order that The Miriam would be uniform with other teaching hospitals, particularly as to titles and duties of professional officers. The President of the hospital became the Chairman of the Board of Directors, all of whom were volunteers. Prior to this, in 1974, the title of Executive Director had been changed to that of Executive Vice President, who, under the new organization, became the chief executive officer, with the title of President. During the 1980s, there were added the Executive Vice President, chief of day-to-day operations, and various vice presidents, heads of administrative departments.

In 1986, the hospital organization was completely revamped, mainly with the goal of improving financial management and overall efficiency in the handling of the complexity of hospital matters and finances. The new organization created the Miriam Corporation with aegis over all the divisions, with the Chairman at its head. Under this umbrella is The Miriam Hospital, charged with the direct responsibility of the operations of the hospital and headed by the Chairman. Also under the corporation is the Miriam Hospital Foundation, responsible for fund-raising and funds administration and headed by its own chairman, with the Chairman of the Board serving ex-officio. The third of these divisions is named Health Ventures, concerned with new business activities of a "for-profit" nature. This division has its own chairman, also with the Chairman in an ex-officio capacity.

Health Ventures took form because of the gradual diminution of federal funds in all phases of health care endeavors affecting The Miriam: construction, services, treatment, and research funds. To meet increasing needs, hospitals nationwide have been compelled to solve financial problems with profitable business ventures, usually in areas related to health fields. Concurrent with the decrease in public subsidies and other restrictions, The Miriam has had to meet the ever-expanding problem of AIDS (Acquired Immune Deficiency Syndrome) and the explosive use of drugs. A recent addition to these ongoing problems of the 1980s is medical and nuclear waste disposal. These are long-term dilemmas for the 1990s, requiring vigor and imagination for their resolutions.

The Miriam Hospital of the last two decades of the twentieth century is a different place from its first home on Parade Street. The simple minutes reported by volunteers and the handwritten entries in ledgers of births from 1937 to 1946, revealing a homey neighborhood place of healing, contrast with the detailed professional minutes and records of the 1970s and the 1980s, which reflect a modern, tertiary-care facility, allied with a university medical school and able to provide a complete and competent range of health services. An institution which was founded as a place where Jewish doctors could treat Jewish patients has become a hospital for 24-hour emergency service, with a capacity for nuclear medicine, respiratory care, advanced surgical procedures, sophisticated radiology and anesthesiology, quality research, and state-of-the-art ambulatory care.

The Miriam remains differentiated from other hospitals, including all the teaching hospitals, because of a defined and perpetual constituency: it is still maintained largely by the Jewish community as a place where Jewish doctors can treat Jewish people. But it is more than that. It has reached out to the general community and surpassed its earlier purpose and become a hospital to service and care for a larger group, comprising the state of Rhode Island and neighboring parts of New England. It is a place where doctors of all religions and ethnic backgrounds

treat Jews and non-Jews alike.

The Miriam Hospital, as it stands at the present time, has struggled and been beset by economic pressures of all kinds. But, motivated by the vision and legacy of its trustees and directors, present and past, it continues to be a highly respected institution.

The current President, Steven Baron, reports that, with the nation-wide crisis in health care, the hospital is evaluating the environment to determine the strategic choices for the future. He regards this as a challenge — as a time to assess The Miriam's options, to examine short and longer term programs and plans and to continue and maintain its financial viability. For these reasons, especially since it has been several years since the hospital has mounted a major appeal to the community, it has embarked on a fund-raising campaign with a goal of $9,000,000. Mr. Baron is confident that, with the generosity of the Jewish community and the rest of the state, that goal will be reached.[9]

As The Miriam approaches its 65th anniversary and the last decade of the twentieth century, its leaders are challenged to draw on its solid, meaningful history, on its Jewish tradition and roots, to perpetuate the hospital as an institution of quality service and excellent care, with respect and compassion for all who receive and give this service. The challenge also exists for the Jewish community — to continue its support as the partner and constituency of The Miriam Hospital. With the history of this partnership, shared by trustees, staff, administration, and the Jewish people of Rhode Island, ... in the words of President Steven Baron ... "The Miriam will be here for the community and the community will be here for the Miriam."[10]

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ACKNOWLEDGEMENTS

The Rhode Island Jewish Historical Association Library and The Miriam Hospital Women's Association, whose headquarters are in the hospital on Summit Avenue, are repositories for hundreds of newspaper articles, photographs, and originals and copies of correspondence covering the entire history of The Miriam Hospital. Other information is available from hospital records and minutes.

Since the history of The Miriam Hospital is a a story of human beings, the writer wishes to acknowledge all those people consulted for this essay. In addition to those individuals cited above and in the end notes, interviews were also conducted with others. Special thanks are due to Bertha Iventash, secretary to Dr. Herbert Scheffer, a former Executive Director, interviewed in February 1989; Stanley Grossman, Chairman of the Board from 1975 to 1979, interviewed January 23, 1989; Ralph Semonoff, Chairman of The Miriam during the years 1983 to 1987 and Chairman of the Miriam Foundation, interviewed February 6, 1989; and Edwin Jaffe, outgoing Chairman of the Miriam Corporation, May 9, 1989. Their suggestions, observations, and analyses are incorporated in this study and have enhanced the writer's research.

NOTES

[1] *1926 Rhode Island Acts and Resolves.*

[2] Interview with Ruth Woolf Adelson, December 15, 1988.

[3] Interview with Bette L. Brown, Providence, October 17, 1988. Fanny Grant Brown was the daughter of Mary Grant, an incorporator of the Hospital and a founder of the Miriam Lodge.

[4] Jeremiah 33:6.

[5] The *Memorabilia* of the Women's Association of The Miriam Hospital are kept in the office of the Women's Association on the second floor of the hospital.

[6] Interview with Joseph W. Ress, December 19, 1988.

[7] Interviews with Dr. Banice M. Webber, February 15, 1989, and Jerome R. Sapolsky, February 8, 1989 and February 15, 1989.

[8] *Ibid.*

[9] Interview with Steven Baron, May 16, 1989.

[10] *Ibid.*

HENRY LOEB JACOBS AND BRYANT COLLEGE

BY GERTRUDE METH HOCHBERG

The sixth President of Bryant College declared in his inaugural address, "Henry* Jacobs, Bryant's first President and one of the most successful business leaders of his time, would have been pleased that his vision had been realized and satisfied that Bryant has executed consistently and well its historic mission — 'Education for business leadership.'"[1]

Thus recognizing Henry Loeb Jacobs, a pioneer in the field of business education, the story of Bryant's development is also the story of Dr. Jacobs's life. It all began with the Rhode Island Commercial School owned and operated in the Butler Exchange Building.

Jacobs had grown up in Dayton, Ohio, and had been educated in private schools and the University of Michigan. As a very young man, he had learned how to take shorthand and had become secretary to a senator, traveling around the country with him. Later, he had served as official reporter for the Pennsylvania Legislature and had opened a business school in Dayton (now known as Miami-Jacobs Jr. College). He had then sold his business school to buy a chain of dime stores in New York State. Realizing that a small operation like his could not compete with huge, nationwide chains, he had sold his dime stores and had come to Rhode Island to assist the ailing head of the Rhode Island Commercial School.

Jacobs was assistant principal for one year in 1906, and the next year he bought the school. By 1916, the school was ready to expand. He offered to buy Bryant and Stratton, a business school founded in 1863 to offer Civil War veterans a chance to invest their "mustering out pay" in an education that would give them jobs in business.

