

Far-Sighted Charity: Adolphe and Julie de Rothschild and their eye clinics in Paris and Geneva

The centenary of the creation of the Fondation Rothschild, which between 1904 and 1920 erected almost 1,300 flats for poor families in Paris, coincided with the launch of the project on Jewish Philanthropy. Another centenary deserves commemoration.

In May 1905, the Fondation Ophthalmologique Adolphe de Rothschild established its eye clinic in Paris, where it is still active today. Klaus Weber, director of the research project, describes its creation.

The roots of the foundation of this institution had been laid years before by Adolphe Carl de Rothschild (1823–1900), in a codicil to his will dating from October 1886, expressing his wish that if the eye hospital he planned to create in Paris were not finished before his death then his widow Julie (1830–1907) should continue the work, modelling this clinic on his existing eye hospital in Geneva.¹ So, the Paris initiative was not even his first one in this field. What explains the Baron's interest in ophthalmology? Born into the family's Frankfurt branch, he became head of the Rothschilds' Naples business house, which was closed down in 1863 for political and economic reasons. It seems that he had never been particularly happy with his life as a banker, and soon bought himself out of the partnership altogether to the general disapproval of the rest of the family. Thereafter he dedicated his time to collecting fine arts rather than studying medical subjects. In the late 1850s he commissioned the building of a Louis XVI-style château, situated on the slopes of the northern fringes of Geneva, overlooking the beautiful lake and the Swiss Alps, which served as a fitting showcase for his extraordinary art collection. In 1868 he acquired a residence in Paris, in the elegant 8th arrondissement.

Thus the explanation for the medical whims of this *bon viveur* can only be found in a truly external factor: while enjoying the view from an open carriage window on a train journey to Geneva, he was injured by a tiny coal particle hitting his eye. In Geneva he sought the medical assistance of Dr Auguste Barde, to relieve him from this very painful injury. The young Geneva-born ophthalmologist, who had obtained his degree in Berlin and successfully worked in Paris before returning to his homeland, carried out a rapid and largely painless operation, successfully extracting the particle. It was this personal experience that motivated the Baron to establish in Geneva an eye clinic for indigent patients suffering from eye diseases or injuries.²

Dr Barde, who was already running his own – rather modest – ophthalmological clinic, was to become the medical expert and ideal partner for planning and carrying out this scheme. His own establishment boasted a modest five beds, but even so it had helped him to acquire expertise in this field, to the extent that he had already demanded that the Geneva authorities provide more advanced ophthalmological treatment for their citizens, stating that the existing general hospital would never be capable of providing such services. Furthermore, even his small institution already offered free treatment to poor patients, the clientele that the Rothschild clinic was to serve.³ The first major step for Adolphe was the purchase of two pieces of land in the neighbourhood of Le Prieuré, favourably situated between the main train station and the banks of Lake Geneva, for a total of c.30,000 Swiss francs. From there it was only a three-minute walk to the Quai des Pâquis (today Quai Wilson), with splendid views of the Lake and Mont Blanc. This neighbourhood was particularly designated as a residential area, thus the property contract

Julie de Rothschild and her husband, Adolphe (known to the family as 'Dolly'), the two benefactors of the eye hospitals in Geneva and Paris.
The Rothschild Archive.



prohibited the installation of any industry causing emissions of noise, dirt or other nuisances. As these restrictions applied to all the surrounding streets, a most advantageous environment for a clinic was secured.⁴

When it was opened on 5 October 1874 it provided 10 beds for male, and 10 for female patients. According to its statutes it offered free treatment and hospitalisation for needy patients, regardless of their religious or national background. A certificate issued by the patient's residential municipality was required as proof of indigence. Dr Barde was appointed medical director and served in this post until 1914. In 1887 the building was extended, to house a separate children's ward with 6 beds and a playroom, a thoroughly separate ward for patients suffering from contagious diseases, a large leisure room for convalescents, and several facilities rooms. Another smaller building housing new laboratories, the Pavillon Barde, was finished in 1900. Designed by the architect Charles Barde, brother of the ophthalmologist, it was situated on the opposite side of the surrounding garden.⁵ All the building, equipment and furniture had cost approximately 330,000 francs.⁶

