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University of Southampton
Faculty of Law, Arts and Social Sciences
School of Humanities

A Comparative Study of the London German
and the London Jewish Hospitals

HOWARD IRVING REIN
PhD (Jewish History and Culture)
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NAME OF UNIVERSITY (in capitals)	UNIVERSITY OF SOUTHAMPTON
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Full name of author	Howard Irving Rein

The thesis compares the founding and development of two sectarian hospitals in the East End of London - the London German Hospital in the nineteenth and the London Jewish Hospital in the early twentieth century. They were established to serve the needs of the German and Jewish immigrant communities living in London at these periods. It was the intention to satisfy their religious and cultural requirements, but especially the language problems they faced, as the majority of migrants had little comprehension of the English language and communication with the medical profession was frustrated at the existing voluntary hospitals because diagnostic aids had not yet been fully implemented and a dependence on verbal communication remained of primary importance.

It will be shown that although both groups of migrants faced poverty, the supporters of the German Hospital represented the wealthy and the elite in England and on the Continent. It was a time when an affinity existed between British and German cultures, with German philosophy and science celebrated in this country and the founders received virtually no opposition to their venture.

The thesis demonstrates how this contrasted with resistance to the founding of the Jewish Hospital eighty years later. The Jewish immigrants struggled to establish their hospital because of the hostility of the indigenous population exemplified by passage of the Aliens Act of 1905 and the opposition of the Jewish elite led by Lord Rothschild who argued that the immigrant Jews should integrate rather than separate.

The thesis argues there was a need for the two hospitals, and contrasts their attainment of success despite their social and economic differences. It will show how the arguments have been assembled using information obtained from literature on immigration studies, ethnic and social issues as well as medical history. Research using the newspaper and hospital archives supplemented the study.

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Academic Thesis: Declaration Of Authorship

I, Howard Irving Rein

declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

A Comparative Study of the London German and the London Jewish Hospitals

.....
.....

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. Either none of this work has been published before submission, or parts of this work have been published as: [please list references below]:

Signed:Howard Irving Rein.....

Date: 9 April 2016

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A Comparative Study of the London German and the London Jewish Hospital

Chapter One.

1. Introduction and Context.

(a) An Outline of the Study

The major research questions examined by this thesis will be how the German and then Jewish communities developed their own hospitals and how they differed in origins and medical expertise. How the wider Jewish and German community responded to the idea of a separate hospital will be explored including who demanded the formation of a hospital and how it was funded and supported. In particular, it will include an examination of how German medicine may have differed from that practised in England in the nineteenth century and whether or not this influenced the practice of physicians, surgeons and nursing staff working at the London German Hospital. The state of medical knowledge and attitudes to health and sanitation issues during the nineteenth and early twentieth century will be explored with a determination made of how the two hospitals measured up to what was considered best medical practice during their operative years. The success (medical and communal) as well as the limitations of these hospitals will be explored as will any relevance to contemporary migrant groups and the medical world.

‘The texture of British society is knitted together from many diverse strands and it would be difficult to unearth an epoch when the country did not have its share of immigrants and refugees and the minorities associated with such

immigration.’¹ So wrote Colin Holmes in his study on the responses by the host community to immigrants into Britain over the past one hundred and fifty years, including the opposition and, in some circumstances, the hostility provoked on both local and national levels.

The rationale for this study is to examine and compare the origins and evolution of two London hospitals, one established in the mid-nineteenth century and the other in the early twentieth century. Both were situated in the East End of London and were founded to serve the needs of their migrant populations. One motive to make a comparative study of the London German and the London Jewish Hospital is because both these minority groups experienced some hostility from the host population in their endeavours, with the supporters of the Jewish Hospital additionally meeting opposition from their elite co-religionists in its early years. Both were founded on religious and cultural grounds and provided an institution for their non-English speaking patients. In the nineteenth and early twentieth century when comprehensive physical examination had not yet become fully integrated into clinical practice and the use of laboratory and special investigations as diagnostic aids were in their early stages, it was particularly important to have good verbal communication between doctor and patient to obtain an optimal medical history to aid towards a diagnosis. Consequently, German-speaking and Yiddish-speaking doctors and nurses, respectively, were employed. Although both hospitals were nominally open to patients of different cultures and religions, the German Hospital, during one period, attempted to enforce stricter regulations with regard to its

¹ Colin Holmes, *A Tolerant Country? Immigrants, Refugees and Minorities in Britain*, London: Faber & Faber, 1991, p. 14.

admission policy and had in its founding charter determined that the hospital would restrict treatment to German-speaking patients. To further validate this choice of hospitals for the thesis, they have been selected for comparison because they were of a similar size, did not incorporate a medical school, (although the Jewish Hospital had a nurse training school) and, between 1919 and 1948, their ventures were contemporaneous. When the London Jewish Hospital was opened in 1919 several Jewish hospitals in the United States and Europe had already been founded as well as one in Manchester, England. It was a period when many new voluntary hospitals had been opened in London and other denominational institutions, including the French Hospital and the Italian Hospital, were already in existence.

The thesis will detail how these two immigrant groups, the German and the Jewish, have each contributed to the study and to the advancement of medicine both historically and within their English setting as well as their common features. Because it will compare the cultural and religious backgrounds of these two groups, their migration and settlement in Britain and their place in the arena of health within the nation, the thesis will constitute an original and important contribution to the studies of British immigration history in a neglected area of scholarship. It will also add to researches on British medical history benefiting from my background as a medical practitioner and possessing a sound knowledge of medicine as practised in Britain, adding a new dimension through the study of ethnicity.

The foundation of the London Jewish Hospital was not the first attempt to provide such an institution in London. Early in the nineteenth century a scheme was

proposed by Ashkenazi (lit. Jews originating in Germany) supporters whereby 'The Jews' Hospital' would be founded in London and in 1807, the building named *Neve Zedek* – the 'Abode of Righteousness' was opened.² It included a trade school and a home for the aged but no workhouse or hospital for the sick. At the time, the term 'hospital' was used to denote a charitable institution that cared for the old and destitute or which provided education to poor children. In 1876 it merged with the Jews' Orphan Asylum and the children moved to the improved premises in West Norwood.³

This thesis will introduce a comparative approach to national, cultural, ethnic, social, political, economic, and language issues as well as describing the influence of religion on each organisation. It will examine how these factors impacted on the institutions and question why it was felt that these types of establishments were necessary. Profiles of the personalities who were responsible for founding the hospitals, their social standing in their own and the wider community, their expectations and motives and the question of whether they had experienced dissatisfaction with the existing institutions will comprise an important part of the early history of the hospitals. A comparison of these individuals representing the two institutions, although separated temporally and by class and religion, will reveal some common features such as their desire for philanthropy and a religious concern for the welfare of those less fortunate. A comparative overview of the migration patterns of the German and Jewish communities into

² James Picciotto, *Sketches of Anglo Jewish History*, [Ed. Israel Finestein] London: Soncino Press, 1956, p. 236.

³ Lawrence Cohen, *Care and Conflict: The Story of the Jewish Orphanage at Norwood*, Bern, Switzerland: Peter Lang AG, 2014.

Britain and a background into their choice of England for settlement will be a necessary component of the study. The forces contributing to their emigration, the facility and difficulties posed by travel, and the classification of the migrants with respect to their age, gender, social class, employment and health, together with their common features and their differences will be addressed.

London's East End was where the majority of the early settlement of Jewish and German immigrants took place during the nineteenth and early twentieth centuries (although both communities had a small presence in England dating back several hundred years). Their reception in England, their living conditions, poverty, attitudes to health and their employment would have determined their differing requirements for the provision of medical services, and how these were addressed in each group will be examined. For example, even in the 1930s, years after their mass immigration, the East End Jews experienced the same social and economic conditions as the non-Jewish working class. Poverty, unemployment and sub-standard housing were the common enemies of both groups of workers.⁴ Here, the place of religion in their attitude to disease is of relevance. The clinical models and workings of the two hospitals will be investigated and compared but, because there are lacunae in the medical records, there will be challenges with this aspect of the study. A comparison between the hospitals is therefore likely to have been influenced by factors which can be divided into two main groups:- (i) those related to the services provided - the hospital organisation, and (ii) the demography of patients requiring medical services and the conditions treated.

⁴ Elaine R. Smith, 'Class, ethnicity and politics in the Jewish East End 1918-39', *Transactions of the Jewish Historical Society*, Volume XXXII, 1990-1992, p. 356.

The German and the Jewish Hospital were not exclusive in having been founded to treat migrant communities in London and this study will also include brief reference to the establishment and functioning of an Italian and a French denominational hospital in London during the period. These hospitals have been introduced into the thesis to demonstrate how their creation was inspired by similar concerns to those of the two principal hospitals of the study. Both were founded to satisfy the medical and cultural needs of their nationals and to overcome the language barriers posed by their as yet unassimilated countrymen and women. During the eighteenth and nineteenth century it was held that benefits would be gained towards aiding their recovery, from both physical and psychological disorders, if patients could be nursed in a familiar environment, satisfying their cultural and religious requirements.⁵ Modern scientific suggestions of the mechanism of this benefit include the generation of chemicals in the brain, endorphins, which are associated with pleasure. They have been shown to reduce the perception of pain as well as having a role on the body's immune system. This system, when it breaks down, is known to be associated with many physical disorders.

Although the French and the Italian Hospital opened some 150 years apart it may be rewarding to compare and contrast them with the principal hospitals of the study. The thesis will therefore include a brief survey of these two further

⁵ Jeff Levin, *God, Faith, and Health*, New York: John Wiley & Sons, 2001. The book includes chapters on the health effects of public religion as well as the health effects of private spirituality. In addition, a review of the literature on this topic was compiled in 2006 by Dr Deborah Cornah on behalf of the Mental Health Foundation in conjunction with the Royal College of Psychiatrists, 'The Impact of spirituality on mental health'. It lists some 153 references in books and papers. It includes articles on coping mechanisms and how religion and spirituality can be demonstrated to benefit physical and mental disorders.

denominational hospitals in London with a two hundred year interval of opening dates between the French in 1718 and the Jewish in 1919. The practice of medicine was clearly very different at these periods but it will be interesting to examine the changing emphasis between religion and culture on the one hand and that of the provision of medical services on the other, in these denominational hospitals. Two further hospitals of a similar size established in the nineteenth century in London, the North-West London and the Hampstead General Hospital that were not instituted for migrant communities will be introduced to compare with the other groups and act as 'controls' to explain how different the German and Jewish Hospitals were. They both had similar problems with their financial sustainability and in common with several other small voluntary hospitals which opened at this time did not survive past the establishment of the National Health Service in 1948. They were non-denominational institutions and because they did not cater for any specific group of patients, unlike the German, the Jewish, French and Italian Hospitals, were likely to have experienced difficulties in attracting a sufficient number of patients and of receiving adequate funding. The motivations and aspirations of the founders of these north London hospitals are likely to have to have differed from those of the others. Many of the hospitals that were founded towards the latter years of the nineteenth century in London were dedicated to specialist services such as for sick children, maternity care, nervous diseases and skin diseases. Although specialism was becoming more common in medical practice, none of the hospitals in this study was specifically devoted to the provision of specialist services.⁶

⁶ Geoffrey Rivett, *The Development of the London Hospital System 1823-1982*, London: King

(b) Early Migrant Hospitals

The French Hospital was founded in 1718 to provide relief to the Huguenot community who had fled from persecution in France during the reign of Louis XIV.⁷ Between the sixteenth and seventeenth century many Protestants had fled from France as a result of religious persecution. These were the Huguenots who followed the doctrines of John Calvin, a Protestant theologian, who emigrated from France to Geneva rather than undergo conversion to Catholicism. In 1572, the St. Bartholomew's Day Massacre took place when King Charles IX together with Catholic Church leaders ordered the slaughter of Huguenot nonconformists. The disaster lasted for seven days and it has been recorded that some five thousand persons perished in Paris alone.⁸ In 1598 the Edict of Nantes was signed by King Henry IV which guaranteed a measure of toleration for French Protestants. He had previously converted from Catholicism to Protestantism but in order to ascend the throne of France he had been forced to convert back to Catholicism because the Catholic League had maintained that the King of France must, of necessity, be in communion with Rome.⁹ His grandson, King Louis XIV later issued a Revocation of the Edict of Nantes but the means of livelihood had been taken from the Huguenots and some quarter of a million, facing danger, fled and received sanctuary in Protestant states of Europe including Britain. It is estimated that between the late 1670s and the first decade of the eighteenth century, some forty or fifty thousand

Edward's Hospital Fund for London, 1986, p. 366.

⁷ Tessa Murdoch and Randolph Vigne, *The French Hospital in England: Its Huguenot History and Collections*, Cambridge: John Adamson, 2009, p. 8.

⁸ C. Malcolm B. Gilman, *The Huguenot Migration in Europe and America. Its Cause and Effect*, New Jersey: The Arlington Laboratory for Clinical and Historical Research, 1962, p. 10.

⁹ A. J. Grant, *The Huguenots*, London: Thornton Butterworth, 1934, pp. 163-4.

Huguenots settled in England.¹⁰ These refugees benefited from the Royal Bounty, ordered by Charles II and upheld by later monarchs. The Bounty was controlled by commissioners who were advised by an English Committee and a Huguenot French Committee.¹¹ On behalf of the French Committee, the Earl of Galway submitted a petition to George I and this was forwarded to the British Attorney-General of that time, Sir Edward Northey MP. It recommended that a Huguenot Hospital should be established to be called the 'Hospital for Poor French Protestants and their Descendants Residing in Great Britain'.¹² Further, it was decided that the hospital should 'relieve only those French Protestants, resident in Britain for six months or more.' It was named '*La Providence*' and its directors were prosperous merchants, professional men, clergy, master craftsmen as well as distinguished soldiers.¹³ It was built in Finsbury with donations from royalty, members of the aristocracy, politicians and clerics, both French and British, initially housing sixty inmates.¹⁴ It is intriguing that this shared support was a forerunner of the later situation when the German Hospital was founded with both German and British support. The Hospital expanded during the eighteenth century when it housed some 225 residents who suffered from afflictions of either the body or mind.¹⁵ Physical disorders described in the early history of the hospital included asthma, '*hydropsie*' (likely to be an accumulation of fluid due to heart disease), gout and rheumatism. The humane treatment of mental illness at this period was unusual in an infirmary and contrasts

¹⁰ Robin D. Gwynn, *Huguenot Heritage. The History and Contribution of the Huguenots in Britain*, London: Routledge & Kegan Paul, 1985, p. 5.

¹¹ Murdoch and Vigne, *The French Hospital*, p. 8.

¹² *Ibid.*, p. 16.

¹³ *Ibid.*, p. 18.

¹⁴ *Ibid.* p. 14.

¹⁵ Robin D. Gwynn, *Huguenot Heritage*, pp. 172-3.

with the type of care available at Bedlam where Londoners paid for the 'entertainment' of viewing lunatic behaviour with patients often restrained in irons.¹⁶

The hospital finances were satisfactory during most of the eighteenth century from numerous donations and bequests but towards the end of the century, with a fall in employment in the silk industry, there was a rise in poverty among the Huguenots. The more prosperous of their compatriots had moved out of London, become more assimilated and the number of patients was falling.¹⁷

By the mid-nineteenth century the hospital building was in need of substantial repair and in 1862 a new site for the hospital building was found in Hackney which accommodated sixty patients.¹⁸ On the establishment of the National Health Service in 1948 the building was sold and the present, so-called, French Hospital opened in 1959 in Rochester, Kent. It is comprised of some forty self-contained flats for the elderly, all of whom are of Huguenot ancestry but it no longer provides any medical facilities. The organisation has therefore now maintained an ethnic rather than religious link, since its founding, to those of Huguenot descent. The history of the Hospital demonstrates how England, in various eras, accepted religious and ethnic migrant minority groups which later became integrated into the host community thereby reducing their requirement for separate establishments. The thesis will show how this pattern was followed by the

¹⁶ Roy Porter, *The Greatest Benefit to Mankind. A Medical History of Humanity*, New York: W. W. Norton & Co., 1997, pp. 497-8; Murdoch and Vigne, *The French Hospital*, p. 21, p. 34.

¹⁷ Murdoch and Vigne, *The French Hospital*, p.39-41.

¹⁸ *Ibid.*, pp. 47-51.

German and Italian migrants, although the Jewish community has retained its many separate organisations to the present.

Italians had been settling in Britain over the course of many centuries and in 1971 they remained the largest white alien group in Britain.¹⁹ The 1861 census of England and Wales, which was the first to report comprehensive information about foreigners, showed that 73,500 persons were born in a European country. The Germans were the largest group comprising over 34% and the Italians contributed 5.3%.²⁰ Between 1891 and 1901 the Italian born population residing in London doubled from just over 5,000 to almost 11,000.²¹ Two main factors were responsible for the increase; the push of demographic and economic changes in Italy, and the pull of prosperity and urbanisation in British society. The Napoleonic Wars had disrupted the rural lives of small Italian farmers with dispossession of their lands to aristocrats and landowners. Common trades of the early immigrants had been itinerant as street musicians and pedlars but as the British economy grew they increasingly settled and shifted towards the food industry and catering, becoming ice-cream sellers, cooks and waiters. This type of work resulted in the movement of many Italians to the Westminster district and by the turn of the century they had opened many restaurants and food shops in the Soho area. Although the Italian immigrants were nominally Roman Catholic, many lapsed in their beliefs with some becoming anti-papists. Protestant evangelicals and missionaries targeted those who had become indifferent to their faith but

¹⁹ R. King, 'Italian Migration to Great Britain', *Geography*, Vol. 62, No. 3 (July 1977) pp. 176-186.

²⁰ Lucio Sponza, *Italian Immigrants in Nineteenth Century Britain: Realities and Images*, Leicester: Leicester University Press, 1988, p. 2.

²¹ British Centennial Census 1891 and 1901.

intolerance to the Roman Catholic faith never became a significant feature in the British attitude to the Italians.²²

It was the poor, overcrowded housing and sanitary conditions in which the majority of the Italians lived, with the resultant frequency of infectious disease, that contributed to the conviction by Commentadore Giovanni Batista Ortelli that a hospital was required for the community. 1884 saw the foundation of the Italian Hospital in Queen Square, London where patients were nursed entirely by the Sisters of St. Vincent de Paul which was originally a French Order.²³ St Vincent de Paul was a French priest and the society was established to provide an apostolic life for women within the Catholic Church. The Hospital was founded by Ortelli, a successful businessman and philanthropist, and it was the first Italian hospital in Europe to be founded outside Italy.²⁴ He had become aware of the language difficulties faced by his compatriots in London hospitals and initially purchased and donated two houses in Queen Square which were later demolished and a new building erected in 1898. His intention was 'to establish a hospital for the medical treatment of Italians and Italian speaking people irrespective of their religious or political opinions, who may be suffering from sickness or bodily infirmity. Provision [was] also made for the surgical and medical relief of Italians and others not being inmates of the hospital'.²⁵ Prior to the foundation of the Italian Hospital, most members of the Italian community requiring treatment had been cared for at the French Hospital, with the Italian government and members of the Italian public

²² Lucio Sponza, *Italian Immigrants*, p. 139.

²³ *The Nursing Record & Hospital World*, December 21, 1901, p. 503.

²⁴ *The Graphic*, January 5, 1889. Issue 997, p. 2.

²⁵ *The Graphic*, May 17, 1884. Issue 755.

subscribing annual donations. An article in 1884 reported that during the previous year the French Hospital had been able to provide medical relief to 1,370 Italian outpatients and 52 inpatients.²⁶ It is interesting that this arrangement took place between the French and Italian communities despite their religious differences, but Ortelli had later specified that the qualification for admission would not be founded on religion. Once the Italian Hospital had opened the annual report of the first full year of operation stated that 'a very considerable number of poor sick persons had been relieved and assisted, who otherwise would certainly have perished in a foreign country, with the habits and customs of which they were unacquainted, and where they would have been abandoned in their miserable homes.'²⁷ From its beginning the hospital was in debt and, to relieve this, it shortly admitted other nationalities. Consequently, at the annual general meeting of 1893 it was announced that patients of no fewer than seventeen nationalities had been treated and its debts had been cleared for the first time.²⁸ It is intriguing that by 1897 it was reported that the medical staff of the Hospital was 'practically an English one.'²⁹ This could be explained by the Hospital's policy of admitting patients of many nationalities, therefore no longer requiring Italian-speaking medical staff. When the newly built Italian Hospital was opened in 1900 by the Italian Ambassador he spoke approvingly, in Italian, of their desire to treat all nationalities. Since its establishment in 1884 the Hospital had received 3,000 inpatients and 57,000

²⁶ *The Morning Post*, April 19, 1884. Issue 34890, p. 5.

²⁷ Second Annual Report of the Italian Hospital 1886. Reported in *The Morning Post*, February 1, 1886, p. 2.

²⁸ *The Standard*, 30 January, 1893, p. 6.

²⁹ *Lloyds Weekly Newspaper*, June 6, 1897; Issue 2846.

outpatients.³⁰ But only one year later, *The Times* published an appeal for funds for the Hospital. The article pointed out that 40% of the patients were British subjects but its services were free to the sick and injured poor of all nationalities. The year 1900 had closed with a deficit of £400 resulting in some beds remaining unoccupied through lack of funds.³¹ A short time later another appeal for funds was made in *The Times*.³² In 1904 it was reported that despite fund raising events including an annual ball, annual subscriptions and £500 from King Edward's Hospital Fund, the Hospital continued to run at a deficit.³³

The British attitude to the Italian immigrants shared much in common with that towards the Jewish immigrants. The M.P. for Holborn, Sir John Blundell Maple, called attention to the danger posed by the aliens to the country, specifically 'Little Italy' which he described as a 'positive danger to the health of the metropolis, foul, dirty and overcrowded.'³⁴ One local newspaper reported:

London, especially, was the goal to which these waifs and strays, the human flotsam and jetsam of continental Europe, Russia, Poland, Germany, Italy etc., drifted, and when once stranded then the task was how were they to get rid of them.³⁵

Yet, in a report of 1903, Dr Newman, the Medical Officer of Health for Holborn, reached similar conclusions about public health issues to those that had been

³⁰ *The Morning Post*, March 15, 1900, p. 12.

³¹ *The Times*, November 29, 1901, p. 9.

³² *The Times*, April 30, 1903, p.12.

³³ *The Times*, May 10, 1904, p. 10.

³⁴ Lucio Sponza, *Italian Immigrants*, p. 222.

³⁵ 'Strand Guardians – Immigration of foreign paupers', *Holborn and Finsbury Guardian*, 10 September 1892.

described about the Jewish immigrants in Spitalfields. Despite the overcrowding, the Italian immigrants, both adults and children, were found to be healthier than a similar class of English persons in the same district. The infant mortality amongst Italians was lower and this was ascribed to sensible feeding of their children and sobriety of the parents.³⁶

It does appear likely that there were two reasons why the Italian Hospital felt it necessary to make its services available to all nationalities and religions from its early years. Firstly, it struggled financially during the period when it restricted treatment only to Italian- speaking patients and secondly, it attempted to reduce the prejudice which existed against the Italian immigrants. This was demonstrated when the Hospital assisted the war effort during World War I by freeing beds for British and Colonial wounded for which work both Queen Mary and the Italian Government presented donations.³⁷ At this Hospital, the significance of religion seems to have played a lesser part than at the French, German and Jewish Hospitals. At the latter hospitals, churches or a synagogue were attached to the building and religious services took place on the wards.

Despite all the financial problems the Hospital managed to survive until the establishment of the National Health Service although it received some support from unexpected sources. Following the death of the film actor Rudolph Valentino in 1926, a Valentino Association was founded to perpetuate his memory and in 1932 the group funded a roof garden and a children's ward at the Hospital as well as providing an annual summer holiday in the country for one week for children

³⁶ Medical Officer of Health Report, Finsbury (1903), Appendix, p. 254.

³⁷ *The Times*, March 23, 1916, p. 5; March 21, 1918, p. 3.

from London's slums.³⁸ In the following year and viewed in a different light, a bed was endowed in the name of Benito Mussolini, the £1,000 having been collected by a group of fascist admirers in Britain.³⁹

There are common factors in the origins and history of all these denominational hospitals. The founders were not medically qualified but all had a profound connection with Protestantism, Catholicism or Judaism. They had concerns about the language and ethnicity of their group and its ability to communicate with the host community in a hospital setting. They did not foresee how social changes, medical advances and alterations to demography would impact on their institutions. Movements of populations as the immigrants became more affluent and dispersed into wider areas, acculturation as language no longer posed any barrier and a lessening of the importance of religious praxis all contributed to the loss of demand for these hospitals. Additionally because of their size they were unable to compete with the larger teaching hospitals and those providing specialist services. Although both the French and German Hospitals were able to survive in excess of one hundred years, the Jewish Hospital was, for reasons which will become apparent later in the thesis, closed within thirty years of its opening. The majority of these small hospitals struggled to maintain an income above their expenditure and relied on donations, charity events and support from national hospital funds. They all attempted to appoint distinguished members of the medical profession on to their staff, thereby enhancing their status. Other hospitals opened

³⁸ *The Times*, August 23, 1932, p. 8.

³⁹ *The Times*, May 26, 1933, p. 11.

during the nineteenth century, which were non-denominational, and, similarly, they fought against financial adversity and were eventually forced to close.

(c) Other Small Hospitals

Many new, non-denominational hospitals had been founded during the nineteenth century in London. Most were relatively small but they often received Royal patronage. The Metropolitan Free Hospital was established in 1837 and was supported by Prince Albert.⁴⁰ Later in the century this institution provided a small number of beds and kosher food for its Jewish patients. Its object was 'to grant immediate relief to the sick poor of every nation and class whatever their diseases, on presenting themselves to the charity without letter of recommendation; such letters being always procured with difficulty and often after dangerous delay'.⁴¹

Two further examples of these small hospitals have been included in this study, the North-West London Hospital which was founded in Camden in 1878 for the benefit of the working classes and, in 1882, the Hampstead General Hospital which was founded as the Hampstead Home Hospital and Nursing Institute. The North-West London Hospital was founded by the Misses Learmonth and was unusual for its time, in offering a designated children's ward. At the preliminary meeting in April 1878 several members of the clergy were present and proposed that the establishment be called the North-West London Hospital for Women and Children.⁴² The Sixth Annual Report presented in 1895 included the figures of 482

⁴⁰ Geoffrey Rivett, *The Development of the London Hospital System 1823-1982*, London: Oxford University Press, 1986, p. 27.

⁴¹ Archives of the Metropolitan Hospital, St. Bartholomew's Hospital, Ha/56/1 and quoted in *Ibid.*, p. 27.

⁴² *North-West London Hospital Minute Book*, NWLH C/2/2. Archives Royal Free Hospital.

in-patients and 20,630 out-patient attendances during the year. Donations and Annual Subscriptions were reported to be encouraging and large amounts had been received from the Hospital Sunday and Saturday Funds.⁴³ In 1905 the *British Medical Journal* reported that the Hospital provided fifty beds and contained two wards, for men and women separately, with an additional fifteen cots on the children's ward. Special departments included those for diseases of women, diseases of the eye, diseases of the skin and dental conditions.⁴⁴ In its latter years it faced serious financial difficulties and in 1907 it merged with the Hampstead General Hospital. The aim of the Hampstead Home Hospital and Nursing Institute was to provide care for people who did not wish to enter a public hospital and who could afford a small charge for their treatment, as much as they could afford. It was founded by Dr Heath Strange and situated in a rented house. By 1894 the hospital had grown to thirty beds. Patients who could afford to pay twelve shillings a week (60p) could be treated by their own doctors but access to the general wards was free to the poor of Hampstead, Highgate and the surrounding areas on presentation of a subscriber's letter. In 1905 the hospital had expanded and moved to Haverstock Hill on a site of a house that had been owned by Sir Rowland Hill, the originator of the Penny Post.⁴⁵ By now it contained fifty beds and two years later it had grown to an establishment of one hundred beds.

⁴³ *Report of Annual Court of Governors North-West London Hospital*, March 27th 1885, NWLH C/2/2.

⁴⁴ *British Medical Journal*, September 2, 1905, p. 508.

⁴⁵ Lynne A. Amidon, *An Illustrated History of the Royal Free Hospital*, London: The Special Trustees for the Royal Free Hospital, 1996, pp. 94-96.

Both these hospitals later became incorporated into the Royal Free Group of Hospitals at the establishment of the National Health Service in 1948.⁴⁶ Both served growing communities in north London and were similar to the Jewish Hospital in that they struggled financially throughout their existence. In common with the German and Jewish Hospital, both had been founded by one individual or a small group of benefactors. Also, in the case of the North-West London Hospital, although not expressly a Church of England institution, nevertheless, it included a substantial number of Christian clergymen on its Board of Management and, in common with the other institutions, was founded by lay-persons. Although the Hampstead Hospital had not been established to serve a denominational community, the founder had earlier established a small clinic that became a Christian medical mission.

This growth of hospital provision before World War I resulted in an increase of beds in voluntary hospitals from 11,000 (0.6 per 1,000 population) in 1861 to 43,000 (1.2 per 1,000) in 1911 when the National Health Insurance Scheme was introduced by Lloyd George's Liberal government.⁴⁷ An outline of the structure of the pre-existing English hospital system into which the German and the Jewish Hospital were incorporated will be included in the thesis to place them into a wider context. The contemporary health and disease patterns of the host community and the reception of these hospitals into this community will be studied by reference to the national press, government reports and census statistics. The social conditions

⁴⁶ *British Medical Journal*, Feb. 22 1908; 1 (2460) pp. 475-6; Royal Free Hospital Archives, H71/NWL; Charles Webster, *The Health Services Since the War, Volume I. Problems of Health Care, The National Health Service Before 1957*, London: HMSO, 1988, pp. 271-2.

⁴⁷ Margaret Pelling, Virginia Berridge, Mark Harrison and Paul Weindling, 'The Era of Public Health 1848 to 1918', in Charles Webster (ed), *Caring for Health: History and Diversity*, Buckingham: Open University Press, 1993, pp. 79-80.

including employment, poverty, demographics and epidemiology of the German and Jewish communities in London's East End will be compared with each other and with that of the host community. Additionally, an assessment will be made whether the establishment of these hospitals conferred any additional benefits to the health of the two groups. Christian medical missions were active in London during the late nineteenth and early twentieth century when there was a fear among the Jewish hierarchy that proselytization was taking place. The study will examine the influence of the missions on the Jewish community and will question whether their existence may have raised the determination for the establishment of a Jewish hospital.

The thesis will include an examination of how German medicine may have differed from that practised in England in the nineteenth century and whether or not this influenced the practice of physicians, surgeons and nursing staff working at the London German Hospital. The state of medical knowledge and attitudes to health and sanitation issues during the nineteenth and early twentieth century will be explored with a determination made of how the two hospitals measured up to what was considered best medical practice during their operative years.

In the case of the Jewish migrants who arrived in England between 1881 and 1914, they originated primarily from Poland and Russian Poland following bouts of persecution, including the infamous pogrom of 1903 in Kishinev. But it was economic, residential and social restrictions that provided the main spur to emigration. It was the so-called 'May Laws', the 'Temporary Orders concerning the Jews', that initiated the mass movement of approximately two million Jews, mainly

to the United States but of some 150,000 to settle permanently in England, the majority in London's East End.⁴⁸ They had been largely debarred from skilled trades and professions in Russia but, on arrival, many turned their hands to the tailoring trade, working for long hours and low pay in rooms set apart in apartments, the so-called 'sweatshops' with others working as pedlars, boot makers and in cigar production. Germans migrated to Great Britain throughout the nineteenth century until the outbreak of World War I, with peaks and troughs in their numbers as a result of external factors. Unlike the Jews, they comprised of all social classes with many possessing skills and professions. At the other end of the spectrum were those immigrants employed as sugar bakers, waiters and travelling musicians. Unlike the Jews who came mainly from the Pale of Settlement, the area of western Russia permitted for residence by Jews (in which they were limited to small towns and villages outside the main cities) the Germans had lived in many cities and provinces.⁴⁹

By 1919, the Jewish population in London's East End had peaked but continued to dominate the demography of London Jewry until World War II when the severe bomb damage hastened the dispersion of Jews to the outer suburbs. Prior to the opening of the Jewish Hospital in 1919 many Jewish immigrant patients had been utilising the services provided by the long established German Hospital since the mass migration from Europe commencing in 1881. An investigation of the relationship between the two hospitals in the early post World War I years will

⁴⁸ Bernard Gainer, *The Alien Invasion, The Origins of the Aliens Act of 1905*, London: Heinemann, 1972, p. 1-4.

⁴⁹ Panikos Panayi, *German Immigrants in Britain during the Nineteenth Century, 1815-1914*, Oxford: Berg, 1995, pp. 48-9. Tables are included which show the origins of emigrants from 13 provinces of Prussia and 5 regions of Germany.

reveal useful material in the areas of cultural, religious and medical matters. It has to be noted however that some aspects of the analysis may not be possible due to inadequate data in the archives thereby precluding full comparisons.

In the preface to the publication, *Two Nations*, the editors have observed that '[G]iven that the Jewish presence was so widespread in the modern era, it is perhaps surprising that comparative studies in modern Jewish history are relatively rare and there is much to be gained from employing comparative perspectives and methodology'.⁵⁰ This thesis will aim to realise that potential.

2. Historiography

A search of the literature has failed to reveal any similar comparative study of the two hospitals and moreover, there is a paucity of published work concerning each hospital. A popular, illustrated, celebratory book about the London Jewish Hospital, *Lord Rothschild and the Barber*, was published in 2000.⁵¹ The author, Gerry Black, had previously submitted his unpublished Ph.D. thesis, 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1914', in 1987.⁵² Unfortunately, until recently there was no similar study of this community after 1914 but a recently published book by Susan Tananbaum includes a chapter, 'Public Health in London's Jewish East End, 1880-1939', which refers to aspects of sanitation, disease, infant mortality and Jewish health organisations.⁵³ Her book focuses

⁵⁰ Michael Brenner, Rainer Liedtke and David Rechter (eds), Coordinated by Werner E. Mosse, *Two Nations: British and German Jews in Comparative Perspective*, London: Leo Baeck Institute, 1999, p. v.

⁵¹ Gerry Black, *Lord Rothschild and the Barber, The Struggle to Establish the London Jewish Hospital*, London: Tynsder Publishing, 2000.

⁵² Gerry Black, 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1914', Ph.D. Thesis, (unpub.) Leicester University, 1987.

⁵³ Susan Tananbaum, *Jewish Immigrants in London, 1880-1939*, London: Pickering & Chatto, 2014, pp. 33-53.

mainly on women and children but this chapter does not include any original ideas and the topic has been better covered by Lara Marks.⁵⁴ No comparable study has been published about the health and medical care within the German community during this period. Two short booklets about the London German Hospital have been published. One in 1988, describing its history based on a BA dissertation,⁵⁵ and another focussing on the German Hospital design and its architecture.⁵⁶

Archives of the London Jewish Hospital are held at the Archives of the Royal London Hospital. There are many lacunae and almost no medical records in the collection. The minutes of meetings of the Council of Management which were held between 1919-22 and 1926-37 have been preserved but none exist after 1937. Many articles have been published in contemporary newspapers including the *Jewish Chronicle*, the *Jewish World* and *The Times*, about the London Jewish Hospital. Articles in the *Jewish Chronicle* provide a wealth of information predating the opening of the Jewish Hospital and continued until after its closure in 1979 when it had been incorporated into the National Health Service and had been integrated into the area of the North East Metropolitan Regional Hospital Board. These articles help to fill in the lacunae in the Hospital archives. Between 1900 and 1979 more than five hundred references appeared in the newspaper. They included letters from readers and articles, the majority promoting the work of the Hospital but some critical. A comprehensive history including descriptions of meetings, fund

⁵⁴ Lara V. Marks, *Model Mothers. Jewish Mothers and Maternity Provision in East London 1870-1939*, Oxford: Oxford University Press, 1994

⁵⁵ Maureen Specht, *The German Hospital in London and the Community it Served 1845 to 1948*, Welwyn Garden City: Anglo-German Family History Society, 1988. The thesis was submitted to the Thomas Huxley College, London in 1971 and is available as a series of consecutive articles stored at the Guildhall Library of the City of London.

⁵⁶ Elizabeth McKellar, *The German Hospital in Hackney. A Social and Architectural History*, London: The Hackney Society, 1991.

raising activities, building and renovation work and personalities appears but there is almost no mention of the clinical activities undertaken by the physicians and surgeons. The history of the *Jewish Chronicle* has been published in two books, *The Jewish Chronicle 1841-1941* and *The Jewish Chronicle and Anglo-Jewry 1841-1991*, with the first including a brief mention of the London Jewish Hospital.⁵⁷ The London Metropolitan Archives include Annual Reports of the London Jewish Hospital for the years 1915, 1919, 1921, 1926, 1932, 1940, 1943, 1945, 1946, 1947, 1970 and 1972. The National Archives at Kew contain the papers of Moses Gaster, who as the *Haham*, was the spiritual head of the Sephardi Spanish and Portuguese Jewish community in London at the turn of the nineteenth and early twentieth century and who was influential in the early years of the Jewish Hospital. He was appointed the first Honorary President of the Hospital but disappointingly, none of his own notes made concerning his attendance at many meetings of the Hospital have been preserved. There are no copies of correspondence from Gaster to the Hospital, nor to any individuals on Hospital affairs. The collection does include notices of meetings and agendas as well as reports from the Hospital Almoner. Details of the work of the Hospital during the year 1923 have been retained and are included in a report from the Council of Management. Also, within the Gaster archive is a letter from the Hospital Secretary addressed to the Council of Management informing the members that Mr Bernhard Baron, a tobacco philanthropist, 'is desirous of meeting the Members of the Council of Management,

⁵⁷ Cecil Roth, *The Jewish Chronicle 1841-1941. A Century of Newspaper History*, London: *The Jewish Chronicle*, 1949; David Cesarani, *The Jewish Chronicle and Anglo-Jewry 1841-1991*, Cambridge, Cambridge University Press, 1994.

for the purpose of discussing a proposition concerning the raising of £25,000 required to complete the front block of the Hospital building'.⁵⁸

Lord Rothschild was an early opponent of the plans for a Jewish hospital but later became a supporter. He had believed that the Jewish immigrants should acculturate rather than separate to promote acceptability in England where some hostility to the alien persisted. Unfortunately Rothschild's personal papers were destroyed after his death at his own wishes. References to both the German and the Jewish Hospital appear in contemporary local East End newspapers including the *Hackney Gazette*. An unpublished history of the Jewish Hospital was given as a Presidential Address by Dr Laurence Phillips to the London Jewish Hospital Medical Society in 1964 and short news items about the hospitals were published in the *British Medical Journal* and *The Lancet*. An article about the East London Child Guidance Clinic was published in the *Journal of Child Psychology and Psychiatry*.⁵⁹ For most of its life the clinic was housed in the Jewish Hospital and it was the first child guidance clinic in the country. The publication *Transactions of the Jewish Historical Society of England* includes articles on the experience and the health of the Jewish immigrant community in Great Britain. This journal describes how, in 1842, the London Hospital, had agreed to allot certain beds for Jewish patients and arrangements were made for the provision of kosher food.⁶⁰ Later, the London Metropolitan Free Hospital provided a similar service but to the disappointment of members of the Jewish community no Jewish hospital had yet been founded. By the

⁵⁸ Gaster Archives, 52/422. 20 April 1925.

⁵⁹ George Renton, 'The East London Child Guidance Clinic', *Journal of Child Psychology and Psychiatry*, Volume 19, 1978, pp. 309-12.

⁶⁰ Israel Finestein, 'Anglo-Jewish Opinion During the Struggle for Emancipation' in *Transactions of the Jewish Historical Society of England*, Volume XX, Sessions 1959-61, p.140.

end of the century kosher food had been made available in other hospitals including Charing Cross Hospital, the Chelsea Hospital for Women and the Ventnor Consumption Hospital on the Isle of Wight. In 1842 the Jewish population of London was probably fewer than 50,000 (it was this population in 1868) but the number of beds for Jews in the London Hospital was sixteen and at the Metropolitan Hospital, eight.⁶¹ Even in this early discussion about the feasibility of founding a Jewish hospital in London, opposition was raised in a letter published in the *Jewish Chronicle and Hebrew Observer* (later the *Jewish Chronicle*) on the grounds that the plan would encounter financial difficulties and was 'directly opposed to the spirit of true unsectarian philanthropy'. Unfortunately the Jewish Board of Guardians closed its dispensary in 1879 and forced Jews to apply for medical relief to the District Medical Officers of the Poor Law Unions.⁶²

Several books and articles have been written on the international Jewish contribution to medicine over the centuries but these have mainly been published in the United States. One book has been written which concentrates on Jews in English medicine was authored by John Cooper.⁶³ He demonstrates why so few Jews entered the medical profession in England during the Victorian and Edwardian eras compared with their Continental colleagues. He then explains why many of the children of Jewish immigrants entered the profession during World War I and discounts the allegations of discrimination against entry into medical schools during the inter-war period. However, Cooper does believe that there is evidence that

⁶¹ Letters in the *Jewish Chronicle and Hebrew Observer*, 3 July 1868, p. 5. One letter was from the Medical Officer of the London Jewish Board of Guardians stressing the importance of founding a Jewish hospital in London and another letter raised objections.

⁶² As quoted in Finestein, p. 140.

⁶³ John Cooper, *Pride versus Prejudice, Jewish Doctors and Lawyers in England 1890-1990*, Oxford: The Littman Library of Jewish Civilisation, 2003.

prejudice occurred against the appointment of Jewish doctors onto the staff of leading London and provincial hospitals.⁶⁴ It does appear that there are many lacunae in published work on the contribution of Jews to medicine in England. This may be the result of the denial of Jews to study medicine at English universities until some 150 years ago and of a relative lack of interest by Jewish doctors in England to a study of the history of their profession.

Biographies have been published about individual British Jewish doctors but a comprehensive study of the history of the Jewish connections with British medicine does not appear to exist. A slim volume by Asher Tropp entitled *Jews in the Professions in Great Britain 1891-1991* covers all the professions, and as a consequence the author is unable to delineate in any detail the changing pattern of Jews' membership of the legal and medical professions.⁶⁵ The author refers to a number of articles written in the *Jewish Chronicle* in 1891 about the professions when a comparison was made between continental and British Jewish doctors. An article in the newspaper mentioned that 'English Jews do not appear to share the tastes of their continental brethren as regards their choice of a profession. Only 23 names appear on the full roll of the Royal College of Surgeons, while not one Jew has the right of placing FRCP (London) after his name'.⁶⁶ Tropp lists a number of Jewish members of the medical profession after the 1890s with a brief description of their lives. Lara Marks has written about maternity provision for Jewish mothers in East London and, although her book concentrates on mothers and their infants, it

⁶⁴ Ibid., p. 2-3.

⁶⁵ Asher Tropp, *Jews in the Professions in Great Britain 1891-1991*, London: Maccabeans, 1991, quoted in John Cooper, p. 2.

⁶⁶ Ibid., p. 6.

reaches out to a wider study of the medical provisions within the voluntary hospitals and Poor Law institutions in the East End. It includes many useful tables of statistics and maps as well as a section on the medical missions in the area.⁶⁷

Bernard Harris has contributed a chapter 'Pro-alienism, anti-alienism and the medical profession in late-Victorian and Edwardian Britain' in *Race Science and Medicine, 1700-1960*.⁶⁸ He writes about how the purported existence of physical and mental diseases in Jews was used by anti-alienists in the discourse of the Aliens Act of 1905 and how the allegations about their health contributed to the popular theory of 'physical deterioration' in the nation which was utilised in support of social Darwinism.

Turning to sources relating to the other case study, the main archive of the London German Hospital is held at the archives of St Bartholomew's Hospital, London. This collection is far more comprehensive than that of the Jewish Hospital and consists of 162 volumes in 17 boxes (Ref 405G). The Hospital which was opened in 1845 in Dalston, East London, was incorporated into the National Health Service in 1948 and closed in 1987. The archive comprises of general administrative records between 1843 and 1970, financial reports between 1845 and 1971, reports on staff between 1845 and 1955 and various ephemera between 1845 and 1970.⁶⁹ The records are comprehensive and include records of meetings of the Hospital Governors, the Hospital Committee, papers relating to the Annual General Courts of Governors, minutes of the Household Committee, the Nursing Committee and the

⁶⁷ Lara Marks, *Model Mothers*.

⁶⁸ Bernard Harris, 'Pro-alienism, anti-alienism and the medical profession in late-Victorian and Edwardian Britain' in Waltraud Ernst and Bernard Harris (Eds), *Race Science and Medicine, 1700-1960*, London: Routledge, 1999, pp. 189-217.

⁶⁹ The National Archives at <http://apps.nationalarchives.gov.uk/hospitalrecords/details.asp?id=185>. Accessed 03/10/2014.

Joint Consultative Staff Committee. Lists of Committee members and medical staff are included. This large archive will provide much valuable information about the Hospital and will be supplemented by articles from *The Times* archive. Some clinical records are held between 1931 and 1959 but there will be restricted access to some medical records. The Wellcome Library holds some administrative records between 1845 and 1940 as well as clinical reports on patients between 1890 and 1960. The clinical papers of Frederick Parkes Weber, a senior physician at the German Hospital, dated between 1896 and 1935 are also held in this archive.⁷⁰ The National Archives, Kew contain records of Otto Bernhard Bode (Ref KV 2/2675 & 2/2676) who was the head of the London German Hospital in the 1930s and a Nazi Party member. He was interned in 1939 and spent the greater part of the war in detention. The Archive also includes correspondence in 1916 concerning German prisoners of war interned in the German Hospital with an application for their release (Ref: FO 383/144 & 383/199). The London Metropolitan Archives include correspondence concerning grants made by the King Edward's Hospital Fund for London to the German Hospital between 1908 and 1948. In common with the records of the London Jewish Hospital there do not appear to be any statistics of conditions treated and their outcomes at the Hospital.

In addition to the focus on physical health in the community and the provision of adequate hospital facilities, the late Victorian to early twentieth century period, saw the advent of politics and biological concepts which introduced theories about race into the national debate. Coinciding with the mass migration of Jews from 1881, the health of the nation was being questioned in parliament and

⁷⁰ Wellcome Library, References PP/FPW/A.2/1 - PP/FPW/A.2/7.

the press and investigations into the efficiency of the native races were being pursued. The century had seen the development of racial thought with pseudoscientific theories about a hierarchical model dividing races into primitive and civilised societies. Although ideas about race were omnipresent in mid-Victorian Britain, José Harris, a historian of British society and culture, suggested that 'they had only the sketchiest roots in biological thought'.⁷¹ Britain had been experiencing a period of economic depression and its status as an imperialist power was declining. There was concern about the lack of physical fitness of the slum dwellers in the large cities leading, it was believed, to physical degeneration of the nation. Some embraced the British eugenics movement, believing that control over the differential birth rates between slum dwellers and the middle classes could correct the decline towards physical degeneration. The concept of social Darwinism was being debated with its idea of competition between superior and inferior races and the corollary that Britain needed to improve the health and purity of its native stock by limiting the alleged 'contamination' by immigrants. Linked to risks to their own health and to that of the native population, the Jewish immigrants were charged with introducing insanitary conditions to their habitats and of lacking any basic knowledge concerning hygiene. The Jews were also alleged to have been carriers of tuberculosis and several other infectious diseases and these claims were employed in debates culminating in the 1905 Aliens Act. Information on the medical allegations made against the Jews can be found in books, journals, contemporary newspapers and records of parliamentary debates published in

⁷¹ Mathew Thomson, 'Savage Civilisation. Race, culture and mind in Britain, 1898-1939', in Waltraud Ernst and Bernard Harris (Eds), *Race, Science and Medicine 1700-1960*, London: Routledge, 1999, p. 235.

Hansard. A well-researched book relating to social Darwinism and National Efficiency has been written by Geoffrey Searle.⁷² *Eugenics and Politics in Britain* surveys the history of the movement which was, before World War I, popular and considered respectable. There is evidence that a number of its supporters were anti-Semitic although some Jews were prominent in the movement. The immigration issue had re-emerged in 1900, stimulated by an interaction of the local housing crisis in the East End and the Boer War when it became apparent that many of the army volunteers were of poor stature.⁷³ It was this concern about the health of the working class that introduced the question whether the nation could defend the empire. Investigation of the data available in official health reports demonstrated that there was no substantial evidence that the Jewish immigrants were less healthy than the native population. On the contrary, there was a wealth of data from statements made by medical officers at the Royal Commission on Alien Immigration (1903) and by statistics including infant mortality and adult death rates that the incidence of tuberculosis, alcoholism and the health and growth of Jewish children was superior to that of the native population.⁷⁴

The wider historiography of Jewish settlement in England, since the medieval period, has been covered in many recent books and articles but the relevant studies for this thesis will deal with nineteenth and twentieth century history with this period having now constituted the most detailed area of recent

⁷² Geoffrey Searle, *Eugenics and Politics in Britain 1900-1914*, Leyden: Noordhoff International Publishing, 1976; Geoffrey Searle, *The Quest for National Efficiency. A Study in British Politics and Political Thought, 1899-1914*, London: The Ashfield Press, 1990, p. 41.

⁷³ David Feldman, 'Jews and the British Empire, c1900' in *History Workshop Journal*, 63 (1): 70-89, 2007.