The aging Theodore Stowell, principal, agreed to sell. Jacobs moved the school to the Butler Exchange Building, where the Fleet Bank now stands, and merged it with the Rhode Island Commercial School.

He then realized that to meet competition and to accomplish enrollment gains the school needed to grant degrees. In 1916, he persuaded the State Legislature to empower the College to grant degrees. Now Bryant and Stratton could give its students Bachelor's degrees in Business Education. To qualify for degree-granting privileges, Jacobs hired consultants from the New York University business department and from the Harvard Graduate School of Business. Jacobs continually

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Gertrude Meth Hochberg was Vice President for Public Affairs, Bryant College, 1947-1978.

*Dr. Jacobs preferred to be known as Henry rather than as Harry, his given name.

upgraded the curriculum by introducing more advanced courses.

Over a fifty-three-year period which ended with his election by the College trustees as President Emeritus, Jacobs brought the College from a small school of business to its present eminence.

In 1935, he moved the College to the East Side of Providence, where he converted the old Sprague Mansion on Hope Street into Bryant's South Hall. This became the first of twenty-six buildings. These, together with upgraded courses and degree-granting programs, now became "Bryant College," nationally accredited in 1965.

Dr. Jacobs contributed many services to public and private organizations. In 1917, Governor Beeckman appointed him to the State Penal and Charitable Commission. In 1941, Governor McGrath named him to a seven-member commission to study a plan for improving the State Institutions. He served two terms as Chief Crier of the Town Criers Association and was President of the Eastern Business Teachers Association in 1925 and state director of the Department of Business Administration of the National Education Association in 1939. During World War II, he was treasurer of the State Americanization Committee, in 1947 he was Grand Chaplain of Masons, and in 1945 he was elected president of the Rhode Island Kennel Club. He also served as a member of the corporations of Rhode Island Hospital and Butler Hospital. He received honorary degrees from Providence College, Rhode Island College of Education, Rhode Island College of Pharmacy, and Calvin Coolidge College.

Jacobs was married to the former Harriet Einstein, a banker's daughter from Kittanning, Pennsylvania. The couple were members of Temple Beth-El in Providence. Mrs. Jacobs took an active interest in Temple activities and became the fourth President of the Sisterhood. They had two children, E. Gardner Jacobs, who succeeded his father as President, and Dorothy (Mrs. George) Lederer.[2] Surviving are two grandchildren and four great-grandchildren.

Jacobs's second wife, Jeanette Carroll of Providence, died in 1956.

Dr. Jacobs did not live to see the College move to its present location in Smithfield, Rhode Island. He died on January 22, 1963. His funeral was held at the Central Congregational Church, of which he had become a member in 1952.

At the celebration of Bryant's 125th Anniversary, a Bryant anniversary flag was carried from the College's birthplace on Westminster Street, Providence, to the Howard Building on Fountain Street, to the former East Side campus, and then to the beautiful new campus in Smithfield. The event symbolized the birth and growth

of Dr. Jacobs's dream — the evolution of Bryant from a proprietary skills-oriented school to a traditional college, an institution dedicated to educating students regardless of sex, race, religion or national origin for "a life as well as a livelihood."

If Henry Loeb Jacobs could come back to stand by the Archway on the Smithfield campus, he would be astonished at the College's breathtaking modern architecture, the great computer center, gymnasium, student life buildings, 16 dormitories, and the vibrant community of 3000 undergraduate students, 113 full time and 126 part time professors and instructors, 870 graduate students, 1700 evening students, and over 5800 employed adult students in the Center for Management. He would see himself immortalized in the Jacobs Library and see his visage sculpted at the head of the "President's Walkway," a gift of the Alumni Association, dedicated at the Inaugural Celebration by Dr. William E. Truehart, the first black to head a four-year college or university in New England. In his inaugural address, the new President asserted as one of the "highest priorities, the preparation of our students for functioning effectively in an increasingly global society,"[3] a goal fully in accord with the far-reaching aims of Dr. Henry L. Jacobs when he founded Bryant in 1916.

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NOTES

[1] William E. Trueheart, Inaugural Address, Bryant College, October 22, 1989.

[2] See "Jews in the Jewelry Industry in Rhode Island," p. 290.

[3] *bid.*, Trueheart.

BEYOND NEW YORK, A SECOND LOOK: THE OCCUPATIONS OF RUSSIAN JEWISH IMMIGRANTS IN PROVIDENCE, R.I. AND IN OTHER SMALL JEWISH COMMUNITIES 1900-1915

by Joel Perlmann, Ph. D.

I worked on the social history of Providence for the better part of fifteen years, and an important part of my effort focussed on the city's East European Jewish immigrants and their children — specifically the occupations of the immigrants and the schooling and occupations of their children. I will describe briefly how I came to do my research and why I did it in Providence and then report on some new explorations. The new work rests on a remarkable new source of evidence relevant to American Jews at the turn of the century, and I will describe that new evidence as well. This paper is therefore partly about the substance of American Jewish history, and about Rhode Island Jewish history in particular, and partly about evidence and historical methods for using certain kinds of evidence.

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I was interested in the schooling and social mobility patterns of American ethnic groups. Just how differently had ethnic groups responded to American schooling? How much more schooling had some groups obtained compared to other groups? And just how much did the schooling they received help some ethnic groups to get ahead faster than other ethnic groups? We hear so much today about how education is crucial for getting ahead in the world, and how it helps to overcome inequalities in social life — 'a child born poor, if only he receives a good education, has a good chance of overcoming his poverty.' ... Just how much, then, had schooling helped the children of the immigrants in the past? I was especially interested in the period of the great migrations at the end of the last century and the beginning of this century.

Why was I interested in that period specifically? Partly I suppose for personal reasons: it was in this period that my own family was established in the United States. Also, while on a leave from graduate school, I had ended up working part time at the City College of New York (CCNY), just at the time that the clientele of that school was shifting from heavily Jewish to more predominantly Irish and Italians, blacks and new immigrants (such as Puerto Ricans and Asians). And if any single American institution can be said to symbolize the promise of the upward mobility for the immigrants through education, surely CCNY has good claim to that role. Working there I became engrossed in questions about schooling, getting ahead, and ethnicity.

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Moreover, in addition to any personal reasons I had for choosing to study the period of the turn of the century, surely that period was a critical time for the fate of ethnic groups in the twentieth century and deserves careful attention.

From the way I have put the issues that concerned me, it should be clear that whatever other ethnic groups I would study, I would certainly study the Jews of East European origin. For they are the classic example of a group that is thought to have used education in a special way and to have enjoyed especially rapid rates of upward mobility. I focussed on three other groups as well. I studied the Irish, since they were regarded as the immigrant group that posed the greatest challenge to America's absorption powers in the nineteenth century. I studied the Italians, because the Italians have often been contrasted with the Jews in terms of their behavior in connection with schools and with upward mobility generally. And finally I studied the Blacks, because they have been so central to an understanding of American equality and inequality for so long.

In sum, then, I began with great historical issues — ethnic differences in schooling and the impact of schooling on getting ahead. Then I began a search for the sort of evidence that would allow me to explore these great issues — evidence on the behavior of large numbers of people, evidence that would permit exploration of typical behavior and the sources of differences in behavior — in other words, evidence drawn from a survey of the population.