Adolphe de Rothschild ran this clinic as a fundamentally private institution, paying for all the running and one-off costs from his private account, and requiring the medical director to report to him personally. He made all essential decisions himself, testifying to what extent many *belle époque* donors regarded private philanthropy as a truly private issue. Like the Paris housing scheme, this Geneva engagement certainly contributed to a positive public image of the Rothschild family. After all, it bore the very name: Hôpital Ophtalmique Adolphe de Rothschild. But this may have been just a minor factor. A number of contemporary documents do indicate the donor's indisputable affection for 'his' patients. Aside from the general funding budget he had established a smaller purse for extraordinary expenses, which he topped up from time to time. When individual cases required it he paid, for example, for the patient's travel expenses, or for the couple of nights he might have to stay in the Pension Vincent, opposite the hospital, whilst waiting for an operation. The statutes made sure that the dignity of the patients was maintained – which was far from the norm for poor inmates of nineteenth-century hospitals. Very often, they had to submit themselves for use as demonstration objects for students or visiting physicians, in return for low-cost, or even free treatment. Sometimes they even served as

veritable guinea pigs in tests of new methods of treatment. The choice of the poor was often between a risky treatment, or no treatment at all, simply because it was unaffordable. The Geneva statutes made it clear that medical demonstrations could be arranged only in exceptional cases, and never without the explicit consent of the patient. The strict rule preventing the medical staff from taking up a post as university chair holder protected the patients from the risk that their doctors might become all too ambitious in the field of medical research – and experimentation.⁷

When the Baron Adolphe died in February 1900, his Geneva foundation was a fully-functioning and well-established hospital. The annual figure of out-patients, some 1,100 during the first years, had risen far above 2,000 (more than 4,000 in the 1920s, and 6,000 in the 1930s). The number of annual hospitalisations, some 260 in the beginning, was now above 400, and more than 200 operations were carried out each year.⁸ Its medical standards and state-of-the-art equipment attracted patients not only from Switzerland, but also from France (in fact, about two thirds of them were French), Italy, Germany and other European countries. The expenses had always been covered from the donor's obviously inexhaustible fortune, while Swiss rigour in financial matters at the same time had monitored the costs so that they did not get out of control.

Nevertheless, his death caused a number of problems. Not only had no progress been made towards the creation of the Paris hospital, which was meant to become even bigger than the one in Geneva, but there were severe difficulties even in Geneva. Adolphe had wisely bequeathed to the hospital an annuity of 80,000 Swiss francs, and a capital of 525,000 francs. The return on the capital was meant to provide for contingencies and future modernisations or extensions. Yet having always been maintained as private property, the hospital had never become a legal entity in itself, and the death of the donor rendered it legally non-existent and the bequest invalid. The sum could be inherited only by his widow and universal heir, Julie. The solution chosen by Julie and her advisors was to form a charitable society named Fondation Adolphe de Rothschild, registered in August 1900. She then immediately donated the real estate and the buildings to this *société de bienfaisance*. Furthermore, she provided the foundation with 2,525,000 francs in Geneva municipal bonds at 4 per cent interest. The return on this capital corresponded to the 80,000 francs annuity plus the yield from the 525,000 francs that her late husband had intended to bequeath.

Once these issues had been settled how could Adolphe's widow, by then 71 years old, manage to create from scratch a hospital in Paris? Gifted with a strong will, and having preserved her mental capacities until the very end of her life, she actually achieved this task, with the committed and professional support of a small staff of highly skilled advisors: Georges Stantz, her late husband's secretary in Geneva, Frédéric Schneider, from the Paris bank de Rothschild

The eye hospital building, Geneva, in 1919 and 1970. Postcard: The Rothschild Archive. Photograph: Gertrude Trepper.



Frères, and Albert Surlanly, her own secretary in Paris. At the same time Schneider was involved with the creation of the Rothschild social housing foundation, and Stantz was the administrative director of the Geneva hospital.