⁷⁴ 1903[Cd 1741] Royal Commission on Alien Immigration. Report of the Royal Commission on Alien Immigration, with minutes of evidence and appendix, Vol. 1. The report.

research. Todd Endelman's, *The Jews of Georgian England 1714-1830*, provides a useful background to the acculturation and integration of Jews who migrated to England during this era.⁷⁵ Mention is made of an elderly immigrant who had arrived from Morocco and then Gibraltar in 1811 and who was interviewed by the journalist Henry Mayhew. He related that he would have been living in ease in his old age at the Jews' Hospital, Mile End Road, had his second wife not been a Christian.⁷⁶ It is significant that Endelman wrote in 1979 that the history of the Jews in England in the modern period had attracted few professional Jewish historians and that historiographically, Anglo-Jewry had remained on the periphery of the European Jewish experience.⁷⁷ Early in the twentieth century Albert Hyamson had written his *History of the Jews in England*⁷⁸ and later, Cecil Roth wrote *A History of the Jews in England*⁷⁹ but only a brief mention of the East European immigration is found in the Roth volume. Roth's book, *The Jewish Contribution to Civilisation*, includes a chapter on medicine, but within it, the majority of the personalities mentioned are of continental origin.⁸⁰ Reference to English physicians mainly appears in respect to the Spanish *converso* practitioners residing in England during the middle-ages. Within the history of Anglo-Jewry references exist to immigration and to both the Jews' Hospital and the London Jewish Hospital in volumes by V. D. Lipman.⁸¹ Lipman's *A History of the Jews in*

⁷⁵ Todd M. Endelman, *The Jews of Georgian England 1714-1830. Tradition and Change in a Liberal Society*, Philadelphia: The Jewish Publication Society of America, 1979.

⁷⁶ *Ibid.*, p. 171.

⁷⁷ *Ibid.*, p. ix.

⁷⁸ Albert M. Hyamson, *A History of the Jews in England*, London, Chatto & Windus, 1908.

⁷⁹ Cecil Roth, *History of the Jews in England*, Oxford: Clarendon Press, 1949.

⁸⁰ Cecil Roth, *The Jewish Contribution to Civilisation*, London: Macmillan & Co, 1933, pp. 191-216.

⁸¹ V. D. Lipman, *Social History of the Jews in England 1850-1950*, London: Watts & Co., 1954; V. D. Lipman (Ed), *Three Centuries of Anglo Jewish History. A Volume of Essays*, London: Jewish Historical Society of England, 1961.

Britain Since 1858 includes much useful material on immigration and to British Jewish demography but no mention appears of health or of the Jewish hospitals.⁸² David Katz's book includes a chapter on nineteenth-century British Jewry.⁸³ But again, no reference is made to the health of the Jews, sharing this omission with volumes by Israel Finestein.⁸⁴ Todd Endelman's book on Anglo-Jewish history includes a paragraph on the health issues experienced by workers in the sweatshops but does not include any reference to the London Jewish Hospital.⁸⁵ A study written by Eugene Black does include references to Jewish welfare and health issues and the institutions associated with their care.⁸⁶ The minutes of the London Jewish Board of Guardians are held in the archives of the University of Southampton, Special Collections⁸⁷ and a history of the Board was written by Vivian Lipman.⁸⁸ A leading volume, first published in 1960 on Jewish immigration to England, is Lloyd Gartner's *The Jewish Immigrant in England 1870-1914*.⁸⁹ It includes a useful bibliography but no mention of health statistics. Books by Bernard Gainer⁹⁰ and John Garrard⁹¹ provide much detail about the reception of Jews into British society and the hostility they faced culminating in the passage of the Aliens Bill in parliament in 1905. This period is covered in the volume, *Anti-*

⁸² V. D. Lipman, *A History of the Jews in Britain Since 1858*, Leicester: Leicester University Press, 1990.

⁸³ David S. Katz, *The Jews in the History of England 1485-1850*, Oxford: Clarendon Press, 1994.

⁸⁴ Israel Finestein, *Anglo Jewry in Changing Times. Studies in Diversity 1840-1914*, London: Valentine Mitchell, 1999; *Scenes and Personalities in Anglo-Jewry, 1800-2000*, London: Valentine Mitchell, 2002.

⁸⁵ Todd M. Endelman, *The Jews of Britain 1656 to 2000*, Berkeley: University of California Press, 2002, p. 136.

⁸⁶ Eugene C. Black, *The Social Politics of Anglo-Jewry 1880-1920*, Oxford: Blackwell, 1988.

⁸⁷ University of Southampton, Hartley Library, Ref: GB 738 GB 738 MS 173.

⁸⁸ Vivian Lipman, *A Century of Social Service 1859-1959. The History of the Jewish Board of Guardians*, London: Routledge & Kegan Paul, 1959.

⁸⁹ Lloyd P. Gartner, *The Jewish Immigrant in England 1870-1914*, London: Simon Publications, 1973.

⁹⁰ Bernard Gainer, *The Alien Invasion. The Origins of the Aliens Act of 1905*, London: Heinemann, 1972.

⁹¹ John A. Garrard, *The English and Immigration 1880-1910*, London: Oxford University Press, 1971.

Semitism in British Society 1876-1939 by Colin Holmes.⁹² An anthology of documents describing the life of the immigrants and their institutions is edited by David Englander.⁹³ The Proceedings of a conference on migration held under the auspices of the Jewish Historical Society of England and the Institute of Jewish Studies, University College, London was published in 1996.⁹⁴ Two books about immigration and the immigrants have recently been published, one recounting the Jewish migrations from Eastern Europe,⁹⁵ and the other describing the ideologies and xenophobia that appeared in literature and the press at this time.⁹⁶ From the foregoing it can be noted that the majority of the general historiography of Anglo-Jewry from the late Victorian period until World War I makes no reference to the health and welfare of the immigrants. It appears that the topic is not considered significant within the wider history of the migrants but should be addressed as a separate subject. It may be that historians have considered that it would be better dealt with by those with specialist medical knowledge. Comparative studies of British and German Jews were published in *Two Nations: British and German Jews in Comparative Perspective*⁹⁷ and a volume concerning the emigration and reception, social and cultural impact, and paths to acceptance of German Jews in the United Kingdom, *Second Chance. Two Centuries of German-speaking Jews in the*

⁹² Colin Holmes, *Anti-Semitism in British Society 1876-1939*, London: Edward Arnold, 1979.

⁹³ David Englander (Ed), *A Documentary History of Jewish Immigrants in Britain 1840-1920*, Leicester: Leicester University Press, 1994.

⁹⁴ Aubrey Newman and Stephen W. Massil (Eds), *Patterns of Migration, 1850-1914*, London: Jewish Historical Society of England and the Institute of Jewish Studies, University College, London, 1996.

⁹⁵ Tobias Brinkmann, *Points of Passage. Jewish Transmigrants from Eastern Europe in Scandinavia, Germany and Britain 1880-1914*, New York: Berghahn Books, 2013.

⁹⁶ David Glover, *Literature, Immigration, and Diaspora in Fin-de-Siècle England. A Cultural History of the 1905 Aliens Act*, Cambridge: Cambridge University Press, 2012.

⁹⁷ Michael Brenner, Rainer Liedtke and David Rechter (Eds.), *Two Nations: British and German Jews in Comparative Perspective*, London: Leo Baeck Institute, 1999;

United Kingdom.⁹⁸ The volume includes essays on emancipation, anti-Semitism, migration as well as one on Jews in the medical profession in Britain and Germany with problems of comparison. It examines British and German Jewries in equal measure and discusses a broad spectrum of social, political, cultural and economic issues. *Second Chance* includes essays on emigration and the reception of these Jews into Britain. It describes their patterns of integration in the country and their contribution to its culture. One essay deals with the contribution of central European Jews to medical science and practice in Britain in the 1930s to the 1950s.

The historiography of German immigration has been compiled notably by Panikos Panayi⁹⁹ and Stefan Manz and others.¹⁰⁰ Rosemary Ashton compiled a study of the exile of Germans into Victorian England which includes references to the German Hospital in Dalston.¹⁰¹ In the eighteenth century some hostility grew towards Germany and the Germans. There was a belief in a stereotypical description of German Teutonic philosophy, brutishness and a tendency to drunkenness.¹⁰² In addition, the Hanoverian succession caused some animosity, yet hostility towards the Germans in nineteenth century Britain remained mild compared with that of the Jews and other minorities.¹⁰³ Allegations of poor health and 'contamination' of the native population did not occur and the eugenic argument was not made. The rise of Germanophobia occurred before the Great

⁹⁸ Julius Carlebach, Gerhard Hirschfeld, Aubrey Newman, Arnold Paucker, Peter Pulzer (Eds.), *Second Chance. Two Centuries of German-speaking Jews in the United Kingdom*, Tübingen, Mohr, 1991.

⁹⁹ Panikos Panayi, *German Immigrants in Britain during the Nineteenth Century, 1815-1914*, Oxford: Berg, 1995.

¹⁰⁰ Stefan Manz, Margrit Schulte Beerbühl and John Davis (Eds.), *Migration and Transfer from Germany to Britain 1660-1914*, München: K. G. Saur, 2007.

¹⁰¹ Rosemary Ashton, *Little Germany. Exile and Asylum in Victorian England*, Oxford: Oxford University Press, 1986.

¹⁰² Panayi, *German Immigrants*, p. 29.

¹⁰³ *Ibid.*, p. 257.

War for political reasons but no 'health' factors were involved. After the Great War, the rhetoric of racial hygiene in Germany largely addressed the issue of how to discourage procreation by supposed inferiors but this behaviour did not translate to the German community in Britain.¹⁰⁴

An important study describing the Jewish association with medicine in Germany from the medieval era until the Holocaust is John Efron's *Medicine and The German Jews. A History*.¹⁰⁵ Although German Jews did not play a prominent role in the foundation and development of the London German Hospital the book contributes towards an explanation for the prominence of German medicine in the nineteenth century. It is suggested that the *Haskalah*, the Jewish enlightenment, which failed to extend to England, opened German culture to its Jews and thereby facilitated the Jewish involvement with medicine. Before the Great War many Germans had already become settled in England but it was after 1881 that saw the wave of Jewish migrants from Eastern Europe.

3. The Migration of Germans and Jews to England

Although immigration has not been such a major factor in the history and development of nineteenth century Britain compared with that of the United States, it has, in recent years become an area of increasing interest for study and research with respect to this country's social and cultural history. Statistics, in fact, show that Britain was a net exporter of population during much of this period. Both World Wars, not unexpectedly, gave rise to hostility against London's German

¹⁰⁴ Christopher Lawrence, 'Continuity in Crisis: medicine, 1914-1945' in W F Bynum, Anne Hardy, Stephen Jacyna, Christopher Lawrence, E M Tansey, *The Western Medical Tradition 1800 to 2000*, Cambridge: Cambridge University Press, 2000, p. 330.

¹⁰⁵ John M. Efron, *Medicine and the German Jews. A History*, New Haven: Yale University Press, 2001.

community, and the immigration of between 120,000- 150,000 Jews from Europe between 1881 and 1914 exposed anti-Semitic prejudices culminating in the passage of the Aliens Act of 1905.

Emigrants from Germany had been arriving in Britain in small numbers from the sixteenth century, and some had settled even earlier in the medieval period when the trading organisation, the *Hansa*, was established by merchants from several German towns.¹⁰⁶ Later, German immigrants included some Ashkenazi Jews who established synagogues, schools social institutions and homes for the less fortunate in the eighteenth century in London but it was during the nineteenth century that saw mass movements of populations across Europe. German emigration was the result of several factors including the end of the Napoleonic wars, the 1848 Revolutions and poor socio-economic conditions in parts of Germany with agricultural failures and consequent poverty. Britain with its growing industrialisation and competitiveness provided an attraction.¹⁰⁷ At its peak, the 1911 census indicated that the German population in Britain reached 56,000 or 0.1% of the population with 27,290 living in London.¹⁰⁸ In a similar pattern to the Jewish immigrants, the German newcomers formed distinct communities; they initially lived in the same areas, became involved in the same occupations and indulged in the same social activities, although equally they did not remain a totally enclosed ethnic community without contact with the native population.¹⁰⁹

¹⁰⁶ Panikos Panayi, *German Immigrants*. pp. 4-5.

¹⁰⁷ Panikos Panayi, *Ibid.*, pp. 42-44.

¹⁰⁸ *Ibid.*, p. 53 and p. 93.

¹⁰⁹ *Ibid.*, p. 90.

The majority of the German immigrants were Protestants. Between 1815 and 1914 the main areas of settlement extended out from London's East End to the West End and later into the suburbs. Further settlement took place in the provinces but more than 50% of the German immigrants settled in London.¹¹⁰ The immigrants constituted a heterogeneous group ranging from an underclass to working class, petty bourgeoisie, and businessmen, professionals and academics. Popular areas of employment included sugar-baking, catering, hairdressing and tailoring.

It was during the eighteenth century that a comparatively large group of German Jews entered England but without official census statistics their number can only be estimated. Cecil Roth has estimated that the Jewish community had grown from less than 1,000 in 1700 to between 20,000 and 30,000 in 1815, with not less than two-thirds living in London and, in agreement with all other sources, that the majority were Ashkenazim.¹¹¹ Julius Carlebach has written that '[A]lthough numerically small, Anglo-Jewry in the mid-nineteenth century was the freest, most secure, best tolerated and politically most influential community in Europe. ... For all the resistance put up by the House of Lords to the full emancipation of the Jews, nothing in that resistance prevented the Jew from transforming himself from the despised ghetto-dweller into an English gentleman. Englishness was the fervent

¹¹⁰ Ibid., p. xvi.

¹¹¹ Panikos Panayi, *German Immigrants in Britain during the Nineteenth Century, 1815-1914*, Oxford: Berg, 1995, p. 21; Cecil Roth, *History of the Jews in England*, Oxford: Clarendon Press, 1949, p. 239.

goal not only of individuals, but also of the institutions and organisations which were established by and for Anglo-Jewry....¹¹²

It is likely that the first Jews to arrive in England were merchants who had travelled from Rouen during the reign of William I, but this medieval settlement never exceeded four or five thousand and only remained for some two hundred years until its expulsion by Edward I in 1290. A petition to Oliver Cromwell, during his rule as Lord Protector, resulted in a return of the Jews to England in the seventeenth century. They were a mainly Sephardic community, the branch of Jewry whose ancestors originated from Spain and Portugal. Many of these families became affluent and influential in trade and commerce both within and outside the Jewish community. But later, in the eighteenth and nineteenth century, Ashkenazi Jews migrated from Holland and Germany increasing the Jewish population in Britain to 70,000 by 1880. The Ashkenazim were mainly unskilled, working as country pedlars although some set up as tradesmen, silversmiths and jewellers.¹¹³

Prior to the main influx of Jews commencing in the 1880s, several Jewish communal institutions had been established. The organisation and control of these institutions was managed by small groups of the wealthy, elite families, many of which were connected in business or by marriage. The Jewish Board of Deputies, established in 1760, was the Jewish 'parliament' and dealt with secular matters in

¹¹² Julius Carlebach, 'The Impact of German Jews on Anglo-Jewry – Orthodoxy, 1850-1950' in Werner E. Mosse (Ed), *Second Chance. Two Centuries of German Speaking Jews in the United Kingdom*, Tübingen, J. C. B. Mohr, 1991, p. 405-6.

¹¹³ Lloyd P. Gartner, *The Jewish Immigrant in England, 1870-1914*, London: Simon Publications, 1973, p. 18.

relation to the state.¹¹⁴ The Jewish Board of Guardians, created in 1859, dealt with relief of the poor in London¹¹⁵ and the United Synagogue, established in 1870 was an association of London synagogues with its ecclesiastical power invested in the authority of the Chief Rabbi.¹¹⁶ Individual synagogues, voluntary organisations and Jewish Friendly Societies provided assistance to the needy but all Jewish philanthropic institutions were challenged in meeting the health and social demands of the increasing immigrant population, thereby reducing their dependence on the host society.

Between 1881 and 1914 many thousands of Jews who had emigrated from Eastern Europe permanently settled in Great Britain the majority in London, thereby increasing the Jewish population in Great Britain to approximately 200,000. The exact number of Jewish immigrants is unknown because, as Lloyd Gartner has indicated, 'all statistical attempts [to acquire the figures] have proved fruitless.'¹¹⁷ Several factors have contributed to the lack of accurate figures including the inexact classification of the division of aliens stated to be '*en route*' (usually trans-Atlantic) and those intending to settle permanently in England. In the census reports of the period Jews are not classified by their religion but only by nationality although it was recognised that the majority of 'Russians' and 'Russian Poles' were Jewish. Non-governmental statistics from Jewish organisations were hardly more helpful. The Conjoint Committee of the Jewish Boards of Guardians published immigration

¹¹⁴ Raphael Langham, *250 Years of Convention and Contention. A History of the Board of Deputies of British Jews, 1760-2010*, London: Valentine Mitchell, 2010.

¹¹⁵ V. D. Lipman, *A Century of Social Service 1859-1959. The History of the Jewish Board of Guardians*, London: Routledge & Kegan Paul, 1959.

¹¹⁶ Aubrey Newman, *The United Synagogue 1870-1970*, London: Routledge & Kegan Paul, 1976.

¹¹⁷ Lloyd P. Gartner, 'Notes on the Statistics of Jewish Immigration to England 1870-1914', *Jewish Social Studies*, Vol. 22, January 1, 1960, pp. 97-102.

figures in their *Annual Reports*, and other statistics were collected by the Poor Jews' Temporary Shelter, the Russo-Jewish Committee financed by the Mansion House Fund for the Relief of Russian Refugees and the United Synagogue. These East European Jews had faced social, political and economic upheavals with persecution in the form of pogroms in Russia provoking their departure.

The main trade of the Jewish immigrants was garment making. They avoided factory work but, almost exclusively, were employed in small, overcrowded workshops, often one room in a house or apartment, occupied by a family, the so-called, 'sweat shops'. The working conditions in these environments were conducive to the spread of infectious diseases, particularly respiratory disorders, including tuberculosis. Those requiring medical treatment were in unfamiliar territory with language posing the major barrier. Before the foundation of the London Jewish Hospital, access to treatment in a hospital was difficult because few Yiddish speaking doctors were available. However, both the London Hospital and the London Metropolitan Hospital, in addition to providing Jewish wards and kosher food, attempted to overcome the language difficulties by providing interpreters. In the years before the establishment of the National Health Service, these voluntary hospitals provided medical care for inpatients and outpatients, receiving financial support from benefactors as well as from some public funds. Many of them had been founded in previous centuries.

4. The Development of the English Hospital System

In the middle ages, apart from treatment of the acutely ill, the voluntary hospitals provided a haven for the lame, the blind, the chronic sick, the mad and the beggar.

¹¹⁸ London's earliest hospital was St Bartholomew's, followed by St Thomas's, founded in 1207, with both receiving royal patronage. These hospitals subsisted on funding from estates confiscated from the church by the crown or from riches from financial speculators. They were known as endowed hospitals.

In the seven centuries between 1123 (the founding of St. Bartholomew's Hospital) and 1850 (the founding of The Florence Nightingale Hospital for Gentlewomen) some 36 hospitals had been established in London, but the period of five decades from 1851 leading up to the end of the nineteenth century saw the foundation of a further 75. ¹¹⁹ The national census reports have revealed that it was a time of rapid growth of the population of Greater London from one million in 1801 to 6.5 million in 1901. However the greatest increase, proportionately, during this period occurred in outer London where the population grew from 162,000 in 1801 to 1.6 million in 1901. ¹²⁰

Demolition of slum properties from the 1830s to accommodate new railway and road building forced the poor to move away from the centre but many continued to live in overcrowded housing in nearby areas. From the 1870s, the planners began to encourage suburban development with new building projects and improvements to transport links. The existing hospitals were unable to cope with this changing population and even the building of many new hospitals failed to meet the medical needs of the populace. Advances in medical and surgical treatments compounded the problem of demand for hospital beds although the

¹¹⁸ Geoffrey Rivett, *The Development of the London Hospital System 1823-1982*, London: King's Fund Publishing, 1986, p. 24.

¹¹⁹ *Ibid.*, pp. 364-7

¹²⁰ *Ibid.*, p.20.

majority of disease among the poor up to the end of the nineteenth century was caused by poverty, overcrowding, poor diet and neglect of sanitary provision, factors that required parliamentary and local government legislation and investment for their resolution. Hospitals catered for those experiencing the acute phase of an illness and they tended to select patients from particular socioeconomic groups, excluding the paupers. The prevention of disease in the latter half of the nineteenth century was poorly understood and, as Bynum has observed, 'hospitals were material monuments to the failure of the preventive ideal'.¹²¹

The London German Hospital opened in 1845 at which time the English hospital system comprised of both voluntary hospitals, many of which functioned within the realm of the church, for 'the deserving poor' and workhouses which were founded for sick paupers. The workhouses were established following a report of the Poor Law Commissioners of 1832-4 and the subsequent Poor Law Amendment Act of 1834.¹²² Early in the nineteenth century it is likely that the number of sick in the workhouses exceeded that in the voluntary hospitals.¹²³ In 1800 there existed, in England, one bed to 5,000 members of the population but 150 years later the ratio had improved to 1 bed to 175.¹²⁴ By 1861 some 11,000 patients were being treated in voluntary hospitals.

¹²¹ W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, Cambridge: Cambridge University Press, 1994, p. 55.

¹²² Brian Abel-Smith, *The Hospitals 1800-1948, A Study in Social Administration in England and Wales*, London: Heinemann, 1964, p. 46.

¹²³ *Ibid.*, p. 4.

¹²⁴ *Ibid.*, p. 5.

In the latter years of the nineteenth century more specialist hospitals had appeared for the treatment of conditions such as skin diseases, fevers including smallpox, cancer, venereal diseases, eye disorders, ear, nose and throat problems, conditions of the chest, including tuberculosis and for mental illness. By 1880 specialisation had become perceived as a necessity of medical science as a result of the collective desire to expand medical knowledge, because it was believed that only by specialisation could the natural course of disease be observed.¹²⁵ Further, by classifying diseases, it simplified the organisation of managing large populations. Another factor promoting the growth of specialist hospitals resulted from the difficulty experienced by some junior hospital doctors to gain promotion because their seniors jealously protected their allotted beds in the general hospitals. To bypass this problem the juniors chose to cultivate special skills in the diagnosis and treatment of particular conditions and subsequently the new specialist hospitals were established.¹²⁶ By the end of the nineteenth century more than 350 isolation hospitals had been established in London and the provinces to house patients with infectious diseases.

London's voluntary hospitals owed their existence to charitable donations from wealthy philanthropists who often formed charitable associations.¹²⁷ Both the German and Jewish Hospital fell into the group of voluntary hospitals although their financial situations were quite different, as will become apparent later in the thesis. Those who provided funding to the voluntary hospitals were usually wealthy

¹²⁵ George Weisz, 'The Emergence of Medical Specialization in the Nineteenth Century', *Bulletin of the History of Medicine*, 77.3 (2003) pp. 536-575.

¹²⁶ Brian Abel-Smith, *The Hospitals*, p. 22.

¹²⁷ *Ibid.*, p. 5.

laymen who had attained some prestige in their communities or who were individuals looking to gain some steps up the social ladder. The provision of a donation to a hospital resulted in additional benefits. It often provided the donor with a position on the Board of Management of the hospital and preferential treatment for themselves and their families. It gave them the opportunity to nominate others who would be invited to receive treatment when the need arose. The process of attaining hospital admission in the early nineteenth century was by means of a written invitation. But generally the selection of patients for hospital admission was made by the almoners, who were hospital administrators holding no medical qualification. In 1892 a select committee of the House of Lords had recommended that almoners – the first hospital social workers – should be appointed to control overcrowding in hospital out-patient departments. The first almoner was appointed at the Royal Free Hospital in 1895 and her duty was to ensure that patients in poor circumstances were helped to benefit from treatments recommended by medical staff and to prevent the abuse of the hospital by persons able to pay for medical treatment.¹²⁸ The medical staff had little participation in the admission procedure. Later in the century this practice of receiving beneficial admission from a subscription was discontinued, as was the requirement for the issue of an invitation. By 1900 the general method of referral was in the form of a letter from a doctor.

The workhouse infirmaries were the state hospitals, administered under the poor law, and they provided a substantially lower standard of care compared with

¹²⁸ Lynne A. Amidon, *An Illustrated History of the Royal Free Hospital*, London, The Special Trustees of the Royal London Hospital, 1996, p. 43.

the voluntary hospitals. They were established to cope with disease in the paupers who in the Victorian era were often judged to be the feckless dependants on charity, those of low morals, although this was by no means the general case. The Victorian concept of respectability promoted the virtues of self-help and thrift and divided the poor into deserving and undeserving classes. Whereas voluntary action saw itself as catering for the deserving, it followed that the role of the State was in the care of the undeserving.¹²⁹

From the 1870s onwards, central hospital charities made grants to many voluntary hospitals, including the German and Jewish, and meanwhile collected information about them in order to systematise their distributions.¹³⁰ The Hospital Sunday Fund was founded in 1873 and collected its contributions mainly from a middle and upper class population through their places of worship. Collections were made on Hospital Sunday, annually on a date in June, from churches of all denominations and from synagogues. An assessment of the institution's needs was made by an allocation committee based on its average spending over the previous three years on clinical services.¹³¹

The Hospital Saturday Fund was established in 1874. The founders believed that hospitals were established for the benefit of all working men and that they should support hospitals, as far as they were able, by making contributions to the fund on Saturdays, the day they received their wages. Money was collected in factories, workshops and on the street, but because this fund did not have the

¹²⁹ Peter Wood, *Poverty and the Workhouse in Victorian Britain*, Stroud, Gloucestershire: Alan Sutton, 1991, p. 46.

¹³⁰ Geoffrey Rivett, *The Development of the London Hospital System 1823-1982*, London: King's Fund Publishing, 1986, p. 121

¹³¹ *Ibid.*, p. 122.

advantage of receiving information about the hospitals' spending on clinical services it had some difficulty in allocating funds in an equitable manner.

The King Edward VII Hospital Fund for London, formerly the Prince of Wales' Fund, was founded in 1897 to honour the diamond anniversary of the accession of Queen Victoria. It was later named the King's Fund and was, by far, the greatest distributor of funds.¹³² In 1920, The King Edward Fund distributed £700,000, The Sunday Fund £110,000 and The Saturday Fund £73,000.¹³³

It was not until the late nineteenth century that hospitals conferred any real value to their patients and in many cases of disease it was more beneficial to remain at home because of the high risk of acquiring a hospital cross-infection. Indeed in 1863, Florence Nightingale had written that 'The very first requirement in a hospital is that it should do no harm',¹³⁴ but it is likely that this did not apply in many cases at the time of her writing. All these hospital categories were abolished in July 1948 with the establishment of the National Health Service when most hospitals became incorporated into the public sector although a few, including the German and Jewish attempted to continue, unsuccessfully, for several years as privately funded institutions. Both these ethnic groups have contributed historically to advances in medicine, with the Jews mainly associated with developments during their years of dwelling in continental Europe.

¹³² Gerry Black, *Lord Rothschild and the Barber, The Struggle to Establish the London Jewish Hospital*, London: Tamsder Publishing, 2000, p. 25.

¹³³ Ruth Hodgkinson, *The Origins of the National Health Service: Medical Services of the New Poor Law 1834-71*, London: Wellcome Historical Medical Library, 1967, p. 451.

¹³⁴ Florence Nightingale, *Notes on Hospitals* (3rd ed.), London: 1863, p. iii. Quoted in Brian Abel-Smith, *The Hospitals 1800-1948*, p. 1.

5. German and Jewish Contributions to Medicine

From ancient times, Jews have had a remarkable interest in medicine and, as far back as the Old Testament reference is made to matters of health including a description of a condition which could be consistent with leprosy.¹³⁵ The section describes detailed observations on the progression of the disease and advice about its isolation, indicating early concepts on contagion. In the Middle Ages almost half of the best-known Jewish scholars were physicians and to the present day Jews have been over represented in numbers receiving Nobel prizes for medicine and allied subjects.¹³⁶ Although anti-Semitism existed in the Mediterranean region under Islamic rule in the Middle Ages, Jews had the advantage of being intermediaries with treasures of literature and science passing through their hands. They were travellers and translators of medical books written in Greek and Latin. Superstitious ideas were prevalent at this time and it was believed that they held health secrets from within the Talmud, the comprehensive written version of the Jewish oral law. In Europe there was a Christian disdain for the human body and the Church prohibited monks and canons from the practice of medicine. It was these factors that contributed to the Jewish interest in medicine.

A brief early history of the association of Jews with medicine was compiled by the historian, Cecil Roth in 1938. It is written in a somewhat celebratory style and deals mainly with medicine as practised on the Continent.¹³⁷ The place of the Jewish physician in England extends back many centuries. In 1956 Winston Churchill

¹³⁵ Leviticus, Chapters XIII-XIV.

¹³⁶ Frank Heynick, *Jews and Medicine. An Epic Saga*, Hoboken, New Jersey: KTAV Publishing, 2002, pp. 7 and 13-16.

¹³⁷ Cecil Roth, *The Jewish Contribution to Civilisation*, London: Macmillan & Co., 1938, pp. 191-216.

wrote with regard to events in the early thirteenth century under King Edward I: 'The Jews held up to universal hatred, were pillaged, maltreated and finally expelled the realm. Exception was made for certain physicians, without whose skill persons of consequence might have lacked due attention.'¹³⁸ English monarchs were known to call in Jewish doctors from abroad when it was a matter of life and death. For example both Henry II and Henry IV imported Jewish physicians. A *converso* physician (the name given to the secret Jews during the Spanish Inquisition), born in Portugal was Rodrigo Lopez, who worked at St. Bartholomew's Hospital and became a Fellow of the College of Physicians. He was appointed physician to Queen Elizabeth I.¹³⁹ During this period until the mid-nineteenth century few Jews practiced medicine in England and all had qualified abroad. No Jew qualified from the only universities in England providing medical education, Oxford and Cambridge, which restricted their graduates to those subscribing to the articles of the Church of England.¹⁴⁰ It was during the Victorian and Edwardian periods when London and provincial universities established medical schools that the first and subsequent generations of the immigrants were able to enter the medical profession. Because of the population demographics and the restrictions placed on Jews in the nineteenth century, Jews represented few in number in the medical profession in England compared with their Continental colleagues.¹⁴¹

¹³⁸ Winston S. Churchill, *A History of the English Speaking Peoples, Volume I, The Birth of Britain*, London: Cassell and Company, 1956, p. 228. Quoted in Frank Heynick, *Jews and Medicine, An Epic Saga*, Hoboken New Jersey: KTAV Publishing, 2002, p. 12.

¹³⁹ Heynick, *Jews and Medicine*, pp. 447-448.

¹⁴⁰ *Ibid.*, p. 450.

¹⁴¹ John Cooper, *Pride Versus Prejudice. Jewish Doctors and Lawyers in England 1890-1990*, Oxford: The Littman Library of Jewish Civilisation, 2003, pp. 2-3.

Beginning in the Middle Ages secular German authorities appointed Jews to the post of city physician, resulting from a shortage of qualified personnel.¹⁴² But developments in German medicine came to the fore during the nineteenth century, coinciding with the time of the establishment of the London German Hospital. It was a period in Germany when the first steps had been taken to making laboratory experience, of some kind, part of the training of all doctors. In Germany, unlike both France and Britain, medical education remained based in the universities and German universities were among the first to develop a research culture. It was the division of Germany into a number of independent states that created the competitive environment for researchers who were able to demand elaborate facilities for the conduct of their work.¹⁴³ The discipline of pathology became the vanguard of German research with post-mortem studies yielding significant findings in macroscopic and microscopic areas. In 1877 Rudolph Virchow, a German doctor, who has been described as the father of modern pathology wrote:

It is no longer necessary today to write that scientific medicine is also the best foundation for medical practice. It is sufficient to point out how completely even the external character of medical practice has changed in the last thirty years. Scientific methods have been everywhere introduced into practice. The diagnosis and prognosis of the physician are based on the

¹⁴² Yehoshua O. Leibowitz, 'Town Physicians in Jewish Social History' in *International Symposium on Society, Medicine and Law. Jerusalem, March 1972*, Amsterdam: Elsevier Scientific Publishing, 1973, pp. 117-124 quoted in John M. Efron, *Medicine and German Jews. A History*, New Haven: Yale University Press, 2001, p. 37.

¹⁴³ Stephen Jacyna, 'Medicine in Transformation 1800-1849' in *The Western Medical Tradition 1800 to 2000*, New York: Cambridge University Press, 2006, pp. 67-68.

experience of the pathological anatomist and physiologist. Therapeutic doctrine has become biological and thereby experimental science.¹⁴⁴

This interest in pathology was reflected in the extent of medical research carried out by some of the physicians at the London German Hospital in the late nineteenth and early twentieth century.

6. Health and Medicine in England from the Nineteenth Century

The international history of medicine has been studied for several hundred years and many books and articles have been published to date. One of the earliest of these books, written in English, was published in 1725.¹⁴⁵ Before the eighteenth century, in England, the education and practice of medicine was not confined to those associated with universities. The church was often involved in conferring legitimacy on medical practitioners and local clergymen were frequently entrusted with the cure of bodies as well as souls.¹⁴⁶ It was only during the mid-eighteenth century that several London hospitals established medical schools although these were not welcomed by the hospital governors because it was argued that teaching commitments drew the physicians away from care of their patients.¹⁴⁷ But it was during the nineteenth century that formal teaching and examination was introduced with a requirement for attendance on practical work in a hospital in order to qualify as a medical practitioner. This was the result of the passage of the

¹⁴⁴ Rudolph Virchow, 'Standpoints in Scientific Medicine' (1877) quoted in W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, Cambridge: Cambridge University Press, 1994, p. 118.

¹⁴⁵ J Freind, *The History of Physick; from the Time of Galen to the Beginning of the Sixteenth Century. Chiefly with Regard to the Practice*, London: J. Walthoe, Vol. 1, 1725, Vol. 2, 1726.

¹⁴⁶ W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, Cambridge: Cambridge University Press, 1994, p. 2.

¹⁴⁷ *Ibid.*, pp. 48-49.

Apothecaries Act of 1815. The Medical Act of 1858 followed which saw the establishment of the General Medical Council and a Medical Register.¹⁴⁸ The nineteenth century saw the restructuring of teaching in the medical schools. Advances in the understanding of clinical medicine with the classification of diseases into groups and an increasing knowledge of their natural histories were benefiting from research in laboratories. Improvements in diagnosis were achieved on the basis of new methods in physical examination, such as the introduction of the stethoscope and in a better understanding of post mortem findings. The study of medicine as an academic scientific discipline was rapidly gaining acceptance having overcome its association with the 'quack' marketing nostrums and cures for multiple ills that were popular during the earlier part of the century and which lacked any scientific basis. It now required the study of disturbed function and the integration of clinical observation and laboratory results to practise conventional medicine. The 1860s saw the beginning of an understanding of the course of the physical processes of diseases with the introduction of physical examinations of patients in life and of their diseased organs in the post-mortem room.¹⁴⁹

The later decades of the nineteenth century saw epidemics of typhus (a louse borne infection), typhoid, smallpox, cholera, measles, diphtheria, influenza and scarlet fever. Life expectancy for adult males in 1860 was 40 years, compared with contemporary times when it had reached 78.5 years in 2010.¹⁵⁰ Widely differing chances of longevity in the nineteenth century are apparent when reference is made to statistical tables in which social class, employment and place

¹⁴⁸ Ibid., pp. 179-80.

¹⁴⁹ Anne Hardy, *Health and Medicine in Britain since 1860*, Basingstoke: Palgrave, 2001, p. 4.

¹⁵⁰ Office for National Statistics. *UK Interim Life Tables, 1980-82 to 2008-10*.

of residence are taken into consideration. Tradesmen and labourers in every calculation had much the lowest life expectancy.¹⁵¹ In 1843, The *Lancet* published information on the average ages of death of different social groups in both a rural setting and in the city of Liverpool. The article demonstrated a wide disparity between the city dwellers and those residing in the country, and also between the different social groups.¹⁵² The so-called 'miasmatic theory', the belief that disease resulted from foul smells, was the orthodoxy of the time and it was years before water pollution, poor nutrition and the lack of sanitation were accepted as factors contributing to ill-health. Attempts were introduced to improve the health of the population in towns and cities and in 1848, a seminal work was published, *A Report into the Sanitary Conditions of the Labouring Population of Great Britain*.¹⁵³

Towards the end of the century, advances in public health were beginning to make inroads into the disease patterns in England with falling death rates from infectious diseases and a rise in the incidence of respiratory disease, circulatory diseases and cancer. These changes in disease patterns are also likely to have been the result of improved nutrition and a reduction in the virulence of some micro-organisms. The diseases associated with old age were showing their increased contribution to mortality rates but, although attendance on old people must have comprised a large part of their practice, doctors showed little interest in the irremediable illnesses of the old.¹⁵⁴ This period coincided with the introduction of the

¹⁵¹ F. B. Smith, *The People's Health 1830-1910*, London: Croom Helm, 1979, p. 316.

¹⁵² *Lancet*, 5 August 1843, p. 661, quoted in Stephen Halliday, *The Great Filth, Disease, Death & the Victorian City*, Stroud: The History Press, 2011, p. 21.

¹⁵³ The report was compiled by Edwin Chadwick, a non-practising barrister, an enthusiastic follower and the secretary of Jeremy Bentham, who was the founder of the philosophy of utilitarianism, in which it was postulated that all acts should be judged by their contribution to human happiness. Quoted in Halliday, p. 127.

¹⁵⁴ F. B. Smith, *Ibid.*, p. 323.

application of science into medicine with advances in bacteriology, pathology, an understanding of aseptic measures particularly in operating theatres, investigative techniques including laboratory work, anaesthetics and surgery together with the new discoveries in drug therapy. But, as Anne Hardy has written, '[T]he relationship between health and medicine since 1860 has not been a straightforward one. There has been no simple progression between improving health and increasing medical expertise; instead there has been a complex of fragmentary, overlapping and related developments'.¹⁵⁵

Licensing standards for medical education and the practice of medicine in England and Wales were first introduced in 1815 with the passage of the Apothecaries Act. The requirement to gain a licence consisted of attendance at approved lectures and a six month period of hospital clinical work. It was not until 1858 however, that the Medical Act saw the introduction of a more robust course of education, the creation of the General Medical Council, and in the following year, the first Medical Register. The medical journal, the *Lancet*, had been founded in 1823 and the *British Medical Journal*, the organ of the British Medical Association that was founded in 1855, was first published in 1857. It was through these early journals that doctors were able to learn of the advances in their profession.

During World War I doctors and nurses were in short supply at home because many had been called up for war service and it was a time when women doctors were increasingly being employed in voluntary hospitals. The London Jewish Hospital had yet to open, but the thesis will investigate whether the German

¹⁵⁵ Anne Hardy, *Health and Medicine in Britain since 1860*, Basingstoke: Palgrave, 2001, p. 11.

Hospital suffered staff shortages during the war period and how the conflict may have impinged on the functioning of this hospital. A further study of the German Hospital during World War II will be included.

Between the wars, the position of the hospital as the cathedral of medicine was consolidated.¹⁵⁶ Patients, particularly those of the upper-class, who would have previously been treated at home, were now being treated in hospital. The introduction of biochemistry and pathology laboratories, x-ray facilities, physiotherapy departments and electrotherapy which included sunlight therapy delivering ultraviolet light to treat some skin diseases and childhood rickets had been established in almost all hospitals.

The advances of knowledge in all medical specialties increased during the early twentieth century and the growth of psychiatry as a discipline with treatments including psychoanalysis and psychotherapy led to the establishment of dedicated psychiatric clinics for adults and children. One significant advance in this period was the synthesis of Insulin in 1926 which was followed by the establishment of diabetic clinics in most voluntary hospitals. How these and other developments in medical science and technology were incorporated into the work of the German and the Jewish Hospital will be discussed in the thesis.

¹⁵⁶ Christopher Lawrence, 'Continuity in crisis: medicine, 1914-1945' in W F Bynum, Anne Hardy, Stephen Jacyna, Christopher Lawrence, E M (Tilly) Tansey, *The Western Medical Tradition 1800-2000*, Cambridge: Cambridge University Press, 2006, p. 269.

7. Methodology

The history of the development of medicine in the community, how it faced and dealt with poverty, malnutrition, infectious diseases and matters of hygiene in London during the nineteenth and early twentieth century has been comprehensively covered in publications since that time. Books and papers in specialist publications describing the social history of medicine during the period, charity issues governing the London hospitals and the development of the hospital system until the establishment of the National Health Service in 1948 will be consulted. A useful starting publication on the social history of medicine was written by Keir Waddington in 2011 and it contains many references for further reading.¹⁵⁷ In his preface Waddington writes that readers will be encouraged to think about how medicine has been used to fashion and refashion views of the body and disease; how it informed access to healthcare and welfare policies; and how this was related to different political, cultural, intellectual and socioeconomic contexts.¹⁵⁸ The book focuses on a comparative examination of key themes in the social history of medicine in Europe but Waddington warns that there are problems in writing comparative history. He concedes that there is a danger of superficiality and over-generalisation and ignoring diversity in favour of internationalism.

I have consulted numerous sources to compile the historiography of the two main hospitals of the study and of their place within the voluntary hospital system. There is a paucity of specific studies of these hospitals, so research will pose a challenge but use will be made of the individual hospital archives. Unfortunately,

¹⁵⁷ Keir Waddington, *An Introduction to the Social History of Medicine: Europe since 1500*, Basingstoke: Macmillan, 2011.

¹⁵⁸ *Ibid.*, p. xi.

the London Jewish Hospital lost a substantial amount of material as a result of bombing during World War II and the medical records have been largely destroyed. Newspaper archives and medical journals yield a substantial extent of useful information about the development of the hospitals and the challenges they faced. Research into the personalities involved in the management of the organisations as well as the medical staff will also be available from these sources. Annual reports published by the hospitals will be consulted but it is possible that they would include some biased judgements about the accomplishments of their institution. At this period when many voluntary hospitals in London were dependent on receiving funding from subscribers, it was considered essential to promote their institutions in a positive light against their competitors.

Material held at the London Metropolitan Archives, The National Archives and the Wellcome Library will be consulted as well as publications in the British Library. Tower Hamlets Library holds some archives of East London newspapers and some archives of nineteenth and early twentieth century Jewish newspapers are held on microfilm at the Hartley Library, Southampton University.

The London Metropolitan Archives (LMA) holds an incomplete run of the annual reports of the London Jewish Hospital between 1915-1972 (Ref: LMA/4296), correspondence on provisions made for medical staff to work on the Sabbath with suggested duties for Jewish nurses issued from the office of the Chief Rabbi Israel Brodie 1967-68 (Ref: ACC/2805/07/03/049) and a file dated 1954-69 held in the collection of the Beth Din Court of the Chief Rabbi concerning catering arrangements, ritual procedures and plans for a proposed synagogue (Ref:

ACC/3400/02/05/077). Additionally a file is held containing building plans for the Hospital, between 1920-54, for the erection of drug stores and a mortuary (Ref: GLC/AR/BR/22/BA046498). In 1963, the Friends of the London Jewish Hospital submitted a planning application to Barnet Council to build an old people's home and this file is held as Ref: LMA/4070/03/C02760). The archives of the King Edward's Hospital Fund for London held at the LMA includes miscellaneous files concerning the London Jewish Hospital including advice on medical records procedure (Ref: A/KE/729/039) and costing for the re-planning of a kitchen (Ref: A/KE/716/060). The most useful material in the archives is likely to be the annual reports. The majority of the files relating to the London German Hospital held at the LMA are not relevant to this study and are dated after the Hospital became incorporated into the National Health Service.

No significant files about these hospitals are held at the National Archives or the Wellcome Library but information on doctors working at either, including naturalisation papers, are present at the National Archives. The Wellcome Library archives include several annual Reports of the Medical Officer for Stepney which yield useful statistics.

All these archives supplement those of the German and the Jewish Hospital Archives but there is a paucity of clinical data from each hospital which would be useful for the comparative study and this poses a challenge when attempting to measure and compare the medical standards provided in them.

8. The Structure of the Thesis

To organise the thesis into manageable and comprehensive parts to include the many aspects of the study, it will be divided into four main chapters.

Part 1, the introduction, includes all the elements described in the foregoing sections and paragraphs of the study. It places the hospitals into some context with the state of hospital medicine and the nation's health in their time. It prepares the ground for an understanding of the purpose of the foundation of the hospitals and how religion, national, and cultural interests played their part. It justifies why these two hospitals were chosen as subjects of the thesis and how the study can broaden into a wider comparative sociological study as referred to in the foregoing section on the comparative method.

Parts 2 and 3 of the thesis will each examine the London German and London Jewish Hospital, separately, and in some depth. By introducing similar sub-headings in each section and using the areas alluded to in the introduction, it will facilitate the approach of the comparative study and also expose those parts in which data is lacking. They will include details of their foundation, support and funding, organisation and administration, difficulties experienced as a result of both internal and external circumstances and research the clinical care they were able to provide. It will include profiles of a number of physicians and surgeons who worked at the hospitals and of the leading supporters.

Part 4 will incorporate an overall conclusion. It will attempt to answer the question of why the hospitals were considered by their founders and supporters to have been necessary for their time. The conclusion will include a comparative

analysis of the two hospitals. It will attempt to measure one against the other by reference to elements indicating the areas of success and failure of the institutions. This will include references to other comparable hospitals in London, denominational and non-denominational. It will consider whether or when the founders could have foreseen future changes in the delivery of healthcare in England leading to the eventual replacement of all voluntary hospitals with the establishment of a National Health Service in 1948. With the rapid strides taking place from the end of the nineteenth century in medical research and treatment, and in consideration of the increasing cost of providing services, should the administrators of these hospitals have become aware at an earlier date that their independence would become seriously undermined? To what extent were the aspirations of their founders fulfilled? Did the provision of a familiar, comfortable, ethnic environment for their immigrant patients take precedence over the capability of delivering good quality medical services? How did the administrators of the hospitals view the integration of the immigrants into British society? The rationale for the foundation of the Jewish Hospital should be considered against the background of anti-alienism prevalent at the time with the belief of those opposing immigration that the Jewish immigrant paupers were introducing diseases into the country and were unhygienic. The Jewish Hospital provided education for their nurses in training as well as the establishment of the London Jewish Hospital Medical Society which arranged meetings and courses for post-graduate medical education.¹⁵⁹ A comparative study will be made of the educational facilities provided by the German Hospital.

¹⁵⁹ Lord Moynihan of Leeds & Maurice Sorsby (Editors), *The Medical Forum. A National Record of*

Chapter Two

The London German Hospital

(1) Background to the Establishment of the London German Hospital

This chapter explores why contemporaries in Britain and Germany itself decided a specific German hospital was needed in London. It analyses why this idea was positively received by the elite of British society and why funding was easily obtained to establish it. It also examines how staff were recruited and the quality of medicine provided. Whilst there are few detailed medical records, the history of the London German Hospital is made possible through detailed research into the contemporary press and the medical archives of one of its key practitioners.

(a) Poor Law and Philanthropy in Victorian England

In 1806, Patrick Colquhoun, economist and social reformer, who had planned for a centralised Poor Law authority, defined poverty in his work *Treatise on Indigence* as ‘that state and condition in society where the individual has no surplus labour in store, or, in other words, no property or means of subsistence but what is derived from the constant exercise of industry in the various occupations of life’.¹⁶⁰

The establishment of the London German Hospital in 1845 coincided with a period of new thinking about poverty in England and the introduction of legislation, following a Royal Commission in 1832, for a new Poor Law. Notions about poverty were changing and a differentiation between concepts of the labouring poor and a

Transactions of Medical Societies, Vols 1-3, 1933-36.

¹⁶⁰ Patrick Colquhoun, *Treatise on Indigence: Exhibiting a General View of the Natural Resources for Productive Labour with Propositions*, 1806. Quoted in David Englander, *Poverty and Poor Law Reform in 19th Century Britain, 1834-1914. From Chadwick to Booth*, Abingdon: Routledge, 2013, p. 5.

definition of the 'pauper' was beginning to be articulated. The Poor Law Amendment Act of 1834 dissented against able-bodied male pauperism, encouraged a national system of public relief and led to an increase in the erection of workhouses across the country. However, many supported an increasing faith in self-help, advocating that men should aim to become independent. But the Parliamentarians, who were responsible for legislation, were from the privileged classes and they were charged with having little knowledge of the life of the labouring poor. The membership of the House of Commons was overwhelmingly landed and leisured and they were elected on a narrow franchise.¹⁶¹ After 1832, scarcely one in five adult males had the vote, and even in 1865, the franchise was arguably one of the narrowest in Europe. Throughout most of the nineteenth century, the peerage remained the richest, most powerful group in the land. Many believed that the Poor Law was counterproductive with, notably, Thomas Malthus, the English cleric and political economist, arguing for its abolition.¹⁶² He believed that relief was necessary only for the 'indigent', those destitute of the means of subsistence.¹⁶³ He argued that 'no person has any right on society for subsistence if his labour will not purchase it'. Malthus postulated that mankind was inherently indolent and the Poor Law only encouraged the tendency to avoid work. One of his best known arguments was that food production could not keep up with population growth and only moral restraint to avoid early marriages could contribute to a reduction of poverty. Further, he contended that providing welfare through Poor

¹⁶¹ Christine Riding and Jacqueline Riding, *The Houses of Parliament. History Art Architecture*, London: Merrell, 2000, p. 17.

¹⁶² Derek Fraser, *The Evolution of the British Welfare State*, Basingstoke, Palgrave Macmillan, 2009, p. 48.

