

# Between Commitment and Contentment: the Story of Norman Bethune in Montreal

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The intersection of Guy Street and de Maisonneuve Boulevard is one of Montreal's busiest. At its northwest corner there stands a statue: that of the Canadian thoracic surgeon Dr. Norman Bethune (1890-1939). The statue was donated by the Chinese government in 1976 and recently re-inaugurated in October 2008 in the presence of Canadian and Chinese dignitaries.[1] This suggests that the historical significance attributed to Norman Bethune is sizeable both in Canada and abroad. In fact, although Bethune is a household name in China, most famous for his work as a field surgeon in support of Chinese communist forces during the Sino-Japanese War, his memory is relatively ignored in his own country. Yet it was in Montreal during the 1920s and 30s that Bethune developed his commitment to socialized medicine that became crucial for his later work in China. This essay focuses on his fascinating formative years working and living in Montreal, to explain how Bethune came to build a unique vision of socialized medicine, ultimately summarized in the manifesto circulated by his own Montreal Group for the Security of the People's Health, in 1936.[2]

One reason for Bethune's neglect in Canadian memory is due to his commitment to communist political causes. It is, however, somewhat ironical that Bethune is remembered for being a zealous communist, as he was only a member of the party in the last four years of his 49-year life.[3] When he first came to Montreal, friends knew him for being rather apolitical, and certainly more of a conservative than a socialist.[4] Coworkers at the Royal Victoria Hospital (RVH), would recall that the Communist party was only a minor part of his life.[5] So what explains his political transformation? An examination of his time in Montreal will reveal how his experiences there were influential in transforming him from a conservative though somewhat controversial physician to a champion of socialized medicine. It will also shed some light on his unheralded contributions to medicine and society in Montreal during the 1920s and 30s, as well as his role as one of the most colourful and polarizing figures of his generation.

### Early Years to Fame Abroad

Bethune was born in Gravenhurst, Ontario, in 1890. He first settled in Montreal in 1928, when he obtained an appointment in the department of thoracic surgery at the Royal Victoria Hospital (RVH). He was already 38 years old, and had amassed a wealth of life experience. He had studied medicine at the University of Toronto and served as a stretcher-bearer in World War I.[6] He married after the war and opened his own practice in Detroit, Michigan, in 1924. Though Detroit itself was booming, Bethune opened his office in a particularly impoverished part of town, where he was first sensitized to issues of accessibility to healthcare.[4] In 1926, he contracted tuberculosis and checked himself into the Trudeau Sanatorium in upstate New York. In the absence of antibiotics, the main treatment for tuberculosis was bed rest, which he found insufferable. He eventually made a full recovery after insisting on getting treated by therapeutic pneumothorax, a relatively novel and risky treatment at the time. His brush with tuberculosis piqued his interest in thoracic surgery, which was then rapidly evolving. He tracked down one of the eminent experts in the field, Dr. Edward Archibald, the newly appointed Chief

Surgeon at the RVH in 1928, and became his first assistant. He left his position at the RVH to become chief of the tubercular unit at Hôpital Sacré Coeur in 1932.[4]

Bethune gained international renown when he went to Spain in 1937, where he led a Canadian medical mission in support of the antifascist government forces during the civil war and pioneered the first-ever mobile transfusion unit. His method of storing and preserving blood by refrigeration until it was distributed to the front lines was the first initiative of its kind, and the Spanish-Canadian Blood Transfusion Institute which he headed was highly praised for its contributions during the war. His work in Spain garnered much media attention back in Canada. When Bethune returned to Montreal on June 18<sup>th</sup> 1937, he was given a hero's welcome from thousands of people gathered to see him step off the train at Bonaventure station. He embarked on a North American fundraising tour for Spain, and addressed 15,000 people in Montreal at the packed Mount-Royal arena, the onetime home of the Montreal Canadiens.[7]



Figure 1: Norman Bethune (left) in Spain. [Courtesy of the Osler Library: Norman Bethune Collection]