Yet another factor has to be taken into account: Adolphe de Rothschild's last year of life and the time it took to carry out his bequest precisely coincided with the Dreyfus Affair that shook the entire French nation from 1894 to 1906. The French army officer Captain Alfred Dreyfus had been accused of spying for Germany, court-martialled and banished to the prison island Île du Diable, off the coast of French Guyana. Dreyfus had a Jewish background. Almost instantly suspicions spread that the whole trial had been fuelled by an anti-Semitism that was widespread within the army. Embarrassed by the official cover-up attempts, the writer Emile Zola spoke out publicly in 1898, in his famous open letter *J'accuse*, addressed to the President of the Republic. This only increased the tensions and caused many members of the nationalist, conservative and clerical parties to rally to the anti-Jewish party, with the slogan 'France for the French'. Sadly, even quite a number of Socialists and Republicans were keen to exploit the surge in anti-Semitism to their own advantage, echoing 'The Republic for the Republicans'. At the end of the day (a very long one, at that), the military could no longer conceal that the whole case was based on deliberately forged documents, and Dreyfus had to be released.⁹

During the years of the 'Affaire', the French Rothschilds, archetypical examples of the Jewish banking magnate, personally experienced the level of hysteria to which the masses could be stirred by prejudice and propaganda. Zola's letter was published on 13 January 1898, and immediately answered by hate-filled articles, not only in well-known anti-Semitic periodicals like *Libre Parole* and *L'Intransigeant*, but also by dailies like *L'Echo de Paris*, a rather mainstream paper. On 15 January thousands were on the streets of Paris, shouting 'Vive l'armée', 'Down with Zola!', 'Burn Dreyfus'. When they passed Rothschild private residences in the 8th arrondissement, 'Death to the Jews' was the cry. During the 1902 elections, slogans like 'Death to the Jews! Down with Rothschild' formed part of the right-wing campaigns.¹⁰ Hardly any of the private correspondence preserved at The Rothschild Archive reflects considerations related particularly to the 'Affaire', but it certainly had its impact whenever a Rothschild or other members of the French Jewish community were planning a charitable project that went beyond the limits of that community.

This had most certainly been the case with another clause in Adolphe's bequest, concerning the donation of one million francs for the pension funds for rabbis, and Calvinist and Catholic clergymen.¹¹ The biggest share of this sum was allocated to the Catholic clergy's pensions, at precisely the time that the clerical party was rallying the most fervent enemies of Dreyfus. The smallest share was for the rabbis. The 'Affaire' had not had any influence on Adolphe's plans for the Fondation Ophtalmologique, which had been initially conceived years before these events. But now, the creation of an important clinic in the heart of the French capital would serve as a far-reaching demonstration of Jewish commitment to the French nation and society at large. We may assume that this background further encouraged the donor's widow to pursue the plans. With her team of advisors she tackled the issues rapidly, and with vigour.

When creating a large medical institution, the first requirement is the land on which to build, in this instance at least 3,000 square metres. No easy task in a booming and buzzing place like Paris. Initially, Julie de Rothschild wanted the search to focus on the poorer eastern quarters of the city, where land prices would be lower. With work accidents being a major cause for eye injuries, this would further ensure that the hospital was situated amidst the targeted constituency, the labourers of the factories and workshops, and their families. At the same time extremely overpopulated and poor areas had to be avoided: municipal statistics on diseases and mortality of neighbourhoods like Neuilly and Billancourt made them unsuitable simply because of the implicit risk to patients and staff. For a while the provision of a dispensary service only was considered, with the hospital being built outside the city. The 12th, 19th and 20th

arrondissements proved to be the most suitable areas, but in the 12th there was already the Hôpital Rothschild with its hospice and orphanage.¹² Finally, by October 1901, two specific sites were under consideration: one in the rue Breteuil (20th arrondissement), the other in rue Manin (19th arrondissement). Rue Breteuil, which was never very much to Julie's liking because of the busy traffic surrounding it, could only offer 2,800 square metres, whereas in the rue Manin, a plot of up to 10,000 was available. It was the site of an abandoned quarry not yet swallowed up by the city's property market. The deal would have to be done with a number of individual owners, who were fortunately represented by the extant quarry company as one sole party. Its most attractive asset was the situation, in the eastern part of the city, but right opposite the large Parc des Buttes-Chaumont, which corresponded perfectly with Julie's concerns for a healthy environment.

It was one thing to spot a suitable site, quite another one to get it, and at a reasonable price. Everybody involved was aware that any potential seller would raise the asking price once he knew that the bidder was a Rothschild, whether the purpose be business or charitable. In any case a buyer looking for several thousand square metres in the heart of the capital would attract much attention in the property world. A middleman was instructed to open the bid at 30 francs per square metre, which was countered with a demand for 50. In the meantime, details about the bidders leaked out and the final deal could only be done at 60 francs.¹³ Given the general situation of the market, this was still a reasonable price.