¹⁶³ Peter Wood, *Poverty and the Workhouse in Victorian Britain*, Stroud, Gloucestershire: Alan Sutton, 1991, p. 6.

Law would only encourage the evil.¹⁶⁴ In support of Malthus, David Ricardo, a political economist, and a Christian convert from a Portuguese Sephardi family, argued that the high expenditure of the Poor Law would impose a burden on both rich and poor and, directly, would be detrimental to the wage funds of the workers. The Poor Law policy after 1834 was intended to lead to two areas of improvement. Firstly, it would encourage rural populations to move into towns where there was a lack of labour in the growing industrial sector - a result of the industrial revolution. Secondly, it was hoped that the policy would safeguard the urban ratepayers from unacceptable financial support of these settlers from the rural regions.¹⁶⁵ The movement towards urbanisation during the industrial revolution was often haphazard in terms of accommodation, employment and sanitary arrangements for the new generation of town dwellers. The first census of England and Wales was taken in 1851, so statistics of populations before this date can only be estimates. But calculations of urban and rural populations in 1801 and 1851 reveal these changes. In 1801, a population of 8,892,526 in England and Wales was divided into 3,092,577 urban (34%) and 5,799,959 rural (66%). By 1851, from a population of 17,917,609, the urban-dwellers totalled 8,999,809 (50.2%) and the rural population was 8,936,800, the proportion having fallen to 49.8%.¹⁶⁶ Arriving from a rural environment these new town-dwellers had not envisaged the challenges they would face in the unwholesome conditions of a town. The municipalities were often reluctant to improve the facilities for their residents and water supplies remained

¹⁶⁴ Ibid., p. 58-9.

¹⁶⁵ David Englander, *Poverty and Poor Law Reform in 19th Century Britain, 1834-1914. From Chadwick to Booth*, Abingdon: Routledge, 2013, p. 5.

¹⁶⁶ S.W.E Vince, *The Rural Population of England and Wales, 1801-1951*, Unpublished Ph.D Thesis, Univ. of London, 1955, quoted in C.M. Law, 'The Growth of Urban Population in England and Wales, 1801-1911', *Transactions of the Institute of British Geographers*, No. 41 (June 1967), p. 127.

the responsibility of private enterprises. A new cholera outbreak in 1848 led to the passage of a Public Health Act and by the middle of the nineteenth century the public conscience had begun to be pricked.¹⁶⁷

Although the concept of self-help remained prominent during the Victorian era, it was recognised that this could not apply to all. The state had legislated for assistance to the 'deserving poor' who were unable to work and support themselves and their families but more help than the state could provide was often required. The Poor Law was centrally controlled by a Government Department (the Poor Law Commission between 1834 and 1847 and the Poor Law Board between 1847 and 1871).¹⁶⁸ The 1834 Act was locally administered by Boards of Guardians which acted for unions or parishes. There were some thirty such Boards in London. During the middle and later nineteenth century, philanthropic organisations were established throughout British society including for those of migrant origin – Jewish and German being of specific significance for this thesis. Some of these were founded on religious principles but many were non-denominational. In 1859, the London Jewish Board of Guardians was established as a sectarian Poor Law society and in 1862 the Peabody Trust, founded by an American financier, George Peabody, was set up to provide housing for the poor in London. Prior to this, the Metropolitan Association for Improving the Dwelling of the Industrious Classes was founded in 1841 to build new homes for the London poor. Some charities that financially assisted German residents in England were the German Society of

¹⁶⁷ Walter M Stern, *Britain Yesterday and Today, An outline economic history from the middle of the eighteenth century*, London: Longmans, 1962, pp. 230-231.

¹⁶⁸ Vivian Lipman, *A Century of Social Service 1859-1959. The History of the Jewish Board of Guardians*, London: Routledge & Kegan Paul, 1959, p. 11.

Benevolence and the Society of Friends of Foreigners in Distress. The former was founded to support older people in need who were citizens of Germany and their dependants. The applicants, in order to qualify, had to be resident in Greater London, Essex, Hertfordshire, Kent or Surrey. The Society of Friends of Foreigners in Distress was founded in 1806. Its aim was to 'grant relief to indigent foreigners here, without distinction of country or religion; *especially to those who are not entitled to parochial aid*: and to furnish the means to such as are desirous to return to their own countries'.¹⁶⁹ In the early twentieth century, several other German charities were established including the Kaiser Wilhelm II Fund and the King Edward VII British-German Foundation. Many Germans had obtained employment when they had initially arrived in England but had fallen into poverty when there was an economic downturn in the 1860s and 1880s. Reports from the Society of Friends of Foreigners in Distress mentioned the hardship being suffered by many of the German labouring classes.¹⁷⁰

Thus, many charities and charitable societies abounded in Victorian Britain. According to one estimate, the number of charities which were founded increased every decade with 90 established in 1861-70 and 136 in 1881-90.¹⁷¹ The Metropolitan Poor Act of 1867 created a poor fund for the Metropolis supplying funding for hospitals, asylums and Poor Law schools. The greater proportion of the working class at this time lived on the verge of poverty and the sources of help

¹⁶⁹ *Account of the Society of Friends of Foreigners in Distress with the Nature and Views of the Institution: Also the Plan and Regulations and List of Subscribers with the Report for the Year 1824*, London: 1824, p. 7.

¹⁷⁰ Panikos Panayi, *German Immigrants in Britain*, pp. 112-113.

¹⁷¹ Una Cormack, 'Developments in Casework' in *Voluntary Social Services: Their Place in the Modern State*, (1945), ed A.F.C. Bourdillon, p. 91 and quoted in Charles Loch Mowat, *The Charity Organisation Society 1863-1913. Its Ideas and Work*, London: Methuen, 1961, p. 3.

were few with begging, charity and the Poor Law being their only respite. In England and Wales by 1871 more than one million people, those receiving relief from the Poor Law, represented 4.6 paupers per one hundred of the population.¹⁷² It was this mushrooming of charitable organisations and in order to create some management and regulation of them that led to the foundation of the Charity Organisation Society in 1869. Edward Denison, a voluntary almoner in the Society for the Relief of Distress, which arranged for home visits to assess the need of poor applicants, went to live for eight months in the East End of London.¹⁷³ He was critical of the indiscriminate giving and laxity of Poor Law administration. He wrote many letters advocating the organisation of charity which foreshadowed the establishment of the Charity Organisation Society. It is noteworthy that in Hamburg, Germany, as early as 1788, a fund was raised by weekly collections and taxation whereby those requesting financial aid were visited and assessed. If their need was proved they were expected to work in return for support.¹⁷⁴ Similarly, in Prussia, in 1862, a system to provide relief to the poor was established with funding arising from public funds and partly from charitable endowments.¹⁷⁵ This became known as the 'Elberfeld System' after the town in Prussia where almoners visited the applicants seeking relief and reported back to fortnightly meetings of a committee where decisions were made. Whilst charity provision had a strong local input, it was also influenced by practice in other, modernising nations.

¹⁷² Charles Loch Mowat, *The Charity Organisation Society 1863-1913. Its Ideas and Work*, London: Methuen, 1961, p. 5.

¹⁷³ *Ibid.*, p. 11.

¹⁷⁴ *Ibid.*, p. 9.

¹⁷⁵ *Ibid.*, p. 10.

It was to provide support for the health of the German population living in impoverished circumstances in London that contributed to the motivation of the founders of the London German Hospital. Affluent Germans as well as German Protestant clergymen were stirred by the Christian tradition of healing the sick, rooted in European culture and they succeeded in gaining the support of many wealthy and influential people in both England and Germany to fulfil their aspirations. All the world's religions include prayers for healing the sick but during his ministry, the Scriptures relate how Jesus uttered many such prayers, which Christians believe, resulted in miraculous recoveries. It was the introduction of Christian prayer in the wards of the German Hospital that was to cause discord later in the nineteenth century.

(b) German Migration into London in the Nineteenth Century

The presence of Germanic peoples in England spans back many centuries with authoritative accounts describing settlement during the Roman period from the first century BCE.¹⁷⁶ In the Hanoverian period the German community consisted of migrants mainly from the professional, diplomatic and business classes whose mercantile activities were motivated by promising markets and access to new resources, particularly within the rapidly growing colonial Empire. But by the early nineteenth century a humbler class had arrived including mechanics, craftsmen and bakers, butchers, hairdressers, tailors, skin-dressers, street musicians, waiters, clerks and sugar bakers.¹⁷⁷ These migrants also included some middle class

¹⁷⁶ Panikos Panayi, *German Immigrants in Britain during the 19th Century, 1815-1914*, Oxford: Berg, 1995, p. 2.

¹⁷⁷ Maureen Specht, *The German Hospital in London and the Community it Served 1845 to 1948*, Welwyn Garden City, Herts: Anglo-German Family History Society, 1997, p. 12.

merchants eager to learn English and to open branches of their existing companies in England. Other migrants were political exiles fleeing Germany as victims of press censorship and the repression of workers' associations. They became the leaders of the London section of the International League of the Just, which later became the Communist League, and they dominated the German Workers' Education Association.¹⁷⁸ Political radicals had been expelled from the capital cities of most countries in Europe but England was the only country never to expel foreigners. This period of discourse that involved theories about the methods of tackling poverty attracted the revolutionary philosophy of some Germans, notably, Marx and Engels. Thomas Carlyle, the essayist and social commentator had written in 1843:

The condition of England . . . is justly regarded as one of the most ominous, and withal one of the strangest, ever seen in the world. England is full of wealth . . . in every kind; yet England is dying of inanition.¹⁷⁹

In 1845, the year of the opening of the London German Hospital, Frederick Engels published his seminal work, *The Condition of the Working Class in England*. It was written in German and not translated into English until 1887.¹⁸⁰ The work describes how the urban industrial worker faced disease, poor housing and a higher mortality than any other class in English society. Moreover, this class was poorly

¹⁷⁸ Rosemary Ashton, *Little Germany. Exile & Asylum in Victorian England*, Oxford: Oxford University Press, 1986, p. 2.

¹⁷⁹ Thomas Carlyle, *Past and Present*, London: Chapman & Hall, 1843. Quoted in Rosemary Ashton, *Little Germany. Exile & Asylum in Victorian England*, Oxford: Oxford University Press, 1986, p. 5.

¹⁸⁰ Frederick Engels, *The Condition of the Working Class in England*, London: Swan Sonnenschein & Co., 1892.

paid and Engels' work was a critique of conditions imposed by the industrial revolution.

By 1851 the German- born population in London was 9,566 accounting for one half of the German population in England and Wales.¹⁸¹ Until the 1890s it was the largest Continental immigrant group only to be 'overtaken' by Italians and by Jews from eastern Europe in the pre-war years.¹⁸² No comprehensive census statistics about this population exist before 1861 but it is believed that before World War I, the German population peaked at more than 60,000,¹⁸³ although another reference cites the figures for the 1911 census at 26,920 for Germans in London out of a total population of 50,599 in Britain.¹⁸⁴ Manz et al have suggested that the German population, more realistically, approached 100,000 although this seems unlikely with most authorities accepting the census statistics. The variation and lack of reliability of the figures was mentioned during the evidence taken for the *Report of the Select Committee on Emigration and Immigration (Foreigners)* in 1889.¹⁸⁵ One witness stated that the Port of London made no attempt to distinguish between those immigrants who intended to settle in England and those who passed through to America. It was mentioned that because there was no passport system or police registration in the United Kingdom, there was difficulty accurately estimating the number of alien immigrants in the country. The witness representing

¹⁸¹ Rosemary Ashton, *Little Germany*, p. 93.

¹⁸² Stephan Manz, Margrit Schulte Beerbühl and John Davis, 'Towards an Anglo-German *Histoire Croisée*'. Migrants, Transfers and Cross-national Entanglements' in *Migration and Transfer from Germany to Britain 1660 – 1914*, München: K. G. Saur, 2007, p. 10.

¹⁸³ Panikos Panayi, *German Immigrants in Britain during the 19th Century, 1815-1914*, Oxford: Berg, 1995, p. 35.

¹⁸⁴ Panikos Panayi, 'The German Poor and Working Classes in London' in Geoffrey Alderman and Colin Holmes (Eds), *Outsiders & Outcasts*, London: Duckworth, 1993, p. 54.

¹⁸⁵ *Report from the Select Committee on Emigration and Immigration (Foreigners)*, pp. 3936-41, 1680-1. Evidence from Mr Adolph Dellschaft, German Society of Benevolence, p. 257-278.

the German Society of Benevolence in London estimated that there were 80,000 German in London, adding that all the Germans who had become naturalised were counted as English.

Conditions contributing to the migration from Germany included economic factors with crop failures in many parts resulting in poverty, a rapid increase in the population (from less than 25 million at the beginning of the nineteenth century to 35 million by the middle of the century),¹⁸⁶ most of whom were rural dwellers, feudalism within many of the German states governed by autocratic rulers, exploitation of workers during the development of industrialisation, the growth and popularity of an emigration movement activated by the encouragement of some countries to attract potential emigrants, the fragmentation of land ownership and, importantly, the availability of shipping lines transporting migrants from the Continent.¹⁸⁷ The majority of German migrants during the nineteenth century were Protestant Lutherans and they settled widely across England. A thriving religious life among early German migrants is evident with a Lutheran community existing in London during the sixteenth century. In the eighteenth century, the consort of Queen Anne had a German Lutheran court chapel in St. James and, in the East End of London, a German sugar refiner contributed to the foundation of a German Lutheran community.¹⁸⁸ Throughout most of the Hanoverian and Victorian periods conditions for German migrants were favourable for the settlement of Lutherans. But a significant minority, probably not more than ten thousand

¹⁸⁶ Maureen Specht, *The German Hospital in London and the Community it Served 1845 to 1948*, Welwyn Garden City, Herts: Anglo-German Family History Society, 2007, p. 12.

¹⁸⁷ *Ibid.*, p. 42-5.

¹⁸⁸ Hermann Kellenbenz, 'German Immigrants in England' in Colin Holmes (Ed), *Immigrants and Minorities in British Society*, London: George Allen & Unwin, 1978, p. 75.

migrants, were Jews, many of whom settled in London's East End. The growth of anti-Semitism in Germany from the mid-nineteenth century contributed to this wave of immigrants but far larger numbers travelled to the United States. In 1893, sixteen anti-Semitic deputies were elected to the German Diet and, despite support from some Christian groups, Jews were aware of their vulnerability in their homeland.¹⁸⁹ Apart from London, German Jewish migrants settled in the industrial heartland of the country, including Manchester, Leeds, Bradford and Nottingham.¹⁹⁰ This group was mainly middle-class and had received some secular education. They had benefited from European acculturation and many found it easy to integrate into English culture. Many were proficient in several European languages and a small number had attended university and acquired professional training.¹⁹¹ Those Jewish migrants without a secular education often started as pedlars but then set up as shopkeepers and ascended the ladder to become merchants and traders. The occupational advancement of immigrants from Germany, include many examples when considering the employment of clerks. The majority migrated to England temporarily, as part of an apprenticeship, seeking to learn the language and acquire business skills. By 1871, 1.3 per cent of all commercial clerks in Britain were Germans.¹⁹² They were prepared to make short-term financial sacrifices in order to gain knowledge and experience of the mercantile markets. Many attended Commercial Colleges and then went into business on their own.¹⁹³

¹⁸⁹ H. I. Bach, *The German Jew, A Synthesis of Judaism and Western Civilisation 1730-1930*, Oxford: Oxford University Press, 1984, p. 146.

¹⁹⁰ Werner Mosse (Ed), *Second Chance. Two Centuries of German-speaking Jews in the United Kingdom*, Tübingen: J C B Mohr, 1991, p. 41.

¹⁹¹ *Ibid.*, p. 39.

¹⁹² Panikos Panayi, *German Immigrants in Britain during the 19th Century*, p. 133.

¹⁹³ *Ibid.*, p. 134.

The German Gentile population in London in the early twentieth century was less concentrated than the Jewish one. Settlement took place in both the East and West End and in the former, included Shoreditch, Bethnal Green, Poplar and Stepney. In the mid-eighteenth century German immigrants were concentrated in Shoreditch, Bethnal Green, Whitechapel, St. George's, Stepney, Mile End and Poplar.¹⁹⁴ Intriguingly, the German population in the East End fell from 8,303 in 1861 to 3,810 in 1911. The explanation for this reduction lies in the gradual but steady closure of the sugar refineries that had employed many of these migrants who then moved away to seek employment elsewhere. New colonies of Germans sprung up in Canning Town and Victoria Docks in the East and Fulham and Battersea in the West.¹⁹⁵ In the West End, Germans had settled in the cosmopolitan area of Soho. It housed both political and non-political migrants and was where German newspapers were sold.¹⁹⁶ Another factor contributing to this population movement was the influx of thousands of Russian and Polish Jews who settled in the East End districts and 'replaced' the Germans. This movement of the German population out of the East End replicates that of the Jews some decades later with its consequences on the viability and functioning of the German Hospital in Dalston and Jewish Hospital in Stepney.

As noted, many German migrants were unable to find employment and to make a living during the economic downturns in the 1860s and 1880s. Within London, evidence from the mid-1880s, suggests a high level of poverty and confirm

¹⁹⁴ Panikos Panayi, 'The German Poor and Working Classes in Victorian and Edwardian London', in *Outsiders & Outcasts*, p. 55.

¹⁹⁵ *Ibid.*, p. 55.

¹⁹⁶ *Ibid.*, p. 57.

that the Society of Friends of Foreigners in Distress, the German Society of Benevolence and the Mission Among the German Poor in London provided help to many of the community.¹⁹⁷ The migrants resorted to begging, cheating and prostitution with some ending up in prison. A Metropolitan Police report of March 1854 stated that out of the estimated 1,970 refugees in London, two-thirds were 'in straitened circumstances'.¹⁹⁸ Corresponding to years of economic downturn, in 1885, some 6,637 people born in Germany were assisted by the Society of Friends of Foreigners in Distress and by 1911, the German Society of Benevolence reported that by November an increased number of applicants were seeking relief because of the end of the 'seaside season' for waiters.¹⁹⁹ It was the poverty, lack of hygiene, employment in unhealthy occupations and inadequate living conditions that contributed to the poor health of the German migrants in the East End of London.

(c) Medicine and Health in Mid-Nineteenth Century London

In 1832, Dr Charles Thackrah, a pioneer of industrial medicine, described the cotton operatives of Leeds, an observation which equally applied to the working poor in London's East End:

I saw, or thought I saw, a degenerate race – human beings stunted, enfeebled, and depraved – men and women that were not to be aged – children that were never to be healthy adults.²⁰⁰

¹⁹⁷ Panikos Panayi, *German Immigrants in Britain during the 19th Century*, pp. 113-4.

¹⁹⁸ Rosemary Ashton, *Little Germany. Exile & Asylum in Victorian England*, Oxford: Oxford University Press, 1986, p. 225-6.

¹⁹⁹ *Outsiders & Outcasts*, p. 58.

²⁰⁰ Margaret Lelling, Mark Harrison and Paul Weindling, 'The Industrial Revolution, 1750 to 1848' in Charles Webster (Ed) *Caring for Health: History and Diversity*, Buckingham: The Open University, 1993, p. 39.

Thackrah was aware that although he was describing factory workers, the conditions for those living and working in slum housing were equally disabling. In his pioneering *Report on the Sanitary Condition of the Labouring Population of Great Britain*, Edwin Chadwick, the English lawyer and public health reformer, had measured life expectancies in different localities across England in 1839-40.²⁰¹ His *Report* did not simply analyse the economic and social costs of disease but also made attempts to devise a programme of action.²⁰² Chadwick believed that what he called 'Filtth Diseases' were variants of the same condition only manifesting with different symptoms. Using statistics compiled from the Registrar-General's Office, he showed that average ages of death in Bethnal Green were:

Gentlemen and persons engaged in professions and their families	45
Tradesmen and their families	26
Mechanics, servants, labourers and their families	16

Although these statistics were not strictly accurate as they did not take into account the age structures of each group, the raw figures did provide a useful measure to demonstrate the effect of wealth, area of habitation and occupation on the health of the groups. Chadwick proposed that clean water should be pumped into houses under pressure and sewage pumped out into huge vats in the countryside where the water would evaporate and the dried product used as fertiliser to boost the

²⁰¹ Edwin Chadwick, *Report on the Sanitary Condition of the Labouring Population of Great Britain*, London: John Murray, 1843, quoted in Webster, p. 41.

²⁰² W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, Cambridge: Cambridge University Press, 1994, p. 72-3.

growth of vegetation. By the production of more food, the health of the labourer could improve and directly reduce the demand for a Poor Law supplement.

It was the exponential growth of towns during the Victorian period and the *laissez-faire* attitude of many local authorities, with their disregard towards the development of safe water supplies and the eradication of the huge problems associated with the disposal of sewage, that contributed to the incidence of epidemics of infectious disease. Hector Gavin, lecturer in Forensic Medicine at Charing Cross Hospital and an early social reformer, wrote in 1847 that:

The causes of the high mortality in towns are traceable to the density of population, to the want of ventilation and consequent impurity of the air; to the defective state of paving, drainage and sewage; to the filthy state of the dwellings of the poor and their immediate neighbourhood; to the concentration of unhealthy and putrescent emanations from narrow streets, courts and alleys; to the crowded and unhealthy state of workshops and the injurious occupations which are carried on in them. ²⁰³

In addition to the inadequate hygiene, other factors contributing to poor health were overcrowding with no facilities for isolation of those with communicable illnesses, a deficient knowledge about the spread of disease, alcoholism and bad nutrition. During the Victorian period the incidence of epidemic diseases became more frequent. The major epidemic disease was cholera which first struck England in 1831-2 when 32,000 people died. It had a high mortality rate

²⁰³ Hector Gavin, *The Unhealthiness of London and the Necessity of Remedial Measures*, London: John Churchill, 1847, p. 20 as quoted in Anthony S. Wohl, *Endangered Lives, Public Health in Victorian Britain*, London: Methuen, 1984, p. 5.

– 40-60% of those contracting it succumbed. An account in the *Lancet* described how ‘no rank escapes its attack . . . whole families are exterminated – civilised nations change to savage hordes . . . all grades and bonds of social organisation disappear’. ²⁰⁴ Further epidemics followed until the discovery of the cause – contaminated, polluted water containing the cholera bacillus, by Robert Koch in 1884. Industrial diseases, particularly respiratory diseases, were more common in the conditions prevailing in the sugar refineries where many German migrants were employed. The *London Mission Magazine* reported that ‘a visit to a sugar-house would leave the visitor astonished at how these poor Germans endure their arduous task. The heat is so excessive that all the men work without clothes, and in order to support their strength, or rather quench their thirst, they are supplied with beer, *gratis* from their employers.’ ²⁰⁵ Another visitor commented on the consequent frequency of drunkenness among the workers and he also described the conditions within the building with the walls blackened by a coating of grime and sugar, with a similar appearance to the floor and roof. ²⁰⁶ The lungs of the workers were encrusted with melted sugar and in the list of in-patients given in the Annual Reports of the London German Hospital the sugar-bakers formed the largest single group for many years. ²⁰⁷ The average state of health of the labouring population of Great Britain as described became apparent later, at the end of the century, when volunteers were attending for medical examination to enlist for the Boer War. It became clear that it would be necessary to reject some 35% of the

²⁰⁴ Quoted in Anthony S. Wohl, *Endangered Lives*, p. 119.

²⁰⁵ *London City Mission Magazine*, 2 January 1865, p. 2.

²⁰⁶ Panikos Panayi, *German Immigrants in Britain during the 19th Century, 1815-1914*, Oxford: Berg, 1995, p. 122.

²⁰⁷ Elizabeth McKellar, *The German Hospital Hackney. A social and architectural history, 1845-1987*, London: The Hackney Society, 1991, p. 6.

would-be recruits as medically unfit for service. It brought the issues of physical degeneration and national efficiency to the forefront of the national agenda.²⁰⁸

The general state of poor hygiene within the community was also found within the hospitals. Before the nursing revolution led by Florence Nightingale in the mid-Victorian era many nurses were untrained, illiterate and recruited from the lower social classes. She stated that nursing was generally done by those 'who were too old, too weak, too drunken, too dirty, too stolid or too bad to do anything else'.

²⁰⁹ The head nurse of Westminster Hospital told Florence Nightingale in 1854 that 'in the course of her long experience she had never known a nurse who was not drunken and that there was immoral conduct practised within the very walls of the ward'.²¹⁰ It was, according to Florence, the duty of the senior surgeon at the

Edinburgh Infirmary to have drunken nurses carried in on stretchers every night while complaints of night nurses being caught in bed with patients were not

uncommon.²¹¹ In that same year, Mary Stanley, in her publication, *Hospitals and*

Sisterhoods gave an account of the state of hospitals conflicting with those

generally described at the time.²¹² She wrote that the purpose of her report was to

investigate the spiritual condition of the hospitals but, in her introduction, she

wrote:

²⁰⁸ Anne Hardy, *Health and Medicine in Britain since 1860*, Basingstoke: Palgrave, 2001, p. 40.

²⁰⁹ F. Nightingale: 'Suggestions on the subject of providing, training and organising nurses for the sick poor in workhouse infirmaries': *Letter to Sir Thomas Watson Bart.*, member of the committee appointed by the President of the Poor Law Board, p. 1: London: 19 January 1867 and quoted in Brian Abel-Smith, *A History of the Nursing Profession*, London: Heinemann, 1960, p. 5.

²¹⁰ Maureen Specht, *The German Hospital in London and the Community it Served 1845 to 1948*, Welwyn Garden City, Herts: Anglo-German Family History Society, 2007, p. 19.

²¹¹ Mark Bostridge, *Florence Nightingale. The Woman and her Legend*, London: Viking, 2008, p. 96.

²¹² Mary Stanley, *Hospitals and Sisterhoods*, London: John Murray, 1854, p. 1.

Our English Hospitals are usually well situated, and the interior arrangement admits of everything that can conduce to restoration of health. No stranger can walk through them without being struck by the cleanliness and ventilation which is almost universally to be found. We have only to examine the Annual Reports, to see what thousands have availed themselves of these noble institutions, and have been thus restored to their friends in health.

Stanley wrote about the Protestant Deaconesses on the Continent including those from the Kaiserwerth Institute in Germany which was to supply the first nursing staff for the London German Hospital. In 1846, Florence received one of the annual reports from Kaiserwerth and this became the focus of her efforts to train as a nurse.²¹³ But despite her faith in the standard of nursing at the Institute, she always remained wary of hospitals where nursing was carried out under the cover of religion. She did not believe that the glorification of God and the process of saving souls could take precedence over the acquisition of a good education and of receiving a high quality of training. It was at Kaiserwerth that Florence spent two periods of training to become a nurse.²¹⁴ She held that the training and education of a nurse was made up of two aspects of equal importance - first, the acquisition of knowledge which was properly tested by the passing of an examination and second, the development of character which could not be tested by the passing of an examination.²¹⁵ It was the example of charitable nursing sisterhoods and their

²¹³ Mark Bostridge, *Florence Nightingale*, p. 99.

²¹⁴ Florence Nightingale, *Evidence Given to the Royal Commissioners on the State of the Army in 1857*, London: John W. Parker, 1859, p. 23.

²¹⁵ Cecil Woodham-Smith, *Florence Nightingale 1820-1910*, London: Constable, 1950, p. 520.

value as a Christian vocation that led to the foundation of Anglican sisterhoods in the 1840s.²¹⁶ In October 1858 she read a paper, *Notes on Hospitals*, before the National Association for the Promotion of Social Science, at Liverpool.²¹⁷ She commented on the rampant overcrowding, under-staffing, the lack of ventilation, inadequate sanitary arrangements, defective drainage and poor planning to be found in English hospitals. She also referred to the sickening hospital smell which resulted from organic matter 'given off by respiration and in other ways from the sick' becoming absorbed into the floors, walls and ceilings, which were thus 'saturated with impurity' owing to lack of cleaning and lack of sanitary conveniences for the patients' use.²¹⁸ Around 1842, she first met Baron Christian von Bunsen, one of the founders and early supporters of the London German Hospital. In the *Memoir of Baron Bunsen, Drawn Chiefly from Family Papers*, written by his widow, Frances, Baroness Bunsen, it appears that Nightingale first began to ask the opinion of Bunsen 'on the question which occupied her mind – what can an individual do, towards lifting the load of suffering from the helpless and the miserable'?²¹⁹ The memoirs describe how the sick of the large German population could not be accommodated in the insufficient beds in London hospitals which could not even provide for their own citizens. It was the absence of a common language between the patient and their medical advisor that 'caused hardship and embarrassment' and 'called loudly for a remedy'.²²⁰ But it was only the wealthy

²¹⁶ Mark Bostridge, *Florence Nightingale*, p. 96-7.

²¹⁷ Florence Nightingale, *Notes on Hospitals*, London: John W. Parker and Son, 1859.

²¹⁸ Maureen Specht, *The German Hospital in London and the Community it Served 1845 to 1948*, p. 19.

²¹⁹ Frances Baroness Bunsen, *A Memoir of Baron Bunsen, Drawn Chiefly from Family Papers, Volume 2*, London: Longmans Green & Co., 1868, p. 11.

²²⁰ *Ibid.*, p. 34.

who could afford trained nurses in their home sick-rooms and it was the poor who were treated in hospital mainly because no care could be provided for them at home. Hospitals were considered seats of infection and were avoided by the wealthy until the late nineteenth century. It was common knowledge that it was far safer for patients to undergo surgery in their own homes than in a hospital because of the risk of cross-infection.

Outside the hospitals, the first health visitors were the successors of the visiting almoners. They were appointed in the early twentieth century and, working to educate on domestic hygiene, were able to advise new mothers with their infants in childcare, thus contributing to the lowering of infant mortality in the towns. The Victorians looked upon public health reform as a moral crusade with religious authorities believing that it was their duty to care for their fellow-man. They associated pauperism with moral depravity and this concept became orthodoxy in late Victorian years. Edwin Chadwick had written 'how much of rebellion, of moral depravity and of crime has its root in physical disorder and depravity. The fever nests and seats of physical depravity, are also the seats of moral depravity, disorder and crime with which the police have the most to do'.²²¹ Maintaining this theme, Hector Gavin confessed his belief that 'before a man could become a good son, husband or citizen, . . . or Christian, his home must be made clean, the impurities by which he is surrounded, removed'.²²² It was these principles that were likely to have motivated the founders of the London German

²²¹ Edwin Chadwick, *Transactions of the Sanitary Institute of Great Britain*, 1874, p. 274 quoted in *Endangered Lives*, p. 7.

²²² Hector Gavin, *The Unhealthiness of London. The Habitations of the Industrial Classes*. London: J. Churchill, 1847 quoted in *Endangered Lives*, p. 8.

Hospital where religion played a significant role in its organisation and management. The moral and religious motivation behind the founding of the German Hospital was strong and made clear in a speech made by Chevalier Bunsen in a speech of 1845:

Is spiritual comfort not even more connected with nationality than medical assistance? But you may urge that there are German clergymen in London of all confessions and you will say let them visit their sick countrymen. Where? In what place? In the different hospitals dispersed over a surface more like a province than a town? Or in the garrets and cellars of the outskirts of the metropolis from Chelsea, Westminster and Camberwell to Camden Town, Whitechapel and Mile End? ²²³

These religious doctrines also contributed to the spread of medical missionary societies in the metropolis although conversion of the Jews in later years became an additional motivation for the presence of the missionaries, particularly in the East End. Even before the foundation of the German Hospital the medical missionaries were active, and from the 1840s onwards, there were almost weekly diatribes in the *Jewish Chronicle* against the activities of these 'conversionists'. ²²⁴

²²³ Elizabeth McKellar, *The German Hospital Hackney. A Social and Architectural History 1845-1987*, London: The Hackney Society, 1991, p. 6. From the speech made by Bunsen at the public meeting on 18 June 1845.

²²⁴ Gerry Black, *Health and Medical Care of the Jewish Poor in the East End of London, 1880-1914*, Unpublished Ph.D. thesis, Leicester, 1987, p. 155.

(2) The Establishment of the London German Hospital, its Founders and its Administration

(a) The Origins of the Hospital and Early Finances (See Appendix Figure 1)

In 1843, a proposal tending to the establishment of a German hospital in London was taken up when a small number of German gentlemen met to discuss the predicament of many of the poor German migrants. In an account of the German Hospital which appeared in the Hospital's Annual Report of 1850, it stated that 'among the number of foreigners living in London, it is estimated that no less than six-sevenths, or upward of thirty thousand, were natives of Germany or of the German Provinces subject to other states'.²²⁵ They were described as belonging to the humbler classes of society, a large proportion of them being poor. Their occupations were injurious to their health and hundreds were defined as being in want of hospital relief. The report continued that when admitted into the London hospitals, 'which alike are open and offer the same kind and careful treatment to foreign as well as native sufferers, the poor German sick are usually labouring under great disadvantages, from their being unable to express their wants and feelings to the medical officers and nurses and freely to communicate with their fellow-patients'.²²⁶ The hospitals were described as often being overcrowded and that 'Germans, afflicted with sickness, did not obtain the timely relief they would have as inmates of a hospital'. The report pointed out that 'it should not be believed that the sympathy they deserve, or the will to help them, has been wanting amongst those who became eye-witnesses of their wretched condition and especially amongst the German clergymen'. Another argument advanced in support of the

²²⁵ Annual Report of the German Hospital, Dalston, London, 1850.

²²⁶ Ibid.

proposed Hospital involved the difficulty faced by the German clergy in visiting their sick parishioners who were scattered in homes and hospitals across a wide area of the metropolis. It was this concern that Bunsen had referred to in his speech in 1845. The article recounted that the proposal to establish a German Hospital was supported by the King of Prussia, Frederick William IV, who had expressed 'his protection and liberal support'. Indeed in 1843, a short paragraph in *The Times* reported that the King of Hanover, Ernest Augustus I, who was the fifth son and eighth child of King George III, recently attended a concert for the benefit of the German Hospital and had sent a donation of 20/- (£1).²²⁷

In 1844, the Emperor Nicholas of Russia had paid a visit to Great Britain and on his leave, 'transmitted for public purposes', 1,000 guineas (£1,050) to the Society for the Relief of Foreigners in Distress and 100 guineas (£105) towards the formation of a German Hospital in London'.²²⁸ One month later, it was reported that the King of Saxony, Frederick Augustus II, 'had transmitted 30/- (£1.50p) to the German Hospital together with a handsome letter indicating his interest in the welfare of the institution'.²²⁹ It was during that year that he had made a journey through England and Scotland. Even at this early stage in the history of the Hospital, before it was established, it was apparent that it was receiving support from European royalty. It will be argued in Chapter Three of this thesis that this situation wholly contrasted with that of the foundation of the London Jewish Hospital some sixty years later. Additionally, within the Annual Report of the German Hospital, dated 1850, depicting its early history, it was reported that 'Her Majesty the Queen

²²⁷ *The Times*, August 16, 1843, p. 6.

²²⁸ *The Bristol Mercury*, June 15, 1844.

²²⁹ *The Ipswich Journal*, July 13, 1844.

and her Royal Consort had signified their approbation of, and their intention to honour the proposed Hospital with their protection and support'. This same report indicated that 'several eminent English Physicians and Surgeons had given their opinion that such an Institution would confer a great benefit on the poor German sick'.

It did seem that language and difficulties in communication were prime factors motivating the founders of the Hospital. No mention was made of religion in the Rules and Regulations of the Hospital. Under Rule XXVIII, the Regulations stated that, 'The Physicians of the Hospital must be natives of Germany, or prove themselves to be fully conversant with the German Language and the peculiarities of German Medical Science; they must produce a Diploma from a Foreign or British University, and be fully qualified to practise as Physicians here or abroad'. Rule XXIX stated similar requirements for surgeons.²³⁰

On 3 June 1845, *The Morning Chronicle* announced that a public meeting of the Friends of the German Hospital was to take place on 18 June at the City of London Tavern, Bishopsgate Street at which His Royal Highness, Prince George, the second Duke of Cambridge would take the chair.²³¹ The Prince had not been native born but had German connections.²³² The article concerning the meeting described the majority of Germans in London as 'industrious and by nature of their occupations (sugar refining, skin-dressing and skin-dying) being exposed to

²³⁰ *German Hospital Dalston*, London: 1850, p. 40.

²³¹ *The Morning Chronicle*, June 3, 1845.

²³² Prince George had been born in Hanover in 1819 and had resided in Germany for many years. He was the first grandchild of George III and cousin to Queen Victoria. In 1830, he was sent to live with King William IV and Queen Adelaide in England but returned to his parents in Germany in 1836. He came back with his family in 1837 when he began a military career in the British army. Edward Spiers, *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, 2004.

accidents and subjected to ailments that often reduce them to extreme want and deep misery'. It indicated that an appeal for funds would be made at the meeting. The meeting was reported in *The Times* on 20 June and was described as 'numerously attended'.²³³ It was also reported comprehensively in *The Morning Post*, *The Morning Chronicle* and *The Standard*.²³⁴ Amongst those present were their Excellencies Chevalier Bunsen, the Prussian Ambassador; Count Kielmansegge, the Hanoverian Minister; Baron Gersdorff, the Bavarian Minister; as well as Danish and Saxon Ministers, the Marquis of Westminster, Archdeacon Robinson, the Dean of Hereford and Lord Ashley M.P. Those present as supporters of the Hospital at this inaugural meeting represented the elite of British and Continental society including royalty, politicians and the clergy. It is evident that the founders were able to enlist these influential people, with Baron Bunsen playing a leading role benefiting by his familiarity with British and foreign royalty and dignitaries. The Duke of Cambridge took the chair and subscriptions and donations amounting to the substantial sum of £3,000 were collected. Donations included £100 from Queen Victoria and similar sums from Prince Albert, Queen Adelaide and the Duchess of Kent. It was announced at the meeting that the King of Prussia's donation of £300 was in addition to the promise of an endowment of £100 annually as a subscription. Thus, robust financial support was forthcoming from both British and German royalty from the early years of the Hospital, this exemplifying the close relationship between the families and demonstrating the belief in Anglo-Saxonism in the Victorian era. The meeting resolved, 'that it is desirable that an hospital should be

²³³ *The Times*, June 20, 1845, p. 4.

²³⁴ *The Morning Post*, 19 June 1845, *The Morning Chronicle*, 19 June 1845, *The Standard*, 19 June 1845.

established for the reception of all poor Germans and others speaking the German language and that it be called the German Hospital in London'.²³⁵ It was further proposed, 'That it is desirable that one or more dispensaries in connection with the Hospital be established in convenient localities'. Additionally, it was moved by the Venerable Archdeacon Robinson, 'that the proper steps be taken for the purpose of procuring, if possible, of one or more individuals from the Institute of Nursing Sisters, established in Prussia, in the capacity of matron and nurses'.²³⁶

It is significant that the newspapers of the time questioned, rhetorically, whether such a hospital was necessary but then answered that there was a language problem for these non-English speaking patients at existing hospitals and the presence of a German Hospital would provide mental comfort to assist their recovery. It is revealing of its progressive nature, that more than 150 years ago, the association between mental well-being and physical health was understood to be of importance. Years later, the same questions and responses arose with reference to the establishment of the London Jewish Hospital when intense negative arguments took place, whereas in the case of the German Hospital, press reports were almost entirely positive. In the case of the German Hospital, respectability was bestowed on the institution by its close association with British and German elite. The Jewish Hospital was founded and supported by an altogether different class, consisting predominantly of artisans, with the Jewish elite opposing the establishment.

Early in the proceedings of the Provisional German Hospital Committee, extensive premises in Dalston, a former Infant Orphan Asylum, were found to have

²³⁵ *The Morning Chronicle*, June 19, 1845.

²³⁶ *Ibid.*

been vacated and the property was offered for sale. The Asylum, established in 1827, had expanded from initially caring for 170, to currently housing 370 infants and, even with additional building, had become inadequate to house its residents.

²³⁷ The managers of the Asylum had found larger premises in Snaresbrook, Wanstead and the vacated accommodation, which consisted of three separate but adjoining brick buildings together with several outbuildings, was in easy reach of the areas where most of the German migrants had settled. It was inspected and although the building was small, the grounds were extensive, covering an area of more than two acres. It was considered to be suitable for a hospital, whereby it was purchased for £3,000, without interest, in equal shares by the King of Prussia and two German merchants, members of the Provisional Committee. ²³⁸ Additionally, the King promised a sum of £50 annually towards the expenses of a clergyman attending the Hospital. Those accepting the protectorate of the Institution included Queen Victoria and Prince Albert, the Queen Dowager and the King of Prussia. Many members of British and foreign royalty and aristocracy were named as patrons of the proposed Hospital. It was intimated at the meeting that the funding for the Hospital could interfere with that for the Society for the Relief of Foreigners in Distress but this was dismissed as unlikely. It is revealing that this first statement about the proposed Hospital did not contain any reference to religion. It would appear that the prime motivation for its foundation was the language barrier faced by German speaking migrants. Later, however, religion *would* become a factor in the Hospital's administration. At the first meeting, Chevalier Bunsen pointed out the statistical data that the population of London was nearly 2,000,000 yet the

²³⁷ Maureen Specht, *The German Hospital*, p. 16.

²³⁸ Annual Report of the German Hospital, Dalston, London, 1850

number of hospital beds was only 5,000. He also referred to that date, the 18th June, as it was the thirtieth anniversary of '*La Belle Alliance*', the glorious victory at Waterloo, an auspicious day for the reunion of the English and German people. Such Anglo-Saxon unity was a common and important theme in Victorian England.

The father of George was Adolphus Frederick, the first Duke of Cambridge. He was the tenth child and seventh son of King George III and Queen Charlotte. He had spent many years as an officer in the Hanoverian army. He was the president of several hospitals and a patron of many charities.²³⁹ His son would seem to have followed in his footsteps. Chevalier Bunsen had, several years previously, been instrumental in establishing an infirmary for Protestants in Rome. He was also a close friend of Victoria and Albert as well as of many representatives of European royalty.²⁴⁰ Bunsen was also a diplomat and scholar with an interest in German biblical criticism. He was a member of the provisional committee of the Hospital, formed in 1843, which included Dr Herman Freund and Pastor Sydow. Freund, a Jew, was a physician to Karl Marx but later resigned as a member of the medical staff of the Hospital following allegations about his behaviour. These two German gentlemen worked, indefatigably, to enlist the support of many wealthy and influential British and German people. Other members of this provisional committee included Frederick Huth and Dr A. Walbaum, Pastor of the Hamburg Lutheran Church in London.²⁴¹ Huth was a merchant and merchant banker. He had

²³⁹ www.historyhome.co.uk/people/cambridg.htm written by Arthur Henry Grant, 1885. Accessed 20/02/15.

²⁴⁰ Specht, *The German Hospital*, pp. 13-14.

²⁴¹ *Ibid.*, p. 13.

initially worked in Spain but eventually settled in London and founded one of the city's leading banks. Later, he became the first treasurer of the London German Hospital. Providing a link to the British Parliament was Lord Ashley. He had moved the resolution for the establishment of a German Hospital in London. On his father's death in 1851 Ashley became the 7th Earl of Shaftesbury and became celebrated for his evangelical Christianity, social activism and philanthropic work.²⁴² Among the other founders was Dr Hermann Weber, a German physician who was later knighted. His early studies were in Bonn and Marburg in Germany but he then received his English qualification at Guy's Hospital. He was the physician to several Prime Ministers and served on the staff of the German Hospital for many years. His main interest was in tuberculosis and he wrote about the health resorts in Europe.²⁴³ His son, Frederick Parkes Weber, also worked at the Hospital. He specialised in rare diseases with several eponymous conditions associated with his name.

One week after this first public meeting, *The Morning Post* provided more background to support the establishment of a German Hospital in London.²⁴⁴ It repeated the figures of the population of London and number of hospital beds in the metropolis, 2,000,000 and 5,000 respectively (2.5 beds per 1000 population) and reported an annual mortality in the city of 45,000. It was pointed out that very little progress had been made in the relief of the poor and destitute since 1800 when the population was smaller, the mortality was 22,000 and the number of hospital beds was 4,350. The article compared current statistics in European cities

²⁴² https://britanica.com/biography/Anthony_Ashley-Cooper,_7th_Earl_of_Shaftesbury accessed 24/02/15. It is interesting that he was among the early proponents advocating for the settlement of Jews in the Holy Land.

²⁴³ *BMJ*, 1918; 2 : 590, Obituary, Dr H Weber.

²⁴⁴ *The Morning Post*, 25 June 1845, p. 6.

where in Paris with a population of 900,000 there were 10,000 hospital beds (11 beds per 1000 population), in St Petersburg there were 476,000 inhabitants with 6,000 hospital beds, (12 beds per 1000 population), in Vienna with a population 330,000 there were 5,700 hospital beds (17 beds per 1000 population), in Berlin, where a population of 365,000 had access to 3,000 beds (8 beds per 1000 population) and in Warsaw with a population of 150,000 with 4,000 beds (26 beds per 1000 population). This article argued that the German Hospital would diminish the pressure on the other London hospitals. It justified the establishment of this new hospital by pointing out that, at the most moderate calculation, there were 30,000 Germans in London and they constituted six-sevenths of the foreigners in the city. Most were very poor and the trades in which they were occupied were of the most unhealthy kind and consequently, among them, 'that insidious disease', consumption, was very prevalent. The value of the medical attendants and nurses who would be able to converse in their own language was again noted. It was remarked that, 'it was known to all medical men that ease and contentment of mind formed no inconsiderable means of restoration to health'.²⁴⁵

Almost immediately, fund raising events, including concerts for the Hospital, were reported in some detail in the press.²⁴⁶ Within a few months, newspapers were carrying reports of the inauguration of the German Hospital on October 15, 1845, the date coinciding with the birthday of the King of Prussia.²⁴⁷ The opening ceremony was attended by members of British royalty, European ambassadors,

²⁴⁵ Ibid.

²⁴⁶ *The Morning Post*, 5 July 1845, p. 6.

²⁴⁷ *The Times*, 17 October 1845, p. 7; *The Morning Post*, 16 October 1845, p. 5; *The Examiner*, 18 October 1845.

Ministers of the German Lutheran Church and members of the committee, including physicians attached to the Hospital. The founders of the Hospital, from its beginnings, were thus able to raise its prestige and enhance its opportunities for success. The large party initially toured the Hospital which appeared to be 'admirably fitted up for the purposes contemplated'. The accommodation included apartments and offices reserved for 'the servants and medical staff' and beds sufficient to accommodate upwards of thirty patients. There were two male and two female wards with an additional six sanatorium rooms which were intended for patients who could afford to pay small sums for their maintenance. The extensive Hospital grounds were intended for the use and recreation of convalescents. A service held in the Hospital chapel followed which was conducted entirely in German. An additional service in English took place in one of the ward rooms. Chevalier Bunsen then addressed the party and announced that offers had been received from German-speaking physicians and surgeons to work in the Hospital without any salary.²⁴⁸

At the occasion of the first anniversary dinner of the German Hospital in February 1846, it was reported that in the four months since its opening, more than two hundred patients had received relief. Mention was made of substantial donations from British royalty and from the King of Prussia. Dispensaries had been erected in the East End and West End of London where more than one hundred and twenty patients had received free medical advice and medicine. Additionally, some patients had received home visits. As with the opening of the Hospital, this anniversary dinner received extensive coverage in the national and local press with

²⁴⁸ *The Morning Post*, 16 October 1845, p. 5.

comprehensive reports in the newspapers.²⁴⁹ It is notable that the London German Hospital was considered so worthy of comment in the press and this was to continue throughout most of its existence.

At a meeting in 1846, the chairman reported that the amount of funds raised to date totalled £5,594 (which would be equivalent to more than £250,000 today).²⁵⁰ The cost of purchasing the premises and fitting the Hospital to its current state exceeded the income by £400. It should be noted here that these figures dwarf those of the Jewish Hospital. The meeting was informed that, 'a committee of ladies at Manchester had forwarded the sum of £200, and a fund was being raised, in communication with the Hospital in London, in order that the discharged patients might not be turned adrift on the world wholly destitute of supporting life'.

²⁵¹ The society required proof that its recipients had resided in London for six months. The German community in Manchester constituted one of the largest outside London in the mid-nineteenth century with both merchants and poor, and Jews and non-Jews.²⁵² During the formative years of Anglo-Jewry (in the eighteenth century), Manchester provided no more than a market for the Jewish hawker and haven for the Jewish outlaw.²⁵³ During the period 1836-43, twenty-eight cotton merchants joined the Jewish community of which twenty-four came from Germany and by the time of the 1841 census, at least seventy-six Jewish persons were engaged in the Manchester cotton trade. By 1851, there were over one hundred

²⁴⁹ *The Morning Post*, 24 February 1846, p. 6; *The Daily News*, 26 February 1846; *The Northern Star and National Trades Journal (Leeds)*, 28 February 1846.

²⁵⁰ National Archives, currency converter.

²⁵¹ *The Standard*, 19 June 1846.

²⁵² Panikos Panayi, *German Immigrants in Britain during the 19th Century 1815-1914*, Oxford: Berg Publishers, 1995, p. 102.

²⁵³ Bill Williams, *The Making of Manchester Jewry 1740-1875*, Manchester: Manchester University Press, 1976, p. 6.

German export firms in Manchester and the census of that year suggested the presence of one thousand persons of German birth in the city.²⁵⁴ The support for the Hospital from Manchester reflected this important German presence.