Bethune then turned his attention to the conflict in China, where Chinese communist and nationalist forces were waging a war against Japanese imperialist aggressors. Having joined the Canadian Communist Party in 1936, Bethune was a very engaged party member and a determined opponent of fascism. Despite knowing very little about China, he espoused their cause and left for China from Vancouver in January 1938.[4] Upon arrival, he met with Mao Tse-Tung and assessed the medical needs of the region. He began working at a feverish pace in

support of the communist cause. In the fall of 1938, he was given command of all Chinese Communist medical forces.[4] Dr. Ma, an American-born physician working with the Communist army, gave the following account of Bethune's breakneck work pace:

*A typical work record of 4 months work, from March to July 1939, is as follows: performed 315 operations, traveled 500 miles on foot and horseback, set up 13 different dressing units and first aid stations, organized 2 mobile operative units, gave 2 full refresher courses for doctors and nurses[...] once handled 115 cases in 69 hours, not counting first aid dressings![8]*

In no time, Norman Bethune became a living legend for the Chinese. Communist forces would go into battle shouting his name as a battle cry.[4] In true humanitarian fashion, Bethune would treat civilians and enemy soldiers in addition to Chinese forces. Bethune declaims in an essay entitled "Wounds" published in several American and Canadian left-leaning publications that "in this community of pain, there are no enemies." [3, 9] Despite the isolation and hard work, he felt fulfilled by what he was doing, and would often mention that he was tired but enormously content.[3] Dr. John Barnwell, a devoted friend of his, described him as being "a medical doctor for disasters; that's where he belonged, in a disaster." [10] Sadly, his extreme devotion to the wellbeing of others led him to neglect his own health. Extremely gaunt from lack of food and sleep, he cut his finger while operating on a soldier on October 28, 1939. He eventually died from sepsis on November 12.[4]



Figure 2: Chinese commemorative stamps in honor of Norman Bethune. [Courtesy of the Osler Library: Norman Bethune Collection]

News of his death spread quickly in the Chinese ranks, with many outpourings of grief. When Mao Tse-Tung learned of his passing, he wrote the now-famous essay, "In memory of Norman Bethune," celebrating the late doctor as a model of selflessness and devotion to communism and internationalism. The essay became one of three articles that all Chinese schoolchildren would have to study and commit to memory, thus effectively making Norman Bethune the most famous and revered foreigner in China.[4] Yet it was Montreal that would make the most lasting impression on him.

### Bethune at the RVH

Montreal in the late 1920s was certainly a busy place for a thoracic surgeon. The mortality rate of tuberculosis in the Province of Quebec was the highest in the Dominion of Canada. Tuberculosis was the fifth leading cause of death in 1925. A disproportionate number of those deaths was in urban Montreal. [4] Moreover, Depression-era Montreal was an abject place for the jobless. Existing municipal relief would only cover a fraction of the cost of living, and many families faced desperate situations. Housing deteriorated, with more people crammed into smaller apartments, and health services were not sought, as people couldn't afford them in a fee-for-service healthcare system. Many people were forced out onto the street. A common site of refuge for the homeless was Jeanne-Mance Park. Thousands would converge onto the field for the night, and improvise sheets out of newspaper. Libbie Park, a nurse and colleague of Bethune's, recounts how the park on a clear night "would resemble a huge graveyard with flat white tombstones." [6] Infant mortality rates in Montreal and Quebec city were amongst the highest in the world. Statistics from the municipality of Lachine report that one third of all babies died at birth.[7] It is in this context that Bethune began his work as thoracic surgeon at the RVH.