For the larger Paris institution Adolphe had provided a sum of 1.8 million francs to build a hospital with 50 beds, and a capital of approximately 8 million francs, which would yield some 300,000 francs annually, to cover the running costs.¹⁴ His widow made sure that the entire layout of the hospital was designed for the maximum comfort of the patients, that no money was spent indulging the whims of ambitious architects, or on sumptuous dining rooms for the medical staff, but rather on achieving the latest standards of medical equipment and hygiene. The aim, Georges Stantz agreed, was not necessarily to have a large number of patients, but patients that were cured, even if that meant that hospitalisation might last many weeks.¹⁵ Julie further insisted that the Paris clinic was not to become a 'branch of the Medical Academy', and that it should absolutely not be dedicated to medical science, but exclusively to the optimum treatment and well-being of the patients, just like the Geneva hospital.¹⁶

Some of the medical and architectural experts involved in the planning tried to channel into the construction a part of the money intended as the foundation's capital, to make it even larger than the donor had conceived. Three architects had been asked to submit a draft proposal by April 1902: Chatenay, Peronne, and Ferdinand Martin, who had already designed the buildings of the Hôpital Pasteur. The results were anything but satisfactory. They either ignored budget limits, submitted plans for 94 beds instead of 50, or failed to take note of the size of the available land. Julie gave them short shrift.¹⁷ At the end of the day, it was Lucien Bechmann who conceived a building that makes most efficient use of the triangular shaped site.¹⁸ On 1 May 1905, the hospital opened its doors to a clientele that soon would pour in from all over world.

Sticking stubbornly to the terms of her late husband's will, Julie rejected her advisors' pleas to register the Paris institution from its very beginning as a charitable organisation. Rather, as in Geneva, she had it registered as her private property, making it liable to inheritance tax, and leaving it up to her successors to transform it into a charity of public utility. With aristocratic nonchalance, she insisted that as her late husband had always gladly accepted any tax demands, not only from the French state, so she and her heirs would do the same. Thus when she died in November 1907, the Paris hospital, worth some 1.65 million francs, was just one of a number of properties in her estate, alongside her Geneva and Paris residences.¹⁹ Her only surviving brother, Albert von Rothschild, inherited the hospital together with 150,000 francs inheritance tax on the building itself. Far more was due on the land and the capital. It was the responsibility of her executors to establish the status of public utility, granted in April 1907, thus preventing

A detail from the entrance to the Geneva eye hospital. Archives d'Etat, Geneva.



a similar tax falling on the heirs of Albert, by then a man in his sixties.

With 78 beds by 1914, the Fondation Ophtalmologique served as a military hospital throughout the First World War. The number of its services to outpatients, over 500 per day, meant it was Europe's, and probably even the world's, largest ophthalmologic institution by 1919.²⁰ It provided for up to 28,000 days of hospitalisation annually, and its patients came from places as far as Argentina, Egypt, Australia, Japan and China.²¹ This certainly would have pleased the late Adolphe de Rothschild, who had intended that his Paris clinic too should serve anyone, whatever their ethnic, national or religious background. In one aspect, the administrators did not stick to Julie's wishes. In spite of her explicit views on the matter, the hospital did not abstain from medical research. Even before 1914, laboratories were in place.²² The institution was to become one of the major players in the field of ophthalmic research. Its most outstanding achievement was perhaps the introduction of laser techniques, in 1978. Only a few years later, the first successful laser treatments of the retina were carried out there – nowadays a routine treatment all over the world.