At the second anniversary dinner held in February 1847, the chair was again occupied by the Duke of Cambridge. Some two hundred guests including Chevalier Bunsen and other high ranking European representatives were present. The audience was told that over £800 had been collected during the year and that there was, by then, a surplus in the bank. A sanatorium had been established in the West End of London during the year as well as a dispensary in the front wing of the Hospital. It was reported that during the evening some £1,360 was collected as donations.²⁵⁵ It is significant that within two years of the foundation of the Hospital, its progress could be measured by the substantial income resulting in a bank surplus, support from many British and German elite and an expansion in the services provided.

The Royal connection with the Hospital was again demonstrated in 1848 when a fair to support its work was held at the Royal Barracks, Knightsbridge, under the patronage of the Queen and other members of the royal family. The Queen and Prince Albert had intended to visit the fair but were prevented by the recent death of Princess Sophia who was the twelfth child of George III and Queen Charlotte and aunt of Victoria. However, a royal stall containing articles presented by British and European royalty was displayed.²⁵⁶ Members of British royalty and the aristocracy

²⁵⁴ Ibid., p. 169.

²⁵⁵ *The Morning Post*, 12 February 1847, p. 5.

²⁵⁶ *The Times*, 30 May 1848, p.5 and 31 May 1848, p. 6. *The Morning Chronicle*, 31 May 1848.

who did attend included the Duchess of Norfolk, the Duchess of Bedford, the Marchioness of Westminster, the Marchioness of Ailesbury and the Viscountess Palmerston.

At the fourth anniversary dinner, in 1849, the band of the Coldstream Guards entertained the guests. The invitees were informed that the debts of the Hospital were fast diminishing and the annual contributions increasing. It was announced in the course of the evening that £1,426 had been collected in donations and subscriptions. An extension to the Hospital would be required to accommodate the greater number of patients who were attending. The number of inpatients treated in the previous year numbered 443 and outpatients, 1,739. One of the speakers, Charles Thomas Prince of Löwenstein, spoke about the political situation in Germany and of his hope for German unity.²⁵⁷

The Prince was the Attaché to the Prussian Legation and had been an Austrian officer during the Napoleonic Wars. His family were staunch Catholics and he, later in his life, spent much time devoted to his religion. The organisers of the dinner, patently, found it unproblematic to appoint a member of European royalty of the Catholic persuasion to be their guest of honour.²⁵⁸ It would appear that the presence and support of royalty overrode any religious differences. Chevalier Bunsen pleaded to the gathering to show affection to the poorer classes and the

²⁵⁷ *The Times*, 16 February 1849, p. 4. *The Morning Chronicle*, 16 February 1849.

²⁵⁸ <http://www.nottingham.ac.uk/manuscriptsand specialcollections/learning/biographies/Sir Robert Inglis, 2nd Baronet> accessed 29/3/15.

sick, and to give not only pounds and shillings but also their brotherhood which he assured them would earn themselves the richest blessings.²⁵⁹

At a meeting of the annual court of governors in that year, the Duke of Cambridge announced that the income and expenditure for the previous year demonstrated satisfactory accounts. The Hospital wards were constantly filled throughout the year and figures were circulated of the number of inpatients and outpatients treated. The Duke also stated that a satisfactory agreement had been concluded by the Trustees of the Hospital with the directors of the East and West India Docks and Birmingham Junction Railway for the sale of a small portion of the land attached to the institution to the railway company to enable them to extend their line. The area comprised of half an acre for which the Railway Company would pay £1,400.²⁶⁰ During the meeting a question arose concerning the consequences of the passage of a railway so near to the Hospital but the secretary stated that the line would run through a deep cutting which was surrounded by a high wall. Nevertheless, the new line *did* disturb the rest and tranquillity of the patients and the committee began to consider erecting a new building away from the rail traffic although, at the time, funding was insufficient.²⁶¹ The railway company had been incorporated in August 1846 and wished to build eight miles of line from Camden to the East India Docks, as the cost of shipping food by river was too expensive.²⁶² The company became part of the North London Railway Company and the line between Camden and Dalston was eventually quadrupled in 1871.

²⁵⁹ *The Times*, 16 February 1849, p. 4.

²⁶⁰ *Daily News*, 29 June 1849.

²⁶¹ Maureen Specht, *The German Hospital in London*, p. 26.

²⁶² Maureen Specht, *The German Hospital in London*, p. 28.

This meeting of 1850 was reported fully in the national press when details of the number of patients treated and of the financial accounts were given.²⁶³ Income during the year was £2,831 excluding that received from the sale of the land for the railway and, additionally, £1,847 had been received at the annual dinner.⁴⁷⁴ inpatients had been treated, which included 21 accident cases, bringing the total since opening to 1,994. The number of outpatients seen in the previous year amounted to 2,895 and, since the opening, 8,494. Altogether, since the opening of the Hospital in October 1845, 10,484 patients had been seen of whom the majority were poor English outpatients. Reference was made to the ‘penny subscriptions’ which were contributed by men working in the sugar-houses, ‘who themselves, or in the persons of their friends, have benefited from the Hospital’. The fund had raised £64. During the year, two rooms were made available to cholera patients. These were constantly occupied and resulted in much additional expense.²⁶⁴

1850 saw the deaths of two important supporters of the Hospital. In February, the death was announced of the Queen Dowager, Adelaide, daughter of George I and widow of William IV, who was a patroness and benefactress of the Hospital, and in July, that of the President of the Hospital, the Duke of Cambridge, following which a letter of condolence was sent by the governors to the Duchess.

²⁶⁵ The new Duke of Cambridge had agreed to follow his father’s footsteps. He

²⁶³ *The Morning Chronicle*, 28 June 1850.

²⁶⁴ *Ibid.*

²⁶⁵ *The Morning Chronicle*, 18 July 1850.

became a patron of the Hospital and spoke at the sixth anniversary festival in February 1851.²⁶⁶

Contained in the Annual Report of 1851 was mention that the Hospital at Dalston had treated three hundred English inpatients since opening and more than fifteen hundred English outpatients at the Eastern Dispensary. The Governors felt that they should show some gratitude to the host nation for its continuing generosity and liberality. The majority of outpatients at the Hospital dispensary were the poor English who lived in the immediate vicinity.²⁶⁷ Under Rule 46, 'Outpatients not speaking the German language were admitted only on the recommendation of a Governor, although, in an emergency, no patient was refused treatment'. Similarly, inpatients were admitted irrespective of nationality if considered an emergency and it would seem that the majority of English inpatients were accident cases. At the annual court of governors held in June 1851, one motion involving the etiquette of the medical staff was proposed, objected to by the honorary physicians of the Hospital, and eventually withdrawn. The Right Rev. the Lord Bishop of Manchester presided at this meeting and stated that 'the plan of this excellent institution was conceived and executed by a German', referring to Chevalier Bunsen. He declared that it was an honour to be allowed to publically testify to the deep and respectful admiration which he felt for the German Hospital. He knew of no other similar institution so eminently entitled to attention, commendation and support. He believed that the Hospital was a bond of union

²⁶⁶ *Daily News*, February 27 1851.

²⁶⁷ Maureen Specht, *The German Hospital in London*, p. 23.

between two great countries.²⁶⁸ Shortly following the publication of the proceedings of the meeting, a letter appeared in *The Times* from Dr Freund, who had by this time resigned from the Hospital in controversial circumstances, correcting, 'for the sake of truth', what he referred to as 'the error' made by the Bishop, and informing that Bunsen had neither conceived the plan of the German Hospital nor carried it out.²⁶⁹

In 1853, the annual court of governors reported that the Hospital had received a larger number of patients than in any previous year but the funds had become inadequate to meet the demands upon them and the committee was authorised to sell off some investments to pay off their debt.²⁷⁰ Reference was repeated that although the Hospital had been founded to treat poor Germans, many English inpatients and outpatients had been treated, mainly accident cases, and an appeal was issued for support from English residents of the district. It was stated that the average number of English outpatients seen had reached ninety-nine daily. Figures were circulated of the total numbers of inpatients and outpatients treated during the year. The Hospital had admitted 705 patients. Outpatients seen were 4,082 at the Hospital, 1,202 at the City Dispensary and 816 at the Western Dispensary, making a total of 24,448 patients since the Hospital had opened. Ten beds had been added during the year to form the temporary Adolphus Ward, a ward for sick women and children and named in memory of the late 1st Duke of Cambridge.²⁷¹ It is ironic that this ward had come about as a conversion

²⁶⁸ *The Times*, 27 June 1851, p. 8.

²⁶⁹ *The Times*, 2 July 1851.

²⁷⁰ *Daily News*, 1 February 1853.

²⁷¹ *The Times*, 27 June 1851, p. 8.

from the old committee room that had been used by Dr Freund some years earlier and had been a factor in some of the allegations made against him. Despite these extra beds, the Hospital had been forced to turn away almost three hundred people in the year for want of space.

A celebration to mark the eighth anniversary of the Hospital was held in March 1853 at which 'the foreign element vastly preponderated.'²⁷² The Duke of Cambridge informed the meeting that of the twenty-four thousand patients treated, upwards of eleven thousand had been English, but no comment was reported in the national press concerning these figures. More than £2,000 was raised at the meeting. Later in the month it was announced that Dr Heinrich Ranke had been elected from seventeen candidates to fill the vacant post of Resident Physician to the Hospital.²⁷³ Ranke was associated with the German Hospital between 1853 and 1858 and later became a paediatrician. He served as a civilian physician in the service of the British government in Smyrna, Turkey and in the Crimea. He became an associate professor at the University of Munich in 1863 and by 1886, the Director of the Children's Hospital at the University.²⁷⁴

In October 1853 *The Times* published the Registrar General's Annual Public Health Report in some detail. With reference to the Eastern Districts of London, there were many cases of cholera reported in premises described as old, offensive

²⁷² *The Times*, 3 March 1853, p. 8.

²⁷³ *The Times*, 19 March 1853, p. 5.

²⁷⁴ <http://www-Zeno.org/Page1-1901/A/Ranke,+Heinrich+von> accessed 1/4/15

smelling, filthy and unventilated.²⁷⁵ There was no mention in Hospital reports at this time whether the rooms set aside for cholera cases in 1850 had been retained.

The Hospital remained in debt in 1855 despite satisfactory donations including those from Messrs. Rothschild, the Governor of the Bank of England, John Hubbard and British and European Royalty. At the tenth commemorative banquet in 1855 the recent Hospital statistics were relayed. The debt had been reduced to £900. A report of the banquet in *The Times* described the institution having been 'originally founded for the cure of natives of Germany, but the benefits of which are now extended to English patients resident in the district'.²⁷⁶ The Duke of Cambridge spoke of the growing necessity for an enlargement of the Hospital or rather the rebuilding of a new hospital on a more convenient site. During the year, 868 patients had been admitted and 7,382 outpatients treated. The sum of £2,000 was collected as donations during the evening.²⁷⁷

In the annual report of the Hospital given in the following year, the financial state was described as 'far from favourable'. The treasury was said to be 'bankrupt' with a debt of £1,500 and, but for the generous advancement of gifts and donations, the workings of the Hospital would have been suspended.²⁷⁸ The Chairman stated that of the 809 inpatients received, nearly all were English. Moreover, since the opening of the Hospital, 5,824 inpatients and 43,565 outpatients had been received of which more than 21,000 were English. He declared that the claims of the charity were daily increasing and that the Hospital

²⁷⁵ *The Times*, 12 October 1953, p. 8.

²⁷⁶ *The Times*, 23 March 1855, p. 6.

²⁷⁷ *Ibid.*

²⁷⁸ *The Times*, 6 March 1856, p. 10.

was cosmopolitan in the letter and the spirit. He said that while the Hospital had been especially designed for the relief of Germans, it had become the means of affording assistance to the English.²⁷⁹ It appears that the Chairman was partially attributing the poor state of the Hospital's finances to the increasing demands by local English patients. Large numbers of patients were being admitted with syphilitic disease and, in order to reduce the number, the committee decided to restrict admission of these cases by not admitting women suffering from this condition unless a special recommendation had been given by a medical officer.²⁸⁰ A separate ward was set aside for men suffering from syphilis with not more than six to be admitted at any time. These decisions are likely to have been based on the heavy moral overtones that characterised social thinking in the Victorian period.²⁸¹ Venereal disease was common in prostitutes and loose women who were believed to be the repository of sexually transmitted disease and it was these groups that were believed to be responsible for the spread. Moral, monogamous women were not assumed to carry the disease. Consequently, it was said that when men spread syphilis, it was unfortunate, when women spread it, it was reprehensible.²⁸²

The exhausted state of the finances was discussed at the annual governors meeting in 1858 which was again fully reported in the press.²⁸³ The committee was informed that due to the deficiency of income, it had become necessary to close

²⁷⁹ Ibid.

²⁸⁰ Maureen Specht, *The German Hospital*, pp. 25 & 28.

²⁸¹ W.F Bynum, 'The rise of science in medicine 1850-1913' in W. F. Bynum, Anne Hardy, Stephen Jacyna, Christopher Lawrence and E. M. Tansey, *The Western Medical Tradition 1800 to 2000*, Cambridge: Cambridge University Press, 2006, p. 179.

²⁸² In the mid-nineteenth century, the relationship between syphilis and gonorrhoea was ill-understood and some confusion existed between the conditions. It was not until 1909 that Paul Ehrlich, examining a series of arsenicals, discovered Salvarsan. He found that it killed the spirochaete of syphilis without being too toxic for the patient. Ibid., pp. 179, 183.

²⁸³ *Daily News*, 25 January 1858.

ten beds and unless the income increased, they would be obliged to sell a portion of their funded property not exceeding £600. The deficiency of income was explained by the depression in the state of commerce.

At the anniversary dinner in 1859, the guests were advised that the financial health of the Hospital was again improving, the liabilities of £1,200 being £350 less than the previous year. Statistics were produced to show how increasing numbers of patients were treated at the Hospital as well as the Eastern and Western Dispensaries. The Duke of Cambridge, who was in the chair, again proceeded to state the objects of the institution, and observed that no religious and no national distinction was allowed in the selection of patients.²⁸⁴

By 1860, at a meeting of the Hospital governors, the chairman reported that the state of the institution had become more prosperous than at any other period of its existence.²⁸⁵ Several legacies had been bequeathed to the Hospital including one of £10,000 from a Mr M. G. Schacht. Another considerable legacy included one from the late Adolphus Bach, although the exact amount was uncertain as several persons had an interest in the estate. A third bequest, also of an uncertain amount, had been made by an Austrian lady, Françoise Baldamus. In addition, the income from subscriptions, a ball and a bazaar had raised £5,635. It was observed that the present building was old, not originally adapted for its current use and required expensive repairs. Consequently, the committee recommended that a separate fund should be established for providing a new edifice for the institution in the future.

²⁸⁴ *The Times*, 3 March 1859, p. 12. *Daily News*, 3 March 1859.

²⁸⁵ *The Times*, 24 January 1860.

In the Annual Report of 1860 it was recorded that the Hospital had treated 745 adults and 53 children as inpatients. Altogether 14,772 outpatients had been treated at the clinics.²⁸⁶ Examples of the occupations of the inpatients were listed to include:-

(Males): bakers 64; lawyers 25; sailors 23; shoemakers 26; sugar bakers 129.

(Females): servants 38; wives of sugar bakers 10.

These figures are consistent with the largely artisan class represented by the community although some middle class patients were included.

The places of birth of the inpatients treated during the year included:

England 141; Hanover 114; Poland 33; Prussia 192. These figures indicate that, within fifteen years of its opening, almost 30% of inpatients were English and 63% were of German origin.

The dilapidated state of the building as well as its inadequate size again featured in the report of the annual court of governors in the following year with details of the number of patients who were sent away because of lack of accommodation. The year saw the death of their benefactor, the King of Prussia. The chairman trusted that the present King of Prussia would take the place of his royal brother.²⁸⁷ Frederick William IV had died in January 1861 when his brother William I acceded.

²⁸⁶ Annual Report, German Hospital 1860, SBHG/HA/9/6.

²⁸⁷ *The Morning Chronicle*, 22 January 1861.

The figures of patients treated and of income over this first fifteen years of the establishment of the Hospital reveal a steady annual increase in the number of patients treated but with fluctuations in income throughout. This precarious financial situation was shared by the majority of London's voluntary hospitals with some years of surplus and others when the deficit threatened the viability of the institutions. Income depended on the generosity of subscribers and the ability to attract the wealthy. Festival dinners and other fund raising events were common and because voluntary hospitals were each in competition, it was considered advantageous to attract famous and prestigious supporters.

(b) The New Hospital Building and Events Later in the Nineteenth Century

By 1862, the Hospital had become inadequate in size and function and the situation was described as desperate. At this stage Frederick Huth, one of the founders stepped in to contribute £2,500 to the building fund and he was asked to nominate an architect. He chose Thomas Leverton Donaldson who was commissioned to design the new one hundred bed hospital.²⁸⁸ Messrs l'Anson were chosen as the contractors with a tender of £12,500. In fact, the final cost of the building, including fixtures and fittings, was £20,000.

Donaldson was the Professor of Architecture at University College, London and a future President of the Royal Institute of British Architects (the RIBA). The choice of Donaldson appears unusual because he had no previous experience of hospital design.²⁸⁹ But it was his connection through marriage that explains the choice. He was the brother-in-law of the resident physician at the Hospital, Dr

²⁸⁸ Elizabeth McKellar, *The German Hospital Hackney*, p. 11

²⁸⁹ Elizabeth McKellar, *The German Hospital Hackney*, p. 11.

Parkes Webber, and both were married to daughters of John Frederick Grüning.

Further, Grüning's son, Edward Augustus, was the joint architect and probably more closely involved in the plans than Donaldson.²⁹⁰

When, in 1849, the Hospital had sold land for a railway line, the site had become divided into a larger southern part and a smaller northern section which contained the Hospital and later, in 1866, a bridge was built over the line to connect the two sections. The decision was made at a meeting held on 16 July 1863 to build the new hospital in the larger section and, with sufficient finances in the building fund, the construction of a new hospital commenced. The building would consist of two blocks, the ward building, and the residential building which would contain the kitchen, offices, medical and other officers' residences and 'sanitarium rooms' for eight or ten German patients, 'not belonging to the humbler classes'. The two blocks would be connected by a corridor.²⁹¹ The description and dimensions of each of the wards was given. They would have windows on both their long sides, to the north and south, affording thorough ventilation and would be fifteen feet high thus providing 1,500 cubic feet for each bed. The end of each ward would have a scullery, containing ventilated water closets, bath and other conveniences for the nurses and sister. On the ground floor would be an accident ward with ten beds and the outpatients' waiting room. This design of the wards conformed to that recommended by Florence Nightingale in her paper, *Notes on Hospitals* given in 1858.²⁹² In her paper, she wrote about the risks of infection in hospitals as: 'Sick people are more susceptible than healthy people; and if they be shut up without

²⁹⁰ Ibid., p. 11.

²⁹¹ *Daily News*, 19 August 1864.

²⁹² Florence Nightingale, *Notes on Hospitals*, pp. 7-21.

sufficient space and sufficient fresh air, there will be produced not only fever, but erysipelas [a skin infection], pyaemia [a blood infection], and the usual tribe of hospital-generated epidemic diseases'. She recommended that 1,500 cubic feet per patient should be the minimum space but that 'even 2,500 cubic feet are now thought advisable'. She advocated that the wards should be at least sixteen feet high, with windows down each side to be left open providing adequate ventilation.

²⁹³ The outpatient waiting room would have the capacity for one hundred persons and the plans included three consultation rooms for the medical officers, a dispensary and a laboratory. A chapel would be attached to the Hospital containing a stained glass window of the Good Samaritan, over the communion table, in memory of Prince Albert who had died in 1861. The window was presented by a Mr John Rahles, a member of the Board of Management. The chapel would be 40ft long, 25ft wide and 16ft high with the chancel at the east end with a floor of Minton tiling. In the basement would be vapour and sulphur bath rooms and coal cellars. A hydraulic lift would be incorporated for carrying coal, dinners and other articles from the basement to different floors. Operation rooms and two surgical-cases rooms would be incorporated. The cost of the structure and some fittings was estimated to amount to £12,500 with extra for a porter's lodge, post-mortem rooms and additional fittings.²⁹⁴

On 15 October 1864 the new German Hospital was opened by the Duke of Cambridge. Although the building had room for one hundred beds it was decided that only seventy-five would be opened at that stage as £3,000 was still owed to

²⁹³ Ibid., pp. 13-21.

²⁹⁴ Maureen Specht, *The German Hospital*, pp. 30-31.

the builders. These beds remained unoccupied until the final debt was repaid some five years later. The prestige donors continued to support the Hospital but the costs of the new building had exceeded expectations. A colour scheme for the wards had been chosen, with a blue checked pattern for curtains, covers and pillows for the men and similar, in red, for the women. The first floor had four wards, the female and children's ward on one side and the men's wards on the other. On the second floor were two large wards of twenty beds each, as well as two sculleries, two sisters' and two nurses' rooms. In the attic were five rooms for male attendants. The need for a new hospital was supported by the statistics of more than seventeen thousand patients treated during the previous year.²⁹⁵ More than £10,000 had been deposited in the Building Fund when the new structure was commenced. The new and expanded Hospital was reflected by the increased number of patients treated in its first few months – more than seven hundred inpatients and over eighteen thousand outpatients.²⁹⁶

A cholera epidemic was sweeping through London during 1866 and a letter from the Hospital Chaplain was published in *The Times* appealing for extra funding.²⁹⁷ Two wards had been set aside for cholera cases incurring a considerable increase in expenses for medicines, diets and additional nursing staff. It was pointed out that that the Hospital still had a heavy debt upon the new building. One week later, *The Times* published a letter of thanks to the Hospital supporters from the Chaplain, listing names and their donations, including one of two gallons of cognac brandy.²⁹⁸

²⁹⁵ *The Daily News*, 17 October 1864.

²⁹⁶ *Ibid.*, 2 March 1865.

²⁹⁷ *The Times*, 8 August 1866, p. 5.

²⁹⁸ *The Times*, 13 August 1866, p. 12.

Within a short time, the newspaper was reporting about a recent meeting of the Mansion House Relief Committee. The Committee included a lawyer, an M.P., a minister of religion and a physician to the London Hospital.²⁹⁹ Although the special Mansion House Fund was not founded until 1886, charity was stimulated at times of stress.³⁰⁰ Applications had been received by the Lord Mayor of London for assistance from several local authorities that had reported cases of cholera in their district. Many cases were present in the East End and the article reported that the Committee dealt with the subject of dealing with convalescents from the illness. Some £2,000 had been set aside for this purpose and a further £5,000 would be provided for the maintenance of orphans. The Committee recommended that £100 and two dozen [bottles] of port and one dozen [bottles] of brandy be voted to the German Hospital.³⁰¹ Later, another £50 was granted by the Committee.³⁰²

By 1867 the Hospital was admitting in excess of one thousand patients per annum but almost two hundred had been refused because of the lack of accommodation. It was reported that one nurse had succumbed to cholera in the course of her duties.³⁰³ The Hospital was in arrears of £2,000, but some of the balance was due to be paid shortly to the builders.

Late in the 1860s, the number of inpatients and outpatients was increasing each year and the finances began to show improvement. By 1869 the debt for the building had almost been paid off and it was hoped to open the remaining beds

²⁹⁹ *The Times*, 6 September 1866, p. 9.

³⁰⁰ Keir Waddington, *Charity and the London Hospitals, 1850-1898*, Woodbridge, Suffolk: Boydell Press, 2000, p. 31.

³⁰¹ *The Times*, 11 August 1866, p. 10.

³⁰² *The Times*, 6 September 1866, p. 9.

³⁰³ *The Times*, 22 March 1867, p.12.

originally closed because of lack of funds. As well as subscriptions and donations, a bazaar was held that year attended by royalty and many members of the nobility. A report in the national press described in detail, the valuable jewellery, china, paintings, photographs and antiquities that had been donated.³⁰⁴

In 1870 the Hospital received a gift of £10,000 from Baron Friedrich von Diergardt in memory of his late parents. He was a silk manufacturer and industrialist, from a Protestant pastor's family, who also had investments in railways and the coal industry in the Lower Rhine.³⁰⁵ The sum was invested in stock, funds or securities as deemed advisable by the governors.³⁰⁶ It will be seen again how these generous gifts contrast with the funding of the London Jewish Hospital.

At the twenty-sixth anniversary dinner of the Hospital in 1871, attention was drawn, by the Chairman, to the fact that although the Hospital was named 'the German' some two-thirds of outpatients attending were English. His observation suggested that there remained some defensiveness about the foreign origins of the Hospital. He spoke of the vast sums that English philanthropists had subscribed to the Hospital and to their contribution towards the relief of sufferers from the Franco-Prussian War.³⁰⁷ It transpired that the receipts of the Hospital were exceptionally large during the preceding year at over £8,000 while the expenditure was relatively small at £5,000. It does seem remarkable that within the twenty-five years of the establishment of the Hospital, the regulations had changed from

³⁰⁴ *The Morning Post*, 2 June 1869, p. 3.

³⁰⁵ <https://www.deutsch-biographie.de/sfz9906.html> accessed 8 April 2015.

³⁰⁶ *The Morning Post*, 20 August 1870, p. 5.

³⁰⁷ *The Standard*, 11 May 1871, p. 3.

acceptance of only German-speaking patients to those of all creeds and nationalities.

At the thirtieth anniversary dinner of the Hospital in 1875, the Prince of Wales took the chair. Again, the proceedings were reported comprehensively in the national press.³⁰⁸ European royalty and aristocracy, ambassadors and nearly three hundred guests heard an annual report of the Hospital. The Austrian Ambassador spoke of the Prince having a 'feeling German heart', and the Prince, in his speech, mentioned how members of his family had German blood running in their veins. Some weeks later, the laying of the foundation stone of the new Hamburger Lutheran Church adjoining the Hospital, by the Duke of Cambridge, was reported. It would accommodate 280 worshippers and the cost was estimated to be £10,000. The proceedings were conducted throughout in the German language.³⁰⁹

Each annual dinner of the Hospital continued to be reported fully in the national press with figures of income and expenditure and patient numbers being provided. In 1876 it was announced that the committee had resolved to completely separate the inpatient and outpatient departments and to permanently enlarge the accident ward which had long been inadequate. The alterations were expected to entail an expenditure of between £3,000 and £4,000. The accounts continued to show an excess of income over expenditure, by £3,000 in 1877, which would help

³⁰⁸ *Daily News*, 17 April 1875, *The Morning Post*, 17 April 1875, p. 5, *The Standard*, 17 April 1875, p. 3.

³⁰⁹ *The Times*, 5 May 1875, p. 13.

to fund the alterations.³¹⁰ It was mentioned that of the 18,000 patients seen at the Eastern and Western Dispensaries each year, some 10,000 were English.³¹¹

The Hospital was free of debt in 1878 and although the subscriptions had fallen off, substantial donations were reported from English and foreign benefactors. There were now 125 beds, with an almost full occupancy rate. Nearly all the English inpatients were recorded to have been accident sufferers. Baron Henry de Worms in proposing a toast at the thirty-third anniversary dinner remarked that thirty years previously it had been necessary to overcome the prejudices and arguments of those who thought such an institution [as the German Hospital] needless, because the foreigner could gain admission to any hospital.³¹² Those critics failed to appreciate the great relief to the patient of being able to express his sufferings in his own language.³³²

At the thirty-fifth annual dinner of the Hospital, the chair was taken by Arthur, the Duke of Connaught and third son of Queen Victoria. Included in the speeches was reference to Queen Victoria as 'protector of the Hospital', and it was stated how much the German Hospital was indebted to the royal family. It was noted that almost fifteen hundred dental cases had been treated during the previous year. The guests were assured that the finances were 'in a most satisfactory state' although between four and five thousand pounds would continue

³¹⁰ *The Morning Post*, 20 April 1877, p. 6.

³¹¹ *Daily News*, 30 March 1876.

³³¹ *The Times*, 23 May 1878, p. 10. *The Morning Post*, 3 May 1878, p. 6.

³³² Baron de Worms was born a Jew, was President of the Anglo-Jewish Association and a Treasurer and Vice-President of the United Synagogue. He was a Member of Parliament and was elevated to the peerage, as the First Baron Pirbright, but turned against the Jewish establishment after his marriage to a Christian woman and was buried as a Christian. He was related to the Rothschild family. Albert Hyamson and Dr A M Silberman (Eds), *Valentine's Jewish Encyclopaedia*, London: Shapiro Valentine, 1950, p.527.

to be required by subscription, annually. The Duke mentioned that in addition to the 125 beds in the main Hospital, they had the facilities of the permanent use of three beds at a convalescent home in Eastbourne and it was hoped to increase this to ten. This had been secured by an arrangement in 1874 whereby the Hospital would pay £85 annually to the All Saints Convalescent Home.³¹³ There were two beds for men and one for a woman and each patient usually stayed for a period of three weeks. It was originally an Anglo-Catholic nunnery and was built between 1867 and 1869 on land donated by the 7th Duke of Devonshire. The chapel was added in 1874. However, in 1883, the Hospital opened its own Convalescent Home in Dalston made possible by two legacies totalling £3,000. The Duke of Cambridge had first mentioned the need for a sanatorium, close to the Hospital, at an anniversary dinner for the Hospital in May 1882 when he appealed for funds, declaring that a sum of £4,000 would be required.³¹⁴ Subsequently, the committee purchased a five year lease on a house that would accommodate seventeen convalescents. The home was under the supervision of a sister and was visited regularly by Resident Medical Officers. These were patients who had stayed long term in the Hospital but who, while no longer requiring nursing, remained weak and could not manage to live independently at home. Now having its own Convalescent Home, the Hospital released one of the beds at Eastbourne and in 1887 released the remaining two. These were replaced by the reservation of two permanent beds at the Royal National Hospital for Consumption and Diseases of the Chest in Ventnor on the Isle of Wight that had admitted ten patients during 1890. The Hospital had opened in 1869 and remained as a hospital for respiratory

³¹³ Maureen Specht, *The German Hospital*, pp. 36-7.

³¹⁴ *The Morning Post*, 11 May 1882.

diseases until 1964. In 1889 the German Hospital Committee reserved two beds at the Seaford Convalescent Home. The town is situated between Eastbourne and Brighton and it developed during the nineteenth century when a new railway line connected it to London. But in 1894, due to economic factors, the beds at Seaford and Ventnor were released.

The establishment of sanatoria did not become common until the second half of the nineteenth century, but once launched, sanatorium care (as perceived both by the public and the medical profession) became the bedrock of the treatment of tuberculosis.³¹⁵ Many of the patients treated at the German Hospital suffered from lung diseases including tuberculosis, precipitated by their working and domestic environments. The recommended treatment at that time involved exposure to fresh air and rest and it is noteworthy that German physicians and sanatoria were leading the way in treatment on the Continent.

At the annual dinner in 1882, the guests were informed that the Hospital was treating almost twenty thousand patients annually, of whom ten thousand were Englishmen. It was pointed out that because the Hospital was situated between the North London Railway and the Great Eastern Railway, many accidents came there for treatment and that consequently, there was a need for an increase in subscriptions.³¹⁶ This was answered in the following year when it was reported that benefactors included the German Emperor, the Emperor of Austria, the King of the Belgians, the King of Sweden, the Princes of Germany as well as the British

³¹⁵ Thomas Dormandy, *The White Death. A History of Tuberculosis*, London: The Hambledon Press, 1999, p. 148.

³¹⁶ *Daily News*, 11 May 1882. *The Morning Post*, 11 May 1882.

Royal Family and the English public. At the annual dinner in 1883, the chairman, Count Münster, the German Ambassador, remarked that though the Hospital had been established, specifically, for German-speaking people, yet no strict examination in language was made – ‘the dumb language of suffering’ gave a passport to its wards. His phraseology emphasised how the original purpose of the founding of the Hospital, strictly for German-speaking patients, had entirely changed.³¹⁷ Yet again, a defensiveness was seemingly expressed about the continuing rationale of the Hospital.

By 1884, the Hospital expenses passed ten thousand pounds for the first time, although this was a consequence of the cost of opening of the new Convalescent Home.³¹⁸ The finances were aided later that year by the legacy of Baroness Charlotte de Rothschild, the widow of Lionel, who left £3,000 to the Hospital.³¹⁹ Charlotte was a philanthropist with her major charitable work involving the Jews’ Free School in Bell Lane. Her legacy together with another from Sir William Siemens, a Prussian born English engineer and inventor who made his fortune in steel making and electric telegraphy, helped to raise the income in 1885 to a record £15,197.³²⁰ This income coincided with a record number of patients, 24,500, being treated during the year. But only two years later, in 1887, and despite receiving donations from the Hospital Sunday and Saturday Funds, the Hospital

³¹⁷ *The Times*, 4 May 1883, p. 4.

³¹⁸ *The Standard*, 1 May 1884, p. 3.

³¹⁹ Lionel had attempted for eleven years to take his seat in the House of Commons but had been refused because of the Christian wording of the oath. Eventually in 1858, a Bill was passed to permit his Membership. Stanley Weintraub, *Charlotte & Lionel. A Rothschild Love Story*, London: Simon & Schuster, 2003, p. 148-9.

³²⁰ *The Times*, 8 May 1885.

³²⁰ *The Morning Post*, 6 May 1886, p. 2.

³²⁰ *The Times*, 8 May 1885.

found itself in deficit by £3,400. The outpatient numbers were increasing every year and the Convalescent Home had accommodated 449 patients during the year. This resulted in an appeal for more funding being made by the Duke of Cambridge.

1886 marked the fortieth anniversary of the Hospital and at the annual dinner the guests were informed that it had received almost 40,000 inpatients since opening. Although many English patients had been received, the majority of inpatients had been German. The most important sources of income for the charity were subscriptions and donations made at the annual dinner but in that year there had been a small deficit.³²¹

At the end of the century, the German-born population in London's East End was slowly decreasing as more moved away to alternative employment and habitation. The sugar factories were closing and many of the slum houses were being demolished to make way for rail and road improvements. New tenement buildings were erected for those people remaining in the area of Flower and Dean Street with many Jews being accommodated in the Rothschild Buildings. Other tenement buildings in the area included the Lolesworth Buildings (part of the Toynbee Hall complex), the Strafford Houses and the Nathaniel Buildings.³²² It is likely that the population changes in the East End forced the Board of the German Hospital to liberalise their regulations and to gradually open the Hospital to all creeds and nationalities.

³²¹ *The Morning Post*, 6 May 1886, p. 2.

³²² Jerry White, *Rothschild Buildings. Life in an East End Tenement Block 1887-1920*, London: Routledge & Kegan Paul, 1980, pp. 28-9.

In 1893, after almost fifty years' service, the Hospital Matron resigned. She felt that the equipment and internal arrangements of the Hospital did not meet with the progressive times, but her age and strength precluded her from introducing innovations. The Committee applied to the Elisabeth-Stift, an institute in Darmstadt for the training of Protestant deaconesses, for a replacement Matron. But with a shortage of deaconesses in Germany, the Elisabeth-Stift decided to close its foreign stations.³²³ This resulted in a move of the Sisters back to Germany and the Committee had to seek their replacements elsewhere. The 'Sarepta' Foundation in Bielefeld had been established in 1869 and had close ties with Kaiserwerth.³²⁴ In 1894, a Head Sister, who was then appointed the Matron, and three other Sisters arrived in Dalston and the changeover took place uneventfully.

(c) History of the Hospital from the End of the Nineteenth Century until Closure

The Duke of Cambridge died in 1904 and he was succeeded as President of the Hospital by the Duke of Connaught, the third son of Queen Victoria, continuing the line of royal support.

In 1900, a German workhouse and farm colony, Libury Hall, in Ware, Hertfordshire, was opened for the indoor relief of German paupers³²⁵ It was founded by Baron John Schröder, and other members of his family, of the well-known City banking firm, J H Schröder & Company. Situated thirty miles from London and in the countryside it provided temporary work, shelter, board and lodging, under Christian influence for poor and destitute German-speaking men of

³²³ Specht, *The German Hospital*, p. 37.

³²⁴ Ibid.

³²⁵ home.clara.net/mawer/ppanayi.html#_ftnref70 accessed 4/2/2015.

any creed, to encourage them to return to work and independence.³²⁶ It gave an opportunity for its residents to escape from their unhealthy environment in London and its intention was to suppress the habit of begging which led, it was believed, to moral degradation.

By 1913, some 6,941 men, including 5,073 Germans had been admitted.³²⁷

The home was largely self-sufficient and grew its own produce on over 300 acres of land.³²⁸ Also attached to Libury Hall was a Pensioners' Home for German-speakers aged over sixty.³²⁹

In 1908 a new Convalescent Home was opened at Hitchin, in the Hertfordshire countryside, following the expiration of the lease of the Home in Dalston. It stood in large grounds and its purchase was made possible by substantial gifts and endowments. The cost of the institution was £14,000 and was mainly funded by a gift from Fritz and Hans König and endowed by a fund provided by Baron John von Schröder.³³⁰ Schröder died in 1910 leaving an estate in excess of two million pounds. In 1913 the Home held forty beds.³³¹

But, the most significant events in the twentieth century to impact on the Hospital, prior to its closure, were the two World Wars. Even at the turn of the century, the Hospital was treating thousands of English patients and, in 1900, the

³²⁶ Panikos Panayi, *German Immigrants in Britain during the 19th Century 1815-1914*, Oxford: Berg, 1995, p. 174

³²⁷ *The Times*, 13 July 1906.

³²⁸ <http://www.hertsatwar.co.uk/german-colonies> accessed 25/3/15.

³²⁹ At the outbreak of World War I, the home became the largest internment camp in Hertfordshire. In 1916, in a House of Commons debate, the Secretary of State for the Home Department, Herbert Samuel, informed the House that the home was under Government control and was a hospital internment camp for aged and infirm alien enemies including ninety Germans who resided there. Hansard, HC Deb 12 Jan 1916 vol 77 c1613W

³³⁰ *Luton Times and Advertiser*, 31 July 1908, p. 5.

³³¹ Maureen Specht, *The German Hospital*, p. 47-8.

Hospital placed ten beds at the disposal of the War Office for the benefit of soldiers invalided from South Africa during the Boer War.³³² In the period immediately before the First World War, complimentary words were being spoken by British politicians about Germany at the Hospital dinners. In 1912, Lord Haldane, the Lord Chancellor, presided at the dinner. He had probably been chosen for his supposed but unproven pro-German sympathies. He was a fluent German-speaker and travelled to Berlin in that year in an attempt to repair Anglo-German relations.³³³ This resulted in him being subjected to abuse in the early years of the War. In May 1915, the Conservatives made Haldane's removal one price for joining the government, so Asquith sacked him.³³⁴ At the dinner, he spoke of the similarities between Germany and England but with the certain element of rivalry. He admitted that the German Emperor's activities had been remarkable. He had given his country a splendid fleet which was admired in England. The German army was the greatest the world had seen and he had a sense of rejoicing that the Emperor was half an Englishman.³³⁵

One year before the outbreak of the War, Andrew Bonar Law MP, future Prime Minister, and Leader of the Conservative party had been invited to speak at the anniversary dinner. He declared that the German Emperor had always been a true leader of his people. He did not think anything was to be gained by constantly speaking and writing on the subject of relations between the two countries. He felt that there should be rivalry but only friendly rivalry. He stated that the commercial

³³² *Morning Post*, 28 November 1900, p. 4.

³³³ *The Times*, Obituary, 20 August 1928.

³³⁴ John Ramsden, *Don't Mention the War. The British and Germans since 1890*, London: Little, Brown, 2006, p. 97.

³³⁵ *Staffordshire Sentinel*, 29 June 1912, p. 4.

and industrial development of Germany showed that the greatest of German interests was peace.³³⁶ Despite the rampant Germanophobia which existed at this period in Britain, these examples demonstrate that some continued to retain the positive Victorian attitudes of adulation of the country.

It was at the outbreak of the First World War that the Hospital had faced the most challenging period in its history. The British Government, mindful of the necessity of maintaining the maximal provision of hospital beds in the metropolis allowed the Hospital to remain open throughout the War. The Hospital Committee also resolved that if adequate medical and nursing staff could be maintained then it would endeavour to keep the establishment open. On 4 August 1914, Britain declared war on Germany. Two weeks later, *The Times* was reporting that the German Hospital had lost half its staff of doctors and several of its nurses had returned voluntarily to Germany, with other nurses having been deported. The pastor had also left England for Germany.³³⁷ It was the non-naturalised German doctors who were forced to resign. Repatriated to Germany, they served in the German military and naval forces.³³⁸ Yet despite the lack of medical staff the work of the Hospital continued, albeit on a reduced basis. A number of German ships' doctors assisted at the Hospital, prior to their repatriation to Germany but, predictably, there was a shortage of staff forcing a closure of the Eastern outpatient clinic and the admission of patients to the Hospital restricted to urgent cases.³³⁹ During the first years of the War, many German prisoners of war were admitted but

³³⁶ *Manchester Courier and Lancashire General Advertiser*, 28 June 1913, p. 7. *The Times*, 28 June 1913, p. 7.

³³⁷ *The Times*, 17 August 1914, p. 11.

³³⁸ Specht, *The German Hospital*, p. 54.

³³⁹ *Ibid.*, p. 53.

in 1917, the War Office transferred the majority of sick prisoners of war to military hospitals where there existed spare capacity.³⁴⁰

In the early days of the War, fifty beds in the Hospital and ten in the Convalescent Home were allotted to the British authorities for the reception of wounded allied soldiers.³⁴¹ In September 1914, the Prime Minister, Herbert Asquith, proclaimed that 'Responsibility for all the illimitable sufferings that now confront the world belongs to one Power and one Power only, and that power is Germany'.³⁴² The national mood quickly changed to hate and suspicion about the enemy aliens resident in England. In Parliament, William Joynson-Hicks asked the Home Secretary whether he had received a note from the Hitchin bench of Magistrates about the Convalescent Home; whether the entire indoor staff consisted of alien enemies; whether he was aware that the Home was situated on high ground commanding the town of Hitchin and, particularly, the Great Northern Station of that town? He stated that anxiety was felt in the district. The Home Secretary replied that he would inquire into the matter.³⁴³ But in February 1915, the Convalescent Home was taken over by the War Office for the reception of convalescent British Officers. The German Hospital, throughout the War, continued to treat wounded prisoners of war and accepted sick Germans from internment camps.³⁴⁴

³⁴⁰ Ibid., p. 54.

³⁴¹ *The Times*, 27 February 1915, p. 3.

³⁴² John Ramsden, *Don't Mention the War. The British and the Germans since 1890*, London: Little, Brown, 2006, p. 93.

³⁴³ *Parliamentary Debates*, Commons Sitting 24 February 1915, Fifth Series, Volume 70, Column 29,

³⁴⁴ Specht, *The German Hospital*, p. 53.

The size of the German population residing in the area around the Hospital never recovered after the War and this was reflected in the failing finances. Increased taxation in the post-War years resulted in fewer legacies and smaller donations. It was several years before new doctors arrived from Germany and in the meantime, their positions were taken by Swiss staff. This combination of a reduced income and increases in maintenance and administration costs forced the Hospital, in 1920, in common with many other voluntary hospitals at the time, to introduce a system whereby both inpatients and outpatients were requested to pay small contributions towards their treatment, although the poor continued to be entitled to free treatment.

Even so, between the World Wars many improvements were made at the Hospital.³⁴⁵ The important changes during this period included the opening of an Artificial Sunlight Lamp Department, refurbishment of the x-ray department with the latest equipment, a modern sterilising plant, the opening of a Dental Department, a new Ophthalmic Department, the inauguration of a Massage and Physiotherapy Department, a new children's ward and a Maternity Department. Many of these additions were funded by donations from supporters but some, including a new Pathological Department with its apparatus, a mortuary and post-mortem room and supplies of surgical instruments were presented by the German Government. Some of these improvements were introduced in the 1920s but the Physiotherapy Department, children's ward and the maternity department were built in the 1930s, during the Nazi period in Germany.

³⁴⁵ Ibid., pp. 57 & 64-5..

The main structural addition to the Hospital in this period was the 1936 extension, a block comprising of five floors containing private patients' rooms, nurses' accommodation, a maternity unit and nursery and a children's ward. On the roof was a terrace and garden, created for convalescents. The building was made possible by a gift of £16,000 from a former Swiss patient, Mrs B. Rienaccher.³⁴⁶ The total cost of the new wing was £80,000.

In the immediate period before the outbreak of World War II it is believed that von Ribbentrop, the German Ambassador, paid several visits to the Hospital. There were, undoubtedly, some Nazi sympathisers on the staff including the Hospital Chaplain, the Rev. Schönberger, and it could be surmised that von Ribbentrop was investigating the depth of support for Nazism in the Hospital.³⁴⁷ The Chaplain left before the outbreak of the War and joined the German Army. When War was declared in 1939, the German Junior medical staff, as well as the domestic staff, returned to Germany. The London Hospital provided a doctor and some medical students to assist the remaining medical staff but the Matron together with one half of the nurses elected to remain on their posts.

In 1940, it was reported that 'a swoop by a large number of Scotland Yard men' on the Hospital had resulted in the internment of 29 of the 30 alien sisters and nurses employed by the institution.³⁴⁸ The premises were thoroughly searched and after the Yard men departed, only one nurse was left in charge. After their arrest, the nurses were sent to Holloway Prison where they remained for a month

³⁴⁶ Elizabeth McKellar, *The German Hospital, Hackney*, p. 21-2.

³⁴⁷ Maureen Specht, *The German Hospital*, p. 57.

³⁴⁸ *The Times*, 3 June 1940, p. 10.

before they were transferred to the Isle of Man. To maintain the functioning of the Hospital assistance was provided by the London Hospital whereby a skeleton-staff of twelve British nurses was engaged. The arrests made it necessary to discharge all the patients who could be sent home, leaving 75 patients instead of the usual number of 224.³⁴⁹ Following the arrests, rumours circulated to the effect that the hospital was the seat of a spy network. The Chaplain had been a known Nazi and it was suggested that he had influenced some of the sisters. The Hospital was situated in a strategic position close to a railway and docks. No proof ever emerged about any Nazi sympathies among the sisters and in 1944 they were exchanged and repatriated to Germany through the International Red Cross.³⁵⁰

The Hospital did not escape German bombing and in 1940, two bombs fell in the Hospital grounds, one of which resulted in minor damage. With the German medical and nursing staff having departed, the Hospital was German only in name. A circular was therefore circulated to the subscribers, which stated:

The Hospital was founded and named the German Hospital almost 100 years ago by residents in this country of German origin. Apart from this, however, the Hospital, which in every respect conforms to British hospital rules and standards in its finance and administration and supervision at all times has been and is under British control.³⁵¹

From the founding years, when the Hospital proudly hailed its German origins, until the World Wars, the stance of the Hospital underwent significant and complex

³⁴⁹ Maureen Specht, *The German Hospital*, p. 62.

³⁵⁰ Ibid., p. 60.

³⁵¹ *The Hackney Gazette*, 3 June 1940.

changes. As more English patients availed themselves of its services, it gradually lost some of its German character. But those who managed the institution, nevertheless, attempted to preserve its German integrity. Hostilities with Germany then forced the Committee to reconsider their position until they felt obligated to release this circular in an attempt to detach the Hospital from any further German influence.

(d) The End of the Voluntary Hospitals

In the immediate post-World War I period, the idea of establishing a unified comprehensive health service was sometimes dismissed as an unrealisable, utopian objective.³⁵² But it was becoming increasingly inevitable from that time that a major reconstruction of the health services would need to come about resulting in the eventual loss of the voluntary hospital sector. In the inter-war years, deficiencies in the organisation and planning of the service, exacerbated by rapid developments in medical technology, were increasingly evident. The intolerance of the public to resort to charitable help and treatment when overtaken by serious illness was, by World War II, gaining momentum. Following the War, there was popular expectation for the establishment of a new comprehensive National Health Service and its proposal was greeted with popular acclaim.³⁵³ Despite the discussions in Government about radical changes likely to take place, between 1911

³⁵² Charles Webster, *The Health Services Since the War. Volume 1. Problems of Health Care. The National Health Service Before 1957*, London: Her Majesty's Stationery Office, 1988, p. 16.

³⁵³ *Ibid.*, p. 1.

and 1938, the number of voluntary hospitals in England and Wales increased from 783 to 1,255.³⁵⁴

In 1947, with a dwindling German population in East London and with financial problems besetting the management of its services, the Hospital Committee elected to end its status as a Voluntary Hospital and for it to become incorporated into the National Health Service. In common with many similar hospitals it was finding that its commitment to modernisation, to maintain a prestige among its competitors, was becoming increasingly costly because the expenses of the new medical technology and equipment exceeded its income. Moreover the remuneration of specialised staff required to manage the equipment was exacerbating their situation.

On 5 April 1948, after more than a century during which it had served as a valuable link between British and German medical circles, it officially ceased to exist as a voluntary hospital.³⁵⁵ It retained its name after losing its voluntary status because it had been founded under the protection of the Royal Family and a change would have required an Act of Parliament. In the Victorian era, when many new hospitals were founded on a sectarian or religious basis, the predominance of culture and religious tradition in the treatment of the ill was considered of primary importance over contemporary medical practice. These aspects were gradually lost with the advancement of medical knowledge and understanding.

³⁵⁴ Ibid., pp. 2-3.

³⁵⁵ Maureen Specht, *The German Hospital*, p. 61.

(3) The Status of Religion within the London German Hospital

(a) Was the Hospital a Sectarian Organisation?