His appointment at the RVH was twofold. In addition to his surgical duties, he was free to lead his own research projects in thoracic surgery. He was very prolific, and published many papers during his tenure there. Some of his most outstanding work led to the improvement or invention of new surgical instruments that bore his name, which were used by thoracic surgeons the world over for decades onwards.[11, 12]

At the RVH, Bethune became more and more interested in the social aspects of healthcare, and began treating tuberculosis as not merely a disease of the lungs, but a wider societal issue. He was puzzled by the contradiction that in a time when scientific knowledge on how to treat the disease was at its highest point, so was the disease's incidence.[7] In a paper published in the Canadian Medical Association Journal (CMAJ) in 1932, he wrote:

*There is a rich man's tuberculosis and a poor man's tuberculosis. The rich man recovers and the poor man dies. [...] We as physicians can do but little to change the external environmental forces which predispose to reinfection. Poverty, poor food, unsanitary surroundings, contact with infectious foci, overwork, and mental strain are mostly beyond our control. Those essential and radical readjustments are problems for*

*the sociologists and economists. [...] The poor man dies because he cannot afford to live.[13]*

Bethune would often say that the hardest part of his work was discharging a patient cured of tuberculosis, since that patient would only return to the squalid living conditions that got him sick in the first place.[14] On another occasion, he wrote that “our most important contemporaneous problems are economic and social, and not technical and scientific.”[15]



**Figure 3: Norman Bethune (left) skiing in Quebec in 1928. [Courtesy of the Osler Library: Norman Bethune Collection]**

In the workplace, Bethune’s irreverent manner made him a hit with medical students and interns at the RVH.[6] As a professor, he was known to keep a very relaxed classroom atmosphere, allowing smoking and even offering his own cigarettes. His classroom lectures and operating theater demonstrations were among the most popular at the University, and always emphasized patient-centred care.[7] His chic and flamboyant sense of style would set him apart from his more conservatively dressed colleagues. On a dare, he once did his ward rounds dressed as a lumberjack. On another occasion, he was running unusually late for a lecture. When he finally showed up ten minutes late, his first remark was: “Gentlemen, there is no relief like that of defecation.”[4]

In the rigid hierarchical environment of the RVH at the time, Bethune’s impetuous style coupled with his ideas about society and healthcare were poorly received. Dr. Wendell MacLeod, a medical intern during Bethune’s time at the RVH,

remembers being advised by another surgeon not to associate with Bethune. When Bethune first started working with Dr. Archibald, he was quickly recognized for being a very gifted and hardworking surgeon. However, his constant insistence on questioning and scrutinizing every established procedure made him unpopular with the staff. His relationship with Dr. Archibald was initially cordial, but soured very quickly.[6] He was eventually asked to leave the RVH. Luckily, Sacré Cœur Hospital, on the north end of the island of Montreal happened to be looking for a chief of their new tubercular unit. Bethune received the appointment in November 1932.[4]



Figure 4: 'Night Operating Theatre', by Norman Bethune. Accepted at the 1935 Spring Exhibition of the Montreal Museum of Fine Arts. [Courtesy of the Osler Library: Norman Bethune Collection]

### Political Awakenings

As his unusual personal behaviour made him unpalatable in polite company and his medical colleagues ostracized him, Bethune was most comfortable spending time with the artists and poets of Montreal's Bohemian community. Being an

accomplished painter and writer, he found himself at home amongst the creatively inclined. He would always emphasize that he was an artist, and the creative impulse certainly shone through in his work as surgeon. He would host Gatsby-esque parties attended by doctors, artists, writers, and poets that would be the talk of Montreal in the “dirty 30s.” The artistic scene had also introduced him to new political views, as many artists harboured left-leaning convictions that were far more progressive than those of Bethune’s colleagues at the RVH. Bethune, who had been rather apathetic politically until then, began to see how his own ideas about the social aspect of tuberculosis and the need for social change were in line with the policies of the burgeoning socialist movement.[4, 16]

He was awakened to the plight of the poor in Depression-era Montreal, and was desperate to do something about it. He opened a free clinic for the unemployed that he ran out of a YMCA in Pointe St. Charles, an impoverished part of town.[6] He also believed in the power of art to elicit change. He once wrote that “the function of the artist is to disturb. His duty is to arouse the sleeper, to shake the complacent pillars of the world. [...] He makes uneasy the static, the set and the still. In a world terrified of change, he preaches revolution.”[3] Along with his friend Fritz Brandtner, he began running a Children’s Art School out of his own apartment on Saturday mornings, specifically meant for the impoverished youth of Montreal’s slums. The school drew much media attention, and in due time, produced very well received exhibits which were displayed in Montreal, Kingston, and Toronto.[7, 17]