But where could I obtain a survey of the population from the years of the great migrations? There was no such survey ready made, but the evidence for one could be put together from a variety of historical sources. First of all, there are the records of the United States Census. The Census Bureau has administered a census every decade, and, in the past, many states (including the State of Rhode Island) administered censuses as well. And census records have typically been well preserved. I do not refer here to the published reports of the census. These of course have been preserved. But so too have often been preserved the raw data from which the published census reports were made — the census manuscript schedules. These schedules are the records that the census takers wrote as they went from house to house, gathering information on every individual: age, race, sex, marital status, occupation, literacy, country of birth, and so forth. These schedules, I reasoned, could provide a sample of all the school-age children living in a particular place at the time of the census. The census would also tell me about their parents at the same time: what they did for a living, where they had been born, and so forth.

Then, I reasoned, if I could find a city with a well-preserved set of school records I could trace my sample of school-age children from the census manuscript schedules to the school records. And then, finally, I could trace the children to still

other records from later years (by which time the children had grown into adulthood) — to determine what these individuals now did for a living. I could, for example, trace these former schoolchildren to city directories or marriage records.

In Providence I found all these historical sources. The city boasted superb census records, school records that may well be unique in their comprehensiveness and detail, and, finally, city directories and marriage records (complete with wonderful indices). Moreover, Providence offered much more than merely the sources. Providence was a place of manageable size, a place that had a multifaceted economy (not, by contrast, a mill town relying heavily on a narrow range of jobs), a place with a good mix of ethnic groups and — finally — a place not too distant from Harvard, where I was enrolled in graduate school, and not too distant from New York, where (as I mentioned) I was then working on my leave from graduate school.

And so in 1974 I began working on Providence social history, and I worked on it consistently thereafter. First, I and a small army of research assistants painstakingly collected samples of 12,000 school-age children from census records of 1880, 1900, 1915, and 1925; and we traced these 12,000 individuals to school records and then across time to their jobs as young adults. The work I am describing felt like a herculean effort, I might say, and it took the better part of three years. But in the end I had a unique source of evidence about social origins, schooling, and getting ahead in America at the turn of the century. Exploring these issues has kept me busy for the better part of the fifteen years since 1974.

Last year I published a book based on the Providence data I had collected, *Ethnic Differences*.[1] I will not repeat here the findings of the book, except to show how it was that the book's line of argument led me to a concern with the occupations of Providence's Jewish immigrants. One of the great questions about the Jews in America is why they have received such unusual amounts of education and why they have advanced so rapidly in socioeconomic terms. Some observers have stressed various cultural differences between the Jews and others. One example is their tradition of learning. Also relevant may have been the long heritage of acting carefully as a minority group, behavior that conceivably may have led to resourcefulness. And a long history of involvement in trade in Europe (even if at humble levels of material well-being) may have encouraged initiative as opposed to fatalism. But other observers have stressed something other than the cultural attributes of the Jews, namely the fact that so many of the Jews had basic job skills that turned out to be useful in this country and that helped them enter the skilled trades from which they could get a leg up. Many, in particular, came with skills as tailors. Others came with skills in trade. Not that these Jewish immigrants were not impoverished — they were. But they had certain skills, the argument goes, that favored their more rapid advance in the marketplace.

I wondered whether my evidence couldn't help resolve this difference in interpretations. Jews may have come to the United States with more skills, and individuals with such skills may have been more likely to enter skilled labor or petty trades. But suppose we compare the children of immigrant Jews to the children of other families in the same social niches — compare the children of skilled workers who were Jews with the children of skilled workers who were not Jews, compare the children of petty traders who were Jews to the children of petty traders who were not Jews, and so on. In the end I concluded that while the differences in fathers' occupations between Jews and others were surely important, they cannot explain all of the difference between the children of the East European Jews and the children of others in the same social niches in Providence, and I concluded, therefore, that the explanations of Jewish behavior that appeal to cultural attributes deserve serious attention. In any case, the relevant point here is simply that to assess arguments about Jewish upward mobility, I had to look carefully at the occupations of the Jewish immigrants.

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Having explained my interest in the occupations of Providence Jews, I turn now to the second of the topics I mentioned at the outset, a new source of evidence recently made available to social historians. This new evidence is useful for the study of Jewish occupations in particular but it is useful for a great many other aspects of American Jewish history as well.

Recall that I mentioned earlier the existence of census manuscript schedules — the actual records that the census takers took as they went from house to house. This past year a colossal project was completed, the creation of a huge computerized sample from the 1910 United States census manuscript schedules — a sample of 366,000 individuals — that is available to historians. Why is this sample such an interesting source? For two reasons. First of all, it is a sample of staggering size. Remember by comparison that when the *New York Times* or ABC runs a national sample it is typically based on about 1,500 to 2,500 people. Remember too that I spent three years with a research team collecting a sample of 12,000. Now, suddenly — a sample of 366,000 was at my disposal!

The second factor that makes the sample so important for the study of the Jews is the information on mother tongue collected in the 1910 Census, the first federal census to include the subject. Mother tongue, in turn, is so important because it allows us to identify precisely the East European Jews in the sample.

Identifying Jews in census data has been a major problem for historians of American Jewry and, indeed, for contemporary social scientists interested in

studying the Jews. Census records are crucially important for understanding social patterns. But censuses have almost never included questions about religion. Consequently, to study the Jews in census records, researchers have had to rely on indirect measures. There are two indirect measures that can be used: one is place of birth. A large fraction of the East European Jewish immigrants, and hence a large fraction of America's Jews generally, came from the Russian Empire. Also, conversely, a large fraction of everybody who came from the Russian Empire were Jews. So researchers have tried to learn something about Jewish life by focussing on the Russian-born, or the children of the Russian-born.

The other indirect way of learning about the Jews has been to study individuals who told the census taker that Yiddish was their mother tongue. This strategy of studying individuals grouped by mother tongue is, of course, limited to the study of the East European Jewish immigrants — not their descendants — because their descendants very quickly reported that *their* mother tongue was English. Nevertheless for the study of the immigrant generation the study of the Yiddish mother tongue group could be very useful.

I say *could be* very useful and not *has been* very useful. That is because the published census reports rarely classified social patterns by mother tongue — for example, the reports never classified the occupations of individuals by their mother tongues. As a result, for most social inquiry, researchers have been thrown back on the first indirect strategy that I described: namely, studying the place of birth of individuals, and treating the Russian-born as a proxy for the East European Jews. My own study of East European Jews in Providence in my book, for example, used this method.

Now the problem with this method is that a notable proportion of the Russian-born immigrants were not in fact Jews. Researchers have long known this fact in a general way, of course. But the 1910 public use sample — that body of data on 366,000 individuals that I have been describing — allows us to study this issue in depth. We can study just how many of the Russian-born were Yiddish speakers — in any city or region, in any age group in any occupation, among the male workers, the women workers, and so forth. And more valuable still, we can turn away from the criterion of the Russian-born and exploit the criterion of Yiddish as a mother tongue to identify East-European Jews.