Hackney, in the early Victorian years, was growing from a village to a mainly gentile urban environment. It was chosen as the site for the new German Hospital because of its proximity to the many Germans who lived in London. It remained a healthy area yet within easy reach of the city. Protestants and Jews lived in the borough with synagogues and churches existing in the eighteenth century. The first Jewish household recorded in Hackney after the Resettlement was in 1668 and Jews have lived in the area continuously to date. A reference appears in a diary of the Vicar of Hackney of a vestry meeting in 1715 of 'an order to make Jews pay the parish fees for their dead' and although most Jews were comfortably placed, there were some who lived in poverty.³⁵⁶ But by 1842, few of the wealthy Jews remained.³⁵⁷ In 1850 there were 18,000 to 20,000 Jews in London and about 35,000 in Britain as a whole.³⁵⁸ Later in the century, but before the mass migration of Jews from Europe commencing in 1881, it has been estimated that some 5,000 Jews lived in the Dalston, Canonbury, Highbury and Hackney areas.³⁵⁹ No hospital dedicated to the medical needs of the Jewish community existed in London in the nineteenth century although calls had been made for the establishment of such an institution.

In the East End, two voluntary hospitals had been founded before the German, the London Hospital in 1740 and the Metropolitan in 1836. Both were

³⁵⁶ Malcolm Brown, 'The Jews of Hackney before 1840', *Transactions of the Jewish Historical Society of England*, Vol. XXX, 1987-1988, pp. 71-89.

³⁵⁷ William Robinson, *Robinson's The History and Antiquities of Hackney*, London: John Bowyn Nichols & Son, 1842, Vol i, p. 210.

³⁵⁸ V. D. Lipman, *Social History of the Jews in England 1850-1950*, Watts & Co., 1954, p. 65.

³⁵⁹ *Ibid.*, p. 77.

open to all religions but from its earliest years, the German Hospital was founded on principles which promoted the Lutheran Protestant faith. Christian prayers took place on the wards, Christian clergy visited regularly and religious literature was circulated to the patients. At the opening ceremony, no representatives from other faiths had been invited. Although the Hospital Committee ostensibly claimed that its treatments were open to all faiths, there were examples of prejudice and forthright proselytization during its formative years. Towards the end of the nineteenth century this alleged freedom to practise alternative religious traditions within the Hospital would be called into question resulting in schisms with both the Catholic and Jewish communities. It could be argued, however, that the founders of the Hospital were aware of the common belief that the majority of the German migrants were irreligious and they thought that the Hospital could provide some missionary function. The reports in the *London City Mission Magazine*, stress perceived immorality as well as lack of religious adherence among the Germans. They stated that 'The Germans are very low and dissipated in their morals and habits'.³⁶⁰ One year later, the *Magazine* mentioned the 'rescuing' of 'upwards of fifty couples who lived in sin and iniquity'. It pointed to 'German coffee and lodging-houses', which it described as 'the very dens of sin and misery'.³⁶¹ Although the workers in the London City Mission held strong negative views about the Germans, they reserved their main hostility against the Catholics and Jews.

At the opening ceremony of the Hospital, Bunsen informed those attending that they had received positive assurances that, within six months, three

³⁶⁰ *London City Mission Magazine*, September 1864, p. 191. Quoted in Panikos Panayi, *German Immigrants in Britain during the 19th Century 1815-1914*, pp. 216-7.

³⁶¹ *London City Mission Magazine*, January 1865, pp. 1-12. Quoted in Panikos Panayi, *Ibid.*, pp. 217.

deaconesses, or Protestant Sisters from Kaiserwerth in Germany, as well as a matron, would commence nursing duties. In the meantime, they would employ a group of Christian nurses trained in London. Bunsen explained that Protestant nurses had been chosen because the majority of German migrants were of the Protestant faith. He gave assurances that no proselytism would take place at the Hospital and it would be open to all faiths speaking the German tongue with patients originating from the Baltic to the North Sea to the Rhine.³⁶² At the inaugural meeting in June 1845, he had stated, 'If Jews of the German Language present themselves they will, of course, be received like all others, and may be attended by nurses of their own profession. There is to be perfect equality, perfect liberty'.³⁶³

It was at the Kaiserwerth Institute that Florence Nightingale received part of her nursing training that was to lead on to her pioneering approach to nursing. The Institute, near Düsseldorf, was the most progressive establishment for the training of nurses in the mid-nineteenth century.³⁶⁴ It was established in 1833 by a Pastor Theodore Fliedner, and Nightingale spent three months there in 1851 on the advice of her friend Chevalier Bunsen. She had first met Bunsen in 1842, one year after his appointment as Ambassador to the Court of St. James. She observed practical nursing techniques and attended operations there after having first gained her parents' consent to stay.³⁶⁵ She acquired clinical experience by dressing wounds, practised bandaging, prepared and issued medicines and applied leeches. She grew

³⁶² *The Times*, 16 October 1845, p. 5.

³⁶³ Specht, *The German Hospital*, p. 18.

³⁶⁴ Elizabeth McKellar, *The German Hospital Hackney. A social and architectural history*, London: The Hackney Society, 1991, p. 18.

³⁶⁵ Mark Bostridge, *Florence Nightingale. The Woman and her Legend*, London: Viking, 2008, p. 127.

accustomed to being present at the bedsides of dying patients and asking Fliedner's advice on the best approach to take.³⁶⁶ She had previously paid two visits to the London German Hospital, where her name appears in the Hospital's visitors' book, to give her a taste of Kaiserwerth. The Institute had originally been founded as a home for discharged female convicts and had grown until it included a hospital, a lunatic asylum, an orphanage and two schools.³⁶⁷

The first annual general court of the governors of the Hospital took place in June 1846 at the London Tavern, Bishopsgate Street, with Chevalier Bunsen in the chair.³⁶⁸ A report mentions three Protestant ministers and four physicians in attendance. A favourable account of the progress to that date was given with details of 189 patients having been admitted since the opening of the Hospital and upwards of 600 having been treated, with 424 having been 'gratuitously relieved'. Only six deaths had taken place. It was stated that 'the whole of the officers connected with the Hospital spoke the German language'. A chapel had been erected next to the Hospital and because the majority of patients were Protestants, a Protestant chaplain, attached to the German Lutheran Church of the Prussian Legation, Trinity Lane, had been appointed. He was Dr Adolphus Walbaum, honorary secretary to the Hospital and one of its founders, whose salary was paid by the King of Prussia.³⁶⁹ However, the chairman emphasised that 'full liberty would be given to clergymen of any denomination to visit their poor [in the

³⁶⁶ Ibid., pp. 156-7.

³⁶⁷ Brian Abel-Smith, *A History of the Nursing Profession*, London: Heinemann, 1960, p. 18.

³⁶⁸ *The Daily News*, 19 June 1846.

³⁶⁹ Maureen Specht, *The German Hospital in London and the Community it Served 1845 to 1948*, p. 16.

Hospital], and to pray with them'. This form of statement was repeated on many occasions during the early decades of the Hospital.³⁷⁰

At a fund-raising event in May 1846, when more than £152 was collected, the Right Rev. Dr Wilberforce, the Lord Bishop of Oxford, preached a sermon at Grosvenor Chapel, South Audley Street, on behalf of the Hospital.³⁷¹ His Lordship took his text from the 14th verse of the 14th chapter of Revelations which states: 'And I looked, and behold a white cloud, and upon the cloud *one* sat like unto the Son of man having on his head a golden crown, and in his hand a sharp sickle'.³⁷² Here, the Son of man on the cloud represents Jesus, and the sickle, employed in the harvest, represents the in-gathering of the righteous. It was appropriate for the Bishop to use this metaphor in comparing the patients, who at the end of their lives would, he believed, be gathered in by Christ. But the introduction of this Christian discourse in support of the Hospital would seem to contradict the alleged non-denominational status of the Hospital at its foundation, and showed the complex and often contradictory forces at work within its origins.

By October 1846, the press was reporting that another divine service had taken place to celebrate the anniversary of the opening of the Hospital.³⁷³ By that time, the German nurses from Kaiserwerth were employed but receiving little or no emolument for their services. At the end of this first year 1,180 patients had been treated. It was noted that they could be admitted at all hours of the day and night and without any letters of recommendation being required. The German Hospital

³⁷⁰ Ibid., p. 83.

³⁷¹ *The Times*, 28 May 1846, p. 7.

³⁷² *New Testament, King James Version*, Revelations, Chapter 14, Verse 14.

³⁷³ *The Times*, 17 October 1846, p. 5.

differed from most in London which required 'letters of recommendation' before admission was accepted. Subscribers to hospitals could nominate patients to receive 'tickets' for admission but this was often opposed by the governors who wished to retain control over the inpatients. One consequence of this system was that the medical condition of the recipients of tickets bore no relation to the urgency of the cases.³⁷⁴ Many hospitals were strict about the eligibility for admission. Some did not admit children, those with infectious disease, those in terminal stages of a disease or patients judged to be incurable.

The occasion of the third anniversary dinner of the Hospital was reported in full in March 1848.³⁷⁵ In the chair was Sir Robert Inglis, deputising for the indisposed Duke of Cambridge. Inglis was a baronet and English Conservative politician who held staunch Anglican Church views. He was a friend of Florence Nightingale and served as a trustee at the Kaiserwerth Institution while his wife, Mary, became its President.³⁷⁶ The choice of his invitation to the chair is noteworthy because when the topic of Jewish relief was raised in the House of Commons in 1830, Inglis was violently opposed. He alleged that Jews were an alien people, with no allegiance to England, and that to admit Jews to Parliament would 'separate Christianity itself from the State'. Likely to have become prejudiced against him for his opposition to Jewish reform measures, Disraeli viewed him with contempt.³⁷⁷ Inglis's views were well known in 1848 and it is not likely that his

³⁷⁴ Brian Abel-Smith, *The Hospitals 1800-1948. A Study in Social Administration in England and Wales*, London: Heinemann, 1964, pp. 36-7.

³⁷⁵ *The Times*, 10 March 1848, p. 5.

³⁷⁶ Mark Bostridge, *Florence Nightingale*, p. 98.

³⁷⁷ http://www.nottingham.ac.uk/Manuscriptsandspecialcollections/learning/biographies/Sir_Robert_Inglis,_2nd_Baronet accessed 27 March 2015

invitation was accidental. The question could be asked whether the invitation indicated some covert anti-Semitic notions among the board members but, conversely, his connection with Kaiserwerth gave him some legitimacy. Some 250 guests were present at the dinner and they were informed about the progress of the Hospital. Since its establishment, 4,215 patients had been treated, 941 as in-patients and 3,274 as outpatients. Chevalier Bunsen took the opportunity to speak at length about the political situation in Europe and hoped 'that the peace of the world would not be shaken by all these commotions'.³⁷⁸

The 1848 revolutions involved most countries in Europe but, in Germany, arose because of the universal suppression of dissent. The country comprised of many small states but there was no unified leadership or opposition. The most important causes lay in an agricultural and economic crisis, with poor harvests, epidemic diseases including cholera and typhoid sweeping through Europe and unemployment leading to dependence on charity. All these factors resulted in mass migration. The revolutions were essentially urban movements but little was achieved in Germany and the worst aspects of the crisis were over within a year.³⁷⁹

The difficult and complex relationship between the Hospital and the Jewish community was raised again in 1849, when the *Jewish Chronicle*, which had been founded in 1841, made its first reference to the German Hospital which was situated in this area of Hackney that was populated by Jews.³⁸⁰ A correspondent had noted that the Hospital and its eastern dispensary had treated 9,000 patients

³⁷⁸ *The Times*, 10 March 1848, p. 5.

³⁷⁹ Anthony Wood, *Europe 1815 to 1945*, Harlow, Essex: Longman, 1964, pp. 133-4.

³⁸⁰ *Jewish Chronicle*, 7 December 1849, p. 67. [henceforth JC]

to that date, allegedly nearly one half of whom had been of the Jewish persuasion. He was surprised that very few Jewish names were present on the list of subscribers or patrons. Letters followed in response to this observation suggesting that the reason that the German Hospital was not receiving support from Jews was that it was reported to be a regular station for conversion missionaries. Another letter stated that, 'we require a hospital of our own. Till then our own medical relief of the poor will be a mockery'. ³⁸¹ Further letters followed in the *Jewish Chronicle*. ³⁸² One writer who had been an inpatient at the German Hospital for two months was complimentary about his treatment from the doctors and denied receiving any conversionist material but then admitted that he was aware that one 'mensch [a Jewish man] had been converted'. He added that this was 'a person that the Jewish religion has no reason to regret'. ³⁸³ The same correspondent wrote that he had seen as many as forty Jews in the outpatient department on a Saturday afternoon. Another letter expressed dissent that any conversionist activity was taking place.

It is noteworthy that the *Jewish Chronicle*, in an issue in 1850, reported that, at a recent public meeting of the committee of the German Hospital, it was declared that the wards would be open to every German, Christian or Jew, and that Jewish ministers could visit their brethren. ³⁸⁴

At a meeting of the Committee in March 1860, the Hospital Secretary read a letter he had received from a Mr Myers who was the sexton of the Great

³⁸¹ *JC*, 14 December 1849, p. 76.

³⁸² *JC*, 28 December 1849, p. 92.

³⁸³ *Ibid.*

³⁸⁴ *JC*, 27 June 1850, p. 190.

Synagogue, London.³⁸⁵ Myers wrote complaining that a Resident Physician at the Hospital had refused to release the body of a Jewish man and this had resulted in an extra expense for the burial of £1.5s (£1.25p). Moreover, a *post mortem* examination had been performed on the body but no consent for this had been obtained from the relatives. The outcome was that the Hospital refused to pay this expense but the matter of the *post mortem* was referred to a police court. At a subsequent meeting of the committee in July 1860, the Secretary reported that he had received a letter from the police court informing him that the Hospital did not have the power to conduct a *post mortem* examination without the sanction of the family. There was no further reference to the matter in the Hospital archives. This conduct of the Hospital clearly exhibited a disregard of the sensitivity of the family. Orthodox Jews believe in the sanctity of the body after death and do not approve of *post mortem* examinations of their deceased. Furthermore, they believe that burial should take place as soon as possible after death. It is likely that some members of the staff were aware of the practice of their Jewish patients but chose to ignore the custom.

In October 1860, another medico-legal issue, although of a non-religious nature, arose and was brought up at a committee meeting. An unmarried woman had given birth at the Hospital but had refused to disclose her name, presumably to avoid shame on her family. Once again, enquiries were made to the police and

³⁸⁵ *German Hospital Minute Book C* (GHA 2/3).

subsequently, the Hospital was informed that she was within her rights to withhold her name.³⁸⁶

Correspondence about the German Hospital resumed in the *Jewish Chronicle* in 1872 when Rev. M. Hart, a visitor at the Hospital reported that, on average, there were only eight Jewish inpatients at the Hospital.³⁸⁷ This small number seems surprising because, in 1849, a figure of several thousand Jews had been treated as outpatients in the Eastern Dispensary. Hart suggested that steps be taken to obtain a separate kitchen for the preparation of kosher food for Jewish patients but no further correspondence appeared on this matter for several years.

In 1878, a letter was published in the *Jewish Chronicle* by an ex-patient at the Hospital who lamented the lack of visits by ministers of religion to Jewish patients in London hospitals. In 1870, the United Synagogue, a union of orthodox London synagogues, had been founded and one of its first actions was to formally set up, in 1872, a Visitation Committee whereby ministers continue 'the visitation and religious supervision of Jewish inmates of workhouses, asylums, hospitals, reformatories, prisons etc. . . . on an organised system'.³⁸⁸ A reply of denial to the allegation in the letter followed with an assertion that weekly visits were paid to the German Hospital.

The topic of medical missionaries working in the Hospital arose again in letters to the *Jewish Chronicle* in 1880.³⁸⁹ One letter claiming missionary activity

³⁸⁶ *German Hospital Minute Book C*, (GHA 2/3).

³⁸⁷ *Jewish Chronicle*, 15 November 1872, p. 449.

³⁸⁸ Aubrey Newman, *The United Synagogue 1870-1970*, London: Routledge & Kegan Paul, 1976, p. 81.

³⁸⁹ *JC*, 29 October 1880, p. 5. 12 November 1880, p. 5.

suggested that the matter should be reported to influential members of the Committee of the German Hospital. A response from a member of the Hospital's Board of Management admitted that a missionary did 'insinuate himself' and attempt to tamper with the religion of some Jewish patients.³⁹⁰ But it was to be some ten years later when more serious allegations of proselytism were faced by the Hospital and this will be described later in this chapter.

The later years of the nineteenth century were associated with overt state anti-Semitism within Germany and this is likely to have provided fertile ground for prejudices to have arisen among some within the Hospital. In the German states before 1871 and in the Hapsburg Empire before 1867, Jews were routinely prevented from settling in certain towns and entering certain occupations. Even after their formal emancipation, Jews in German-speaking lands still suffered from a persistence of bureaucratic discrimination.³⁹¹ This period also coincided with the growth of Christian Missionary societies in London. In the *History of the London Society for Promoting Christianity Amongst the Jews*, the mission hall in Whitechapel was stated to be the centre of their work in 1900. It was the combination of a medical missionary organisation, with efforts of a more spiritual character that were described as 'making the work very effective and telling'.³⁹² The existence of anti-Semitism within British society can also be measured by the portrayal of Jews within literature, particularly by such authors as Belloc,

³⁹⁰ *JC*, 12 November 1880, p. 5.

³⁹¹ Todd M Endelman, 'Comparative Perspectives on Modern Anti-Semitism in the West', in David Berger (Ed), *History and Hate. The Dimensions of Anti-Semitism*, Philadelphia: The Jewish Publication Society, 1986, p. 101.

³⁹² Rev. W. T. Gidney, *The History of the London Society for Promoting Christianity Amongst the Jews, From 1809 to 1908*, London: 1908, p. 533.

Chesterton and T. S. Elliot.³⁹³ In 1905, the passage of the Aliens Act through Parliament was also associated with a substantial quantity of political and press anti-Semitism.

The *Jewish Chronicle* carried a letter of information from the Secretary of the German Hospital in an issue in December 1884.³⁹⁴ It pointed out that the Hospital contained 125 beds, twenty of which were occupied by Jewish patients. It stated that they were visited weekly by a lay-visitor, Miss Aaron, and by Rev. M Hast and others 'when required, and as and when they please'.³⁹⁵ The Hospital Secretary wrote that the Hospital had, proportionately, a larger number of Jewish patients than the London Hospital and at the Eastern Dispensary in Mansell Street for outpatients, nearly all patients were Jewish. The writer did not state the purpose of his letter but it is likely that he was appealing for financial support from the large Jewish community living in the East End who used the Hospital services.

In 1886, the death was announced of Dr Sigismund Sutro who had been the Senior Consulting Physician to the German Hospital for some forty years. He had written many articles about German mineral baths and European spas. After studies in Munich and Heidelberg he settled in London and soon became naturalised. He was elected a Fellow of the Royal College of Physicians in 1873. His obituary in the *British Medical Journal* mentioned how he was known to almost every German in

³⁹³ For a detailed discourse on this subject see, Bryan Cheyette, *Constructions of 'the Jew' in English Literature and Society. Racial Representations, 1875-1945*, Cambridge: Cambridge University Press, 1993.

³⁹⁴ *JC*, 5 December 1884, p. 7.

³⁹⁵ Marcus Hast was born near Warsaw, where he served as a synagogue cantor. At the age of twenty-four he studied music in Germany and in 1871 he became the cantor in the Great Synagogue in London. He was also a composer of synagogue music. <http://geoffreyshisler.com/biographies-2/marcus-hast/> Accessed 14 May 2015.

London.³⁹⁶ *The Jewish Chronicle* stated that his father was learned in rabbinic lore and that Dr Sutro was a member of the Great Synagogue in London.³⁹⁷ In the same issue of the *Jewish Chronicle*, a report of the Visitation Committee of the United Synagogue indicated that Miss Aaron had visited the German Hospital on fifty-one occasions over the course of a year.³⁹⁸

The issue of the lack of Jewish ministerial visits to the German Hospital provoked correspondence in the *Jewish Chronicle* for more than one year.³⁹⁹ The Visitation Committee of the United Synagogue reported that Mrs Louis Adler attended regularly but a letter from a Jewish patient who had been an inpatient at the German Hospital for several weeks with five co-religionists maintained that they had not received any visit from a Jewish minister although they were aware that Protestant and Catholic clergy visited regularly.⁴⁰⁰ Some months later Rev. D. H. Adler deprecated the lack of visiting by Jewish ministers and stressed the need for the exercise of vigilance at the Hospital because of allegations of missionary activity. At a meeting of the Visitation Committee in 1891 the members were informed that the German Hospital was receiving more Jewish clerical visits than the previous year. The Chief Rabbi, Dr Hermann Adler, questioned the Visitation Committee in 1892 to ask whether the Hospital needed a Jewish ward as one had been set aside specially for Jewish patients at the London Metropolitan Hospital. The Metropolitan Free Hospital, as it was first named, was established in 1837 and

³⁹⁶ *British Medical Journal*, 6 March 1866, p. 470.

³⁹⁷ *JC*, 26 February 1886, p. 7.

³⁹⁸ *Ibid.*, p. 10.

³⁹⁹ *JC*, 1 March 1889, p. 13; 9 August 1889, p. 6; 28 February 1890, p.20; 27 February 1891, p. 16; 6 May 1892, p. 15.

⁴⁰⁰ *JC*, 9 August 1889, p. 6.

supported by Prince Albert. Its object was 'to grant immediate relief to the sick poor of every nation and class whatever may be their diseases, on presenting themselves to the charity without a letter of recommendation; such letters being always procured with difficulty and often after dangerous delay'.⁴⁰¹ The Hospital was situated in the East End, in the centre of the Jewish population and, from the 1870s, it advertised regularly in the *Jewish Chronicle* pointing out that it treated many Jews.

It was at a meeting of the Hospital Committee on 25 January 1894 that allegations of proselytization were raised against the German Hospital. A letter was read from Mr Louis Davidson, Chairman of the Visitation Committee of the United Synagogue.⁴⁰² He wrote that 'flagrant attacks are being made by the Christian clergy at the German Hospital to proselytise the Jewish inmates. This is by no means the first time a similar complaint has been made'. Davidson, as a young man, had been one of four bearing a canopy at the consecration service in 1871 of London's new Central Synagogue attended by many including the Chief Rabbi, Nathan Adler and Sir Moses Montefiore.⁴⁰³

At a meeting at the Hospital on 8 February 1894 it was reported that further complaints had been made when a nurse had allegedly made disparaging remarks to a patient about her Jewish religion and had made several attempts to bring about her conversion. The Hospital Superintendent had, in the meantime, reported that this patient had told others that she was married to a Christian. In

⁴⁰¹ Archives of the Metropolitan Hospital, St Bartholomew's Ha/56/1. Quoted in Geoffrey Rivett, *The Development of the London Hospital System*, London: King Edward's Hospital Fund, 1986, p. 25.

⁴⁰² *German Hospital Minute Book J* (GHA 2/10).

⁴⁰³ *JC.*, Rev Michael Adler 'The history of the Central Synagogue, 1855-1905', 14 April, 1905 and 21 April 1905.

another case, a Dr Ludwig, an Honorary Medical Officer, had expressed his apprehension that young Medical Officers from Germany might be tainted with anti-Semitic feelings which stood in their way of admitting Jewish patients. He alleged that proselytization was taking place and repeated them to Davidson and Ornstien who had later visited the Hospital on behalf of the Visitation Committee of the United Synagogue.

The Duke of Cambridge in giving his annual report stated that foreign hospitals in a foreign land were always, to a certain extent, at a disadvantage, but he thought that no one could deny the benefits that accrued from the London German Hospital.⁴⁰⁴ He did not expand on his statement but he may have implied that the language, cultural and religious differences, as well as the dissimilarities in the practice of medicine could create complexities for both English patients and physicians. The Hospital had 120 inpatient beds with an additional twenty in convalescent homes. By 1893, the Chairman of the Management Committee was reporting about the growing influx of destitute persons from Russia and Poland, 'slightly conversant with the German language' who sought the benefits of the Hospital and its dispensaries.⁴⁰⁵ This period corresponds with the height of Jewish migration from Eastern Europe with the settlement of Jews in the East End. It is likely that the Chairman, Edward Jacob, had in mind the pressure that his Yiddish-speaking co-religionists were imposing on the Hospital and was finding this an embarrassment. An obituary of Jacobs in the *Jewish Chronicle* describes that he devoted his energies to the German Hospital and 'although efforts may have

⁴⁰⁴ *The Morning Post*, 12 May 1892, p. 3.

⁴⁰⁵ *The Morning Post*, 28 January 1893, p. 2.

occasionally been made at proselytising, those attempts never succeeded, for Mr Jacob's presence on the governing body was a guarantee that no tampering with the religious views of the Jewish patients would be tolerated'.⁴⁰⁶ A complaint was also received from a Roman Catholic minister alleging that free access for visiting ministers was being denied. The Committee responded that 'at no time will admission be denied to a priest when he comes to visit a specific patient'.

These matters reached the press and reports appeared in *The Jewish Chronicle* and the *Hackney and Kingsland Gazette* - although a letter in the former may have contributed to incorrect anecdotal reports later.⁴⁰⁷ The correspondent, identified as 'a Founder of the German Hospital', alleged that Jewish and Catholic patients were forced to attend Protestant services and the Chairman, in his explanation, had confirmed that the Hospital was a Protestant institution. The writer claimed that the Hospital was brought into existence at the insistence of the Jews, but particularly by Dr Freund and himself, with many co-religionists collecting money and writing to influential persons. He continued by alleging that when the motion forwarded by Mr Walbaum, the Protestant clergyman, that all nurses should be Protestant, Dr Freund resigned. The contents of this letter were patently untrue as the circumstances of Dr Freund's resignation were, as later described, related to other matters. Another letter writer agreed that the German Hospital was founded to be on non-sectarian lines but 'for some years, the policy has been to propagate Protestant Christianity'.⁴⁰⁸ As the subject gained momentum, at a

⁴⁰⁶ *JC*, 3 July 1896, p. 10.

⁴⁰⁷ *Jewish Chronicle*, 9 February 1894, *Hackney and Kingsland Gazette*, 16 February 1894.

⁴⁰⁸ *Ibid.*, 23 February 1894, p. 13.

Special Meeting of the Court of Governors held on 8 March 1894 it was resolved that:-

1. Roman Catholic priests and nuns may visit the Hospital on Mondays.
2. That the German Hospital is a Protestant institution is not in accordance with the idea that led to the founding of the Hospital.
3. The Chaplain of the Hospital when visiting Protestant patients may read from the bible and give them words of consolation but religious services or scriptural readings shall not be publically held on the wards.
4. The German Hospital is a National German institution and shall be conducted on unsectarian lines.⁴⁰⁹

The meeting was told that a letter dated 22 February 1894, had been received from Louis Davidson asking whether he, together with Mr Ornstien, the Secretary of the United Synagogue, could visit the German Hospital to ascertain the truth of the allegations. He wrote that, in his opinion, the religious liberty of Jewish patients at the German Hospital was not as sufficiently safeguarded as it ought to be. He then listed some complaints:-

1. Every Tuesday afternoon, Protestant religious services are held on the wards by the chaplain. The patients of other than the Protestant faith are forced to assist in these services whether they wish to or not.
2. Protestant tracts are freely distributed to all patients. The Committee have declared that they are unable to guarantee the discontinuation of this practice.

⁴⁰⁹ German Hospital Minute Book J (GHA 2/10)

3. Jewish inpatients are seen to participate in the Protestant services in the Hamburg Lutheran Church, Dalston, which is connected by a covered passage to the Hospital.

4. One named patient is said to have left the German Hospital and is now an inpatient at the Middlesex Hospital because of repeated attempts to proselytise her.

The letter described how all the allegations had been denied by the Hospital and it included a suggestion that the practice of scripture reading in the wards should be discontinued.

In March 1894, the *Jewish Chronicle* reported that letters had been sent to the German, French and Italian Hospitals in London enquiring about their religious services. The German Hospital had refused to answer but the others did reply.⁴¹⁰

On 9 March 1894, the *Jewish Chronicle* published a long letter from Davidson and Ornstien describing the details of the allegations and of their investigations.⁴¹¹ They concluded that there was insufficient evidence to adduce the justification of the allegations. An editorial in the same issue described the statements made about proselytising at the Hospital as being greatly exaggerated but not groundless.⁴¹² Later, the Hospital Committee wrote to Dr Ludwig requesting that he withdraw his statements which were described by other Medical Officers as inaccurate. He refused to withdraw them and subsequently forwarded his resignation. Although the matter appeared to have been resolved, articles about

⁴¹⁰ *JC.*, 2 March 1894, p. 9.

⁴¹¹ *Ibid.*, 9 March 1894, p. 11.

⁴¹² *Ibid.*, 9 March 1894, p. 7.

the German Hospital continued to appear in the *Jewish Chronicle* for a further several months. In June 1894, the paper published a letter from Stuart Samuel. Samuel at that time was a partner in the family bank and had been elected to the London County Council for Whitechapel.⁴¹³ He wrote that although the German Hospital was a valuable asset, the London Metropolitan Hospital should be supported and attempts should be made to modify the policy of the German. On the following week, the *Jewish Chronicle* published a letter from Louis Davidson in which he felt justified in recommending the transfer of Jewish sick from the German to the Metropolitan Hospital.⁴¹⁴ It is noteworthy that in the same issue an article appeared recommending the founding of a Jewish hospital or a Jewish wing or ward attached to an existing institution.⁴¹⁵ By September, Davidson announced that he had succeeded in arrangements to be made for all sick German Jews to be treated at the Metropolitan Hospital without sectarian influence.⁴¹⁶ One month later, it was announced that, 'after several months' trial', the German Hospital was able to make arrangements for both Jewish and Catholic patients to be nursed on separate male and female wards and that the Protestant Chaplain would not hold services on those wards. A letter from Davidson stated that he had just learnt of the arrangement although it had been operating for four months. He believed this tardy reversal of policy was unacceptable and stood by the arrangement with the Metropolitan Hospital.⁴¹⁷ The correspondence ended with a letter from a Mr

⁴¹³ *JC.*, 15 June 1894, p. 7. Samuel later became a Liberal Member of Parliament and was associated with allegations in the "Indian silver affair", although was completely vindicated. John Bowle, *Viscount Samuel. A Biography*, London: Victor Gollancz, 1957, pp. 15 & 101.

⁴¹⁴ *JC.*, 22 June 1894, p. 7.

⁴¹⁵ *Ibid.*, 22 June 1894, p. 8.

⁴¹⁶ *JC.*, 28 September 1894, p. 6.

⁴¹⁷ *Ibid.*, 26 October 1894, p. 7.

Kleimenhagen, of the German Hospital, urging subscribers who had withdrawn their support to reconsider their decision.⁴¹⁸ At the Annual Conference of the Visitation Committee in 1898, the delegates were informed that the differences with the German Hospital had been resolved and that the community should resume its support.

There seems little doubt from this account of the first fifty years of the German Hospital that although it wished to portray an ecumenical image from its foundation, the reality was quite different. At several stages, when its religious focus was put to the test, the covert inclinations of the Board of Management and of some individuals were revealed. In an explicit declaration of his belief, Baron Schröder had declared at a meeting in 1894 that the Hospital was 'decidedly a Protestant institution'.⁴¹⁹ Although he believed in liberty, one of his missions was the reclaiming and Christianising of the Jews.⁴²⁰ Services had taken place on the wards for several years and the Chaplain, in 1893, had written that 'it was the Rule that all present should take part in the service', however this was not warranted in the Rules. Although denied, it is likely that proselytization *did* take place and was tolerated by the Hospital but the United Synagogue Visitation Committee elected not to contest the issue. The later opening of the Jewish and Catholic wards was both an admission of their misjudgement and a reaction to a potential loss of subscription income.

⁴¹⁸ Ibid., 9 November 1894, p. 7.

⁴¹⁹ Maureen Specht, *The German Hospital*, p. 43.

⁴²⁰ Maureen Specht, *The German Hospital*, p. 46.

In 1899, in an effort to attract more Jewish patients to the German Hospital and to compete with the Metropolitan Hospital, a proposal was made to open a kosher kitchen. An appeal was made for £1,000 but a meeting to discuss the matter was poorly attended and the funding received little sympathy.⁴²¹ The recent controversy about alleged proselytisation undoubtedly had some influence on Jewish support for the Hospital. But, in December 1900, a kosher kitchen was opened by the wife of the Chief Rabbi, although its establishment was not without some misgivings from the Hospital staff. The costs of the building and all expenses and maintenance were met by the Jewish community. It is revealing that when the Chief Rabbi received the Deed of Trust to the kitchen, he remarked that 'it saved the Jewish community from the necessity of establishing a separate Jewish hospital'.⁴²² This comment exposed an example of the attitude of the Jewish elite against the establishment of a Jewish hospital, to be discussed in the next chapter. Frequent appeals in the pages of the *Jewish Chronicle* for continuing financial support for the kitchen and regular reports of fund-raising events were published for many years. The kitchen functioned until the Second World War.

A letter was published in the *Jewish Chronicle* in 1904 from the Secretary of the German Hospital Kosher Kitchen Committee detailing the many thousands of kosher meals supplied during the year.⁴²³ It provided annual statistics of the number of Jewish inpatients treated in the Hospital:

⁴²¹ *JC.*, 15 December 1899, p. 22.

⁴²² *The Hackney Gazette*, 14 December 1900, quoted in Specht, *The German Hospital*, p. 47.

⁴²³ *JC.*, 1 July 1904, p. 23.

<u>Year</u>	<u>Total inpatients</u>	<u>Jewish inpatients</u>	<u>Average length of stay (days)</u>	<u>Ratio</u>
1901	1846	331	24½	18%
1902	1787	457	25	25%
1903	1833	430	23	23%

Two noteworthy points are apparent from this table. Firstly, the average length of stay seems rather prolonged but this was likely to be the norm in most Voluntary Hospitals of the day and will be compared with that of the London Jewish Hospital in Chapter 3. Secondly, the proportion of Jewish inpatients treated appears to be high. Several factors may have contributed to these figures. The past controversies with the Hospital had mainly been forgotten and the co-operation of the Hospital making kosher food available improved its image within the Jewish community. Moreover, no extra charge was made for the provision of special food. The influx of East European Jewish migrants together with the movement away of many of the German population from the area contributed to these figures.

In 1904, the increasing number of Jewish migrants settling in the area motivated the Committee of the Federation of Synagogues to write to the German Hospital requesting that the Hospital's Eastern Dispensary be opened every day.⁴²⁴ It was only open on two days each week and the Federation was likely to have been concerned about the activity of the medical missionaries. It was several months before a reply was received which stated that the request could not be considered.

⁴²⁴ JC, 21 October 1904, p. 14.

⁴²⁵ No significant events in connection with the Jewish community occurred at the Hospital up to its integration into the National Health Service in 1948.

In the history of the first sixty years of the London German Hospital significant changes are revealed in the attitudes of its management towards the treatment of English patients. At its foundation, when Germany was closely allied with England, politically, militarily and in ties within royalty, a dedicated hospital for Germans, living in London, was celebrated. But, with the rise of Germanophobia before World War I, the Hospital, in an attempt to allay hostility from the British public, sought to temper its image by removing its barriers to admission on the basis of sectarianism. Many of its financial supporters were British and risks to funding were evident. Ambiguous opinions are likely to have existed among members of the Hospital Committee concerning its place within the British voluntary hospital system but a pragmatic approach would appear to have gained acceptance.

(b) Anglo-Saxonism and Anglo-German Loyalties in Victorian Britain

During the early Victorian years there was a belief in a racial affinity between the British and Germans with 'Anglo-Saxonism' and its idea concerning the sharing of linguistics and culture. But later in the century virtually every strand of the German community faced hostility from the English population at some point. ⁴²⁶ In some cases it was based on jealousy as wealthy Germans gained prominence in British society and Germany achieved its economic miracle of growth in population,

⁴²⁵ *JC*, 28 July 1905, p. 19.

⁴²⁶ Colin Holmes, *A Tolerant Country? Immigrants, Refugees and Minorities in Britain*, London: Faber & Faber, 1991, p. 18.

urbanisation, industrialisation, production and commerce making her the wonder of Europe.⁴²⁷ German philosophy became an inspiration for British metaphysicians and political thinkers for more than half a century and German educational methods were to be the envy and inspiration of British schools and universities.⁴²⁸ It was the German reaction to the Enlightenment with its transformation of intellectual life and its transference to Victorian Britain that led to the appeal of many aspects of German culture in the realms of literature and scholarship.⁴²⁹ Chevalier Bunsen, the Prussian envoy, who became a leading supporter of the London German Hospital, became for many in Britain the epitome of German learning. He embodied the German Idealists' tendency to study everything scientifically and academically in order to understand God. He became an important facilitator of Anglo-German intellectual exchange in many areas.⁴³⁰ Additionally, the close association between British and European royalty undoubtedly raised the Hospital's prestige and, in its early years, it benefited by this Anglo-German friendship. During the century there sprung a belief that the German *Volk* were the ancestors of the English and they shared a common heritage. Philological researches involving efforts to determine the origins of their languages assumed strong racial overtones but their fundamental error was the assumption that the affinity of language proved affinity of race.⁴³¹ As mentioned, towards the end of the century, before the First World War, the situation changed, although

⁴²⁷ John Ramsden, *Don't Mention the War. The British and Germans since 1890*, London: Little Brown, 2006, pp. 3, 49.

⁴²⁸ A. N. Wilson, *The Victorians*, London: Hutchinson, 2002, p. 350.

⁴²⁹ John R. Davis, *The Victorians and Germany*, Bern, Switzerland, Peter Lang, 2007, p. 25.

⁴³⁰ *Ibid.*, p. 127.

⁴³¹ Reginald Horsman, 'Origins of Racial Anglo-Saxonism in Great Britain before 1850', *Journal of the History of Ideas*, Vol. 37, No. 3 (Jul. – Sep. 1976), p. 392.

even by 1891, *The Times* was reporting a state visit by the Kaiser emphasising his closeness to British royalty.⁴³²

But towards the end of the nineteenth century antagonism towards the Germans grew further and was accompanied by fear and paranoia. It coincided with the end of the Franco-Prussian War and the defeat of France. There was apprehension about German militarism, augmented by novels describing a German invasion of England. One of the first, *The Battle of Dorking*, was published in 1871 and by 1914 some 400 books of invasion literature had been published.⁴³³ German gypsies, a minority group, were also looked upon with suspicion.⁴³⁴

It was during and following the First World War that intense hostility grew against the German population, especially in the East End. Rumours circulated that the Hospital was a 'nest of spies' and during Zeppelin raids, the local population crowded into the Hospital's corridors, believing that the building would be immune from attack.⁴³⁵

But, throughout its more than one hundred years of existence, no strong arguments arose within the press against the Hospital as an institution serving a separate national group. This was despite the two World Wars with Germany during the twentieth century. It seems that the British Government, mindful of the

⁴³² *The Times*, 6 July 1891.

⁴³³ George Tomkyns Chesney, *The Battle of Dorking*, London: Lipincott, Grambo & Co., 1871.

⁴³⁴ One group to receive the most hostility was the Gypsies, including those originating from Germany who arrived after 1904. However, their stay turned out to be temporary. It was the period around the passage of the Aliens Act 1905 when anti-alienism was reaching its zenith, mainly concentrated upon the Jews. But, with reference to the gypsies, Sir Howard Vincent asked in the House of Commons, 'how are we to get rid of these wretched people?' The answer came only a little later when hundreds were deported back to Europe. Parliamentary Debates (Commons), vol. 162 (1906), col. 1357.

⁴³⁵ Specht, *The German Hospital*, p. 54.

need for the most possible hospital beds in the metropolis, encouraged its continuation. More relevant was the opening of the Hospital to treat British patients and others on a non-ecumenical basis. The conflicts that did take place were principally of a religious nature during its early decades and these were resolved when they threatened the Hospital's income.

4. Medical Issues and Practices at the London German Hospital

(a) Medical Issues in Britain and Germany

At the time of the founding of the German Hospital, sanitarianism had become a leading belief in the realm of public health. It postulated the principle that the reduction of environmental pollution would have a direct benefit on public health. The first Medical Officer of Health was appointed in Liverpool in 1847 and a Public Health Act in 1848 saw the first central health department established.⁴³⁶ Between 1848 and 1854 the standardised death rate (per thousand of the population) in England and Wales for infectious diseases was 12.97 and, by comparison, in 1971 had fallen to 0.71.⁴³⁷

In the mid-nineteenth century Germany had taken a lead in hospital based laboratory science. Britain lay far behind the German academic scene and compared poorly with their research and its influence on the practice of clinical medicine. Programmes of chemical analysis of living organisms and physiological experimentation by researchers, who became international celebrities, contributed

⁴³⁶ Margaret Pelling, Mark Harrison and Paul Wendling, 'The Industrial Revolution 1750 to 1848' in Charles Webster (ed), *Caring for Health: History and Diversity*, Buckingham: Open University Press, 1993, p. 46.

⁴³⁷ Steven Cherry, *Medical Services and the Hospitals in Britain 1860-1939*, Cambridge: Cambridge University Press, 1966, p. 15.

to the scientific revolution emanating from Germany. Names such as Virchow, a pioneer in the specialism of cellular pathology who first described leukaemia in 1845, Henle, a physician and anatomist who researched the structure of the kidney, von Helmholtz, a physician and physiologist who contributed to research in sound and vision, and Schwann, a physiologist, whose gave his name to Schwann cells, which exist in the peripheral nervous system, were vanguards in their fields. These men became directors of medical research and their high reputation remains to the present day.⁴³⁸ The improvements in the development of microscopes enabled the closer examination of tissues and cells to take place and for the advancement of the new specialism of histology. It was these advances that were familiar to the German doctors working in London that encouraged many British doctors to travel to Germany and spend time in their hospitals to further their education. In Britain there was a reluctance to embrace this emphasis on research, and full time academic appointments, which resulted in independence from private practice, did not develop in the London medical schools until after World War I.⁴³⁹

It should not be thought, however, that British medicine failed to contribute to the progress of medicine in the nineteenth century. New medical schools were being founded in the provinces but in the mid-nineteenth century, at Guy's Hospital, the names of Richard Bright, Thomas Hodgkin and Thomas Addison stand out.⁴⁴⁰ Bright's name is associated with the description of chronic nephritis, a kidney disorder that he observed in the *post-mortem* room. He was the first to

⁴³⁸ Roy Porter, *Blood and Guts, A Short History of Medicine*, London: Allen Lane, 2002, p. 80.

⁴³⁹ Charles Webster, *Caring for Health*, p. 76.

⁴⁴⁰ K. Bryn Thomas, 'General Medicine' in *British Contributions to Medical Science*, (Ed. William C. Gibson), London: Wellcome Institute of the History of Medicine, 1971, pp. 8-28.

differentiate between cardiac and renal dropsy. Hodgkin was associated with the description of Hodgkin's disease, a cancer of the lymphatic tissue, and Addison pioneered work on glandular disorders but was unable to discover their biochemical basis. Other areas in which British physicians extended the boundaries of knowledge during this period were tuberculosis, deficiency diseases, the discovery of antibiotics and epidemic diseases, including cholera.

Although the German Hospital did not establish a medical school, it nevertheless, encouraged the research and treatment of many conditions by its clinicians, with one example, that of Dr Frederick Parkes Webber.

(b) Dr Frederick Parkes Weber and some Clinical Conditions seen at the Hospital

In 1893, Dr Frederick Parkes Weber was appointed a physician to the German Hospital where his career spanned over fifty years. He is remembered for his vast output of manuscript notes, reprints and case reports which were presented to the Wellcome Library, London, in 1958.⁴⁴¹ The collection was so large that it was not until 2000 that a catalogue was finally produced. His work included well over one thousand articles on a range of medical subjects with many involving rare diseases which were of particular interest to him. His name is associated with several eponymous conditions including Rendu-Osler-Weber disease (a familial condition of blood vessels),⁴⁴² Weber's Disease (a skin disorder) and Weber-Klippel syndrome (a disorder of blood vessels resulting in limb hypertrophy). Other disorders bearing his name are Weber-Christian disease (a relapsing inflammatory condition of fatty

⁴⁴¹ Lesley A. Hall, 'Illustrations from the Wellcome Library. A "Remarkable Collection": The Papers of Frederick Parkes Weber FRCP (1863-1962)', *Medical History*, 2001, 45: 523-532.

⁴⁴² *Lancet*, 1907, Vol 2, p. 160.

tissue) and Sturge-Weber-Kalischer disease (a circulatory disorder of the brain). He was one of the first physicians to describe Frey's syndrome (facial sweating while eating due to nerve damage to a salivary gland)⁴⁴³ The condition of Ehlers-Danlos syndrome (hyperextensible skin and hypermobile joints together with benign skin tumours) had first been described in the early twentieth century but it was Parkes Weber who delineated what had become a confused and complex terminology, and pointed out that all the signs were appropriate to this disorder.⁴⁴⁴ It is the condition associated with circus contortionists. At the time only six cases had been recognised in England. In 1907, he co-authored a book with his father Sir Hermann Weber, who was a leading exponent of the treatment of tuberculosis by residence at elevation in the Swiss Alps, *Climatotherapy and Balneotherapy*.⁴⁴⁵

Parkes Weber did not confine his interest only to rare conditions but his clinical notes include records of his patients suffering from tuberculosis, syphilis, hormonal problems, eating disorders and cardiac, kidney and liver diseases. He had a fascination with psychosomatic disorders and hysteria, his notes including descriptions of, what now, would be classified as Munchausen's syndrome, whereby a patient gains hospital admission, feigning illness in order to undergo investigations which may even result in surgery.

⁴⁴³ *Transactions of the Clinical Society of London*, 1897-8, Vol. 31, p. 277.

⁴⁴⁴ Peter Beighton, *The Ehlers-Danlos Syndrome*, London: Heinemann, 1970, p. 9.

⁴⁴⁵ Sir Hermann Weber & Frederick Parkes Weber, *Climatotherapy and Balneotherapy; the climates and mineral water health resorts (spas) of Europe and North Africa, including the general principles of climatotherapy and balneotherapy, and hints as to the employment of various physical and dietetic methods; being a 3rd edition of 'The mineral waters and health resorts of Europe' much enlarged in respect to medical climatology*, London: Smith Elder & Co., 1907.

In 1943, on the occasion of his 80th birthday, coinciding with the 50th anniversary of his appointment as a physician to the Hospital, the Hospital held celebratory events at which many tributes were paid by his colleagues. In one address it was mentioned that during the bombing in the London blitz in 1940-1, he continued to visit his patients daily at the Hospital.⁴⁴⁶ Speakers referred to the nineteen books and 966 publications he had written up to that date. There were years when he had written forty-seven papers, and in no year between 1892 and 1943 had he failed to have a paper published.

Parkes Weber's case notes from 1898-1911 at the German Hospital include a miscellany of his patients' disorders.⁴⁴⁷ He described the case of a 23 year old barber, a native of Germany, who had sudden episodes of dropsy (an abnormal retention of body fluid) due to a kidney disorder and who, within a short time, without treatment, lost all the excessive fluid. He named this 'a kind of cardiuretic crisis'. In another case he described a similar patient, a man age thirty-six who was treated with citrate of caffeine and lost 4½ stone in sixteen days.

In 1897, a well-developed seventeen year old clerk was admitted to the German Hospital with a skin disorder over his left shoulder which Parkes Weber called *Linea Albicans*. It had the form of a white line in the skin. He believed the condition was idiopathic but remarked that it might occur during an episode of typhoid fever.⁴⁴⁸

⁴⁴⁶ *Frederick Parkes Weber's Collected Writings in Celebration of his 80th Birthday and 50th Anniversary as Visiting Physician to the German Hospital, London. May 8th 1943 by the Medical Staff.* Wellcome Library.

⁴⁴⁷ Wellcome Library, PP/FPW/A.2/1.

⁴⁴⁸ Ibid.

He examined a seventy-one year old man, a German dyer, who was admitted to the German Hospital on 25 November 1911 with cancer of the oesophagus. He diagnosed a secondary lung infection (an empyema), pulmonary tuberculosis and a thrombosis of the left jugular vein. The patient died three days later and the diagnoses were confirmed on necropsy.

He observed in several cases how tertiary syphilis involving the lungs could resemble pulmonary tuberculosis (this pre-dated the use of radiological examinations). In some cases he was able to treat syphilis successfully with mercury and potassium iodide. A similar case was that of a well-nourished forty-six year old married woman with pulmonary syphilis who responded well to treatment with potassium iodide. His MD thesis (1892) was titled 'On the association of chronic interstitial nephritis [a kidney disorder] with pulmonary tuberculosis.

His papers include nineteen groups of material primarily concerned with tubercular disorders and a further twenty-two which touch on the subject.⁴⁴⁹ He wrote of the early use of Salvarsan (an arsenical preparation coined 'the magic bullet' by Dr Paul Ehrlich) used in the treatment of syphilis. The drug was associated with various adverse reactions which were described by Parkes Weber.

In 1896 he saw a fifty-nine year old male in the outpatient department. He appeared to be a strong man but both his femora (leg bones) were bent, consistent with the condition of Paget's disease. The patient had experienced pain in the right femur for three years but in 1897 he re-attended the Hospital having accidentally fractured the shaft of the right femur. This had surprisingly resulted in less pain

⁴⁴⁹ Lesley A. Hall, 'Illustrations from the Wellcome Library. A "Remarkable Collection": The Papers of Frederick Parkes Weber FRCP (1863-1962)', *Medical History*, 2001,45: 523-532, p. 524.

from the Paget's disease. He was followed up, prescribed potassium iodide and opiates and the fracture reunited and healed naturally.