His growing interest in politics led him to travel to the Soviet Union for the International Physiological Congress of 1935. Bethune was keenly interested in observing the universal healthcare system there, which had made great strides in curbing their tuberculosis epidemic. Deeply impressed by what he had seen, he came back to Canada as a staunch supporter of socialized medicine, and invested himself in the cause wholeheartedly. Around this time, he also became a member of the Communist party.[3, 4] He began publishing articles denouncing the fee-for-service healthcare system of the time, describing the situation as “poverty of health in the midst of scientific abundance of knowledge of disease.” He saw the system as both failing the patients, who could not afford to seek treatment, and the physicians, who were often forced to treat for free.[18]

Anticipating the Quebec provincial elections in 1936, Bethune created the Montreal Group for the Security of the People’s Health. Presciently insisting that the group be multidisciplinary, it included doctors, dentists, nurses, social service workers, nutritionists, and statisticians. Initially, the group of professionals met to study medical and health services of various developed countries to be used as a basis for proposals on services in Quebec. The group also gathered its own data, and some of its members were contributors to seminal studies about the relationship between poverty and disease.[6, 19] The group produced a manifesto that was circulated to all candidates seeking election, as well as to various medical, dental, and nursing associations. The document denounced the state of healthcare in the province and the government’s inaction. The fee-for-service system was impractical, and a disservice to both patient and healthcare practitioners. It also did not allow for the practice of preventive medicine, as prevention is non-remunerative. The group proposed a number of different possible forms of socialized medicine,



including a municipally funded comprehensive healthcare system, or a compulsory health insurance plan, among other options. The document was the culmination of Bethune's ideas about socialized medicine, and reflected the experiences he accrued during his years in Depression-era Montreal as a thoracic surgeon that made him choose activism over apathy. It anticipated innovations in healthcare such as multidisciplinary and publicly funded health services, and was wholly written in the spirit of patient-centered care. The document closes with an appeal to "fight racial and professional isolation. We must unite in a common cause— health security for our people, economic security for ourselves." [2, 3, 6]

The manifesto was scorned by both politicians and healthcare practitioners alike. Dr. Campbell Keenan, a senior surgeon at the RVH responded that "the state cannot and should not be responsible for the health of its citizens; on the contrary the citizens are responsible to the state to provide a proper quota of physically and mentally able persons to support said country." Though the group's ideas failed to break through immediately, its work was undoubtedly influential in paving the way for the province's first group health insurance plans in 1944. Shortly after the election, Bethune left on his medical mission to Spain. [6, 20]

It is plain to see how Bethune left an indelible impression on everything he undertook and everyone he met. Reciprocally, it is clear that his years in Montreal helped mould the political identity that would motivate his domestic and international achievements. It is truly unfortunate that his memory was obscured by his political convictions, which in the end represented only a fraction of that for which the man stood. What perhaps makes Bethune even more compelling is his flawed character. His temper and impetuous nature did not make him an easy person to get along with. His personal life was mostly in shambles. He ended up marrying and divorcing the same woman twice; the failure of his marriage was plausibly one of the reasons he chose to seek adventure abroad. There is evidence that he was a functional alcoholic for most of his life, and his lavish lifestyle of excess was confusingly hard to reconcile with his commitment to helping others in need. [4] Yet his achievements were many, and his legacy is great. Ioan Davies adequately summed up Bethune when he wrote: "Bethune was not just an ideal; Bethune was a struggle towards an ideal. In that struggle he represented the tension of all men who wrestle with themselves and the rest of the world, who have to decide between commitment and contentment." [21]



Figure 5: Photograph from obituary of Norman Bethune in the *American Review of Tuberculosis*, Vol. 41, Jan-June 1940, p820. [Courtesy of the Osler Library: Norman Bethune Collection]

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