The criterion of Yiddish mother tongue, of course, does not restrict us to *Russian*-born Jews, but rather encompasses Jews from all over Eastern Europe. That is another great advantage. We are generally interested in the East European Jew, not just the Russian Jew. Attention has been focussed on the Russian Jew in particular principally because of the problem of identifying Jews by place of birth that I have

been discussing. Thus, for example since the fraction of Jews among immigrants from the Austro-Hungarian Empire was much smaller than the fraction of Jews among immigrants from the Russian Empire, researchers have so often limited attention to Jews born in the Russian Empire when studying East European Jews. Now, with the mother tongue data, we need not restrict ourselves to the Russian-born to study Jews. And, in any case, should we wish to focus especially on the Russian-born Jews or to compare the experiences of Jews born in the Russian Empire with those born in the Austrian Empire, the simultaneous availability of the mother tongue and place of birth data in one computerized sample makes it possible for us to do that too.

One might ask, however, whether, in focussing on the Yiddish mother tongue group, are we not losing many Russified or Polanized immigrant Jews, Jews who had grown up on other mother tongues? The answer is that we lose very few. First, there simply were not many with mother tongues other than Yiddish, at least among the Russian Jews, especially before 1910. A census of the Russian Empire in 1897 found that only 3 per cent of the Russian Jews spoke languages other than Yiddish.[2] Second, there may have been some Russification between 1897 and 1910, but it cannot much affect our analysis today. That is because of one intriguing aspect of the 1910 census. That census asked not only about the respondent's mother tongue, but also about father's mother tongue and mother's mother tongue. Thus, the census takes us back in time a generation so that it is in essence asking about mother tongue arrangements well before 1897. To the best of my knowledge, no one has ever used the data on parents' mother tongue to study the Jews before, because the computerized sample from the 1910 census was so recently created. It provides a great opportunity to identify America's East European Jewish immigrants at the high point of the great era of immigration.

The weakness inherent in treating all Russian-born as Jews would be especially great in the 1910 census, because of a complication involving the Poles. In 1910 Poland had long been divided and absorbed into the Russian, Austro-Hungarian, and German Empires (Poland would reappear as an independent state after World War I). Earlier American censuses had classified the Poles as such, but in 1910 Poles were classified in terms of the empire in which they had been born. As such, many Polish immigrants were classified as Russian-born, distinguished from other Russian-born individuals only by mother tongue — Polish as opposed to the other common languages of the Russian-born: Yiddish, Lithuanian, Russian, German, or Finnish.

For 1910, then, it would be an especially serious mistake to treat the Russian-born as Jews. On the other hand, even with Poles excluded, the rate of error in treating immigrants from Russia as Jews is considerable (see Table 1). In the nation as a

whole, just over two Russian-born individuals in three (Poles excluded) were Jews (as judged by the mother tongue of their fathers).[3] But the proportion varies substantially by place. In New York City the percentage of Russian-born whose father's mother tongue was Yiddish was especially high. However, in other large cities the proportion was lower, and outside the large cities much lower still.[4] The precise extent of error created by considering the Russian-born as Jews no doubt varied from census to census.[5] Nevertheless, the 1910 figures probably provide a reasonable rough estimate of the situation in later years as well.

TABLE 1. RUSSIAN-BORN IMMIGRANTS IN THE CENSUS OF 1910
(Poles excluded)

Location	Percent whose father's mother tongue was Yiddish (and number in sample)	
New York City	90%	(1,822)
Other cities, 1900 pop. over 250,000	77	(1,021)
Cities, 1900 pop. 100,000 - 250,000	63	(253)
All other places	34	(1,166)
U.S. total (all places)	70	(4,262)

SOURCE: The public use sample of the 1910 US Census.
Includes 14 cities in 2nd row, 19 cities in 3rd row.
Russian-born individuals whose father's mother tongue was Polish were excluded from all rows: 191, 461, 110 and 807 and 1,569 respectively in rows 1-5.

The degree of the error in classifying all Russian-born as Jews, of course, is greater where other immigrants from the Russian Empire were numerous and smaller where such other immigrants were not numerous. In Providence, and generally in Rhode Island, these other immigrants were not numerous. Consequently, using the criterion of Russian-birth to identify Jews works very well in Providence. The best evidence bearing on that point is from a census that the State of Rhode Island administered in 1905. That census was unique in asking individuals' religion. And the results of the inquiry show that 94 per cent of the Russian-born in Providence were Jews.[6]

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With that description of the new evidence and of the problem of identification that it helps solve, I can turn at last to the occupations of the Providence Jews. As I explained earlier, my questions had led me to take a close look at a group of school-

age children around the turn of the century, and as part of that effort I took a close look at the occupations of their fathers. In the case of the East European Jews, I collected a sample of children of the Russian-born immigrants in Providence in 1915. I was consequently able to study the occupations of some 561 Russian-born fathers in that year.

The striking finding from that study was how heavily the Russian-born Jews were concentrated in the skilled trades and in commerce — and especially in commerce. In discussing commerce I do not mean to imply that the Jewish immigrants were well off; as often as not they were peddlers, and there is every indication that those who had their own small stores had also started as peddlers. But the concentration in commerce meant that they were differently situated than other groups, possibly in ways that made a difference for later work. Just how differently situated these Russian Jewish fathers were than others in the city can be seen in Table 2. In 1915 fully 71 per cent of the Russian Jewish fathers were self-employed, whereas only 20 per cent of other immigrant fathers were. Twenty-two per cent of the fathers were peddlers, compared to 3 per cent of other immigrant groups. Forty-three per cent were proprietors or self-employed artisans, compared to 16 per cent among other immigrants. At the other extreme, only 13 per cent of the Russian Jewish immigrant fathers were semiskilled or unskilled wage workers — compared to 49 per cent among other groups.

TABLE 2. OCCUPATIONS OF RUSSIAN JEWISH IMMIGRANT FATHERS AND OTHER IMMIGRANT FATHERS IN PROVIDENCE, 1915

A. Percentage self-employed

	Russian Jews	Other immigrants
Employer	11%	6%
"on own account"	60	14
all self-employed	71	20

B. Percentage in selected occupational categories

Peddlers	22%	3%
Proprietors	23	8
self-employed artisans	20	8
semiskilled or unskilled employees	13	49

SOURCE: A sample of fathers of school-age children drawn from the R. I. State Census of 1915 by J. Perlmann.
Included are 561 Russian Jews 761 others.

Moreover, the occupational profile of the Russian Jewish immigrants in Providence seemed remarkably different from that described in the common generalizations about the East European Jewish immigrants in America. Those generalizations said that the East European Jews started in the skilled trades, especially in the garment industry, and typically did not escape manual work during their lifetimes. It is not that I thought these generalizations wrong. Rather the generalizations pertained to the giant Jewish communities that have been so well studied: chiefly New York, but also Chicago, Philadelphia, and Boston. And so in 1983 I published an article, "Beyond New York" (in *American Jewish History*) that stressed how different the occupations of the Jews were in Providence from those in New York.[7]

In that article I compared East European Jewish occupations in New York and Providence. Then I presented some evidence that I had found in the published reports of the United States Census of 1900. That evidence suggested that in other middle sized cities, the Jewish occupations were much more like those in Providence than like those in New York — much more likely to be rooted in trade than was the case in New York and much less likely to be rooted in the garment industry in particular. That data is summarized in Table 3. The table published in 1900 allowed me to compare four kinds of occupational groups across all the cities. Two of these occupations were in commerce: peddling and a broader category of retail trade including peddlers, merchants, and dealers. The other two occupations were in manufacturing: tailoring and a broader category of all manufacturing and mechanical pursuits.[8]

TABLE 3. "BEYOND NEW YORK":
OCCUPATIONS OF RUSSIAN-BORN IMMIGRANTS, 1900

Location	Percentage of Russian male workers			
	peddlers	all peddlers, merchants, dealers	tailors	all manufac.
New York City only	5%	16%	28%	61%
5 big centers	7	19	25	53
31 other cities, pop. over 100,000	13	29	15	42
Providence only	24	42	7	39

SOURCE: Published report of the 1900 US Census.
5 big centers include NYC, Chicago, Philadelphia, Boston, Baltimore. 31 other cities include Providence.