A twenty-nine year old obese woman who had sustained a recent miscarriage was admitted to the Hospital with paralysis affecting all her limbs. He diagnosed a generalised inflammation of her peripheral nerves but was unable to explain the cause having excluded infection or chronic alcohol intoxication. Another case in which a diagnosis was not made involved a twenty-one year old tailoress who had been born in Russia. She was admitted in 1898 with an eight day history of headache and vomiting followed by acute retention of urine. The patient died shortly after admission. At post-mortem she was found to have 'internal hydrocephalus' (water on the brain) and her features suggested myxoedema (a low level of thyroid hormone in adults due to an underactive thyroid gland). In the 1890s he had started to treat myxoedema with thyroid extract when this therapy had only recently been introduced but the treatment was to no avail for this patient.

A nineteen month old Jewish child was admitted to the German Hospital under the care of his colleague, Dr J. P. Zum Busch, Honorary Assistant Surgeon to the German Hospital, on 16 October 1900. His face had muscle twitches and the fontanelles were bulging. His right pupil was dilated and he had a waxy appearance to the skin. His face and limbs appeared myxoedematous and, on examination, haemorrhages were present in the retinae. The child had previously been diagnosed to be 'an idiot'. The infant was seen by Parkes Weber on 5 November when he diagnosed myxoedema and thyroid replacement was initiated following

which he began to improve, only experiencing intermittent mild fevers before recovery. A low thyroid level in some children was not uncommon in this period. It resulted in a characteristic facial appearance and the condition was given the name 'cretinism'.

A nineteen year old man was seen in the outpatient department of the German Hospital in 1898. There was a history of failing mental powers accompanied by tremors. He had a known diagnosis of syphilis and it was apparent that he had progressed to the stage of tertiary syphilis having developed the condition of general paralysis of the insane. In January 1900, Parkes Weber visited him at home where he found the patient had deteriorated. His condition was described as 'helpless and apathetic'. He was incontinent of his bladder and bowels. The tremor had become more marked, there was rigidity of his lower limbs and he was delirious. He died in June 1900. One sign of congenital syphilis is a characteristic abnormal shape of the front teeth, 'Hutchinson's teeth'. Parkes Weber wrote in his notes that he was remiss on both consultations that he failed to observe the teeth.⁴⁵⁰

The Hospital, in common with other smaller hospitals, including the London Jewish Hospital some years later, was eager to enhance its prestige by encouraging prominent doctors to become associated with its medical staff. Two outstanding names in this period were Sir William Jenner, Bart., and Sir James Paget.⁴⁵¹ In 1861, Jenner was appointed Physician Extraordinary to Queen Victoria and his name has been associated with his discovery of the differentiation between typhus and

⁴⁵⁰ Wellcome Library, PP/FPW/A.2/1.

⁴⁵¹ Specht, *The German Hospital*, p. 36.

typhoid fever, first published in a paper in 1849.⁴⁵² Paget was appointed surgeon to Queen Victoria and he is best known because of the eponymous 'Paget's disease' of the nipple (an eczema that is pre-cancerous) and 'Paget's disease' of the bones (a deformity due to an error in calcium metabolism). In 1861 he became President of the Royal College of Surgeons. He gained the reputation of being the best surgical diagnostician in Britain.⁴⁵³

Throughout its existence, the German Hospital compared well with similar sized hospitals in London. Unlike many others, it was rarely short of funding from wealthy benefactors and when improvements to the fabric of the building, new departments or equipment, were required, the finances were usually forthcoming. The new Hospital wing, which opened in 1936, incorporated all the advances of modern medical science. From its foundation in the Victorian era, the clinical staff conducted their practice under the influence of the contemporary German tradition. For the majority of the period covered by this thesis, German medicine was considered to be at the forefront of that practised in Europe and the management of the Hospital was keen to maintain its prestige by incorporating the benefits discovered from German medical research. These included studies in physiology, microanatomy, biochemistry and the treatment of infectious diseases. During the course of research, there was no evidence of complaints about the standard of medicine practised at the Hospital although, unfortunately, the majority of the medical notes were not available.

⁴⁵² *British Medical Journal*, Obituary, 12 December 1898, pp. 1849-1853.

⁴⁵³ Albert S. Lyons and R. Joseph Petrucelli, *Medicine. An Illustrated History*, New York: Abradale Press, 1978, p. 518.

(5) Controversies and Conclusion

It was in 1847 that the first serious issue to confront the hospital took place. It concerned allegations about the conduct of Dr Jonas Charles Herman Freund, who was a Jewish physician and one of the originators of the hospital. He had married his wife, Amelia, in 1846 who was a feminist and a pioneer of women's suffrage.⁴⁵⁴ A special meeting was held in the presence of the Duke of Cambridge and Chevalier Bunsen when regret was expressed at the dispute.⁴⁵⁵ The allegation was made that for a long time the committee had been subjected 'to much annoyance' on the part of Dr Freund, who in many cases persisted in acting in direct opposition to resolutions passed by the Board. One of the charges against him was that he had, without the permission of the committee, examined the outpatients in the board room, which was appropriated to the committee, exclusively. Another charge was that his behaviour, when interfered with, was so violent that the officers of the institution stood in personal danger. The Committee had therefore removed him from the Board, suspended him in the discharge of his duties and passed a resolution declaring him unfit for the office of directing physician. In response, Dr Freund denied the charges and in his defence stated that he used the board room because the room allocated for outpatients was insufficient and the board room was only used once every two weeks for meetings. A long discussion ensued at which Dr Freund received considerable support. One of the consulting surgeons suggested that the medical officers ought to be members of the House Committee, at least for the purpose of enabling them to take part in discussions, if not to vote.

⁴⁵⁴ James Gregory, *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, 2004.

⁴⁵⁵ *The Morning Chronicle*, 15 October 1847; *The Times*, 15 October 1847, p. 5.

For want of this, differences had arisen, which might have been prevented, and the onus of resisting the Committee was thrown unfairly upon the directing physician. The resolution was eventually rescinded but the Committee then tendered their resignation on the grounds of the indignity cast upon them of rescinding the resolution. Another resolution was then unanimously passed to the effect that Dr Freund should be restored to his office until a committee of inquiry met after a further two weeks to elect a new Committee.

Several days after the meeting, *The Times* published a letter from ‘a subscriber to the hospital’ who alleged that many present at the meeting were non-subscribers and these were the individuals who ‘exhibited reckless ingratitude to the institution by clamour, exclamations and interruptions’.⁴⁵⁶ The correspondent also pointed out that the German Hospital was not receiving sufficient annual subscriptions for its support and questioned whether the institution should be continued or not.

As had been announced, a special general court of the Hospital Governors met again after two weeks to discuss the investigation of the charges against Dr Freund.⁴⁵⁷ Another long stormy meeting took place when it was intimated that the King of Prussia would withdraw his support and Chevalier Bunsen and members of the committee as well as medical staff would also withdraw unless Dr Freund would submit his resignation.

⁴⁵⁶ *The Times*, 19 October 1847, p. 7.

⁴⁵⁷ *The Daily News*, 29 November 1847; *The Morning Chronicle*, 29 November 1847; *The Times*, 29 November 1847, p. 3.

The press reported on a further special meeting of the Governors to handle this dispute in January 1848.⁴⁵⁸ Dr Freund had previously declared at a meeting of the Governors in October 1847 that their report about his behaviour was ‘a lie’ but while the Governors regretted the lack of harmony between the Hospital authorities they, nevertheless were of the opinion that his ‘active usefulness to the Hospital, from its very foundation, his assiduous, benevolent and humane conduct, evinced by him in discharge of his office as directing physician, entitle him to the continued confidence of the supporters of this excellent charity’. More discussion took place about Dr Freund’s ‘violent passion’ and his domineering nature which resulted in the two other medical officers, the matron and the sisters declaring that they could not remain if he continued in office. It was also mentioned at the meeting that the Hospital stood to lose a substantial amount of its income from ‘several influential and wealthy gentlemen’ if Dr Freund remained. The final outcome was that the resignation of the committee was not accepted and in the Annual Report of the Hospital of 1848 it was noted that Dr Freund had resigned on 27 January 1848.

Whilst there is no evidence in the archives that anti-Semitism played any part in the case of Dr Freund, it is unlikely that any overt mention of this would have been made throughout the proceedings. The doctor had been one of the founders of the Hospital and appears to have been respected by his colleagues. It seems that the threat of withdrawal of financial support by the wealthy benefactors was the pivotal factor in forcing his resignation. Perhaps the only insinuation about Dr Freund came in a speech by a member of the Court of Governors, the Rev. L. J.

⁴⁵⁸ *The Times*, 24 January 1848, p. 3; *The Daily News*, 24 January 1848.

Bernays, who although he admitted that Dr Freund had received great provocation, stated that it became a matter of whether the committee or Dr Freund should resign. He questioned which party could best bear to do so, a foreigner who had his way to make, or a body of rich men? ⁴⁵⁹

In 1891, at an annual general meeting a dispute arose between the medical staff and the Committee over a proposed amendment to the German Hospital rules in order to constitute the senior honorary physician and senior honorary surgeon to become ex-officio members of the Committee. The proposal resulted in what was described in the *Daily News* as 'a long and acrimonious discussion'. ⁴⁶⁰ Both the senior physician and the senior surgeon, with the support of the assistant surgeon, proposed that the wording of the amendment should be substituted by 'a full physician and a full surgeon of the hospital (not ex-officio) to be elected by rotation, to be elected by seniority every three years'. The mover of the amendment said he knew that in their innermost hearts, the medical staff considered the Committee's proposition a most hateful one, and if carried, it would be injurious to the best interest of the hospital. The mover of the amendment, a Dr Lichtenberg, the honorary senior surgeon, stated that he would resign if the resolution were adopted. Another member of the medical staff alleged that a senior surgeon, Dr Port, 'had never helped us in the least'. He was accused of being 'the willing agent of the Committee and the bitter enemy of the medical staff'. After much unruly argument, the Chairman interceded and spoke in support of the resolution, stating that he had received letters of support from members of the

⁴⁵⁹ *The Times*, 24 January 1848, p. 3.

⁴⁶⁰ *Daily News*, 31 January 1891.

medical staff expressing their perfect satisfaction with the proposed alteration of the rule by the Committee. He hoped that the mover and seconder of the amendment would withdraw their threat of resignation. No mention of this meeting nor of any consequences were mentioned in the annual report given in May 1892 at the forty-seventh anniversary dinner.

Disputes between the governing committee and the medical staff were by no means unusual in the voluntary hospitals and examples of similar events at the London Jewish Hospital will be reported in Chapter 3. In the case of the German Hospital, however, there remained a suspicion that the handling of the dispute with Dr Freund was tinged with anti-Semitic undercurrents.

Although the Committee was at pains to emphasise that the Hospital was open to all creeds, and founded, primarily, to treat German-speaking patients, the Committee did not conceal its preference, in its early years, to manage the establishment on a sectarian basis.

With a context of Anglo-Saxonism that argued for an English-German cultural and racial affinity, there was a favourable atmosphere to create a German Hospital in London. This was reflected in the high level support for it amongst the British and German elite and the forthcoming funding for it. German medicine was considered to be more advanced than practiced in England. Indeed, British doctors often added to their training in Germany to further their careers. This expertise and higher standard was partially if not fully reflected in the day to day work of the London German Hospital. It was well-regarded by contemporaries for its medical practice. The place of religion in its wards was controversial with tension between

those who wanted it open to all and others who wanted to keep to its Protestant origins. For the ordinary working-class Germans who used the hospital, having German spoken helped make the hospital accessible and less alienating.

Chapter Three

The London Jewish Hospital (See Appendix Figure 2)

In contrast to the London German Hospital the origins and early history of the London Jewish Hospital were controversial. This chapter will explore why, focusing on intra-communal relations between rich and poor Jews and, related to this, questions of funding and identity. It also explores how the hospital was perceived in the non-Jewish world. Questions of integration, separation, and fears of antisemitism will be analysed. It will ask whether the hospital can be regarded as a success, either medically or culturally. Although the records of the London Jewish Hospital are thin, there is a rich seam of material about it in the *Jewish Chronicle* which will be utilised to answer these questions.

1. The Origins of the Jewish Community in Great Britain

Migration and exile have been constant themes throughout the Jewish experience. For many centuries in Europe, Jews had been a wandering, non-territorial people. Expulsion from their homes was a familiar occurrence, but extensive periods of continuous settlement were equally important in Jewish history. The first Jews to settle in England were French, whose place of origin was Rouen in Normandy.⁴⁶¹ The foundation of this English community can be traced back to shortly after the Norman Conquest, most lived in London, and the population never exceeded a few thousand, although by 1189, some twenty-four small provincial Jewries had been established.⁴⁶² While only a small minority within the population, they were

⁴⁶¹ H. G. Richardson, *The English Jewry Under Angevin Kings*, London: Methuen, 1960, pp. 1-5.

⁴⁶² Joe Hillaby, 'Jewish Colonisation in the Twelfth Century', in Patricia Skinner (ed). *The Jews in Medieval Britain. Historical, Literary and Archaeological Perspectives*, Woodbridge: Boydell Press, 2003, pp. 14-15.

important to the economic life of the country and its presence posed a religious challenge to the Church.⁴⁶³ During its settlement, this community was subjected to massacres in London in 1189 and 1264, in 1190 in York and Bury St. Edmunds and with others perpetrated elsewhere.⁴⁶⁴ Allegations of ritual murder by Jews were made in medieval England, the first in Norwich in 1144.⁴⁶⁵ Finally, they were banished, from England in 1290 only to return during the Protectorate of Oliver Cromwell in the mid- seventeenth century. However, a handful of Jews could be found as visitors in London before the Cromwellian era. Some settled temporarily but most left after completing their business. Many were merchants but amongst their number were several physicians, including one, Elias Sabot, who was summoned to treat Henry IV – the start of a long Jewish medical tradition in Britain.⁴⁶⁶ The first Jews who permanently settled in Britain following the years of the Protectorate were Spanish and Portuguese in origin. Their ancestors had been expelled from Spain in 1492 and Portugal in 1497. Those who remained in the Iberian Peninsula were forced to convert to Catholicism but some practised as crypto-Jews, the *conversos*. These secret Jews, or New-Christians, were suspected of infiltrating the Jewish converts and acting as Judaisers, with many suffering under the Inquisition. In the 1630s, some of these *conversos* were attracted from France and the Iberian Peninsula to England by the growth of British trade, and others arrived later from the Protestant lands of Germany and Holland. In Hamburg

⁴⁶³ Patricia Skinner, 'Introduction: Jews in Medieval Britain and Europe', in Patricia Skinner (ed). *The Jews in Medieval Britain. Historical, Literary and Archaeological Perspectives*, Woodbridge: Boydell Press, 2003 p. 1.

⁴⁶⁴ Colin Richmond, 'Englishness and Medieval Anglo-Jewry' in Tony Kushner (Ed), *The Jewish Heritage in British History. Englishness & Jewishness*, London: Frank Cass, 1992, pp. 42-57.

⁴⁶⁵ William Nicholls, *Christian Antisemitism. A History of Hate*, New Jersey: Jason Aronson, 1993, p. 237.

⁴⁶⁶ Todd Endelman, *The Jews of Britain 1656 to 2000*, Berkeley, California: University of California Press, 2000, p. 16.

and Amsterdam, the former *conversos* were permitted to live openly as Jews and it was from Amsterdam that Menasseh ben Israel, a messianic rabbi, sought government approval for the return of Jews to England. He believed that a return of Jews would accelerate the coming of the messianic age. These Continental Jews and crypto-Jews, some of whom did not fully renounce their Catholicism, established a Sephardi community, mainly in London, where their synagogue, Bevis Marks, opened in 1701, remains in use to this day. This marked the beginning of the modern Anglo-Jewish community. But later, during the eighteenth, the nineteenth and early twentieth century, with the migration of German and east European Jews from Poland and Russia, the Ashkenazi community eventually far outnumbered the Sephardi.

The Sephardim in London ranged from an unskilled underclass to wealthy merchants who carried out international trade, benefitting from their contacts with co-religionists in Holland, the Caribbean, France and Spain.⁴⁶⁷ Again, several physicians were also included in their number. The community was subject to many disabilities, mainly barring them from public life. The requirement to take the Christian oath excluded them from the ancient universities and civic office. In other cases, they were required to pay special taxes.

But it was at the turn of the twentieth century when the mass exodus of Jews from Eastern Europe in search of better economic conditions, as well as an escape from discrimination and persecution, took place. It is estimated that between 120,000 and 150,000 settled permanently in England, consequently

⁴⁶⁷ Ibid., p. 29.

creating major changes in the character of Anglo-Jewry. From an estimated population of 70,000 in 1881, the numbers grew to some 200,000 by 1914. Joseph Jacobs, writing in 1891, made an attempt to calculate the number of east European immigrants settling in London but accepted that his sizing of this population was only approximate.⁴⁶⁸ He compiled figures from the Jewish Board of Guardians records and synagogue membership as well as names from national registers including Kelly's Directories. He also used figures from the Conjoint Committee of the Mansion House Fund to attain his estimate of the total of the new cases of foreigners who had arrived in England during recent years. He gave an example of more than 2,000 additional individuals added to the Jewish population between 1881-2. The East End of London, populated by the majority of these Jewish migrants, comprised an area of approximately only one square mile. The details of the streets with the proportions of Jews resident on each was drawn up in 1899 in a map appearing in *The Jew in London*.⁴⁶⁹ Stepney Green which would be the eventual location of the London Jewish Hospital was just outside this area and it was from these migrants that the founders of the London Jewish Hospital originated.

2. Early Anglo-Jewish Philanthropy and Care of the Sick

Many of these European Jews were from the artisan class and some founded friendly societies, providing sickness benefits for their poor co-religionists.⁴⁷⁰ Other larger philanthropic societies had been established before the influx of European

⁴⁶⁸ Joseph Jacobs, *Studies in Jewish Statistics: Social, Vital and Anthropometric*, London: Nutt, 1891. Pp. 10-21.

⁴⁶⁹ Charles Russell and Harry Samuel Lewis, *The Jew in London. A Study of Racial Character and Present-day Conditions*, New York: T Y Crowell, 1901.

⁴⁷⁰ *Ibid.*, p. 46.

migrants. Published in 1894, a commercial directory of the Jews in the United Kingdom listed more than twenty Jewish benevolent societies in London, the majority in the East End.⁴⁷¹ They included the Board of Guardians for the Relief of the Jewish Poor, the Spanish and Portuguese Board of Guardians, the Aged Needy Society for pensioning members of the Jewish faith who have attained the age of sixty, the Five Shilling Sabbath Charity for granting loans to the industrious poor, a Society for Penny Dinners for Jewish Children, a soup kitchen and the East London Orphan Aid Society. A Philanthropic Society for Relieving Distressed Widows, providing an income of £13 per annum for life had been established as well as a Children's Country Holiday Fund. Another organisation, The Union of Jewish Women, was formed in 1902 and reflected the endeavours of women in philanthropy, nursing and rescue work through to the inter-war years and beyond.⁴⁷² They encouraged volunteers to direct their efforts towards improving the home life and health skills of the disadvantaged classes. In addition, Lara Marks has written that approximately 150 Jewish benefit societies existed in East London in 1898 and a survey in that year of some streets in Spitalfields showed that a half to two-thirds of adult males were members of at least one of these societies.⁴⁷³ The majority of these societies were set up by and for the immigrants. Bill Williams has observed that behind them was a pressure for Anglicisation,⁴⁷⁴ or as quoted in the *Jewish Chronicle*, 'a drive to iron out the ghetto bend, to facilitate the

⁴⁷¹ G. Eugene Harfield, *A Commercial Directory of the Jews of the United Kingdom*, London: Hewlett & Pierce, 1894, pp. 157-162.

⁴⁷² Susan Tananbaum, 'Democratising British-Jewish Philanthropy: The Union of Jewish Women (1902-1930)', *Nashim: A Journal of Jewish Women's Studies & Gender Issues*, No. 20, Fall 5771/2010, pp. 58-80.

⁴⁷³ Lara V. Marks, *Model Mothers, Jewish Mothers and Maternity Provision in East London 1870-1939*, Oxford: Oxford University Press, 1994, p. 34.

⁴⁷⁴ Bill Williams, '“East and West”: Class and Community in Manchester Jewry, 1850-1914', in David Cesarani (Ed), *The Making of Modern Anglo-Jewry*, Oxford: Basil Blackwell, 1990, p. 21.

transformation of Polish into English Jews'.⁴⁷⁵ Although charity work could indicate an altruistic impulse, for some it rendered a spiritual role and to others it offered a reputational benefit. The work of the volunteers who provided care and support for the poor immigrant Jewish mothers and their infants in London's East End during the period of mass migration from Eastern Europe reflects the vital role of women in bridging health, religious and cultural issues in this area which anticipated similar concerns associated with the establishment of the London Jewish Hospital. Lara Marks has observed that with the exception of research by Gerry Black on the Jewish poor in the East End of London, the relationship between health and ethnicity has been neglected by British Jewish historians and students of migration, more generally.⁴⁷⁶ Some members of the Jewish elite were associated with these charities and benevolent societies, including the Mocatta, Rothschild, Montefiore-Sebag and Montagu families, but the majority of these charity committees comprised of lesser known names. Some were from families that had integrated into British society over the course of many years, but others were likely to be '*alrightniks*', ambitious immigrants who had risen from lowly beginnings to acquire wealth, success and influence – the *nouveau riche*.⁴⁷⁷

In 1747, these wealthy Jews who mainly originated within the Sephardi community, and formed the Congregation of the Spanish and Portuguese Jews established a Hospital for their sick poor and 'for affording advice and medicines to

⁴⁷⁵ *JC*, 12 August 1881.

⁴⁷⁶ *Ibid.*, p. 7; Gerry Black, 'Health and Medical care of the Jewish Poor in the East End of London 1880-1939', Ph.D. thesis (unpub), Leicester, 1987.

⁴⁷⁷ 'Alrightnik' is a colloquial neologism, a mixture of English and Yiddish, which probably arose in America at the turn of the twentieth century. The word was used 'academically' by Irving Howe in his book *World of My Fathers*, and one of the earliest descriptions of such a character occurs in the novel, *The Rise of David Levinsky*, written by Abraham Cahan, the editor of *The Jewish Daily Forward*.

out-patients, also for the reception of lying-in women and for granting asylum to the aged'.⁴⁷⁸

Later, the elite Jewish families from the Georgian period had also shown a philanthropic spirit and amongst the notable names of this time was Asher Goldsmid who was born in 1751. He was the son of Aaron Goldsmid, a Dutch merchant who settled in Leman Street, Goodman's Fields about 1763. He joined the firm of Mocatta who were bullion brokers to the Bank of England. Together with his brothers, he launched a campaign to raise funds for a scheme to aid the Jewish poor.⁴⁷⁹ They were concerned about the criminality and poverty amongst their co-religionists, as well as the reputation being acquired by the Jews as a result, and they received donations from both Christians and Jews. By 1797, over £20,000 had been invested in a scheme to provide an asylum for the poor of the German Jewish community, but disagreements ensued (the subject of their argument is not known), and the proposal became shelved. It was this capital, together with the interest accumulated over ten years, accruing to £30,000, which formed the basis of the funding for the Jews' Hospital in London's Mile End. At the time, the term 'hospital' was used to denote a charitable institution that cared for the old and destitute, or which provided education to poor children. It did *not* provide care for the indigent sick. In 1860 it moved to more spacious accommodation in Norwood, South London and in 1877 the Hospital merged with the Jews' Orphan Asylum to become the Jews' Hospital and Orphan Asylum. In the early years of the nineteenth

⁴⁷⁸ The Foundation and Objects of the Spanish and Portuguese Jews' Hospital in the *Revised Laws and Regulations of the Beth Holim. As Recommended by the Committee*, London: 1908 (?)

⁴⁷⁹ Todd Endelman, *The Jews of Georgian England 1714-1830. Tradition and Change in a Liberal Society*, Philadelphia: Jewish Publication Society of America, 1979, p. 231.

century, medical care for sick Ashkenazi Jews, who were too poor to afford a physician, was primarily regulated through synagogues, but these sick individuals had to be members of the synagogue to qualify for help.⁴⁸⁰ Those Ashkenazim unaffiliated could attend a voluntary hospital but would have required a letter of recommendation from a supporter of the hospital, although urgent cases were always admitted.

An English Jewish surgeon, apothecary and communal worker, Joshua Van Oven, also concerned about Jewish poverty, felt that the degeneracy was due, exclusively, to the circumstances of oppression that they had experienced over the centuries. They had been barred from acquiring artisan skills and could not apprentice their children to Christian masters.⁴⁸¹ In 1801, he published a letter recommending the setting up of a Jewish Poor Relief Board to be given quasi-governmental powers by parliament and this was passed to Abraham Goldsmid, a brother of Asher.⁴⁸² The Sephardi community were against the scheme as they believed that, as the wealthier community, they would be expected to bear a disproportionate share of the expenses, despite being the smaller group. The plans were rejected by parliament, but in 1806, a more modest venture, the *Neve Zedek*, 'The Abode of Righteousness', was opened.⁴⁸³ This included a trade school, a home for the aged but did not incorporate a hospital for the sick. But in 1812, a small group of English gentlemen came together to start a charity that would provide a

⁴⁸⁰ Jack Y. Vanderhoek, 'The Quick Demise of a nineteenth-century Jewish hospital in London', *Jewish Historical Studies. Transactions of the Jewish Historical Society of England*, Vol. 47, 2015, pp. 160-1.

⁴⁸¹ Todd Endelman, *The Jews of Georgian England 1714-1830*, p. 232.

⁴⁸² Todd Endelman, *The Jews of Britain 1656 to 2000*, Berkeley: University of California Press, 2002, pp. 83-4.

⁴⁸³ James Picciotto, *Sketches of Anglo-Jewish History*, (Ed. Israel Finestein), London: Soncino Press, 1956, p. 236.

house for the unwell.⁴⁸⁴ It was named the *Bais Cholim Le-Ashkenazim*, was located in Bethnal Green, but only survived for ten years. It was not until the mid-nineteenth century that the Jews of London's East End were provided with hospital facilities that helped to satisfy their religious requirements – this was at the London Hospital.

3. The London Hospital

By virtue of its location, the London Hospital was the voluntary hospital that dominated the East End. Having been founded in 1740 and situated in Whitechapel, the Hospital was situated close to the concentration of Jewish settlement. Although no hospital dedicated to the Jewish sick existed in London in the Georgian era, in 1756, the London Hospital passed a bye-law enabling Jewish inpatients to have kosher food, but the Hospital did not itself provide it.⁴⁸⁵ The Jewish patients could bring their own kosher food, paid for by the Hospital. They were given an allowance of 2½d daily, which rose to 4d and later 9d daily in the 1850s. Jews became supporters of the Hospital from its earliest years and one benefactor to the London Hospital was Moses Hart, a pillar of the Great Synagogue, London, and brother of the Chief Rabbi.

Requests for Jewish wards at the London Hospital were first made from 1782. In 1837, the *Meshanat Lecholim* (The Society for Supporting the Destitute Sick of the Jewish Community) which was founded in 1824, sought an interview with the House Committee of the London Hospital for the provision of a Jewish

⁴⁸⁴ Jack Y. Vanderhoek, 'The Quick Demise of a nineteenth-century Jewish hospital in London', *Jewish Historical Studies. Transactions of the Jewish Historical Society of England*, Vol. 47, 2015, p. 162-78.

⁴⁸⁵ Archives of the London Hospital. LH/X/168/2. Lecture delivered by Gerry Black 26 April 1990 at the Bearstead Lecture Theatre, The London Hospital, on the 250th Anniversary of the Hospital.

ward, to be divided into male and female sections.⁴⁸⁶ They asked for this ward 'to be appropriated exclusively for persons of their faith'. They requested that the male ward 'be attended by a Jew nurse and the female ward by a Jewess nurse'.

Additionally, they wanted 'a separate kitchen under the care of a Jewess cook and the meat to be supplied by a Jewish butcher'. They continued: 'by these means the Jewish inpatients would on their sick and often their death beds receive that consolation and peace of mind which would prove most consonant with their religious feelings'. In support of their application, they wrote:

As the Governors of the London Hospital are aware, the Jews have been liberal to their excellent charity. The committee think they are warranted in believing that should the present request be granted, the generosity hitherto displayed by the more opulent of their brethren will be considerably augmented and added to, not alone by them, but by every member of the Jewish community.⁴⁸⁷

The Jewish community offered to make an annual payment, or put down a sum of money on the spot if this request was allowed. The philanthropy and dedication of London Jewry was exhibited by this flexibility of support. The Hospital governors considered the request seriously, but three months later, replied that 'although they had every possible desire to meet the wishes expressed by the Gentlemen of the Hebrew nation for peculiar accommodation for Jewish patients within the walls of the Hospital, the present means of the Hospital could not afford the power of

⁴⁸⁶ A. E. Clark-Kennedy, *The London. A Study in the Voluntary Hospital System, Volume One. The First Hundred Years 1740-1840*, London: Pitman Medical, 1962, p. 250.

⁴⁸⁷ Gerry Black, *Lord Rothschild and the Barber*, p. 30.

granting the request.’ Their explanation was that no additional space for dedicated Jewish wards could be made available within the confines of the Hospital as it existed. But, by 1842 two Jewish wards were allocated at the new east wing extension of the London Hospital, the Sophia and Talbot Wards. Sophia was named after the eldest daughter of the Hospital’s president and Talbot was named in honour of Earl Talbot who had been supportive of the institution.⁴⁸⁸ By 1868, the Alexandra Wing had been opened which included a Rothschild ward (for male patients) and a Goldsmid ward (for females). With an increasing demand for Jewish beds at the Hospital, Edward Raphael donated £20,000 to endow an extended Jewish ward, ‘The Helen Raphael Ward’. In 1898, Sydney Holland, who became Viscount Knutsford on the death of his father in 1914, and who had become the Hospital Chairman, was taking a Mr B. W. Levy (an orthodox Jew) around the Hospital when they came across men sitting draped in the familiar red blankets used until the Second World War. Levy enquired who they were and was informed that they had been prepared for operation, but because there was only one theatre, operations were often postponed. At this point, Levy wrote a cheque for £13,000 adding that ‘I give this on condition that these new theatres are open to all men of all creeds for all time and my name is never mentioned in connection with them as long as I am alive’.⁴⁸⁹

The Jewish connection with the London Hospital continued for many years and will feature in the early history of the London Jewish Hospital. Because the London Hospital was located in the heart of the Jewish East End it was there that

⁴⁸⁸ A. E. Clark-Kennedy, *Ibid.*, p 159.

⁴⁸⁹ A. E Clark-Kennedy, *The London. A Study in the Voluntary Hospital System. Volume Two 1840-1948*, London: Pitman Medical, 1964, p. 138.

the immigrant community turned when more serious illness befell them. In the early nineteenth century, before the main influx of migrants from Europe, the Hospital coped well with the Jewish demand and was flexible to Jewish requirements. But as the demands increased it imposed limits and was charged by some of anti-Jewish prejudice which was likely to have been baseless.

Although non-denominational hospitals had long served Jewish health needs in England, the Jewish connection with 'The London' included Leopold de Rothschild as vice-president and Sir Samuel Montagu and Benjamin Cohen on the house committee. By 1904 it annually served more than 1,700 inpatients and 51,000 outpatients, principally Jewish.⁴⁹⁰ With reference to these numbers it undoubtedly provided a service supporting the health of the migrants. But by the period of the second and third generations of migrants, towards the mid-twentieth century, many Jews had moved out of the East End, poverty was no longer endemic, infectious disease was less common with newer treatments available and better nutrition, wards for strict Jews were no longer required. The profile of the Jewish patient had changed within fifty years.

4. Health of the Jewish Migrants in London

Although poverty and ill-health were genuine problems for many of the East European Jewish immigrants in the East End, exaggerated allegations purporting to their poor health were used frequently in the discourse surrounding the Aliens Act of 1905. The anti-alienists, who argued for a restriction of the settlement of the immigrants, were eager to involve the arguments of the threats of 'National

⁴⁹⁰ Eugene C. Black, *The Social Politics of Anglo-Jewry, 1880-1920*, Oxford: Basil Blackwell, 1988, p. 161.

Degeneration’ to lend support to their case and also employed the issues of physique and physiognomy to imply distorted descriptions of Jewish appearances and traits. This concurred with the notions of racial science of the nineteenth century, which postulated that Jews were considered to be a race rather than a religion. They were judged to have crossed over a boundary from being a pure race to have become “black” and impure which is written on their physiognomy.⁴⁹¹

Houston Stewart Chamberlain, an infamous British anti-Semite and supporter of Hitler, considered Jews to be a “mongrel” race as a result of their alleged interbreeding with Africans during the Alexandrian exile.⁴⁹² He believed the Aryans to be a pure race. In the mid-nineteenth century, the Edinburgh educated doctor, Robert Knox, best known for his association with the Burke and Hare body snatching case had written that ‘the physiognomy of the Jew is like that of the black:’⁴⁹³

the contour is convex; the eyes long and fine, the outer angles running towards the temples; the brow and nose apt to form a single convex line; the nose comparatively narrow at the base, the eyes consequently approaching each other; lips very full, mouth projecting, chin small, and the whole physiognomy when swarthy, as it often is, has an African look.

But physiognomy and racial science contributed only a minor if still significant role in the debate concerning the alien question.

⁴⁹¹ Sander Gilman, *The Jew's Body*, New York: Routledge, 1991, p. 174.

⁴⁹² Ibid., p. 174.

⁴⁹³ Robert Knox, *The Races of Men: A Fragment*, Philadelphia: Lea and Blanchard, 1850. Quoted in Gilman, p. 174.

In reality, the restrictions imposed by the Aliens Act of 1905 were likely to have resulted in minimum health requirements, restricting the entry of immigrants to those who were deemed to be unhealthy.⁴⁹⁴ The Victorians claimed that poor public health could be attributed to personal failings, indolence and immorality but by the 1880s, moral crusades and the preaching of self-help were being challenged. The unequal distribution of wealth in society was beginning to be recognised as responsible for the inadequate housing, poor sanitation and deficient nutrition of the poor.

It was this setting that the tide of European immigrants faced on their arrival in England. In 1861, the responsibility for medical relief of the Jewish poor was transferred from medical officers contracted with synagogues to the Board of Guardians for the Relief of the Jewish Poor. In the *Jewish Board of Guardians Annual Report of 1863*, the medical officers related that '[The] aggregate amount of disease among the Jewish poor under our care is very much decreased compared with the previous year . . . it is a matter of congratulation that the mortality among our patients has been considerably below the general average. Cleanliness, formerly so much neglected, especially among the foreign poor, is beginning to be valued for its own sake'.⁴⁹⁵

Later, coinciding with the early years of mass migration of Jews from Europe, the Select Committee on Emigration and Immigration (Foreigners) reported to parliament in 1889.⁴⁹⁶ It was recognised that the estimate of the number of the

⁴⁹⁴ Lara Marks, *Model Mothers*, Oxford: Clarendon Press, 1994, p. 45.

⁴⁹⁵ Ibid., p. 20.

⁴⁹⁶ Report from the Select Committee on Emigration and Immigration (Foreigners); Together with the Proceedings of the Committee, Minutes of Evidence and Appendix. 8 August 1889.

alien population in England was only approximate. Great Britain had to contend with difficulties compared with other countries. For example, on the Continent there was a system of passports, or of registration by the police providing some accuracy of the amount of immigration. In America, a strict supervision of immigrants was maintained at the various ports of arrival whereas in the United Kingdom there was no passport system or police registration. Many of the witnesses reporting to the Select Committee therefore commented on the unreliability of the figures of immigrants provided in the Census Returns. Despite criticism of the Jewish aliens for working for lower wages and longer hours, with a description of their physical condition being inferior to the British workmen, their health was defined as being 'good, notwithstanding the neglect of all sanitary laws'.

Following the Select Committee report, the government appointed a seven-man Royal Commission on Alien Immigration which sat for thirteen months between 1902-3 and included Lord Rothschild. Dr Hubert Williams, who was the Medical Officer of Health for the Port of London was called as a witness before the Commission and was asked about the condition 'as to the health of arriving immigrants'. His response was that,

generally speaking, I should say it was fairly good. The number of cases of infectious diseases that I have detected among these people has not been numerous... I cannot say that much infectious disease has come to this country among these people. They seem to be people who have been overworked, and as though they have been harassed a great deal, but

speaking generally, apart from thinness their physique was not unfavourable.⁴⁹⁷

They were, however, described by Dr Herbert Williams as 'generally very dirty and uncleanly in their habits'.⁴⁹⁸ The whole background of assessment of the health of the population of Jewish immigrants in the East End of London should be seen against the influence of the anti-alienists who were striving to oppose the continuing immigration which would eventually lead to the passage of the Aliens Act (1905). Many of the witnesses introduced 'a great deal of mythology about Jewish vices and virtues and a rather smaller quantity of reality'.⁴⁹⁹ The figures bear this out as during the five years following the Aliens Act, rejection of steerage class passengers on the ground of their health averaged only 1.1%.⁵⁰⁰ Their most common causes of rejection were favus, an infection of the scalp, then considered incurable, and trachoma, a chronic contagious eye disease.

Gerry Black has included within his thesis the personal interviews he conducted with Mr Isaac Prieskel and Dr Ian Gordon, the surgeon and the physician of the London Jewish Hospital during the 1930s. Both considered that there was no real difference between the health of the Jew and the non-Jew in the early years of immigration. There were only three matters of almost complete agreement between the various experts - that among Jews, alcoholism was practically non-existent; that until the First World War, venereal disease was comparatively rare in

⁴⁹⁷ 1903[Cd 1742] Royal Commission on Alien Immigration. Minutes of Evidence. Vol II. Min.6113.

⁴⁹⁸ Ibid.

⁴⁹⁹ John A. Garrard, *The English and Immigration 1880-1910*, London: Oxford University Press, 1971, p. 39.

⁵⁰⁰ Gerry Black, 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1914', Ph.D. Thesis (Unpub.), Leicester University, 1987.

Jews; and that, on the whole, Jewish children were in better health than non-Jewish children of the same age and living in similar conditions, except for their eyesight. A paper published in 1911 by Redcliffe N. Salaman on 'Heredity and the Jew' mentioned that a character, peculiar to the Jewish people as a whole is the absence of alcoholism in their midst.⁵⁰¹ He wrote that the Jewish Board of Guardians found it unnecessary to make any special provision for alcoholic cases 'as distress arising from this cause does not occur more often than once in a thousand cases and my own experience of over nine years at the London Hospital fully bears out the statement that drunkards are practically unknown'. Some years later, Redcliffe N. Salaman wrote in a report in 1921 on 'Anglo-Jewish Vital Statistics' that the Jew, no matter in what part of the world, was free from alcoholism, and this freedom was but little modified by his assimilation with the west.⁵⁰² Evidence brought before the Interdepartmental Committee on Physical Deterioration in 1904 had confirmed that absence of alcohol abuse affected life expectancy. It carried a lengthened expectation of life, a lower incidence of alcohol related diseases, such as cirrhosis of the liver or of the death of babies from overlaying by drunken parents.⁵⁰³

Moreover, before 1914, venereal diseases were comparatively rare among Jews. Dr G. Rome Hall, drawing on his experience as Chairman of a Recruiting Board during the First World War, said that it was 400% higher among non-Jews than Jews.⁵⁰⁴ However, by 1920, the situation had changed with the chastity of Russo-Jewish women in the East End quite other than it had been. Dr J Snowman, working

⁵⁰¹ *Journal of Genetics*, 'Heredity and the Jew', September 1911, p. 290.

⁵⁰² *JC*, 29 July 1921, p. V.

⁵⁰³ Gerry Black, *Health and Medical Care of the Jewish Poor in the East End of London 1880-1914*, Ph.D. Thesis (Unpub.), Leicester University, 1987, p. 25

⁵⁰⁴ Gerry Black, *Ibid.*, Ph.D. Thesis (Unpub.), Leicester University, 1987, p. 25.

at the London Hospital thought that the time was approaching when there would be little, if any, difference between Jews and non-Jews in this respect.⁵⁰⁵

There was some discrepancy between the association of immigrant Jews with lack of hygiene and the theory that certain common diseases rarely affected Jews. An article in the *British Medical Journal* (1905) described mortality among Jews two years earlier.⁵⁰⁶ The author regretted that from the point of view of vital statistics, no religious census had been taken in the country and, consequently, an insuperable obstacle arose in calculating proportional mortality with scientific accuracy among Jews. This same observation was made by Lloyd Gartner in a paper in 1960 when he wrote that 'almost all statistical attempts to ascertain the annual increments of Jewish immigrants who settled in England have proved fruitless'.⁵⁰⁷ The chief material for estimating the mortality among Jews was to be found in the reports of the Burial Society of the United Synagogue which undertook 80-90% of burials with the cause of death copied from medical certificates in four out of five cases. These figures were compared with those given by the Registrar-General in London. Taking the number of deaths from certain diseases in 100 deaths from all causes at all ages, the figures reached were:

⁵⁰⁵ *JC*, 30 May 1920, p. 16.

⁵⁰⁶ *British Medical Journal*, 2: 2334, 23 September 1905, pp. 734-5.

⁵⁰⁷ Lloyd Gartner, 'Notes on the Statistics of Jewish Immigration to England 1870-1914', *Jewish Social Studies*; 22, January 1960, p. 97.

<u>Disease</u>	<u>Jewish population of London 1903-4</u>	<u>Registration, London</u>
<u>1903</u>		
Nervous system	14.6	5.2
Heart vessels	7.7	12.4
Respiratory system	22.3	8.7
Digestive system	13.7	5.4
Cancer	2.4	6.7
Phthisis	5.9	9.9
Other tuberculous disease	2.0	3.9

From this table it appears that phthisis (pulmonary tuberculosis) accounted for a lower mortality rate among Jews than that of the general public. It accounted for almost 10% of deaths in London but only 6% amongst Jews. But by 1908, Dr D. L. Thomas, the Medical Officer of Health for the Borough of Stepney, with its high proportion of Jewish residents, showed that the phthisis rate in the Borough was slightly higher than in London generally and said that 'this tends to disprove what used to be believed – that Jews were comparatively free from phthisis'.⁵⁰⁸ One reinterpretation of these figures appeared in the *Jewish Chronicle* in 1914 when Dr W M Feldman wrote that although the incidence of tuberculosis was higher in Jews, the mortality rate was considerably less.⁵⁰⁹ At this period when statistics were

⁵⁰⁸ Annual Report of Medical Officer of Health, Stepney, 1907.

⁵⁰⁹ Gerry Black, *Health and Medical Care of the Jewish Poor in the East End of London 1880-1914*, Ph.D. Thesis (Unpub.), Leicester University, 1987, p. 27.

often problematic, it is likely that the explanation can be found in the difficulty in diagnosis when radiology and pathology were in their infancy. The higher rate of deaths from all respiratory diseases among Jews was explained in the article by the greater prevalence of bronchitis in children who apparently formed a large proportion of the Jewish population, the deaths under five being 56% of the total instead of 41%, as expected from the Registrar-General's returns. The author of the article attempted to explain the differences in figures for each condition but, apart from the statistical uncertainties, the allocation into these groups was likely to be crude by present-day standards. Other than tuberculosis, this table did not break down the death rates into groups of infectious diseases but it is likely that infectious diseases played a significant proportion of the mortality figures with their association with overcrowding and lack of hygiene.

Although this table indicates a lower incidence of cancer in Jews, Dr M Sourasky of the London Jewish Hospital in 1928 wrote a contradictory paper, 'The Incidence of Cancer among Jews, and the Problem of a Specific Social Factor in Cancer'. It was written in conjunction with the research carried out by him with the Jewish Health Organisation. He wrote:

There is no evidence of any Jewish immunity from cancer, and very little that Jews are more prone to cancer. Statistical tables show however that Jews possess a different incidence to cancer of the various organs when compared with their non-Jewish neighbours.⁵¹⁰

⁵¹⁰ Gerry Black, *Health and Medical Care of the Jewish Poor in the East End of London 1880-1914*, p. 32.

The table is consistent with the statistics that had been acquired from the 1902 Report of the Burial Committee of the United Synagogue which showed that a substantial portion of the deaths in 1901 were due to diseases of the nervous system 'to which Jews were known to be prone'. However, the incidence of suicide in Jews appears to be low. Dr Redcliff Salaman considered that Jews suffered from some forms of a nervous complaint to a much greater extent than others – neurasthenia, hysteria and melancholia were the more common troubles.⁵¹¹ By present standards, these diagnoses are vague but they do indicate an increased incidence of neurosis which is typical of most migrant groups, especially those of refugee origin.

Twenty years earlier than the publication of this table in 1884, *The Lancet* had described the crowded and unhygienic state of East End buildings:

The presence, in our midst, of this numerous colony of foreign Jews gives rise to a sanitary problem of a most complicated nature. Their uncleanly habits and ignorance of English ways of living render it difficult to maintain in a wholesome condition even those most modern dwellings where the system of drainage is well organised.⁵¹²

Following this report, the London Jewish Board of Guardians appointed a sanitary inspector in 1884 to visit houses and 'inculcate habits of cleanliness amongst the poor, and to promote improvement in the condition of their homes'.⁵¹³ In that year

⁵¹¹ Ibid., p. 34.

⁵¹² 'Report of the Lancet Special Sanitary Commission on the Polish Colony of Jew Tailors', *The Lancet*, Vol. 123, No. 3166, p. 817-818, 3 May 1884.

⁵¹³ Susan L. Tananbaum, *Jewish Immigrants in London 1880-1939*, London: Pickering & Chatto, 2014, p. 35.

the Board stopped purchasing hospital tickets giving a right of admission to voluntary hospitals but 'comforts' such as wine or brandy were supplied if recommended by Poor Law medical officers.⁵¹⁴ The Board also established a Special Committee on Consumption and, by 1900, they were able to report success in 'arresting the spread' of tuberculosis.⁵¹⁵ However, many local practitioners, from their own experience, denied the accuracy of this report and suggested that the Committee had mistakenly based its figures on an earlier period.⁵¹⁶ One year later, the *Jewish Chronicle* was suggesting that the reduction of tuberculosis among Jews could be attributed to the freedom of Jews from alcoholism, a potent factor in the aetiology of tuberculosis, and to absence of the ingestion of tuberculous meat.⁵¹⁷

Gastrointestinal disease, notably diarrhoea, was one of the leading causes of death of infants in the nineteenth century. It accounted for nearly one quarter of infant deaths in the borough of Stepney in 1901.⁵¹⁸ Yet, despite the exposure to unhygienic conditions, Marks has demonstrated that Jewish infants were less liable to die from infectious and respiratory diseases in European cities. Moreover, deaths from infectious diseases were also thought to be much rarer among Jewish children than among their neighbours in England.⁵¹⁹ Epidemics of smallpox were common in the East End but statistics usually revealed that it was less common in the Jewish community despite the overcrowded conditions. One explanation was that many of the immigrants had been vaccinated before their journey to England.

⁵¹⁴ Vivian Lipman, *A Century of Social Service 1859-1959. The History of the Jewish Board of Guardians*, London: Routledge & Kegan Paul, 1959, p. 129.

⁵¹⁵ London Jewish Board of Guardians, *Annual Report 1900*.

⁵¹⁶ *JC*, Editorial, 26 July 1901.

⁵¹⁷ *JC*, 7 March 1902.

⁵¹⁸ Lara Marks, *Model Mothers*, p. 56.

⁵¹⁹ Marks, *Ibid.*, p. 59.

Unfortunately the medical records of the London Jewish Hospital have not survived and to compile an accurate comparative study with the German Hospital will not be possible. However, records exist of the type of cases seen at the Jewish Hospital later in its history and reference will be made to these in the following section. Before the opening of the Jewish Hospital it was to either the London or the Metropolitan Hospital that many Jews, who required hospital treatment, were admitted. Both had made provision for their Jewish patients and were situated close to the centre of the immigrant population. The pressure for a sectarian hospital for Jews in London had existed periodically for many years but it was the influx of more than one hundred thousand Eastern European Jews after the 1880s that mobilised the group of lay-supporters to raise the project off the ground. As noted the health of the migrants differed little from the indigenous community with both suffering from diseases associated with overcrowding and lack of sanitation. The immigrants, with their poor communication skills in English and desire for a Jewish hospital atmosphere clamoured for their own hospital but this was not universally supported in London Jewry as a whole.

5. The Origin of the London Jewish Hospital

Prior to the foundation of the London Jewish Hospital, the voluntary hospital which dominated the East End from the eighteenth century was the London Hospital, opened as the London Infirmary in 1740. As outlined, it was partially supported financially by the Jewish community and provided, when possible, for their religious needs, but not without some tension. An observation by Rev. A. A. Green, the minister at Hampstead Synagogue, in 1909, described the plight of the Jewish patient at a non-Jewish hospital:

The Jew who comes in is regarded more or less as an alien, and when he can speak only Yiddish, this is accentuated . . . It often happens that a Jew who wants to put on his hat when he takes his meals, and who wants to put on his tephillin⁵²⁰ and say his prayers in the morning, is assailed by all manner of comment, ribald and blasphemous, which renders his stay a perfect purgatory.⁵²¹

It was these circumstances that contributed to the belief, by some, that a sectarian Jewish hospital was required in London, although there were many dissenters as will emerge. A Jewish Hospital in Manchester had been founded in 1904 but in 1900, the *Jewish Chronicle* carried a letter from Rev. Simeon Singer, the minister of London's New West End Synagogue and a former headmaster of Jews' College, revealing an animosity to any such ventures.