Economically, both the Geneva and the Paris hospital did remarkably well for many years, even during the First World War and the difficult interwar period. The capital donated to them continued to yield profits that covered expenses, and it seemed as if the institutions really could be as 'perpetual' as the donor had intended them to be. Yet, in the 1970s and 1980s, rising costs for staff and ever more expensive technical equipment caused problems that could not be solved without co-operating with municipal and state health services. In Geneva, throughout the 1970s plans were developed for a new hospital building. They failed, mainly due to the difficulties of obtaining an adequate building site. In the early 1980s the Fondation started considering a closer collaboration with existing hospitals. In 1982, a partnership was initiated with the Clinique Générale Beaulieu. The Fondation would close down its own hospital, and contribute to the purchase of state-of-the-art equipment for the Clinique, which it does to the present day. The Clinique, in turn, would make available an operating theatre to the Fondation once every week, and hospitalise its patients. Since 1988, Adolphe's Swiss creation carries the

name Mémorial Adolphe de Rothschild. A similar development took place in Paris, where the hospital remained operative, but started to work closely with the Service Publique Hospitalier and the Assistance Publique. Since 1990, it has been pursuing a wider diagnostic and therapeutic plan, including neurological surgery. At the same time the foundation's initial statutes have been maintained, testifying to the ability of adapting private philanthropic endeavours of the 1900s to the completely different socio-economic conditions of the 21st century.²³



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The Paris hospital adapts to the style of the 20th century and the ever-growing demand for space. Fondation Rothschild.

NOTES

- 1 The Rothschild Archive London (RAL) 58-1-641, containing three relevant codicils: 16 October 1886, 11 December 1890, and 22 December 1894.
- 2 Henri Vaucher, *Hôpital Ophtalmique Adolphe-de-Rothschild. Aperçu historique*. (Geneva: Kundig, 1982), p.11.
- 3 *Ibid.*, pp.15–6.
- 4 *Ibid.*, pp.19–20.
- 5 *Ibid.*, pp.23–4, 30.
- 6 RAL OE 372.
- 7 Archives d'Etat de Genève (AEG), Archives privées, 45/17, Règlement du Corps médical de la Fondation Rothschild, 27 February 1917. Yet, staff members were allowed to teach at a university as 'privat docent', which was not remunerated and did not imply research work. Dr Barde did so at the University of Geneva, from 1876. When the Faculty of Medicine offered him a chair in 1891, incompatible with his post at the Hôpital Ophtalmique, he preferred to stay with the Hôpital. Vaucher, p.16.
- 8 AEG, Archives privées, 45/10, Hôpital Rothschild – Rapports médicaux. The generally dense statistical material actually suffers a gap for the years from 1895 to 1916. Therefore, the turn-of-the-century figures are estimates.
- 9 Pierre Birnbaum, *Le moment antisémite: Un tour de la France en 1898*, (Paris: Fayard, 1989), pp.9–13. Still, what Dreyfus was accorded in 1899 was less than a full pardon. Dreyfus was rehabilitated only in 1906.
- 10 Birnbaum, pp.68–9.
- 11 RAL OE 373, Julie to Frédéric Schneider, 5 July 1901.
- 12 RAL OE 373, Julie to Albert Surlanly, 9 July 1901, and her letter to Schneider, 16 April 1901; Dr Trousseau to Schneider, 25 September 1901; Schneider to Julie, 25 October 1901. One of the reasons not to build outside Paris was the specific point in Adolphe de Rothschild's will: he had wanted it to be created in Paris, and the city's authorities would have been entitled to insist on that.
- 13 RAL OE 373, Schneider to Julie, 31 October 1901, and their following correspondence throughout November and December.
- 14 RAL 58-1-643.
- 15 RAL OE 373, Julie to Scheider, 25 and 26 December 1901.
- 16 RAL OE 373, Julie to Surlanly, 9 July 1901.
- 17 RAL OE 373, Stantz to Schneider, 1 October 1901; Schneider to Julie, 4 April 1902; Julie to Schneider, 14 and 18 April 1902.
- 18 Pauline Prévost-Marcilhacy, *Les Rothschild: Bâtisseurs et Mécènes* (Paris: Flammarion, 1995), p.245.
- 19 RAL OE 381.
- 20 RAL 58-1-642, report from the medical director Dr Dupuy-Dutemps, May 1919. The report mentions the inevitable conflict between the intent to help as many people as possible, and to maintain the quality of service. Already measures were in place to admit only the needy.
- 21 RAL 58-1-642, annual reports, 1914–1920. Yet the total of non-French patients hardly exceeded a thousand per year.
- 22 RAL 58-1-642, report from the medical director Dr Dupuy-Dutemps, May 1919. Research was only halted during the war.
- 23 More information about the management of the foundations today may be found via the web site of Groupe LCF Rothschild www.lcf-rothschild.com.