The difference between the occupational structure in the middle sized cities and the occupational structure in New York, I reasoned, could have had important implications. From the starting position in commerce, in the smaller Jewish communities, upward mobility might be more rapid, or at least it might take different paths, that is, be based on different kinds of jobs than elsewhere. Also, if the Jews of these communities were less likely to experience wage labor, and more likely to have remained self-employed, perhaps they were less likely to have been radicalized by the socialist movement that was so important in the lives of New York and Chicago Yiddish labor. So these occupational differences might have great importance.

Now of course most Jews were in New York — just over half — and about another two in five were in Chicago, Philadelphia, and Boston. Nevertheless, about three Jewish immigrants in ten were not to be found in those centers. They were in smaller Jewish communities, typically in middle-sized cities like Providence. And it is about these three in ten that I thought I had something valuable to say.

But recall: my really detailed evidence was only from Providence; from Providence I had my 1915 sample of many hundreds of fathers of school children. And from that sample I knew the sort of information summarized in Table 2. For the other cities I was limited to the much less detailed evidence published in the census reports of 1900.

Now the huge 1910 census public use sample that I discussed earlier affords us two opportunities. First, we can look at the situation in a later year, in 1910 rather than in 1900, after a decade of massive new migrations. And, second, we can look at the East European Jews in *all* communities of the United States, since by looking at those of Yiddish origin we know we are dealing with Jews. Assuming that the Russian-born in smaller communities were Jews is much riskier, as Table 1 showed. The results of the new exploration are to be found in Table 4.

In 1910 the same occupational patterns that I noted earlier persisted. And the new data show that the same general argument that I made about the middle size places in 1900 can be extended with greater force to the small communities, those with populations under 100,0000. There the reliance on commerce was especially great. Thirty-four percent of the East European Jews are peddlers, merchants and dealers, as against 12 per cent in New York City. Only 26 per cent are in manufacturing pursuits, as against 59 per cent in New York.

TABLE 4. OCCUPATIONS OF EAST EUROPEAN JEWISH IMMIGRANTS, 1910

A. Four categories of occupations

Location	Percentage of Russian male workers			
	peddlers	all peddlers, merchants, dealers	apparel manufac.	all manufac.
New York City only	4%	12%	25%	49%
5 big centers	4	13	23	48
31 other cities, pop. over 100,000 in 1900	4	20	10	34
All other places	7	34	4	26

B. Self-employment

	Employer	"On own account"	Total	Number in sample
New York City only	13%	20%	33%	936
5 big centers	13	21	34	1,252
31 other cities, pop. over 100,000 in 1900	14	26	40	197
All other places	21	40	61	213

C. Self-employment among men over 40 only

5 big centers	18	33	51	293
31 other cities	25	21	46	57
All other places	29	49	78	55
Compare to: Fathers in Providence sample, 1915 (from Table 3A)	11	60	71	561

SOURCE: The public use sample of the 1910 US Census (except last row). Apparel manufacturing includes all blue collar occupations in that industrial sector (thus more than tailors).

On the other hand, viewing the combination of the data I had before and the new data, I am also struck that the differences between the middle size communities and the five large communities of Jews were not so great — and in particular they were not as great as the difference between Providence and these five large centers. For perspective, recall that the middle size communities include all those in cities with populations of 100,000 except the five largest Jewish population centers (New York, Chicago, Philadelphia, Boston, and Baltimore). Providence had a population of some 175,000 in 1900 and 224,000 in 1910. The number of Russian-born in the city numbered 2,000 in 1900 and 6,000 in 1910. The Providence Jewish community was among the most extreme in the middle-sized group in its reliance on peddling and commerce. Thus in 1900 Providence had the third highest proportion of peddlers among the 36 cities: 24 per cent, whereas the norm for the 31 middle sized communities was 13 per cent.

Also, consider the evidence on self-employment, that other remarkable feature of the Providence fathers in my 1915 sample. There was no comparative data from 1900. Fortunately, however, the 1910 census data now allow us to explore self-employment. Self employment, like reliance on commerce, was more common in the middle-sized Jewish communities than in the five large ones (40 per cent as against 34 per cent). But the difference was fairly small. Once again, it is in the smallest communities that the fraction of self-employed was much greater than in New York. And, finally, nowhere was the fraction of self-employed as high as I had found in Providence among my sample of fathers in 1915.

However, there is a certain lack of comparability between my Providence samples and the national data: in Providence I had studied the fathers of adolescents. And the fathers of adolescents are older men than the group of all adult male workers (the average age of the fathers of the adolescents was 44). Could this lack of comparability explain the difference in the occupations of Providence men and others? To find the answer to this question, I compared men over 40 in the 1910 sample to my Providence fathers of 1915. In the 31 middle-sized cities, the difference from Providence is still clear: 46 per cent, not 71 per cent as in Providence, are self employed. But in the smallest size cities, under 100,000 in size, the fraction self-employed among the older men actually exceeded the fraction self-employed among the Providence fathers of 1915, with 78 per cent of the small sample self employed.

In sum, there were other communities like Providence, but they were typically in the third group, in the smaller cities, those with a population of under 100,000 in 1910. In those cities, among all gainfully employed East European Jewish men, 61 per cent were self employed, 34 per cent were in commerce, and only 26 per cent were in manufacturing.[9]

In my 1983 paper, "Beyond New York," I had speculated that the high proportion of Russian Jews in the workforce of some cities might have limited the opportunities to enter commerce — quite simply too many Jews may have wanted to engage in trade to permit them all to do so. Perhaps, too, in the larger cities the structure of retail trade made it harder for newcomers with very little capital to break in — perhaps, for example, larger stores were more common in larger cities or relations between wholesalers and retailers were tighter there. And just possibly, too, the Jews most interested in entering trade might have moved to the smaller cities where entry into trade was easier. And certainly, those Jewish immigrants with garment industry skills would have had a greater incentive, other things being equal, to come to garment industry centers. Finally, the extent of self-employment and peddling may have varied among the smaller Jewish communities as a result of the extent to which, on the one hand, ethnic hostility operated to limit Jewish opportunities to be hired by non-Jews and, on the other, by the extent to which earlier Jewish immigrations (principally from Germany) may have produced Jewish-owned enterprises that could hire the new Jewish immigrants.[10] These speculations remain only speculations; still, I continue to think they are about right. But I am now struck that even when one ventured beyond New York, Providence may have been fairly exceptional among the middle-sized Jewish communities, not in the greater reliance on commerce and self employment than was typical in New York, but on the degree of that reliance.

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NOTES

[1] Joel Perlmann, *Ethnic Differences: Schooling and Social Structure among the Irish, Italians, Jews, and Blacks in an American City, 1880-1935*; Cambridge University Press, 1988.