The formation of a sectarian hospital is absolutely unnecessary. Our hospitals concern themselves solely with the need, not the creed, of the sufferers who seek their aid. The establishment of a distinctively Jewish hospital will, I fear, expose us to a very serious charge – 'What strange people these Jews are', our neighbours will say of us. We do not exclude them, nor do we dream of excluding them from our hospitals. Yet even so they are not content. They must exclude themselves.

⁵²⁰ These are alternatively termed phylacteries. They are worn by Jewish men at their morning prayers on the head and the arm. They comprise of two black leather boxes which contain hand written portions of the Pentateuch on parchment. They are fastened by leather straps. *JC*, 1 January 1909, under the pseudonym 'Tatler'.

Singer wrote that he resented the classification of Englishmen, Frenchmen, Germans and *Jews*, believing that this differentiation was a device of the enemy that is the antisemite. It had taken many years of hard political struggles to break the artificial barrier between an *Englishman* and a *Jew*. In his opinion, it would be unwise to re-erect it 'with our own hands even for the luxury of having a Jewish hospital of our own'.⁵²² It was precisely this argument that was to be employed by the first Lord Rothschild and other members of the Jewish elite a decade later in their opposition to the establishment of the London Jewish Hospital. They strongly believed in the integration of Jews into British culture rather than their unnecessary separation.

Despite Lord Rothschild's opposition to the *London Jewish Hospital*, the wider Rothschild family had built a Jewish hospital in Vienna. Many Jewish hospitals were to be found in Europe with the majority having been opened during the second half of the nineteenth century. They were to be found in Lithuania, Latvia, Poland, Romania, Germany, Greece, Holland, Switzerland and Italy. Within the English speaking world the Mount Sinai Jewish Hospital opened in New York in 1852.⁵²³

These two examples, of Rothschild and Singer, provide illustrations of the intensely polarised debate proceeding in the Jewish press concerning the establishment of Jewish hospitals in early twentieth-century England. Before 1900, the *Jewish Chronicle* had reported the debate concerning the establishment of a Jewish hospital but later in the year expressed its own opinion that a Jewish

⁵²² *JC*, 14 September 1900.

⁵²³ Gerry Black, *Lord Rothschild and the Barber*, p.28.

hospital was unnecessary. Indeed, it stated that 'admission of Jews into an undenominational hospital ensures the co-operation of Jews and Christians in the support of medical charities'.⁵²⁴

The decision reached concerning the establishment of Manchester Victoria Memorial Jewish Hospital was aided by the pronouncement of the Manchester Royal Infirmary to move to new premises, several miles away from the Jewish area of Cheetham Hill. The Chief Rabbi, who had expressed his disapproval of a Jewish hospital there, later softened his opposition although he did not attend the opening ceremony of the Manchester Jewish Hospital.⁵²⁵

What factors then motivated the founders of the London Jewish Hospital to believe that such an institution would benefit the community? One significant issue was the growing numbers of Christian medical missions in the East End. There were as many as a dozen of these in East London by the early 1900s.⁵²⁶ The main missionary organisation was the London Society for Promoting Christianity Amongst the Jews. Its *raison d'être* was the conversion and baptism of Jews. In a history of the society published in 1908, one member, speaking at a Church Congress in 1879, claimed to have baptised 134 Jews, exclusive of children, within the previous eight years.⁵²⁷ He did not provide evidence of his claim and his assertion is likely to be dubious. Even so, the medical missions were popular, with the largest, the

⁵²⁴ Ibid., p. 39.

⁵²⁵ Ibid., p. 40.

⁵²⁶ Ellen Ross, 'Playing Deaf: Jewish Women at the Medical Missions of East London, 1880-1920s' in *19: Interdisciplinary Studies in the Long Nineteenth Century*, No. 13, 2011. <http://19bbk.ac.uk/index.php/19/article/view/view/622/744> accessed 11/07/2012.

⁵²⁷ Rev. W. T. Gidney, *The History of the Society for Promoting Christianity Amongst the Jews from 1809 to 1908*, London: London Society for Promoting Christianity Amongst the Jews, 1908, p. 423. <http://archive.org/stream/historylondonso00gidngoog> accessed 01/05/2013.

Mildmay's Whitechapel Mission to the Jews, opening its doors in 1880. By 1893 it ran twenty general missions throughout London and it included meeting halls, orphanages, schools, hospitals, training schools and clinics. They operated close to the centres of the Jewish population and employed some Yiddish-speaking doctors, some of whom were Jewish. Before a consultation, the patients were expected to listen to a Christian prayer or sermon, sometimes in Yiddish. The majority of those attending were women. They mostly faced evangelical Christians and although many practised 'cultural' Judaism, a widow could make use of a crèche, enrol her child in a Church of England school or be tempted to eat non-kosher meat. Bottles of medicine were dispensed and it was not unusual to find medicines from the missions, the hospitals and local medical practitioners collected together in a room. Those favouring the foundation of a Jewish hospital argued that it would combat the proselytising activities of the Christian medical missionaries. But although fear was expressed in some quarters concerning their activities, there was no evidence that conversions occurred on a large scale. In 1904, the *Jewish Chronicle* published an interview with Dr Redcliffe Salamon, then Director of the Pathological Institute at the London Hospital.⁵²⁸ He stated that it would be unwise for the community to enter into competition with the missionaries in regard to the provision of free treatment and drugs. He asserted that the missionaries pandered to ailments by entering minutely into real and imagined symptoms, a manner which was popular among the Jews. Hospital doctors could not allocate this time to spend on minor complaints. He recommended that more nurses, under the control of the Jewish

⁵²⁸ *JC*, 7 October 1904, pp. 18-19.

authorities, be employed. They would spread enlightenment because it was evident that orthodox Jews had a discouraging attitude to scientific work.

Several further interviews followed within this article with representatives of Jewish organisations providing their opinions about the missionary activities. The Jewish interpreter to the Whitechapel County Court and Superintendent of the Jewish Prisoners' Aid Society, Mr. S. Rehfish, supported the establishment of free Jewish dispensaries. The conversionist dispensaries attracted Jews because they were near. He warned against the elderly bequeathing money to the missionary societies.⁵²⁹

In contrast, Mrs Louis Model, the Honorary Secretary of the Sick Room Helps Society, disagreed about the opening of free dispensaries. She believed that the problem could be resolved by the use of the existing Jewish Friendly Societies with their medical officers. She suspected that East End Jews enjoyed obtaining advice from as many doctors as they could. She agreed that more Jewish nurses were required who could give advice on sanitation matters. She held that there was a Jewish prejudice against fresh air and stated that her nurses opened windows everywhere.⁵³⁰

The Superintendent of the Sick Room Helps Society, Mrs S. Levy, stated that the Society had nearly three thousand members, 50% of which were Board of Guardian cases. She declared that it was disconcerting to her doctors and nurses that people attended the medical missions even when under treatment by the Society.

⁵²⁹ *JC*, 7 October 1904, p. 19.

⁵³⁰ *Ibid.*

Finally, the Secretary of the Jewish Board of Guardians, Mr M. Stephany, believed that a Jewish dispensary would not deter his co-religionists from attending Christian missionary clinics. He argued for more Jewish nurses but *not* for a Jewish hospital. Only one of those interviewed in this article, Dr Julius Snowman, a physician who practised in the East End, preferred the foundation of a Jewish hospital with Jewish nurses. He stated that the need for Jewish nurses was desirable for medical, sanitary and a social point of view:

We have our Home for Incurables, we have our Convalescent Homes, Home for Deaf and Dumb and a Sanatorium for Consumptives, all of which are practically free medical charities. Why should we support these institutions and withhold the free general treatment of disease? I fail to understand.⁵³¹

If this article is representative of opinion then it would appear that, at that time, there was an overwhelming opposition, by those interviewed, to the foundation of a Jewish hospital. But, typical of the *Jewish Chronicle* at that time, they did not interview those of an immigrant background. The community continued to prefer the facilities provided by the London Hospital and, it seems apposite that in the same issue of the *Jewish Chronicle*, it was reported that new Jewish wards would be opened there, by the end of the year, each with 26 male and 26 female beds. The section would include a kitchen, storerooms, bathrooms and a balcony. The facility had been endowed by a gift of £20,000 from Edward and Louis Raphael.⁵³² It is significant that the majority of those interviewed were not in favour of the

⁵³¹ Ibid.

⁵³² Paul Weindling, 'Jews in the Medical Profession in Britain and Germany: Problems of Comparison', in Michael Brenner, Rainer Liedtke and David Rechter, *Two Nations: British and German Jews in Comparative Perspective*, Tübingen, Mohr Siebeck, 1999, p. 395-6.

establishment of a Jewish Hospital and the question of the language barrier did not arise in the interviews. Yet language and Jewish religious practice were among the primary reasons forwarded by its supporters for its foundation. It was a period when the newspaper was not supportive of the Jewish hospital movement and it is more than possible that the editors selected representatives of groups known to be unsympathetic to the institution of the hospital.

As noted, a common issue employed in *support* of the establishment of a Jewish hospital was the question of language. The migrants who settled in London spoke Yiddish and most had a poor comprehension of English. Communication with British doctors and nurses was difficult and interpreters were usually required. The problem was raised in the case of the proposed Manchester Jewish Hospital in 1900.⁵³³ A local correspondent, however, believed that the language difficulty was, to a great extent, exaggerated. He suggested that a working understanding could be reached between patients and their doctors and nurses, and in outpatients, an interpreter could be used.

Another contention forwarded against the opening of a Jewish hospital involved the religious superstition that was common within the immigrant community at the turn of the century. There was a belief that mixing with Gentiles in hospitals, with an absence of 'Jewish sympathy and ministration', would bring about their death.⁵³⁴ Consequently, many hesitated to be admitted into existing hospitals, preferring to die at home. It was pointed out by some that having the Jewish patients together under one roof would facilitate visiting by Jewish clergy. In

⁵³³ *JC*, 14 September 1900, p. 6.

⁵³⁴ *JC*, 14 September 1900, p. 7.

the event, it was the Jewish clergy who were unsupportive of the Hospital and who were criticised for their lack of visits. Even before the Hospital had opened, Rev A.A. Green of the Hampstead Synagogue, writing in the *Jewish Chronicle* under the *nom-de-plume*, 'Tatler' in 1909, disapproved of the scheme and suggested that the funds should be used to establish a nursing home.⁵³⁵ Intriguingly, in terms of a generational shift, his uncle, Aaron Levy Green, had been a supporter of the need for a specific London Jewish Hospital and was a signatory to a manifesto advocating this in 1835. The project was later dropped in favour of a scheme agreed with the London Hospital whereby Jewish wards were opened.⁵³⁶

Those advocating support for a Jewish hospital argued that, with its advent, the existing hospitals would welcome the relief of pressure on them. Conversely, others warned about the likely prohibitive expenditure of building, equipping and maintaining a selective hospital. They expressed concern that if the Jews had their own hospital then there could be reluctance to treat them at general voluntary hospitals. Funding for voluntary hospitals was usually challenging and the opening of a Jewish hospital, it was believed by those in opposition, would be interpreted as a competitive act risking a diversion of much needed funds away from the existing institutions, thereby potentially leading to anti-Semitic sentiments.⁵³⁷

The existence of discrimination against Jews entering into the medical profession and their progression, during the Victorian and Edwardian eras, remains in some dispute, although it is likely that anti-Semitism did occur within the medical

⁵³⁵ *JC*, 1 January 1909.

⁵³⁶ Alex M Jacob, 'Aaron Levy Green, 1821-1883' in *Transaction of the Jewish Historical Society of England, Sessions 1973-1975, Volume XXV*, p. 88.

⁵³⁷ Gerry Black, *Lord Rothschild and the Barber*, p. 38.

profession. The possibility of such prejudice was used in the debate in support of the founding of a Jewish hospital in London. It was not until 1854 at Oxford and 1856 at Cambridge that Jews were able to matriculate, including medical degrees, without subscribing to religious tests.⁵³⁸ Jewish parents in lower and middle-class households were reluctant to provide an opportunity for their children to undertake a career in medicine. The training was expensive and most of their sons were encouraged to work in their family business. There was also a perception, probably justified, that there would be barriers to progress in teaching hospitals because of religious discrimination and those who planned on advancement in their medical careers often elected to anglicise their names. This was the case in the early to mid-Victorian era. Consultant posts were appointed by lay governors. Affiliation to the Anglican Church or having family connections to those in authority resulted in preferential selection. Consequently, few Jewish doctors became consultants at the turn of the century, with most opting for general practice, although the situation changed in the succeeding years.⁵³⁹

During the period of the anti-alien campaign and later during World War I, medical students were not immune to anti-Semitic prejudice. Lord Knutsford, the chairman of the London Hospital had become involved in a dispute with the Jewish community when correspondence between Israel Zangwill, Lucien Wolf and Knutsford was publicised concerning complaints made by Jewish medical students at the London Hospital. Allegations and threats were made which reached the Board of Deputies. Cooper in his analysis of the situation believes that Knutsford

⁵³⁸ John Cooper, *Pride Versus Prejudice. Jewish Doctors and Lawyers in England 1890-1990*, Oxford: Littman Library of Jewish Civilisation, 2003, p. 12.

⁵³⁹ *Ibid.*, p. 15.

perpetuated a number of anti-Jewish canards.⁵⁴⁰ He repeated the allegation that all east European Jews were dirty and unhygienic although many observers agreed that homes of working-class east European Jewish homes were cleaner than their non-Jewish counterparts. He also perpetuated the anti-Semitic view that Jews were a source of infection and disease. In 1918 letters of refusal to Russian Jewish student applicants to the London Hospital medical school stated 'that only students of British Nationality are for the present eligible for admission'. It is likely that Knutsford's opposition to the Jewish Hospital was mainly based on financial grounds, however, rather than on any anti-Semitic prejudice but his objections to Jewish students did reveal an underlying discrimination. He was concerned that the 'London' risked a loss of funding. In 1908 an attempt was made to secure the support of Zangwill as a patron for a concert in support of the Jewish Hospital but Zangwill refused, replying that he did not believe that the plan for the Hospital was feasible.⁵⁴¹ Zangwill's opinion about the financial viability of the scheme was commonly held at this period.

It was into this debate about anti-alienism, anti-Semitism and the health and treatment of the Jews that stepped a most unlikely figure. Isaac Berliner (also known as Isadore) was born in Russia in 1871 and arrived in London around 1895, although he was not recorded in the 1901 census. He became a barber in the East End of London and was documented in the 1911 census when he was stated to be age 40 and residing in St George in the East.⁵⁴² Papers at the National Archives

⁵⁴⁰ Ibid., pp. 49-54.

⁵⁴¹ Gerry Black, *Lord Rothschild and the Barber*, pp 54-5.

⁵⁴² [http:// www.1911census.co.uk](http://www.1911census.co.uk) accessed 25/04/2012.

confirm that he was naturalised in August 1903.⁵⁴³ He was an orthodox, Yiddish-speaking Jew and in 1905 he was admitted to a hospital. He described the suffering that he experienced, not so much from his illness, but more from the non-Jewish environment. Although he described receiving kind attention from the doctors and nurses, he realised that this situation would cause anxiety and embarrassment to other observant Jews, particularly when carrying out their Jewish ritual practices.⁵⁴⁴ He set his heart on founding a Jewish hospital in the East End and the first informal meeting of those in favour of a Jewish hospital in London probably took place in an underground kitchen of a flat in Sydney Street, Stepney, in the East End when Isaac Berliner met with some of his friends.⁵⁴⁵

Several weeks later, in February 1907, the *Jewish Chronicle* reported that an 'enthusiastic meeting' had been held a few days earlier when it was resolved that 'the establishment of a Jewish hospital in the East End is a great necessity as there is insufficient accommodation in the general hospitals for the suffering poor'. The majority of those present agreed to join the movement. Societies would be formed but, in the meantime, appointed committee members would collect subscriptions. The report continued that 'the meeting pledges itself to work for the furtherance of the scheme. A Jewish hospital "shilling fund" shall be introduced into all societies, associations, etc. Subscriptions will range from one penny a week'.⁵⁴⁶ The subject of the medical missions was raised at the meeting when the attendance of Jewish applicants for medical relief at the Philpot Street Mission and other conversionist

⁵⁴³ Certificate 13678 issued 11 August 1903.

⁵⁴⁴ Gerry Black, *Health and Medical Care of the Jewish Poor in the East End of London 1880-1914*, Ph.D. Thesis (Unpub.), Leicester University, 1987.

⁵⁴⁵ *JC*, 9 May 1919, p. 24. According to Mrs A Levy.

⁵⁴⁶ *JC*, 15 February 1907, p. 21.

centres was described as a 'crying evil' and it was considered that the establishment of a Jewish hospital would nullify the efforts of the conversionists.

During the first years of the project to establish the London Jewish Hospital, the *Jewish Chronicle* was unsupportive and critical. The paper questioned the likelihood of success when funding was anticipated to derive from the poor East Ender. It asked how many pennies would be required to build the Hospital? It also asserted that provision for Jewish ritual and dietary requirements was being met by both the London Hospital and the Metropolitan Hospital. It claimed that the existing hospitals provided comprehensive, modern medical facilities but the proposed hospital would not be able to compete.

Despite these sentiments, the *Jewish Chronicle* continued to report about meetings and charitable events held in support of the proposed Hospital. In December 1907, an early Association branch in connection with the Spitalfields Great Synagogue had been formed and new members were announced at a committee meeting.⁵⁴⁷ Another meeting was reported in January 1908 when both Jewish and non-Jewish visitors were present.⁵⁴⁸ A representative of London County Council spoke in support of the Hospital and stated that, by becoming a member of the Jewish Hospital Association, he would set an example to his fellow Christians. He estimated that 60,000 subscribers would be required for the venture to become financially viable.

But the attitude of the *Jewish Chronicle* towards the plans for London Jewish Hospital entirely changed within a few years of the appointment of Leopold

⁵⁴⁷ *JC*, 13 December 1907, p. 37.

⁵⁴⁸ *JC*, 3 January 1908, p. 245.

Greenberg in 1907 as the new editor when the paper campaigned powerfully for the establishment of the institution. He held forthright views on many subjects and was a passionate defender of the Jewish immigrant. He was critical of the stance taken by the Board of Deputies concerning, what he considered, its weakness and acquiescence regarding the Aliens Act.⁵⁴⁹ He introduced articles describing life in the East End, some of a sentimental nature, which Lord Rothschild and other communal leaders viewed with displeasure.⁵⁵⁰ Greenberg's predecessor, Israel Davis, as editor had taken the attitude of lying low in reaction to the anti-Semitic disturbances in South Wales in 1902-3, hoping that the agitation would 'blow over'.⁵⁵¹

By November 1908, it was announced at a meeting that negotiations had commenced regarding a suitable site in Stepney Green for the Hospital, described as being 'in the heart of the Yiddish-speaking section of the community and easily accessible from all parts'.⁵⁵² The land, comprising of 22,000 square feet, was owned by the Charrington brewery family who offered it for sale for £6,500 but the committee elected to offer £5,000. The Charrington family had also been benefactors to the London Hospital where a Charrington Ward had been named.⁵⁵³ The membership of the Association had by then reached 10,000 and a promise had been received from a number of doctors that they would make their services available when the Hospital opened.

⁵⁴⁹ David Cesarani, *The Jewish Chronicle and Anglo-Jewry 1841-1991*, Cambridge: Cambridge University Press, 1994, pp. 111-2.

⁵⁵⁰ *Ibid.*, p112.

⁵⁵¹ David Cesarani, *The Jewish Chronicle and Anglo-Jewry 1841-1991*, Cambridge: Cambridge University Press, 1994, p. 98.

⁵⁵² *JC*, 13 November 1908, p. 12.

⁵⁵³ A. E. Clark-Kennedy, *The London. A Study in the Voluntary Hospital System. Volume Two. The Second Hundred Years 1840-1948*, London: Pitman Medical, 1963, p. 145.

One month later, the *Jewish Chronicle* published an interview with the Secretary of the London Hospital, Mr E W Morris, who admitted that he had followed the news of the Jewish Hospital movement 'with anxious interest and viewed it with the most misgiving'.⁵⁵⁴ He believed that the main obstacle would be the principle of finance and related how some hospitals in London were living 'hand to mouth'. He stated that a small hospital would not accommodate all the Jewish patients requiring treatment and would not have facilities to treat special cases. Furthermore, Jewish consultants and nurses were few and would be more likely to work in existing institutions which would give them greater scope. The Secretary recounted the financial support received by the London Hospital from Jewish benefactors over the years. He mentioned endowments from Edward Raphael (£20,800), the late Ben Levy (£13,000 for five operating theatres) and a bequest from Sam Lewis (£20,000). The Hospital had also received money from the Rothschild and Sassoon families as well as Lord Swaythling, Sir Edward Speyer and others. Swaythling's sympathies were already well-known. With others, he opposed anything that promoted or preserved the alleged isolationism of the immigrants. He helped to fund the Jewish Working Men's Club which was intended to help the immigrants 'to cast off the almost Oriental shackles which they have imported with them into this country'.⁵⁵⁵ His initiative to establish the Federation of Synagogues to Anglicise the forms of worship also reflected his principles.⁵⁵⁶ Dr Anghel Levy had received a letter from him in 1912 in which Swaythling wrote: 'I am strongly opposed to the proposed hospital for Jews in the East End and would use any

⁵⁵⁴ *JC*, 25 December 1908, p. 18.

⁵⁵⁵ David Cesarani, *The Jewish Chronicle and Anglo-Jewry 1841-1991*, p. 78.

⁵⁵⁶ *Ibid.*, pp. 76-77.

influence I have to prevent it being established'.⁵⁵⁷ Morris added that they had frequently received advice from the Chief Rabbi. Apart from the four Jewish wards accommodating fifty-two inpatients, they received 50,000 Jewish outpatients annually. He doubted whether the Jewish Hospital would receive funding from the King Edward, the Hospital Saturday or the Hospital Sunday Fund as they had a policy of not supporting new institutions. He admitted that they would deprecate a new hospital opening 'a stone's throw away' from the London Hospital. He threatened that the conduct of the supporters of the Jewish Hospital could hasten the introduction of state control of hospitals which he described as a national disaster. He thought that it would be a pity if the money which could improve the work of the London Hospital was diverted to a Jewish Hospital. The contents of his interview clearly indicated his concern that the London Hospital risked losing some of its funding and viewed the idea of the Jewish Hospital as 'opposition' to the future development of the London Hospital.⁵⁵⁸

The interview did not lessen the determination of the London Jewish Hospital Committee to press on and it was announced early in 1909 that a decision had been made to buy the site.⁵⁵⁹ And against all the opposition, a contention used in support of the Hospital was that Jewish hospitals had flourished on the Continent for many years. Moreover the opening of the Jewish Home for Incurables, the Jewish Orphanage, the Jewish Home for Aged Jews and the Jewish

⁵⁵⁷ Archives London Jewish Hospital Association, Hartley Library, University of Southampton, Ref: MS 116/145. Letter dated 7 October 1912.

⁵⁵⁸ Ibid.

⁵⁵⁹ *JC*, 1 January 1909, p. 19.

Convalescent Home had not created feelings of intolerance when they had been established.

By the end of that year, a public meeting was held, attended by several hundred persons when Dr Anghel Gaster presided. He was the younger brother of the Haham and received his medical qualifications in Hungary and England. He had pledged his support of the Jewish Hospital from its foundation in 1907. Gaster confirmed that the freehold site for the proposed Hospital in Stepney Green had been purchased for £5,400 of which £3,900 would remain on mortgage for three years.⁵⁶⁰ Present at the meeting and speaking in support of the project was Mr Wedgwood Benn, M.P. and Mr Bertram Straus, M.P. The former spoke of the liberality of the Jews in supporting charities of the country which should commend the scheme to Christian support.

The *Jewish Chronicle* continued to publish interviews and letters both of support and in opposition to the establishment of the Hospital. But one correspondent, a hospital visiting minister from the Hambro Synagogue, observed in 1909 how the *Jewish Chronicle*, in recent issues, had expressed sympathetic references to the project and should be congratulated on its outspokenness in favour of the movement.⁵⁶¹ The writer drew attention to the language difficulty in general hospitals and more so in East End infirmaries. Another correspondent wrote of the 'illogical and inconsistent communal policy' of the London community. He observed how the community boasted of convalescent homes for the sick and a Home for Incurables but opposed the establishment of an institute for treating the

⁵⁶⁰ *The Times*, 8 December 1909, p. 21.

⁵⁶¹ *JC*, 5 February 1909, p. 13.

sick. Even plans for the establishment of a home for cases of advanced tuberculosis had not met opposition. The paper received a letter from a writer who recounted his recent experiences as an inpatient at a London hospital.⁵⁶² He described being surrounded

by a class of patients with whose ideas and aspiration I had no sympathy, men equal in my material poverty, but whose notions were vulgar, whose talk was uncouth and who were antipathetic to me. Our views on life and death were poles apart from them. I had to hear the words of the New Testament read out to a patient in the next bed with the words 'wash in the blood of Jesus' and to witness extreme unction. What a boon it would be to have a Jewish hospital for the poor.

Using this example as an argument for the provision of a hospital with a Jewish atmosphere, the *Jewish Chronicle* carried a report of a meeting between the London Jewish Hospital Association and members of the committee of the London Hospital when the Honourable Sydney Holland (later to become Lord Knutsford), the Chairman of the London Hospital, presided.⁵⁶³ Holland expressed his confidence that a Jewish Hospital was not required, reasoning that the Aliens Act (1905) would end the great influx of Jewish aliens into the country. He believed that the alien should make himself aware of the language of his adopted country, if not 'that was his lookout'. Berliner had asked at the meeting whether the London Hospital could provide an area for Yiddish-speaking patients to be treated by Yiddish-speaking

⁵⁶² *JC*, 20 August 1909, p. 19.

⁵⁶³ *JC*, 5 February 1909, p. 14.

doctors with the Association paying for the inconvenience. He was told that this would not be possible.⁵⁶⁴

The Jewish Hospital representatives attempted to negotiate with those of the London Hospital concerning an additional utilisation of their facilities but with no success. It is known that, at that time, Knutsford resented the foundation of a new hospital, in competition with 'The London'. But, it appears that after a period of several years he considered the matter of no further importance as he made no reference to the episode in his autobiography *In Black and White*, published in 1926.⁵⁶⁵ The other large voluntary hospital in the East End serving the Jewish population was the Metropolitan Hospital. It had been founded in 1836 as a dispensary, then, within a few years was established as a small hospital in Bishopsgate. In 1885 a larger up-to-date building was erected in Kingsland Road, Hackney. At their Annual Dinner in 1910, Leopold de Rothschild spoke of the deep debt of gratitude by members of his faith for the two Jewish wards and the Jewish doctor who attended the outpatient department.⁵⁶⁶ He said that he would be 'excessively sorry' to see a Jewish hospital established.

In May 1909 it was agreed by the Committee to form a limited company, the London Jewish Hospital Association Ltd. It comprised of twenty-five subscribers, almost all of whom were East End residents and in artisan occupations. They included tailors, compositors, a furrier, a restaurateur, a butcher, a photographer, a jeweller and a student revealing the outsider status of these men.⁵⁶⁷ Furthermore,

⁵⁶⁴ *JC*, 5 February 1909, p. 15.

⁵⁶⁵ Viscount Knutsford, *In Black and White*, London: Edward Arnold, 1926.

⁵⁶⁶ *The Times*, 24 June 1910, p. 4.

⁵⁶⁷ Gerry Black, *Lord Rothschild and the Barber*, London: Tynsder Publishing, 2000, pp. 57-8.

only three of the subscribers had been naturalised. The Memorandum of the Association included the object:

To provide free hospital accommodation for the poor of London, to receive paying patients, and to send out trained nurses for private nursing in London or elsewhere; to employ medical, surgical and pharmaceutical officers, nurses and attendants . . . who shall speak the Yiddish language . .

⁵⁶⁸

In December 1908 the death of Henry Barnato was announced. He had lived an adventurous life, commencing as an amateur conjuror and entertainer in London, performing with his brother, Barney, at Wilton's Music Hall in the East End.⁵⁶⁹ He was known as Henry Isaacs but for show purposes was billed as 'Signor Barnato, the great wizard'.⁵⁷⁰ With little success in his profession he drifted into diamond dealing and moved to South Africa where he invested in diamond mines. Together with his brothers the business flourished and, on his death, his estate was valued at over five million pounds, of which a quarter of a million pounds was bequeathed to various charities. Rumours abounded that the executors were considering that the London Jewish Hospital would become a beneficiary. Greenberg wrote an editorial in January 1909 promoting the scheme but, by August, his editorial expressed regret that the trustees had not approved of a bequest to the Hospital.⁵⁷¹ Yet, even before the decision had been announced, one correspondent had written to the *Jewish Chronicle* alleging that 'powerful appeals

⁵⁶⁸ Ibid.

⁵⁶⁹ Anthony Davis, *King of Diamonds. The life of Barney Barnato*, California: Anthony Davis, 2014, p. 12.

⁵⁷⁰ *South Africa Magazine*, 5 December 1908.

⁵⁷¹ *JC*, 13 August 1909, p. 6.

have been pressed upon the Barnato trustees from other quarters'.⁵⁷² It is likely that these 'other quarters' included Lord Rothschild. Lord Rothschild had recently addressed a Jewish Board of Guardians Festival Dinner when he stated:

The people who propose to set up this new charity are discontented with the work of perhaps the greatest and most charitable institution in the world, the London Hospital. . . I am not betraying any confidence when I say that their hope that the hospital may be endowed with the money left by the late Mr Henry Barnato is a futile hope. I am sure it will not be given for this purpose. . . I have ventured to address you on this subject in the hope that those who have influence will put their face against a mischievous innovation, and will justify our gratitude to institutions like the London Hospital and the Metropolitan Hospital who have attended the Jewish sick with much devotion and success.⁵⁷³

Rothschild represented many of the Jewish elite when he spoke publically of his opposition to the foundation of the London Jewish Hospital. A letter to Dr Goodman Levy confirming the decision of the Barnato brothers, written in February 1909, stated 'we have discussed the proposed Jewish Hospital with our co-trustees and are all more or less against the scheme. The establishment of the scheme would be unwise'.⁵⁷⁴ The phrase 'more or less' suggests that some influence had been placed upon the trustees, probably by Lord Rothschild. In August 1909, it was announced that the Barnato legacy, amounting to £250,000 had been left to the

⁵⁷² *JC*, 5 February 1909.

⁵⁷³ *JC*, 19 February 1909 and quoted in Gerry Black, *Lord Rothschild and the Barber*, p. 67.

⁵⁷⁴ Letter, dated 26 February 1909, in London Jewish Hospital Association Archives, at Hartley Library, Southampton.

Middlesex Hospital⁵⁷⁵ and in June 1910, the foundation stone of the Henry Barnato Memorial Wing of the new cancer ward was laid by Prince Francis of Teck.⁵⁷⁶ The Wing was dedicated in memory of his brother, Barney, and his nephew Woolf Joel and included 48 beds, accommodation for nurses and a kosher kitchen.⁵⁷⁷

It would not have been surprising if the few supporters of the Jewish Hospital scheme had accepted defeat at this stage with Lord Knutsford, their elite co-religionists, Lord Rothschild and Lord Swaythling and members of the Jewish clergy arguing strongly against pursuing its foundation. It says something of their determination that they continued campaigning.

6. Financial Matters Before the Opening of the London Jewish Hospital

From its very inception it was clear that the project to build a Jewish hospital for the immigrant population in London would involve a financial struggle. As noted, the Jewish elite, headed by Lord Rothschild excluded themselves from any support for the proposed institution. Rothschild was a liberal benefactor of the London Hospital and a friend of Lord Knutsford. He had, for many years, pledged support for the London Hospital and believed it would be disloyal to support the Jewish Hospital scheme. Moreover, he could not countenance the separatist movement of a rival hospital to 'The London' and felt passionately that the immigrants should learn English and integrate into a British lifestyle and Lord Swaythling, his rival benefactor, shared his view. It therefore fell to the poor East Enders to raise the funds to build and maintain their Hospital. At a meeting in 1909, Dr Anghel Gaster, who was the first medical doctor to become associated with the movement,

⁵⁷⁵ *JC*, 13 August 1909, p. 5.

⁵⁷⁶ *JC*, 8 July 1910, p. 26.

⁵⁷⁷ *JC*, 29 March 1912, p. 12.

declared in opposition to Rothschild, that they should show the rich, by their deeds and works of self-sacrifice, that they were independent of them.⁵⁷⁸ He continued that, 'was it not proof of their earnestness that they had already collected nearly seventeen hundred pounds and that in pennies only? Were they going to give it up because their 'Lord' (their financial Lord) had pronounced it unnecessary?'

Berliner, who spoke to the meeting in Yiddish, informed them that there were 150,000 Jews resident in London. He suggested that if only half that number subscribed one penny per week, no less than a sum of £100 could be collected weekly.

In December 1909, Dr Gaster, who by this time had been appointed the Treasurer of the London Jewish Hospital Association, announced a scheme for subscribers to purchase one square foot of land for ten shillings and sixpence for which they would receive an illuminated certificate and have their names entered into a golden book.⁵⁷⁹ Later, at another public meeting, Gaster was critical of the plans of the United Synagogue to spend £40,000 to build a new synagogue, commenting that in his estimation it would have been more gratifying 'in God's sight' to spend the money on a Jewish hospital.⁵⁸⁰ The *Jewish Chronicle* continued to carry correspondence, mainly centred on the controversial matter of the expenditure of the proposed hospital. One writer, Henry Beddington, was a manager of the London Hospital and of the Samuel Lewis Convalescent Home. His family had been founders of Abdulla cigarettes, popular before and during World

⁵⁷⁸ *JC*, 20 August 1909, p. 19.

⁵⁷⁹ *JC*, 10 December 1909, p. 13.

⁵⁸⁰ *JC*, 24 December 1909, p. 13.

War I.⁵⁸¹ He observed that the standard of medicine practiced at the recently opened Manchester Jewish Hospital was far below that of English first-class hospitals and believed that the same would apply in the proposed hospital in London. He wrote that 'if members of the community desire to see how *not* to do it, let them visit the Jewish Hospital in Manchester'.⁵⁸² He commented that nurses were known to be poorly paid, and it had been difficult to attract Jews to this profession. Beddington continued that few Jewish nurses had gone through a complete course of training and those who were qualified preferred to work in private practice with its higher remuneration. He was sure that patients would prefer to be prescribed for, operated on and nursed by the best available skill in the country.

Beddington's correspondence with the *Jewish Chronicle* unsurprisingly received a strong response. One letter published was from Dr Alfred Goodman Levy, who underwent his medical training at University College Hospital, London and was an early opponent of the London Jewish Hospital. After qualification, he became a resident anaesthetist at Guy's Hospital.⁵⁸³ Completely unorthodox, he later became an unlikely supporter of the Jewish Hospital when he wrote to the newspaper disputing the observations of Henry Beddington. He may have been persuaded to support the Hospital by Mr N. Jacobowicz, one of the original twenty-five members of the London Jewish Hospital Association who wrote to Goodman Levy on 8 October 1908 of the need for the Hospital, the early success of the

⁵⁸¹ <http://theoperacritic.com> 'Sybil's Story', Helmut Krausser. Describes Sybil Beddington and her alleged close relationship with Giacomo Puccini. Accessed 16 November 2015.

⁵⁸² *JC*, 22 April 1910, p. 12.

⁵⁸³ Gerry Black, *Lord Rothschild and the Barber*, pp. 49-50.

Association, its 10,000 members and 'the substantial sum collected in eighteen months'.⁵⁸⁴

Despite the many objections to the London Jewish Hospital from a wide range of the Jewish and non-Jewish communities, its supporters continued to work tirelessly to raise funds. One novel idea submitted was to name it 'The King Edward VII Memorial Hospital'. In 1910, the death had been announced of King Edward VII and a suggestion was forwarded to enlist, if possible, the patronage of his widow, Queen Alexandra. The German Hospital had been receiving royal patronage from the British royal family since its establishment seventy years earlier and some Jewish Hospital supporters saw this connection to the crown as one that could be exploited. Presumably, it was hoped that this would encourage wider financial support for the project but some criticised the absence of the word 'Jewish' in the title. In the end, the new title was dropped and a decision was made to erect a memorial to the late King by the Jewish community in the East End.

By July 1910, it was announced at a meeting that several new fund-raising branches of the Association had been founded and £3,000 had been collected. Their ambition was to establish a 40 bed institution with an outpatient department, open to all without distinction of race or creed.⁵⁸⁵ Other voluntary hospitals in London were open to all religions and he was eager to emphasise that the Jewish Hospital would be no different. One delegate informed the meeting that other Jewish institutions had started similarly with the rich not understanding their need.

⁵⁸⁴ Letter from Mr N Jacobowicz to Dr A Goodman Levy, 8 October 1908. Archives London Jewish Hospital Association, Hartley Library, Southampton, GB 738 MS 116/145.

⁵⁸⁵ *JC*, 1 July 1910, p. 18.

When the poor had established these institutions, only then did the wealthy come forward with assistance.

In December 1910, Dr Gaster announced that a plan had been devised by which a sum of £11,000 for the initial outlay for the building and equipment would be raised by enrolling foundation members.⁵⁸⁶ Throughout this period the supporters of the Hospital spoke with a spirit of fervent optimism despite the continuing opposition from the London Hospital, the Metropolitan Hospital, whose Treasurer was Leopold de Rothschild, as well as from Jewish groups and individuals.

Despite the struggle to raise funds, it was announced in 1911 that an income of £1,898 had been received in the previous year and the first payment of £1,500 of the mortgage had been paid to Mr Charrington with a second payment of £1,900 expected one week later when only a further £2,000 would remain to pay off the mortgage.⁵⁸⁷

In May 1912 it was announced that the mortgage had been paid and that the freehold site in Stepney Green was now the property of the Association.⁵⁸⁸ It had taken just under six years to collect £5,400 and this mainly in pennies and sixpences revealing the grassroots support from the ordinary Jews of immigrant origin in the East End. Income was £60 per week but Berliner stated his endeavour to collect £150 weekly. Income for the year had risen to £2,300 but it was estimated that the Hospital, as planned, would cost an additional £14,000. An architect had informed them that the land could accommodate a hospital of 180

⁵⁸⁶ *JC*, 23 December 1910, p. 23.

⁵⁸⁷ *JC*, 31 March 1911, p. 41; *JC*, 12 May 1911, p.14.

⁵⁸⁸ *JC*, 10 May 1912, p. 36.

beds. The future hospital specification would include a large outpatient hall to accommodate 200 patients and 40 beds. The Treasurer was encouraged that their West-End co-religionists were coming to the aid of their East End brethren and mentioned several new adherents as supporters. Indeed, one delegate observed that, for the first time, opposition was waning. Publicity for the Hospital was spreading and by July 1912 the Council of Management reported that circulars had been sent to all metropolitan synagogues and friendly societies inviting them to send delegates to a forthcoming conference on the future of the Hospital. Replies had been received from West End synagogues and 'well-known' societies.⁵⁸⁹ One supporter, J. Guggenheimer, donated eighteen hundred books, the proceeds of the sale of which to be devoted to the Hospital fund. One of the first supporters of the London Jewish Hospital from the elite families was Flora Sassoon. As Flora Abrahams, before her marriage to Solomon Sassoon, she was the grand-daughter of Sir Albert Sassoon. The family had founded a fabulously wealthy trading empire based in Bombay with branches in the Far East and Europe. They mixed socially with royalty, notably the Prince of Wales (later Edward VII), politicians and the Rothschild family. Flora was seventeen when she met Solomon and was unusually mature.⁵⁹⁰ She spoke and wrote English, French and German as well as Hebrew, Arabic and Hindustani and had studied Torah with learned rabbis. She and Solomon lived in Bombay and after Solomon's death in 1894, the Bombay office, the core of

⁵⁸⁹ *JC*, 19 July 1912, p. 33.

⁵⁹⁰ Stanley Jackson, *The Sassoons*, London, Heinemann, 1968, p. 58.

the family operation, was run by Flora.⁵⁹¹ Later, she became renowned for her philanthropy and supported many Jewish charities and migrant organisations.

This first connection with the Jewish elite gave an impetus to the Hospital committee. At a public meeting in December 1912, Dr Gaster stated that the Hospital would be open to all, without distinction of creed.⁵⁹² This non-denominational aspect was emphasised throughout the early years and, in 1921, pending the opening of the inpatient wards, it was repeated that although it was a Jewish institution, this openness to all 'would obliterate what feelings against our own people that may exist in the East End'.⁵⁹³ He declared that if the Hospital resulted in successfully moving Jews from the missionary peril, there would be sufficient justification for its establishment. The meeting was informed that in the new Hospital there would be 52 beds for inpatients, an outpatients department with consulting rooms for surgeons and physicians and specialists in women's and children's diseases, as well as for specialists in eye, ear and skin diseases. The estimated cost of the building would be £22,000 and arrangements would be made to build the Hospital in sections. The first part would include the outpatient section at a cost of £15,000. A sub-committee had reported that the upkeep of the Hospital, in full working order would be £4,500 annually, of which £1,750 would be devoted to the outpatient department.

By January 1913, full-page promotional advertisements began to appear in the *Jewish Chronicle* listing arguments to support the Hospital and describing what

⁵⁹¹ Anthony Allfrey, *Edward VII and his Jewish Court*, London: Weidenfeld & Nicolson, 1991, p. 59.

⁵⁹² *JC*, 20 December 1912, p. 29.

⁵⁹³ *JC*, 25 November 1921, p. 8.

had already been achieved.⁵⁹⁴ It anticipated that 600 inpatients and 100,000 outpatients would be treated every year, an unlikely large number, but promoting the future importance of the Hospital. That month, Berliner, as Chairman of the London Jewish Hospital Association, wrote a long letter to the newspaper of 'the crying need' for a Jewish Hospital in London.⁵⁹⁵ He emphasised that it was *not* the neglect of duty by doctors and nurses in existing hospitals but the need of sympathy and understanding 'that can only be felt by one Jew for another'. He believed that a Jewish environment would aid recovery and that Jewish wards in existing hospitals only led to a waste of funds. These projected figures of inpatients and outpatients were supported by Dr Leopold Mandel, the Honorary Secretary of the Hospital Building Sub-Committee, in response to criticism by opponents.⁵⁹⁶ He stated that the average residence for treatment in a London hospital was twenty-five days, that is, each bed would be occupied during a year by 14.6 patients. Compared with similar hospitals, the average daily bed occupancy of a fifty-two-bed hospital would be forty-eight beds. From these figures, he estimated that the total number of inpatients treated could amount to six hundred and ninety-six. As far as the staffing of the Hospital was concerned, Mandel responded by quoting the extract of a letter received from the President of one of the Royal Colleges:

I do not think a really good hospital would find any difficulty about obtaining a good staff; indeed, I imagine there would be enough Jews in good positions to staff it. They (the poor Jews) seem to want a rather different system and *regime*. Any initial difficulty in obtaining such a staff would be

⁵⁹⁴ *JC*, 3 January 1913, p. 15.

⁵⁹⁵ *JC*, 31 January 1913, p. 35.

⁵⁹⁶ *JC*, 30 May 1913, p. 23.

easily overcome and I feel certain that the establishment of such an institution would act as an incentive to more Jewish medical men to specialise and take up consultant work. One only has to look at the Continent to find what excellent men and work the Jewish hospitals there have produced.

An example of the forward strides taken by the Association was the report of a ball held at the Royal Palace Hotel in the East End for which three hundred and fifty tickets were sold. Flora Sassoon was the patroness. At the ball, the Haham expressed his indebtedness to Mrs Sassoon for her support and his pleasure that her good example was being followed by increasing numbers of wealthy and charitable people.⁵⁹⁷

It was in this period before the Great War that the optimism of some about the growing reality of the establishment of the London Jewish Hospital stimulated a vociferous response by its opponents. Letters were published by the *Jewish Chronicle* alleging financial unreality when considering its building and upkeep. One wrote that an institute of the character of the Jewish Hospital would inevitably lead to anti-Semitism.⁵⁹⁸ The writer questioned why the Jewish community should spend vast amounts on a Jewish hospital when hospitals already in existence were struggling. Because the promoters of the Jewish Hospital had strongly protested against the notion that the Hospital was to be built solely for the use of Jews, he wrote that it would necessarily have Jewish and Gentile kitchens, Jewish and Gentile wards and Jewish and Gentile clergymen. He asked how it would differ from

⁵⁹⁷ *JC*, 24 January 1913, p. 11.

⁵⁹⁸ *JC*, 30 May 1913, p. 23.

existing hospitals. Furthermore, the letter writer criticised the Jewish Hospital supporters for not introducing mention of the 1911 Insurance Act which he claimed had changed the body of the Jewish Hospital movement. He asserted that the Chancellor of the Exchequer had struck a vital blow to the existence of the Jewish Hospital Association.⁵⁹⁹ Lloyd George had a genuine concern for poverty and his intention was to give financial security to the sick. Insurance would draw on the funds of workers and their employers rather than taxation alone. He introduced a clause in the Bill 'that medical treatment shall be given without regard to cause or nature of disease'.⁶⁰⁰ In the 1920s and 1930s working- class contributions became an essential element of the hospital system, and in many institutions provided the core of their funding.⁶⁰¹

In July 1913, the *Jewish Chronicle* published a letter of appeal from the Secretary of the London Metropolitan Hospital, presumably concerned about the impact of the proposed Jewish Hospital.⁶⁰² He mentioned the contribution of his Hospital to the Jewish community. In the previous year it had treated 2,775 new cases and 9,727 old cases, and 220 Jewish inpatients had been admitted to the two Jewish wards. A separate Jewish kitchen was provided where food was cooked by a Jewish cook. A mild threat of withdrawal of these services was implied should the Jewish Hospital reach fruition, but progress on the building plans continued despite the disapproval from some quarters. Discussions about the services provided by the

⁵⁹⁹ *JC*, Ibid.

⁶⁰⁰ Derek Fraser, *The Evolution of the British Welfare State*, Basingstoke: Palgrave Macmillan, 2009, p. 192-3.

⁶⁰¹ Martin Gosky, John Mohan and Tim Willis, *Mutualism and Health Care*, Manchester: Manchester University Press, 2006, p. 37.

⁶⁰² *JC*, 25 July 1913, p. 18.

local non-denominational hospitals to the Jewish community put increased pressure on the supporters of the Jewish Hospital to demonstrate progress.

By May 1914, Berliner, who significantly spoke in Yiddish, reflecting an immigrant audience, informed those attending the seventh Annual General Meeting of the Hospital that building work was expected to begin in the near future but had been delayed by a strike.⁶⁰³ To raise the £10,000 needed, a mortgage would be required and although their wealthy co-religionists had continued to give no support, he stated that they had at least, ceased from speaking against the movement. He announced that a new member of the elite had expressed himself in favour of the movement and this was the Lord Chief Justice, Rufus Isaacs, first Earl of Reading. However, one Committee member disputed the reports of a falling opposition and claimed that the Hospital was being boycotted as it was ignored in all the wills that were published. Allegations were made of lack of support from the Jewish clergy but one response from a Minister defended his colleagues by citing figures of how the income of the Jewish Hospital Association almost exactly represented the deficit of Jewish Religious Education Board.⁶⁰⁴ He implied that the Hospital Association had simply succeeded in making some people change the object of their support. In his opinion, unless the Jewish community made religious education its primary charge and regard specific Jewish institutions for the relief of the sick as a luxury, then children would not be trained in the knowledge of their faith and in a generation hence, 'only heathens of Jewish descent' will enter its doors.

⁶⁰³ *JC*, 8 May 1914, p. 33.

⁶⁰⁴ *JC*, 15 May 1914, p. 20.

Dissent on the grounds of finance, religion, a risk of a potential rise in anti-Semitism and an incapacity to provide for all the medical needs of the Jewish community was laid at the advocates of the Hospital despite the closeness of its fruition. These opponents presumably hoped that their arguments could arrest the scheme 'at the last minute'.

7. The Building of the Hospital

Despite continuing opposition, at a meeting of the council of management of the Hospital Association it was reported that the agreement with the contactors, Messrs Patman and Fotheringham, had been signed and building operations of the first wing were to go ahead on 5 August 1914 at a cost of £10,240.⁶⁰⁵ However, on 4 August 1914, England declared war on Germany and after building operations had proceeded for three weeks, they were suspended.⁶⁰⁶ Under pressure from supporters, Berliner announced that a restricted plan had been agreed by the building sub-committee and building was resumed after several months. This limited construction involved the erection of an outpatient department expected to be completed within seven months. The expenditure would involve £7,000 and that amount had already been deposited in the bank. It was hoped that a small inpatient department, accommodating twenty beds, could be built concurrently within six months but this would require an additional £5,000. Continuing on an optimistic note, Berliner stated that the outpatient department would accommodate three hundred people and be equipped in 'the most modern fashion'.⁶⁰⁷ The Hospital

⁶⁰⁵ *JC*, 7 August 1914, p. 9.

⁶⁰⁶ *JC*, 30 October 1914, p. 28.