[2] Isaac M. Rubinow, *Economic Condition of the Jews in Russia*, (New York, 1975 [1907]), p. 488.

[3] I have used as the criterion for who is an East European Jew father's mother tongue. Virtually all who had one parent of Yiddish mother tongue had two.

[4] Table 1 is organized by size of place in 1900, in order to be continuous with my earlier work, "Beyond New York: The Occupations of Russian Jewish Immigrants in Providence, R.I. and in Other Small Jewish Communities 1900-1915," *American Jewish History* (March, 1983), 369-394. Had I organized the table by size of place in 1910 the findings would not differ substantially.

[5] One important reason for such variation would be the shifting boundaries of Eastern Europe resulting from the two World Wars. These boundary shifts, in turn, meant that respondents might change their responses to the country of birth question — for example, between the 1910 and 1920 censuses, and between the 1940 and 1950 censuses. These changes in respondents' place of birth would affect the fraction of respondents of Russian birth who were Jews.

[6] Rhode Island Commissioner of Industrial Statistics, *Twentieth Report* ("The Rhode Island Census"), section on "Church Statistics and Religious Preference," page 275.

[7] *Ibid.*, Perlmann, "Beyond New York."

[8] The figures in Table 3 differ slightly from the comparable ones in my earlier paper, "Beyond New York," because in that paper I provided unweighted averages (each city in a size-category of cities counted the same as every other, regardless of the number of Jewish workers in the city). In Table 3, by contrast, I used weighted averages (each city weighted according to the number of Jewish workers; or, to put it differently, all workers in one size-category of cities were viewed together just as though they had come from one city). The reason for the change is that the 1910 sample, large as it is, is not large enough to permit reliable estimates of the occupational profile of Jewish workers in many of the middle-sized cities.

[9] Further work might determine the extent to which the patterns observed in the middle-sized cities were particularly influenced by one or two cities. For example, many of the garment workers in those cities were in Newark. Nevertheless, the 1900 data for individual cities, presented in Table A of "Beyond New York," shows that the difference between Providence and these other middle size cities cannot be explained away by such a line of argument. Thus, for example, as noted in the text, the proportion of peddlers in 1900 was higher among Russian Jews in Providence than in all but three of the middle-size cities.

[10] I am grateful to Alice Goldstein for stressing these last two points in discussion with me.

BIBLIOGRAPHICAL NOTES

By SEEBERT J. GOLDOWSKY, M.D.

Recent acquisitions in the library of the Rhode Island Jewish Historical Association containing items of Rhode Island interest and a listing of the items:

1. *American Jewish Year Book 1988*. Volume 88. The American Jewish Committee, New York, and the Jewish Publication Society, Philadelphia, 1988, 572 pages.

Page 498. Lists the *Rhode Island Jewish Historical Notes*, publication of the Rhode Island Jewish Historical Association.

2. *American Jewish Year Book 1989*. Volume 89. The American Jewish Committee, New York, and the Jewish Publication Society, Philadelphia, 1989, 589 pages.

Pages 69n. 70n. 127-128, 128n. In a paper titled "Recent Trends in American Judaism" by Jack Wertheimer are references to Jacob Neusner, formerly of Brown University.

Page 212. A commentary on "Israel and American Jewry" mentions Jacob Neusner.

Page 531. Lists *Rhode Island Jewish Historical Notes*

3. *Family in War. A Personal Chronicle*, By Paul B. Weisz. Privately printed, 1973, 106 pages, paperback.

A refugee from Vienna, the author relates his experiences as an immigrant to America in the period 1938-1947. The author was on the biology faculty of Brown University and is a resident of Providence, Rhode Island.

4. *Travels Through Jewish America* by Harry Golden with Richard Goldhurst. Doubleday & Company, Inc., Garden City, New York, 1973, 276 pages.

Page 194. Mentions Jacob Neusner in connection with the Havurat Shalom fellowship.

5. *American Jewish Archives*, Volume XL, No. 1, April 1988.

Page 183. Mentions personal papers of Jacob Neusner, 1980-1987, donated to the American Jewish Archives.

6. A *Guide to Special Collections in Rhode Island.* Rhode Island Chapter, Special Libraries Association, 1988. Unpaged, paperback.

Lists Rhode Island Jewish Historical Association Library.

7. *Historic and Architectural Resources of the East Side, Providence: A Preliminary Report,* Rhode Island Historical Preservation Commission, 1989. 107 pages, paperback.

Page 30 (opposite). Temple Emanu-El at 295 Morris Ave. Also Leo Logan Building (stores) at 145-149 Elmgrove Ave.

Page 34 (opposite). Jacob and Pearl Shore House at 48 Harwich Road.

Page 36 (opposite). Max L. Grant House at 90 Hazard Ave. Also John B. and Rebecca Olevson House at 30 Elmway Street, and Bessie and Harry Marshak House, 546 Wayland Ave.

Page 40 (opposite). Leonard Levin House, 80 Clarendon Ave.

8. *Woonsocket, Rhode Island—A Centennial History 1888-1988.* Ed. by Marcel P. Fortin. The Woonsocket Centennial Committee, 1988. 252 pages.

Pages 27, 51, 71, 170. Congregation B'nai Israel.

Pages 71, 80 - 81, 125, 161. Arthur I. Darman, industrialist and Jewish leader.

Pages 80 - 81, 121, 135, 209. The Stadium Theater, a Darman Enterprise.

Pages 103 - 104. Lawrence (Larry) Spitz, labor leader.

Page 246. Lists *An Ethnic Survey of Woonsocket, Rhode Island* by Bessie Bloom Wessel, University of Chicago Press, 1931.

Page 112. Joseph Axelrod in 1937 started his textile empire with the Airdale Worsted Mills on Park Avenue.

Page 135. Eisenberg and Tickton clothing store.

Pages 79, 121. Jacob Finkelstein manufactured parts for anti-aircraft guns in World War II.

Page 191. Hasbro Industries (Hassenfeld family) occupied space in Woonsocket.

Pages 191 - 192, 207. Mark Stevens/CVS, Inc. Consumer Value chain drug stores, founded by Israel Goldstein.

Page 173. Larry Goldstein, president of Mark Stevens/CVS.

Page 83. Robert Levine founded Robert's Children's Shop.

Page 120. Sadwin Manufacturing Company, curtain makers.

Page 121. Sidney Blumenthal Manufacturing, textiles.

Page 27. Increasing influence of Jewish community. Solomon Treitel, first president of Congregation B'nai Israel.

Pages 157, 161, 174, 245. Zelmor Levin, variously executive editor of *The Woonsocket Call*, manager of radio station WWON, reporter for *The Providence*

Journal, and proprietor of the weekly *The Woonsocket Sunday Star*.
Page 146. Leo Drobnis, Play-More Sales Company, toys.
Page 210, Pamela Macktaz named Family Court judge.

9. *American History and Life*. Part D. Annual Index with List of Periodicals, Vol. 24, 1987. 563 pages, paperback.

Pages 355 - 356. Lists several items of Jewish interest under *Rhode Island, Rhode Island (Central Falls), Rhode Island (Newport)*, and *Rhode Island (Providence)*.

10. *American History and Life*. Part D Annual Index with List of Periodicals, Vol. 25, 1988. 522 pages, paperback.

Page 349. Lists several items of Jewish interest under *Rhode Island Israelite* (publication), *Rhode Island (Newport), Rhode Island (Providence), Rhode Island Self Help*, and *Rhode Island (Woonsocket)*.

11. *Newport Then and Now, A Comparative View*. By John T. Hopf. Newport: John T. Hopf, 1989. Unpaged.

Photograph of Abraham Riviera House, dating from 1721, which became the home of The Newport Bank in 1803.
Photograph of Thames Street in 1954, showing Jewish-owned stores.

12. *What Did You Do in the War, Grandma?* "An Oral History of Rhode Island Women During World War II, Written by Students in the Honors English Program at South Kingstown High School," Rhode Island Committee for the Humanities, South Kingstown [Rhode Island] School Department, and the Rhode Island Historical Society, 1989.

Page 1. Mentions Judith Weiss Cohen.
Page 3. Photo of Judith Weiss Cohen.
Pages 12, 13. "Coming to Terms with the Holocaust ... And "Prejudice at Home," by Jason Gelles. Article based on oral history of Judith Weiss Cohen.

RHODE ISLAND JEWISH HISTORICAL ASSOCIATION
THIRTY-FIFTH ANNUAL MEETING
MAY 7, 1989

The Thirty-fifth Annual Meeting of the Rhode Island Jewish Historical Association was called to order at the Jewish Community Center of Rhode Island at 2:45 p.m. on Sunday, May 7, 1989, by Aaron Cohen, Co-chairman of the Annual Meeting. After Mr. Cohen welcomed everyone to this special meeting, he introduced Geraldine S. Foster, President of the Rhode Island Jewish Historical Association.

A motion to waive the reading of the minutes of the last annual meeting was passed.

Mrs. Foster reported that the Association now has a membership of 561 members. There are three more Life Members, making a total of 53, and 17 new Annual Members. She stated that she had come to the end of four years as President and thanked everyone for their help and assistance. She gave special thanks to Seebert and Bonnie Goldowsky, Jerome Spunt, Melvin Zurier, Stanley Abrams, Judith and Aaron Cohen, Charlotte Penn, Ruth Page, Samuel Stepak, Robert Kotlen, and Toby Rossner. Special thanks were given to Lynn Stepak for her kindness and capabilities and to Eleanor Horvitz, "the center of the Association," as the Librarian-Archivist.

Eleanor Horvitz explained that the theme of the exhibit at the meeting was the first year that she became Librarian-Archivist, 1974. She reported that many precious artifacts and memorabilia had been acquired. She receives many calls for information and help from various groups and individuals, Jewish and non-Jewish. The Association is working hard to collect, preserve, and upgrade its archives. Mrs. Horvitz also reported that she and Robert Kotlen were planning an exhibit at Highland Court on Jewish businesses.

The Treasurer's report covering the period January 1 to December 31, 1988, was read by Stanley Abrams for the Treasurer, Bernard Bell. The Association's income is derived from dues, donations, and endowment funds. The balance at this time was $32,182.80. The complete report is on file.

Judith Cohen, Editor of the *Rhode Island Jewish Historical Notes*, thanked Dr. and Mrs. Goldowsky, Mrs. Foster, and Mrs. Horvitz for their help with the 1988 issue and reported that work has begun on articles about the anniversaries of Jewish Family Service and The Miriam Hospital for the next issue. Pearl Braude has started interviewing Jewish veterans of World War II for a future issue, and Mrs. Cohen asked for volunteers to be interviewed.

Ruth Fixler, the Chair of the Long-Range Planning Committee, reported that the committee has been meeting to make plans for bringing the Association into the '90s and thanked the committee members for their dedication. A final report will be presented at a later meeting.

Dr. Goldowsky, chairman of the Nominating Committee, presented the slate of officers for the coming year: President, Robert A. Kotlen; First Vice President, Stanley Abrams; Second Vice President, Bernard Kusinitz; Secretary, Caroline Gereboff; Associate Secretary, Charlotte Penn; and Treasurer, Dorothy Horowitz. The other members of the Executive Committee are listed in the report attached to the secretary's report. The President asked the Secretary to cast one ballot in favor of the slate. It was so moved and voted.

Mrs. Foster then turned the meeting over to Robert Kotlen, the new president. He stated that his interests are in increasing membership and preservation of the archives. He called upon volunteers for help and interest. He hopes to create portable exhibits to be shown at schools and other organizations.

Judith Cohen, Co-Chairman of the Annual Meeting, then presented a gift to Geraldine Foster in honor and thanks for being such an outstanding president. The gift was a sculpture entitled "Sabra Dancers" by Klare Sever.

Aaron Cohen introduced the speaker for the day, Dr. Vicki Caron, Assistant Professor of Judaic Studies at Brown University, who gave the 19th Annual David Charak Adelman lecture on "Between France and Germany: Jews and National Identity in Alsace-Lorraine, 1871-1918." Dr. Caron delivered a detailed lecture on the time of transition from the ghetto to the entry of Jews into French and German life and society.

Judith Cohen gave the closing remarks, thanking Eleanor Horvitz and Robert Kotlen for the interesting display and Toby Rossner for her expert help and advice. She thanked those present for attending and made them aware that Lynn Stepak was at the registration desk with membership applications and copies for sale of back issues of the *Notes*; Geraldine Foster's book, *The Jews of Rhode Island*: and informal note paper.

The meeting was adjourned at 4:30 p.m., and a collation and social hour followed.

Respectfully submitted,
Caroline Gereboff, Secretary

NECROLOGY — 1989

BONOFF, J. LEE, born in Providence, a son of Sally (Goldberg) and the late Leo E. Bonoff.

Mr. Bonoff was previously associated with the Miller Electric Co. and the Royal Electric Co. He served as a member of the Board of Directors of Avnet, Inc., New York, and the Canada Wire & Cable Co., Toronto, Canada.

He was an Army veteran of World War II and graduated from Brown University in 1950.

A member of the Board of Directors of the Jewish Federation of Rhode Island and Miriam Hospital, Mr. Bonoff also was a member of the Rhode Island Commodores and a former member of the advisory board of the Rhode Island Hospital Trust Bank. He held membership in the University Club and the Brown University Faculty Club.

Died in Madison, Connecticut, on October 21, 1989, at the age of 62.

CIKINS, MILDRED N., born in Boston, a daughter of the late Solomon and Annie H. (Price) Nisson.

She taught at Temple Israel, Boston, and had lived in Providence for 26 years after moving from the Brookline-Newton area of Massachusetts.

Mrs. Cikins held membership in the National Council of Jewish Women, Rhode Island Section; the Providence Chapter of Hadassah; the Miriam Hospital Women's Association; and the Women's Association of the Jewish Home for the Aged. She was a life member of the Hebrew Rehabilitation Center in Boston.

Died in Providence on March 23, 1989, at the age of 79.

COHEN, CHARLOTTE R., born in Providence, a daughter of the late Morris and Sarah (Talan) Homonoff.

She was co-owner, along with her husband, of Eaton Pharmacy, Providence, from 1937-61, and the Ivy Apothecary from 1961-78.

Active in several organizations, Mrs. Cohen was a member of Temple Emanu-El, its Sisterhood, and its Leisure Club. At the Jewish Community

Center she participated in the Swimmasters and the Yiddish Elder Camp. She was a member of the Pawtucket Chapter of Hadassah, Eastern Star, O.R.T., and the women's auxiliaries of the Jewish Home for the Aged and The Miriam Hospital.