⁶⁰⁷ *JC*, 7 May 1915, p. 16.

house committee comprised of five doctors who could advise on the progress of the building which would require £30-£40 weekly for its maintenance.⁶⁰⁸

At this late hour, letters continued to be published in the *Jewish Chronicle*, protesting against the Hospital and against the alleged 'misguided' efforts of its promoters. One took issue with Berliner who had stated that, without the London Jewish Hospital, their sick brethren from abroad would have been driven into the dispensaries of the conversionist missions.⁶⁰⁹ He was accused of ignoring the work of Leopold de Rothschild, Herman Landau, Albert Woolf and Otto Schiff who had all laboured strenuously in the cause of the refugees.

Greenberg, writing as 'Mentor' in the *Jewish Chronicle*, accused Knutsford as being far more responsible for the opposition, Jewish and non-Jewish, to the Jewish Hospital movement as any man. It was alleged that he was only able to see the possibility of a rival establishment starting in the same street 'with the eye of a grocer'.⁶¹⁰ He was charged with *knowing* nothing and therefore *caring* nothing about the depth of Jewish spirit, which animated Jews when such an institution as a hospital began its work. It came as no surprise that a powerful response to Greenberg's article shortly followed. Knutsford replied that he read the article with pain and indignation. He alleged that Greenberg had shamefully misrepresented everything that he had written about the Jewish Hospital.⁶¹¹ He described how, at 'The London', he had striven in every way to please the Jews by providing them

⁶⁰⁸ Black, *Lord Rothschild and the Barber*, p. 81.

⁶⁰⁹ *JC*, 14 May 1915, p. 20.

⁶¹⁰ *JC*, 21 May 1915, p. 7-8.

⁶¹¹ *JC*, 28 May 1915, p. 17.

with their own kitchen, their own mortuary and assisting them to observe their feasts. He reiterated some points that he had mentioned earlier:-

1. The London Hospital Authorities, as such, are not opposed to the scheme of the Jewish Hospital, it has nothing to do with them, one way or another.
2. If one of the objects of the scheme is to relieve the London Hospital from the pressure of having to attend the Jews in the district, we do not need such a relief.
3. The London Hospital is quite willing and glad, if the language question be a grievance, to allow interpreters to attend in the outpatient department.
4. The London Hospital cannot build a wing for Jews who only speak Yiddish. Apart from other reasons there is no space.

Knutsford concluded his letter by stating that

if the Jewish community are not satisfied with the treatment their sick poor get at the London Hospital, or they think they would be better cared for at a Jewish hospital, they are of course quite justified and right to start this hospital but I do resent Mentor's insinuation that real sympathy is not shown to Jews at the London Hospital.

He added that he still believed that few Jews would care to be treated at a Jewish hospital which could not provide the superior standard of medical and nursing skill obtainable at 'The London'.⁶¹²

⁶¹² Ibid.

Building work continued apace at Stepney Green and on 14 November 1915 the foundation stone was laid by Mrs Flora Solomon David Sassoon. The ceremony was described as comprising of a vast gathering composed mainly of workers who had toiled for the past eight years to bring a vision to realisation.⁶¹³ The service was conducted by the Haham and Rev. B Hofman. Speakers included Berliner, Dr Goodman Levy and Mrs Leopold Leibster, the Vice-President. Notable by his absence, the Chief Rabbi was performing the consecration of a cemetery, elsewhere. It was wittily commented by the supporters that the sooner they had their hospital, the less would be the necessity for the cemetery.⁶¹⁴

By July 1916, the chairman of the council of management, Dr Goodman Levy, announced at a meeting that the first stage of the building had been completed and would shortly be opened.⁶¹⁵ The portion erected consisted of the architect's plan of the lower ground floor.⁶¹⁶ It included a large outpatient waiting hall, medical, surgical and special consulting rooms, a minor operating theatre and a dispensary. No superfluous expense had been incurred on ornamental or decorative work. It was estimated that a further £20,000 would be required to construct a complete inpatient section of the Hospital containing fifty-two beds although the ultimate scope of expansion which the site would allow could increase to one hundred and ten beds. Treatment would be free to all necessitous patients with no limitation made on the basis of religion or creed. Moreover, no referral letters would be required to introduce patients to the Hospital.

⁶¹³ *JC*, 19 November 1915, p. 14-15.

⁶¹⁴ *Ibid.*

⁶¹⁵ *JC*, 28 July 1916, p. 6.

⁶¹⁶ *JC*, 28 July 1916, p. 13.

All the doctors who had been chosen to work in the Jewish Hospital held staff appointments in other London Hospitals and had their own consulting rooms in Harley Street or Wimpole Street. The election of medical staff was incomplete because of the heavy demands upon the services of doctors due to the War. All the appointments had been approved by the President of the Royal Society of Medicine, Sir Rickman Godlee, and the President of the Royal College of Physicians, Sir Frederick Taylor. Both these distinguished doctors had accepted positions on the staff of the Hospital as consulting surgeon and consulting physician respectively. Godlee was a Quaker and a nephew of Lord Lister. He was Professor of Clinical Surgery at University College Hospital and in 1912-13 he served as President of the Royal College of Surgeons. He acted as executor of Lister's estate and compiled a biography of his uncle which together with Lister's scientific and surgical possessions he presented to the Royal College.⁶¹⁷ He was surgeon to three monarchs, Queen Victoria, Edward VII and George V, created a baronet in 1912 and died in 1925. Frederick Taylor was Consulting Physician to Guy's Hospital and President of the Royal College of Physicians from 1915-18. He was created a baronet in 1917 and died in 1920.⁶¹⁸ From its beginning, the management of the Jewish Hospital was therefore eager to publicise the practice of a superior standard of medicine, reflected in their eminent staff. The appointed Honorary Medical Staff comprised of Physicians – Dr Julius Burnford and Dr Anghel Gaster; Surgeon – Mr E C Hughes; Ophthalmic Surgeon – Dr A Goodman Levy; Ear, Nose and Throat surgeon – Dr H A Kisch; Pathologist – Dr David Nunes Nabarro; and Physician in

⁶¹⁷ *British Medical Journal*, 25 April 1925, Obituary, p. 809.

⁶¹⁸ *British Medical Journal*, 1920; 2: 954 Obituary.

charge of Electro-Therapeutic Department – Dr N S Finzi. Four of these doctors were serving in the Royal Army Medical Corps and one was serving abroad.⁶¹⁹

Burnford was born in Manchester in 1878. He had a life-long interest in pathology and spent most of his life as physician to the West London Hospital and Putney Hospital. He published a paper on the 1919 influenza epidemic in Macedonia. In 1910 he published on infective endocarditis and in 1921, on encephalitis lethargica. He served in the Boer War as a medical officer at Mafeking and Pretoria and during the Second World War at Gallipoli, Salonica and Mesopotamia. He died in 1972.⁶²⁰ Anghel Gaster, born in 1863, qualified in Hungary and London. He worked at the City of London Hospital for Diseases of the Chest and at Kensington and Fulham General Hospital. He was medical officer to the Baroness de Hirsch Convalescent Home in Hampstead and during World War I acted as the Commanding Officer of the Military Hospital in Hampstead. He died in 1930.⁶²¹ Hughes was assistant surgeon at Guy's Hospital and was not a member of the Jewish community.⁶²²

Goodman Levy revealed at the meeting in July 1916 that offers had been received to equip a dispensary provided that no wards were to be erected but this had been turned down as what was required was a hospital, not a dispensary.⁶²³ The Jewish Hospital was anxious to maintain friendly relations with local doctors and intended to do all in their power to avoid any clash with them or with the interests of other hospitals. He discounted the potential loss of income by other

⁶¹⁹ Gerry Black, *Lord Rothschild and the Barber*, p. 81

⁶²⁰ *British Medical Journal*, 5 August 1972, p. 355.

⁶²¹ Gerry Black, *Lord Rothschild and the Barber*, p. 50.

⁶²² Gerry Black, *Lord Rothschild and the Barber*, p. 90.

⁶²³ *JC*, 28 July 1916, p. 6.

hospitals and suggested that some local hospitals would be glad to be relieved of some of their outpatients, especially those who were unable to speak English.

The finances of the Hospital continued to cause concern and in 1919, an action was heard at the Chancery Division of the High Court before Mr Justice Sargant involving the Jewish Hospital. It was brought to settle the residue of the estate of the late Mrs Esther Jacobs which amounted to approximately £8,000.⁶²⁴ Her bequest was made to 'The Jewish Hospital, Whitechapel Road' but was challenged by Arthur Lazarus, the Treasurer of the Jewish Maternity Home, His Majesty's Attorney General, the Governors of the London Hospital and Anghel Gaster, representing the London Jewish Hospital. The case was brought to settle which of the plaintiffs were entitled to one fourth of the estate. After hearing counsel for each of the parties, Mr Justice Sargant gave judgement that upon the true construction of the will, and in the events that had happened, the London Jewish Hospital of Stepney Green was solely entitled to the bequest. In the previous year only £2,000 had been collected. It was mentioned in the third annual report and was described as 'a pathetic document' by a *Jewish Chronicle* reader, as practically the whole being composed of tiny subscriptions of the poor. The writer heaped criticism on the wealthy London Jews who scarcely appeared on the subscription list. Thus, the bequest of £8,000 represented a substantial windfall to the Hospital income.

With this and other income, by May 1919, the opening of the outpatient department was approaching realisation. Medical staff were being demobilised

⁶²⁴ *JC*, 7 February 1919, p. 23.

from military service and advertisements appeared for a gynaecologist, assistant surgeon, dental surgeon and an outpatient medical officer. A qualified male dispenser for the outpatient department was sought, with knowledge of Yiddish being desirable for all these positions.⁶²⁵ In the same issue of the *Jewish Chronicle* the first announcement appeared of the intended opening of the Hospital. It had been twelve years since that first meeting to discuss the plan for a Jewish hospital but it was emphasised that more financial support was required as well as a need for 'willing workers'. In fact, in 1918, the Ministry of Pensions had intimated to the Council of Management that they would willingly permit the building operations to proceed and advise that the existing war restrictions be relaxed in its case. But the Council were forced to respond that the funds of the Hospital, as they stood at the time, did not permit the building to be completed.⁶²⁶ Difficulty had been experienced in recruiting medical staff and trained nurses and although it was standing idle, its accommodation had been offered to the War Office.⁶²⁷

At the meeting of the Annual Court of Governors in 1919, with Berliner presiding, Goodman Levy informed those attending that the local fund raising branches now numbered twelve, revealing the continued support of ordinary East End Jews towards the project. The Hospital premises had been unoccupied for over two years and had suffered in consequence but they were being put into a state of thorough repair.⁶²⁸ Although it was planned to open the Hospital in July, they were hampered by the want of sufficient space for their pathological and x-ray

⁶²⁵ *JC*, 9 May 1919, p. 2.

⁶²⁶ *JC*, 27 September 1918, p. 17.

⁶²⁷ *The Jewish World*, 1 August 1917, p. 11.

⁶²⁸ *JC*, 9 May 1919, p. 24.

departments but they would be well-equipped with an operating theatre and special departments for the eye, throat, nose and skin as well as diseases of women. A buffet was planned to be opened in the outpatient department for use during the long hours of waiting. The intention of the Council was to build a further floor to provide a ward and a laboratory although they were aware that by completing the front block would require a further sum of £40,000. They would require more beds, but in the meantime, the authorities of Guy's Hospital had promised to provide facilities for admitting any cases requiring indoor treatment. With their doctors now being demobilised from the forces Dr Leopold Mandel had been appointed as Assistant Physician after having served in the navy for 4½ years since the early days of the War. He served for 2½ years on HMS Donegal with the Grand Fleet and then went to the Mediterranean.⁶²⁹ On his demobilisation he commenced practice in Wimpole Street and resumed his post as chief assistant in the Children's Department at Guy's Hospital. During the 1930s he served for a short period as the medical editor of the *Postgraduate Journal of Medicine*.⁶³⁰ He died in 1956.

It was 12 years since the meeting in the East End to propose a London Jewish Hospital and although progress had been made, both internal and outside circumstances had frustrated its realisation. World War I inevitably resulted in some delay but the major obstacle was financial as well as a campaign by some to see its failure to succeed. But a stage had now been reached when the initial part of the plan was ready to be established.

⁶²⁹ *Evening Post (New Zealand)*, Vol. XCVIII, Issue 25, 30 July 1919, p. 3.

⁶³⁰ Professor Gordon C. Cook, *John MacAlister's Other Vision. A History of the Fellowship of Postgraduate Medicine*, Oxford: Radcliffe Publications, 2005, p. 158.

8. The Opening and Continued Funding of the Hospital

July 1919 saw the consecration ceremony of the outpatient department of the London Jewish Hospital. It was marked by a service conducted by the Rev. A Katz, the cantor of the Great Synagogue, London, assisted by the chanting of psalms by the choir of the Great Synagogue. The Haham addressed the assembly as well as Berliner, who spoke in Yiddish, and Dr Goodman Levy.⁶³¹ The *Jewish Chronicle* described the Hospital as having emerged from a dream to have become a substantial reality.⁶³² It pronounced the Hospital as a moral and spiritual as well as a material triumph that would cater with equal tenderness for the ailing of all races and creeds. It was hoped that its success would not absolve the wealthy members of the Jewish community from taking their share of the hospital work. It would seem that this message was acted upon with some alacrity because by October 1919, it was reported that the Second Lord Rothschild had been elected as the Honorary President. The First Lord Rothschild, Nathan Mayer, 'Natty' had died in 1915 and the title was inherited by his son, Lionel Walter. How Lionel became a supporter of the Hospital is shrouded in some mystery. His father had been a lifelong opponent of the Hospital but the clue may lie in a private meeting held on 27 June 1919, 'to consider enlarging the interest of the community in the London Jewish Hospital' when the new Lord Rothschild presided.⁶³³ However, no details exist of any events leading to the meeting or of the matters discussed.

⁶³¹ *JC*, 11 July 1919, p. 28.

⁶³² *JC*, 18 July 1919, p. 6.

⁶³³ Gerry Black, *Lord Rothschild and the Barber*, p. 81.

The opening ceremony of the outpatient department was reported in the *Jewish Chronicle* in October 1919.⁶³⁴ The article reiterated how the Hospital was built upon the pence of the poor, brick by brick, and its realisation was due to the devotion, zeal and energy of the Jewish proletariat. Indeed, it described how the Jewish Hospital movement had been denounced by men who purported to lead the community. It was observed at the Festival Dinner held at the Savoy Hotel in the Strand later that day that 75% to 80% of those gathered belonged to the East End of London rather than the West. The *Jewish Chronicle* commented that those who purported to lead the community were conspicuous by the paucity of their representation. Of the Officers of the Jewish Board of Deputies, Lord Rothschild was alone. The Chief Rabbi was present but, of the rest of the Jewish Ministry, Rev. A. A. Green was the only representative. Similarly, only two or three diners who were identified with the Zionist movement were present, yet it was declared at the dinner that the Jewish Hospital had proved a great instrument in strengthening and enriching that consciousness without which the Zionist movement could not have come into existence. This does seem rather an exaggeration. Zionism had been an ideal by some since the middle of the nineteenth century but the establishment of the Hospital did help to concentrate a focus on Jewish independence. The *Jewish Chronicle* suggested that the Jewish Hospital, by encouraging a branch of Jewish science and learning – the Jewish healing art – was a Jewish nationalising agent-allowing for differences of range such as a Jewish University. It was only a few years later, in 1925, that the Hebrew University opened in Jerusalem and, in 1947, that the Hadassah Hebrew University Medical School opened in what was then

⁶³⁴ *JC*, 31 October 1919, p. 21-22.

Palestine.⁶³⁵ The paper suggested that if Zionism concentrated itself upon, and confined itself to Palestine and the Jewish work there, it would inevitably miss a large measure of its true mission. The paper advocated that the Jewish problem was not one of Palestine only, or one only in respect of its Jews. Zionism was also one for the diaspora and for the Jews who lived within it. The *Jewish Chronicle* could continue to be critical of the restricted support the movement was receiving from Anglo-Jewry, although it admitted that more than four thousand pounds was raised during the evening of the dinner, representing more than had been collected in the previous three years. It did seem that the earlier prediction that once such an institution was raised from the ground, support would be forthcoming from the wider Jewish community.

From the early weeks, the Jewish Hospital was in demand to its East End patients. The first record of the number of outpatient attendances which exists from 25 August to 28 September 1919 disclosed 1027 new patients and 1104 old, giving an average of 51 new and 56 old patients per working day.⁶³⁶ At the annual court of Governors meeting in 1920, despite appeals for more funding, the institution was described as having undergone remarkable development since the opening of the outpatient department.⁶³⁷ Patients of moderate means were not charged for treatment but those who could afford were invited to contribute towards the cost of drugs and dressings. Indebtedness was expressed to Guy's Hospital for accepting inpatients transferred from the Jewish Hospital but it was

⁶³⁵ Manka Speigel (ed), *The Hebrew University of Jerusalem, Semi-Jubilee Volume 1925-50*, Jerusalem: The Magnes Press, 1950 p. 135.

⁶³⁶ *JC*, 3 October 1919, p. 22.

⁶³⁷ *JC*, 16 April 1920, p. 14.

accepted that this arrangement was unsatisfactory and it was hoped that two wards, a male and a female comprising of twenty one beds, to accommodate their own patients would shortly be opened. Appointments to the Honorary Staff were announced of Mr A. E. Mortimer Woolf as Assistant Surgeon and Mr Harold Chapple as gynaecologist. With the exception of the Sister-in-Charge, the whole of the staff were Jews, most of whom could speak Yiddish. Woolf had received his clinical training at the London Hospital and became senior surgeon at Queen Mary's Hospital for the East End and at the East End Maternity Hospital. He had a long association with the Hunterian Society where he served as President in 1926-7 and again in 1945.⁶³⁸ Chapple was born in Australia and entered Guy's Hospital in 1905. He served as an assistant in the obstetric department of the Charite-Krankenhaus, Berlin, following which he was appointed obstetric registrar at Guy's. In 1913 he became obstetric surgeon and ultimately, senior obstetric surgeon and gynaecologist. He was a foundation Fellow of the Royal College of Obstetricians and Gynaecologists.⁶³⁹

The growth of the Jewish Hospital brought its own success because within the first four months of 1920, an income of almost £6,000 had been received compared with less than £1,000 over the same period in 1919. Some 8,800 patients had been treated and the building contractors were instructed to commence the next stage, the addition of a floor to accommodate twenty beds for inpatients.⁶⁴⁰ With its newly gained success the Hospital managed to engage the services of two

⁶³⁸ Royal College of Surgeons. Plarr's Lives of the Fellows Online.
<http://livesonline.rcseng.ac.uk/biogs/E005512b.htm> accessed 21/01/20

⁶³⁹ Royal College of Surgeons. Plarr's Lives of the Fellows Online.
<http://livesonline.rcseng.ac.uk/biogs/E003966b.htm> accessed 21/01/2020.

⁶⁴⁰ *JC*, 21 May 1920, p. 34.

well-known entertainers for its dance to take place in June 1920 at the Hyde Park Hotel, Albert Whelan and George Robey.⁶⁴¹ Continuing with its fund raising activities, a concert took place at the People's Palace on 1 November 1920 to commemorate the third anniversary of the signing of the Balfour Declaration on 2 November 1917. It was organised by the No. 1 branch of the London Jewish Hospital Association under the patronage of Lord Arthur Balfour.⁶⁴² In keeping with all voluntary hospitals it could not rely solely on income from subscriptions and donations. Charity events including dinners, dances and concerts were frequently advertised in the press and competition between hospitals was common. By the end of the year, advertisements were appearing for an appeal for £50,000 to complete and equip the building of the front block of the Hospital to include a small unit of some fifty beds. The appeal was signed by Lord Rothschild, Chief Rabbi Joseph Hertz and the Haham, Moses Gaster. Unfortunately, the appeal conflicted with others at the time, including the Board of Guardians, those for the Zionist Organisation a Jewish War Memorial, the Jews' Free School and for the Protection of Girls and Women. The *Jewish Chronicle*, in an editorial headed 'The Plethora of Appeals' supported the claim by the Hospital and hoped that the rest of the community would provide the Hospital with an adequate annual income that would render it self-supporting.⁶⁴³

With plans to extend, the Jewish Hospital was eager to promote its available services and to explore means to supplement its income. One specialty was included in an arrangement with London County Council whereby a grant was

⁶⁴¹ *JC*, 30 May 1920, p. 19.

⁶⁴² *JC*, 5 November 1920, p. 21.

⁶⁴³ *JC*, 31 December 1920, p. 5.

received for which a room would be provided for a special eye testing department for schoolchildren suffering from defective vision. Stepney Jewish Schools had funded the cost of equipment for the department.⁶⁴⁴ Although the service was open to all denominations, it was known that the condition of myopia (short-sightedness) was more common in Jewish children. The Hospital was proving to be increasingly popular among the East End sick with over six thousand patients attending between November 1920 and January 1921. A new dental department headed by Mr J. Lauer, had been added and a special session for the treatment of diseases of children was planned which would be managed by Dr Leopold Mandel. During the previous year, 250 minor operations had been performed in the outpatients department but despite regular appeals for funding, the income was nevertheless disappointing. An example of one appeal was publicised at an annual meeting. A written appeal had been sent to all members of synagogues in the district but in response only £22 had been received.⁶⁴⁵ Later in the year, Basil Henriques, a Jewish philanthropist, reported that he had sent out 2,000 personal letters explaining the dire position of the London Jewish Hospital, to which he received 21 replies bringing in £36.⁶⁴⁶ In contrast to these meagre figures and despite the previous warning from the London Hospital that financial assistance would not be forthcoming from public bodies, it was announced that a grant of £1,250 towards the building fund had been made by the King Edward's Hospital Fund.⁶⁴⁷ Yet, although the finances remained insufficient to open the inpatient

⁶⁴⁴ *JC*, 21 January 1921, p. 14.

⁶⁴⁵ *JC*, 28 January 1921, p. 16.

⁶⁴⁶ *JC*, 21 June 1921, p. 32.

⁶⁴⁷ *JC*, 18 March 1921, p. 34.

wards, premises adjoining the Hospital were purchased for the purposes of converting them into a future home for nursing staff.⁶⁴⁸

With the assistance of a bank overdraft of £10,000, 11 December 1921 marked the opening of the inpatient department. Those addressing the ceremony included Lord Rothschild, the Chief Rabbi, Dr Hertz; the Haham, Dr Gaster; Mr Berliner and Dr Goodman Levy.⁶⁴⁹ The new building consisted of two floors which accommodated wards for forty beds, five cots, laboratories, kitchens and residential apartments for medical staff. The nurses' home was fully furnished and the engagement of nursing and domestic staff had been completed.⁶⁵⁰ Within a few months, the Council approved the construction of a new operating theatre suitable for major operations. The medical and surgical wards were under increasing demand as was the outpatient department where the proportion of non-Jewish patients attending was approximately 30% with an average daily attendance of all outpatients of 208.⁶⁵¹

Funding to pay off the mortgage was a constant concern and, in 1922, a ball was held at which one of the patrons was Sir Alfred Mond.⁶⁵² In the following year, a Festival Dinner was held at which the chair was occupied by Sir Humphry Rolleston KCB, Physician in Ordinary to the King and President of the Royal College of Physicians.⁶⁵³ Rolleston told the guests that no nationality was more generous to

⁶⁴⁸ *JC*, 15 April 1921, p. 21.

⁶⁴⁹ *JC*, 16 December 1921, p. 20.

⁶⁵⁰ *JC*, 18 November 1921, p. 9.

⁶⁵¹ *JC*, 30 June 1922, p. 16.

⁶⁵² Mond had been a Liberal MP but who later crossed over to the Conservatives. In 1928 he was elevated to the peerage as the first Baron Melchett of Blandford. He later became a founder of Imperial Chemical Industries (ICI).

⁶⁵³ *JC*, 16 November 1923, p. 15.

its poor than the Jews and an obvious kindness was to provide for the sick poor, a hospital as much like a home as possible.⁶⁵⁴ He continued to support the Hospital and in 1924 he consented to act as final examiner to the nurses in training.⁶⁵⁵ These events each raised thousands of pounds for the Hospital. A practical proof of its recognition was that it was receiving support from King Edward's Hospital Fund and the Saturday and Sunday Funds. Moreover it had received acceptance by the General Nursing Council of England and Wales as a complete training school for nurses.

All sections of the Jewish community were encouraged to support the Hospital and in 1923 the "Young Israel" section of the *Jewish Chronicle*, written for children, began to publicise the London Jewish Hospital with regular appeals for funding. The column reported that £100 had already been collected to fund a wheelchair and a target of £500 had been set to name a cot on a ward.⁶⁵⁶ By February 1925 it was announced that the £500 had been attained and funding for a second cot had been started.⁶⁵⁷

Appeals for financial support were now being publicised nationally when a BBC appeal broadcast from station 2LO was made on 12 August 1924 by Lord Rothschild. He spoke about the history of the foundation of the Hospital, how it was looked upon initially with disfavour by a considerable proportion of the Jewish community but, notably, the main support came from the working classes. Opposition had, by the time of the broadcast, disappeared and from a recent

⁶⁵⁴ *JC*, 30 November 1923, p. 19.

⁶⁵⁵ *JC*, 11 April 1924, p. 19.

⁶⁵⁶ *JC*, 20 April 1923, p. 35.

⁶⁵⁷ *JC*, 20 February 1925, p. 32.

census it was found that 40% of patients were non-Jews. During 1923, 649 patients had been treated in the medical and surgical wards. The stage had been reached when three storeys were deficient according to the original plan which would cost £25,000 to complete.⁶⁵⁸ Within a few months, the Hospital announced that Mr Bernhard Baron, who was the owner of the Carrera Tobacco Company, had donated £10,000 to the appeal. At a Governors' meeting prior to this broadcast a breakdown of details of the requirements needed was given, including artificial sunlight for the treatment of rickety children but by May 1925, a gift had been received to provide a department for its cure.⁶⁵⁹ Although a high proportion of non-Jews were treated, the Hospital did not receive any contributions from this group. Reference was made to collecting boxes distributed by the Ladies' Aid Association in which £1,000 had been raised but the sum of £19 received from London synagogues was described as 'disgraceful'. National support for the Hospital also came from a London Jewish Hospital Aid Society in Cardiff and a synagogue in Birmingham.⁶⁶⁰

The next Festival Dinner to raise funds took place in November 1926 at the Savoy Hotel with the Rt. Hon David Lloyd George invited as the guest of honour. It was attended by 500 guests, with many notable personalities including Herbert Bentwich, Sir Robert Waley Cohen, Viscount Earleigh, Sir Israel Gollancz, Sir Elly Kadourie and the Marquis of Reading.⁶⁶¹ Sir Berkley Moynihan, President of the Royal College of Surgeons, proposed a toast to the Hospital and spoke generously about how its necessity had been demonstrated and of the competence of its

⁶⁵⁸ From the BBC Written Archive Centre, Caversham. Archive of Lord Rothschild's manuscript, broadcast on 12 August 1924 on BBC station 2LO. I am grateful to Dr James Jordan, Parkes Institute, Southampton for providing a copy of this document.

⁶⁵⁹ *JC*, 8 May 1925, p. 10.

⁶⁶⁰ *JC*, 11 April 1924, p. 19.

⁶⁶¹ *JC*, 3 December 1926, p. 13-15.

management. He described the voluntary system in the country as 'deplorable' with 12,000 too few beds for catching up the waiting lists of the hospitals. He then turned to the benefits of Jewish hospitals and how Jewish patients provided extraordinary sources for clinical research. He was good material for the study of inaugural symptoms because he complained early and was interesting as a patient because of the personal purity of his life. Moynihan complimented the past Jewish contributions to medicine, mentioning Ehrlich, who changed the whole direction of modern pathology, Henle, the leading anatomist of his time, and Haffkine, who risked his life by inoculating himself with plague serum. These men and many others made it an imperative that the London Jewish Hospital should be the best Jewish hospital in the world, staffed by Jews and training Jews in research work, both clinical and experimental. By January 1927, the Council of the Hospital reported that £26,800 had been raised at the Appeal Dinner.⁶⁶²

9. London Jewish Hospital Medical Society

Moynihan's reference to the Jewish contribution to medical research was exemplified within a few months when the first meeting of the fledgling London Jewish Hospital Medical Society took place in March 1928 on the initiative of Mr Maurice Sourasky, who later changed his name to Maurice Sorsby. Goodman Levy and Sorsby had a close friendship and the former accepted the latter's plea to establish a medical society at the Hospital.⁶⁶³ Goodman Levy was elected the first President and Dr Julius Burnford, the senior physician to the Hospital, the Vice-

⁶⁶² *JC*, 7 January 1927, p.33.

⁶⁶³ I am grateful to Dr Harvey Baker who was appointed Consultant Dermatologist to the London Jewish Hospital in 1968, for forwarding a copy of the Presidential Address of Dr Laurence Phillips, delivered to the Society on 22 October 1964, *The Society – A Memoir*.

President. The first meeting of the Society took place on 18 April 1928 and the next, the President's Inaugural Address, on 17 May 1928. Sorsby believed that a medical society would enhance the prestige of the Hospital, because every self-respecting hospital proudly flaunted a society of its own. In addition he saw it as a means of acquainting wider circles with the work of the Hospital and thereby attracting professional, moral and even financial support for the development and enlargement of the Hospital. The society was non-denominational with some non-Jews even sitting on the council. Early clinical meetings included papers on blood pressure, chorea, infant feeding and a symposium on diseases of Jews opened by Sir Humphry Rolleston. Following this symposium Mr A H Levy spoke on Amaurotic Familial Idiocy (known as Tay-Sacks disease and found to be more common in Ashkenazi Jews), Dr W M Feldman on Tuberculosis and Dr Arnold Sorsby on visual defects. Dr Frederick Parkes Webber, of the London German Hospital is recorded as taking part in discussions. A full report on the symposium which took place on 13 June 1929, appeared in the *British Medical Journal* on 13 July 1929.⁶⁶⁴ Until World War II, regular meetings of the Medical Society were held and advertised in *The Times* and in medical journals. During this period, Arnold Sorsby proposed that an 'Annual Oration' in the name of the society should be instituted when an address would be delivered by a scientist of the highest eminence in his subject. This would add prestige to the Hospital and the first Oration was delivered by Professor Lancelot Hogben on 'The Medical Application of Genetic Principles'. Hogben was a professor of Zoology, Medical Statistics and Human Genetics.⁶⁶⁵ This was followed by an oration by Professor Charles Singer on 'The contrast between Ancient and

⁶⁶⁴ *BMJ*, 13 July 1929, 1929;2:51.

⁶⁶⁵ <http://www.oxforddnb.com/view/printable/31244> accessed 18/02/16

Modern Science'; Professor C. Seligman on 'Some Aspects of Race Psychology'; Dr Robert Hutchinson on 'Constitutional Medicine'; and Professor Samson Wright on 'Social Organisation in the Living Body'. The series was interrupted during World War II but resumed in 1946 when the Oration was given by Lord Brain.

At the Annual Dinners, which became incorporated into the Jewish social calendar, the Hospital's prestige was foremost in the minds of the organisers with publicity a close runner-up. Guests included representatives from *The Times*, *The Daily Telegraph*, *The Jewish Chronicle*, *The Jewish Times*, *The Jewish Telegraphic Agency*, The Press Association and the *Jewish Post*. Among those attending and speaking were Ministers of the Crown including Sir Keith Joseph and Lord Hill with leaders of the medical profession including Sir Humphry Rolleston, Lord Horder and Sir Henry Dale. Eminent lawyers were Mr Justice Karminski and the Hon. Ewen Montagu. Finally, Guests of Honour included famous scientists including Professor Ernst Chain and Professor Jacob Bronowski. Up to the outbreak of the War, the Trocadero Restaurant in the West End remained the venue of these Dinners.

For some years before the War, Sorsby had been planning to found a journal to publish transactions of the Society but the cost was prohibitive. Having approached various publishers and medical societies, John Bale agreed to publish a corporate journal. *The Medical Forum – A National Record of Transactions of Medical Societies* was published between 1933-6 in three volumes.⁶⁶⁶ Issues were published between November 1932 and January 1936 and included details of symposia, clinical meetings and diaries of events.

⁶⁶⁶ *The Medical Forum*, Consulting Editor Lord Moynihan of Leeds, Editor Maurice Sorsby, Volumes I-III, 1933-6.

An innovation in the early days of the London Jewish Hospital Medical Society was a post-graduate meeting 'at home' to the Society in April 1932.⁶⁶⁷ It was held at the home of Mrs I. M. Sieff who was married to Israel Sieff and was later to become Baroness Sieff. Dr. M. D. Eder spoke on 'The Management of the Nervous Patient'. In the foreword to the slim volume, *David Eder. Memoirs of a Modern Pioneer*, Sigmund Freud wrote that he was the first, and for a time the only doctor to practice the new therapy [of psycho-analysis] in England.⁶⁶⁸ Eder later became celebrated as a strong supporter of Zionism and was close to Chaim Weizmann, the first President of Israel. In the 1930s Dr Eder became the Chairman of a new Committee, to resolve itself into a free committee of Jewish medical practitioners, The Jewish Medical and Dental Emergency Association, which was instrumental in raising funds for the Central British Fund for German Jewry but especially to support eminent refugee scientists who had settled in Palestine. Israel Sieff became Chairman of the retailer Marks and Spencer during the 1960s and this connection with the Jewish Hospital in the 1930s is a further example of its acceptance by the Jewish elite at this time. The Medical Society meetings were well-attended by doctors in London who were learning about their colleagues in Germany and the Continent and assisting with support. The Society which continues to this day as the London Jewish Medical Society provides a programme of meetings of medical interest to London doctors.

⁶⁶⁷ 'The Society – A Memoir' 22 October 1964, p. 6.

⁶⁶⁸ J. B. Hobman (Ed), *David Eder. Memoirs of a Modern Pioneer*, London: Victor Gollancz, 1945.

10. The Proposed Convalescent Home

In spite of this new consensus within the Jewish community about the London Jewish Hospital, in 1927 a minor dispute with the London Jewish Board of Guardians broke out. The *Jewish Chronicle* had noted that within the Annual Report of the Board of Guardians there was reference to a proposal by the London Jewish Hospital for the establishment of a convalescent home in connection with the Hospital.⁶⁶⁹ The Report had stated that such a home was ‘urgently required’ and remarked that ‘we do not know if an institution of this sort is seriously contemplated or whether the article in question was only an irresponsible suggestion.’ It was pointed out that ‘the Board ought to be aware that time and again, doctors and others officially connected with the London Jewish Hospital had voiced the need for a Jewish convalescent home where patients who are unfit to be discharged home may continue to receive observation and care by the medical authorities of the Hospital.’ The Board responded that if such a scheme was being prepared it would be a most unjustifiable waste of public money. It replied that inpatients from the Hospital requiring convalescent care would be gladly received at Walton, a Board of Guardians’ Home. They were usually admitted there without delay and did not require a medical recommendation. Twenty-six patients had been admitted during the previous year and there was space for an additional thirty beds. The Report pointed out how it would be much cheaper than a separate organisation.

⁶⁶⁹ *JC*, 11 March 1927, p. 8.

The *Jewish Chronicle* issued on the following week carried a rebuttal by Dr Goodman Levy of any scheme by the Hospital to provide a convalescent home.⁶⁷⁰ He suggested that the Board of Guardians would have been better advised to make a simple enquiry before embodying in a published annual report a comment about the hypothetical intentions of the Hospital. These comments show how the Hospital had not been fully accepted by some other Jewish organisations and suspicions about its future plans for expansion existed. By 1930 it was announced at an Annual General Meeting that the Hospital had become, after the Jewish Board of Guardians, the largest Jewish charity in the land reflecting the competition for funding.⁶⁷¹ The question of a Jewish Convalescent Home re-emerged in 1933 when the late Maurice Lyon bequeathed a major part of his estate to endow a convalescent home. The trustees of the estate appointed the Hospital to be a trustee of the estate but, at the time, this was not practicable.⁶⁷² The meeting was informed that the average number of available beds was 104 and the total number of inpatients treated was 1,531. More than sixty thousand outpatients had been treated during the year. The foundation of a convalescent home would have placed an undue burden on the Hospital's finances as well as causing difficulties in recruiting trained Jewish staff.

11. Nurse Training

Regular reports appeared in the *Jewish Chronicle* about the nurse training school and of prize giving ceremonies. The Hospital had been accepted as a complete training school for ten years by 1934 during which time 59 nurses had qualified. As

⁶⁷⁰ *JC*, 18 March 1927, p. 11.

⁶⁷¹ *JC*, 16 May 1930, p. 16.

⁶⁷² *JC*, 17 February 1933, p. 15.

regards the nursing staff, the proportion of Jewish women remained at 45%, although it was becoming increasingly difficult to find Jewish nurses to employ.⁶⁷³ In 1934, eleven nurses sat for the examination of the General Nursing Council of whom seven were successful. It became apparent that the lack of an attraction to Jewish nurses at the Hospital was due in no small amount to the poor facilities for recreation and studies at the nurses' home. An appeal was launched in 1935 for £60,000 for building and equipping a new home.⁶⁷⁴ By December 1935, funding had begun to arrive and the requirement had fallen to £39,000.⁶⁷⁵ At the 7th Annual Dinner of the Hospital Medical Society, the members were told of the persecution of the Jews in Germany by their Guest of Honour, Lord Horder of Ashford. He had written to *The Times* about the situation but expressed surprise that others had not written. A later speaker, Mrs M D Eder recounted how from small beginnings, some 77,000 outpatients were being seen annually. Facilities were available for the treatment of medical, surgical, ophthalmic, ear, nose and throat, gynaecological, dermatological, dental, x-ray, massage, casualties, artificial sunlight and electro-therapeutic cases. There were three floors containing 109 beds, spacious wards for men, women and children and operating theatres. Nearly 30% of cases were non-Jewish. With the permission of the Home Office, nine German Jewish girls out of a total of 37 had been accepted as Nursing Probationers and a special Pathological Department had been established staffed entirely by German Jewish refugees.⁶⁷⁶

⁶⁷³ *JC*, 4 May 1934, p. 36.

⁶⁷⁴ *JC*, 25 October 1935, p. 14.

⁶⁷⁵ *JC*, 20 December 1935, p. 1.

⁶⁷⁶ *JC*, 20 December 1935, p. 14.

By November 1937 a tender for building the new nurses' home had been accepted at a cost of £41,000.⁶⁷⁷ On the staff of 60 nurses, 37 were Jewish women. Nine nurses had recently passed the Final State Examination.⁶⁷⁸ Several recipients of prizes were German Jewish refugees of whom 14 were training at the Hospital and one was a niece of Professor Albert Einstein. By May 1938, only £30,000 had been raised for the nurses' home and the original plans had to be revised. The home was eventually opened in 1939. It contained 90 bedrooms and already 100 nurses had qualified.⁶⁷⁹ It was unfortunate that only a further ten years was to elapse before the London Jewish Hospital would end as a voluntary Hospital. On 5 July 1948, in common with all voluntary hospitals, it became nationalised within the new National Health Service.

12. The Hospital from 1939 until Closure

Although much progress had been made in the development of the Hospital as far as new building and the number of patients treated, dissatisfaction was expressed at a medical committee meeting in April 1938.⁶⁸⁰ The report of the meeting was sent to Major Green, the Chairman of the London Jewish Hospital. The work of the surgical department in 1937 was compared with that of the Hampstead General Hospital. The hospitals were of a comparative size. The Jewish Hospital had 31 surgical beds and Hampstead had 39. The Jewish Hospital undertook 769 operations while Hampstead did 1,638. The figures obtained suggested that surgical beds at the Jewish Hospital were used for relatively minor operations many of

⁶⁷⁷ *JC*, 12 November 1937, p. 38.

⁶⁷⁸ *JC*, 19 November 1937, p. 44.

⁶⁷⁹ *JC*, 7 April 1939, p. 18.

⁶⁸⁰ London Jewish Hospital Archives, GB 738 MS 116/145 at Hartley Library, University of Southampton.

which would be done as outpatient procedures at Hampstead. Over 60% of the surgical cases at the Jewish Hospital involved appendectomies and hernias. The report observed that the volume of acute abdominal surgical work at the Jewish Hospital bore no comparison with that at the Hampstead Hospital. Also, more complicated orthopaedic operations were performed at Hampstead. Urological surgery, such as cystoscopy, carried out as an inpatient at the Jewish Hospital was almost always performed as an outpatient at Hampstead. The surgical waiting list at Hampstead was 30 but none at the Jewish Hospital. There were only two surgeons at the Jewish Hospital but five at Hampstead. Dr A. Woolf (an anaesthetist at the Jewish Hospital) considered that there was a deterioration of the surgical department.

Of the medical beds, The Jewish Hospital had an older population. The Hampstead Hospital had 34% over fifties whereas the Jewish Hospital had 62%. The report commented that the sad reputation that the Hospital has gained is that of an infirmary rather than a healing institution. There was a heavy tilt towards the elderly and there were no specialist services within the medical department. Visits by physicians were once per week whereas comparable and similar sized hospitals including the German Hospital with 22 beds had visits averaging twice per week. The Report ended that 'We can only see a steady deterioration.' It was signed in the names of Arnold Sorsby, Harold Avery, R. Hamburger, Maurice Sorsby and A D Woolf.

In 1939, Dr Woolf wrote to the *Jewish Chronicle* clarifying the reason for his retirement from the Hospital. He stated that his retirement was in protest against

the unsatisfactory conditions prevailing at the Hospital, a state of affairs that had persisted for many years.⁶⁸¹

At a meeting in 1939, the announcement was made of new departments, diabetic and psychiatric. Also there was an increase in major surgical cases with reports of an improvement in the Hospital's reputation.⁶⁸²

During the early days of World War II, contingency arrangements were made for the reception of civilian casualties and discharge of patients home or to other institutions. Within several months the nurses' home was hit by a bomb but more serious damage was inflicted on 16 October 1940 when a bomb fell devastating all the wards and the office building.⁶⁸³ Several staff were injured with two nurses needing treatment at the London Hospital. One patient, being prepared for surgery for a perforated duodenal ulcer, was transferred to Mile End Hospital. The main building was devastated by the blast and almost all the Hospital's records were destroyed. By 1942-3, however, outpatient departments were operating as normal as possible.

In conclusion, whilst the medical success of the London Jewish Hospital was uneven at best, it fulfilled a wider mission to provide a homely environment for its Jewish patients. Although the Jewish elite was hostile to the idea of a separate Jewish hospital initially, fearing it would lead to antisemitism at a time of rampant antisemitism as illustrated by the passing of the 1905 Aliens Act, they eventually came round to its existence after the First World War. Even so, funding remained a

⁶⁸¹ *JC*, 16 June 1939, p. 36.

⁶⁸² *JC*, 9 June 1939, p. 32.

⁶⁸³ Gerry Black, *Lord Rothschild and the Barber*, p. 110.

problem throughout the history of the hospital though the very fact that it came into existence reveals the determination of East End Jews to ensure it was created. Although the hospital was open to non-Jews (partially to ensure antisemitism was not promoted by its existence) most of the patients were Jews and with regards to religion and language it provided a comforting environment for the local Jewish population, if for only limited medical matters.

Conclusion

This is a rare study combining British migration studies and British medical history in the nineteenth and twentieth centuries. It explores the neglected area of hospitals explicitly designed for immigrants and those of immigrant background which began in the eighteenth century with the French Hospital in London and was then expanded further with the London German Hospital and the Italian Hospital in the nineteenth century and the Manchester Jewish and London Jewish Hospitals in the twentieth century.

The thesis has provided a detailed history and analysis of how the London German and London Jewish hospitals were established within the voluntary system to provide religious denominational provisions within a health setting. Although the London German and Jewish Hospitals were founded seventy years apart, they have been chosen because they both provided medical services for their immigrant communities and were of a similar size.

1. Origins

The main difference between these hospitals lies within their origins. The London German stemmed from an elite impetus (German and British), whereas the London Jewish arose from the perceived grassroots needs by the European immigrants who settled in the East End. With a favourable current of Anglo-Saxonism, the London German Hospital was supported in both Germany and Britain including by royalty and aristocrats. Funding was easily obtained and there was no opposition to it until the First World War for providing a separate facility for the poor German immigrants. It was also open to non-Germans, however, which

suggests some concern that it should be regarded favourably by the general population. In the case of the London Jewish Hospital it was the poorer migrants themselves who both called for and financially supported the creation of a separate Jewish hospital. Elite Jews, such as Lord Rothschild, initially opposed it, fearing it would create yet more antisemitism at a time of rampant anti-alienism which threatened to undermine their status in British society. In comparison to the London German Hospital, the later Jewish hospital was always underfunded. Yet it remains, despite their different foundations, that both catered largely for poor newcomers to Britain - some of whom were suffering ill-health because of the immigrant trades they were entering, especially the German sugar bakers, but to a lesser extent the Jewish immigrants in the sweated trades such as tailoring and furniture making.

The differing origins of the hospitals can be specifically measured by the contrasting funding they received. The London German Hospital rarely struggled financially, because as noted from its earliest days, support was forthcoming from continental and British royalty and aristocracy. It benefited initially because before World War I Germany was looked upon with favour - although this changed in the early twentieth century and radically in both world wars.

In contrast, the establishment of the London Jewish Hospital was met with hostility from the British Jewish elite, including the First Lord Rothschild, considered a leader of British Jewry, who believed that the immigrants should integrate rather than form a separatist movement. The Jewish immigrants were largely a pauper community and support for their Hospital remained a struggle throughout. It

remains that creating it was a triumph for the immigrant community and its relative success reflected the importance of their agency against elite opposition.

Rothschild's views were coloured by his close relationship with Viscount Knutsford who in the early twentieth century was the Chairman of the London Hospital where most Jewish immigrants were treated.

2. Language, Culture and Integration

The London Jewish Hospital was established with many features in common with similar Jewish institutions on the continent and North America but had no real links to them. The role of religion was important in both the London hospitals studied, but the London Jewish Hospital emphasised the inclusion of Jewish religious rituals to create a homely familiarity for its patients which was perhaps more important for its patients than the medical treatment they received. The memoirs of Bernard Kops, born of immigrant parents and raised in Stepney Green, reveal the importance for those using it. Kops grew up in the interwar period and was sent to the London Jewish Hospital for severe rheumatism. He was there for a few days before being transferred to a general children's hospital in the countryside. His mother was delighted with the London Jewish Hospital and its nurses: 'Angels of mercy... They're all Yiddisher girls too.' He adds 'We were all so proud that everything in the Jewish Hospital was Jewish. Even the X-ray machines.' He also took pride and solace in the fact that non-Jews were treated there and remembered thinking 'Maybe they won't hate us so much'. His mother was not

happy about his transfer to the countryside: 'it's not a Yiddisher hospital [she] said'.

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The founders of the London German Hospital had close links to Germany: indeed a transnational dimension was a feature of its history until the Second World War. In the case of London Jewish Hospital, the focus was more local in terms of its geographical reference points of its patients, providing them with an atmosphere in which religiously and culturally they felt 'at home' as illustrated by the Kops family.

Both hospitals were conscious of their roles within the wider English society and the possibility that the communities they represented and cared for might be regarded as clannish. It was thus important for them to publicise the medical support they provided for non-Germans at the London German Hospital and non-Jews at the London Jewish Hospital. For Germans this was particularly important to counteract any charges of prejudice and demonstrate the friendliness between the two nations. The Eastern European Jewish immigrants settling in Britain encountered hostility from both Jews and non-Jews. They were accused by the anti-alienists of bringing disease into the country and this was particularly marked during the debates leading to the Aliens Act 1905.

In terms of commonality, language remained a significant factor leading to the establishment of both hospitals. In a period before diagnoses relied on clinical and laboratory investigations, the dependence of communication between doctor and patient took on a primary importance. Indeed, good communication as part of

⁶⁸⁴ Bernard Kops, *The World is a Wedding*, London: Vallentine Mitchell, 1963, p.42.

patient-centred approaches, is now regarded as crucial in contemporary medical practice inside and outside hospital structures.

Medicine

With regard to their unique medical contributions, both hospitals could make a claim for excellence – whether general or specific. German medicine in the mid-nineteenth century was accepted as sophisticated within Europe and many British doctors travelled there to supplement their studies. The advanced state of German medicine was reflected in the London German Hospital and it also utilised the input of German nurses, reflecting the professionalization of this profession at an earlier date than in Britain.

The London German Hospital was thus considered advanced for its time whereas when the London Jewish Hospital opened in 1919, its facilities were lacking in many areas and it continued to receive criticism in this respect throughout its short history. Nevertheless, one specialty which was considered advanced at the London Jewish Hospital was the study of adult and child mental health. Patients attending the Hospital were often described as having an associated ‘nervous’ condition and this may have had a cultural connection, predisposed by their East European immigrant status. Furthermore, the interest of the London Jewish Hospital in psychiatry was reflected in the establishment of the first Child Psychiatry Unit in Great Britain. In addition, a specific contribution of the London Jewish Hospital was the creation of a Medical Society which provided a forum for distinguished Jewish (and non-Jewish) doctors and surgeons to relay the latest developments in their profession.

Both hospitals, therefore, have been shown to reveal much not only about migrant identities and the internal dynamics of the German and Jewish communities in modern Britain (as well as responses to them), but also the nature of medical practice during the nineteenth and twentieth centuries. To conclude, this thesis has shown the importance for migration scholars to take questions of health seriously. It has also highlighted for historians of medicine to recognise the role of those of migrant origin as both patients and as health practitioners.

APPENDIX

Figure 1. The London German Hospital 1864

Figure 2. The London Jewish Hospital 1919



The New German Hospital, Dalston, built 1864

Figure 1



London Jewish Hospital 1919

Figure 2

Thesis Bibliography

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