Died in Sudbury, Massachusetts, on June 3, 1989, at the age of 68.

FISHBEIN, DR. JAY N., born in Boston, a son of the late Louis and Sarah (Miller) Fishbein.

Dr. Fishbein was a practicing physician for many years, retiring in 1973. He was a pioneer in the use of diathermy in the treatment of nasal sinuses. Dr. Fishbein received his undergraduate degree and medical degree from Tufts University and did postgraduate work at the University of Pennsylvania, specializing in diseases of the ear, nose, and throat.

He was a member of Roosevelt Lodge, AF&AM; Palestine Temple; Providence Hebrew Day School; Hebrew Academy of Torah; The Zionist Organization of America; Roger Williams Lodge of B'nai B'rith; Temple Emanu-El and its Men's Club; Temple Beth Shalom; and the American Jewish Congress.

Died in Providence on July 28, 1989, at the age of 88.

GALKIN, IRA, born in Providence, a son of the late Samuel and Pauline (Shendel) Galkin.

Mr. Galkin was chairman of the board of the American Insulated Wire Corp., Pawtucket, which he founded in 1924. The New England Wire and Cable Club presented him its Distinguished Career Award in 1965.

He was a vice president and honorary vice president of the Jewish Federation of Rhode Island for seven years; president of Temple Beth Israel, Providence; and a member of the board at Temple Torat Yisrael. He was also a member of Roosevelt Lodge 42, AF&AM and was a Shriner.

Mr. Galkin had a number of philanthropic interests such as Brown University, The Miriam Hospital, Jewish Home for the Aged, Camp Yawgoog, and the Boy Scouts of America.

Died in Providence on February 24, 1989, at the age of 93.

GOODMAN, JACOB, born in Pawtucket, a son of the late Abraham and Bessie (Yablonsky) Goodman.

Mr. Goodman was a partner in the Providence law firm of Licht & Semonoff and a mathematician.

A 1926 graduate of Brown University, he received his master's degree from the University in 1928. He taught mathematics at Rutgers University from 1928 to 1934. He received a law degree from Fordham University Law School in 1934.

He was co-chairman of the Pawtucket Charter Commission in 1952 and a member of its review committee in 1974. Past president of the Pawtucket Bar Association, he was also a member of the Rhode Island Bar Association. He held membership in Temple Beth-El and its Men's Club.

Died in Providence on April 4, 1989, at the age of 84.

HASSENFELD, STEPHEN DAVID, born in Providence, a son of Sylvia (Kay) and the late Merrill Hassenfeld.

Mr. Hassenfeld was chairman and chief executive officer of Hasbro, Inc., the Pawtucket toy company. He helped transform the business — founded by his grandfather in 1923 as a distributor of fabric remnants — into an industry giant.

He founded the Hasbro Children's Foundation in 1984 to provide help to poor and homeless children. He was also active in business, civic, and charitable causes, including the American Stock Exchange, the Rhode Island Jewish Federation, the National Conference of Christians and Jews, and the United Way.

Many honorary awards were bestowed upon Stephen Hassenfeld. He received doctorate degrees from Rhode Island College, Providence College, and Roger Williams College. He also received the national humanitarian award of the Rhode Island Council of the National Jewish Hospital and the Humanitarian of the Year award from the Rhode Island Big Brothers Association.

Died in New York City on June 25, 1989, at the age of 47.

KATZ, JACOB, born in Providence, a son of the late Hyman and Matilda (Rosen) Katz.

Founder and owner of the former Universal Chemicals Corp. of Ashton, Cumberland, Mr. Katz graduated with a degree in science from Rhode Island State College, now the University of Rhode Island, in 1933. He also received his master's degree from that college.

Mr. Katz was a 50-year member of the American Chemical Society, a fellow of the American Institute of Chemists, and a member of the American Institute of Chemical Engineers, the American Technion Society, and the American Oil Chemists Society.

Died in Boca Raton, Florida on November 22, 1989, at the age of 79.

SHARP, SARAH L., born in New York, a daughter of the late Morris and Anna Goldman.

Mrs. Sharp was a graduate of New York University and did graduate work at Brown University in education. She had been a teacher at Central High School for several years before retiring.

A member of the women's associations of the Jewish Home for the Aged and The Miriam Hospital, she also held membership in Hadassah.

Died in Providence on December 28, 1988.

SHORE, MAURICE, born in Providence, a son of the late Max and Esther (Prebluda) Shore.

Mr. Shore was former president and co-owner of the Allied Fluorescent Manufacturing Co., Providence, since 1946, and founder of Illumination Concepts and Engineering, North Kingstown, retiring in 1986.

A 1944 graduate of the former Rhode Island State College, he was a member of the URI Alumni Association.

He was affiliated with many philanthropic organizations such as the Jewish Federation, The Miriam Hospital Foundation, the Sloan Kettering Institute, Johns Hopkins Medical Center, and Boy Scouts of America. He was a member

of Temple Beth-El and also the Turks Head Club, the Ledgemont Country Club, and the New Seabury Club.

Died in Providence on June 18, 1989, at the age of 66.

STERN, DR. LEO, born in Montreal, a son of Sholem Shtern and the late Sonia (Alboin) Shtern.

Dr. Leo Stern was chief of pediatrics at Rhode Island Hospital and Women & Infants Hospital and chairman of pediatrics at Brown University, and was internationally renowned in the field of neonatology.

Dr. Stern was a graduate of McGill University in Montreal and received his M.D. from the University of Manitoba in 1956. He was a member of Temple Emanu-El and its Men's Club. A member of the American Academy of Pediatrics, Dr. Stern also held membership in many medical and scientific societies such as the Royal Society of Medicine, the Society for Pediatric Research, the Rhode Island and Providence Medical Societies, among many others.

Died in Providence on May 17, 1989, at the age of 58.

ERRATA AND ADDENDA

VOLUME 9, NUMBER 4

"United Brothers, Bowling and Bagels in Bristol: A Study of the Changing Jewish Community in Bristol, Rhode Island"

Page 294: Add to first paragraph, "The last day the Bristol congregation held services was Yom Kippur 1966."

"Sabbath Tour of Synagogues in Providence and Vicinity"

Page 346: Amy Wise Salinger should read "Amy Wise Solinger."

VOLUME 10, NUMBER 2

"Ashkenazim vs. Sephardim in the Colonial Era"

Page 170, Lines 31-32, should read "In 1772, Newport acquired a *mohel* in the person of Moses Seixas, brother of Gershom. ..."

"The Olneyville Hebrew Club — Order of Hebraic Comradeship"

Page 193: Samuel Shindler died February 17, 1987, should read "February 16, 1987."

Back Cover: Names of the rabbi brothers Werner should be reversed. Right center photograph is that of Rabbi Osher Z. Werner while the photograph below his is that of Rabbi David Werner.Rabbi David Arliansky should read "Cantor David Arliansky."

VOLUME 10, NUMBER 3, PART A

"An Annotated Bibliography"

Page 213, Photo Caption, should read "The Narragansett Hotel, about 1954, corner of Dorrance, Eddy, and Weybosset Streets, Providence, Rhode Island. ..."

Page 263, Page 272, Guny, Elizabeth (Mrs. Harold) should read "Guny, Elizabeth (Mrs. Harry)."

Page 272, Goldowski, Bonnie, should read "Goldowsky, Bonnie."

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