

Jewish medical charity in Manchester: reforming alien bodies

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On 23 July 1903, the foundation stone of the first ever Jewish hospital in Britain was laid at a site on Elizabeth Street, in North Manchester. For years prior to its opening the hospital had been a contentious issue within the Jewish community; meetings to discuss its foundation and organization were regularly interrupted by cries of ‘No! No!’, by ‘Uproar’, and even in one case a near riot provoked by procedural disagreements. Why should the provision of a medical charity have proved so contentious?

Although Manchester’s Jewish hospital was not opened until 1904, there had long been an awareness amongst medical practitioners and charity workers that poor Jews encountered ‘difficulties’ with respect to the city’s infirmary and in-patient provision. As early as 1868 the Medical Officer of the Board of Guardians for the Relief of the Jewish Poor (see below, p. 114) noted that poor Jews resisted going to the infirmaries because of language difficulties and the challenge of maintaining religious traditions, especially keeping kosher.¹ A subsequent Medical Officer suggested in 1885 that ‘a small Jewish hospital forms one of the greatest desiderata for the Jewish community of this city’.² In 1892 a group of Rabbis and Jewish philanthropists met to discuss the founding of a hospital, but though a committee of ‘Jewish ministers, physicians, &c’ was to be formed to pursue the matter, nothing seems to have arisen from this meeting.³ The proposal to found a Jewish hospital did not begin in earnest until 1900, and the debate that ensued continued in Manchester until the hospital’s opening in 1904.

The debate can be conceptualized as an intra-communal power struggle, where an ‘upcoming’ group of middle-class industrialists

¹ Annual Reports of the Manchester Jewish Board of Guardians, 1st Annual Report, 1867–68, Manchester Central Library.

² *Ibid.*, 18th Annual Report, 1884–85.

³ *Jewish Chronicle*, 6 June 1892.

and professionals saw a hospital as a necessary addition to the philanthropic institutions and organizations of the Jewish community. They were opposed by the Anglo-Jewish elite who put ‘assimilation’ at the core of their philanthropic work.⁴ Many of this elite supported the idea of dedicated ‘wards’ for Jewish inpatients, or a kosher kitchen, within the existing infirmaries. Yet this same elite had founded and supported a ‘separate’ Jewish school, Board of Guardians, lad’s brigades, and so on; so, why was it that a *hospital* in particular proved so controversial?

Part of the answer may lie in the particular significance of city hospitals as elements in the creation of social status and ‘solidarity’. As John Pickstone has suggested, subscriptions to major infirmaries were a mechanism by which people of differing classes and religions could express notions of local identity and patronage; thus such institutions in the United Kingdom tended to be locally mediated, rather than resulting from the initiative of religious groups or the co-ordinated activity of medical men.⁵ Several members of the Jewish elite subscribed to the most important hospital in Manchester — the Manchester Royal Infirmary (MRI) — and later sought to provide kosher kitchens or Jewish wards there, in line with the practice in the large teaching hospitals of London.⁶ Although Manchester had at this time the United Kingdom’s second largest Jewish population, it was still only a fraction of the size of London’s which by 1900 had at least three dedicated Jewish wards, and several hospitals with on-site kosher kitchens.⁷ These effectively symbolized an assimilation of Jewish ritual, and of Jewish philanthropy, within key British institutions — where the best of metropolitan doctors served the deserving poor of all faiths. If such provision worked there, what need was there for a hospital that would be sectarian in its patients, supporters, and probably its doctors? No Jewish hospital was founded in London until 1919.⁸

The possibility of provision within Manchester’s existing medical infrastructure was hotly debated; the supporters of a movement to

⁴ By assimilation the Anglo-Jews meant a systematic loss of overtly ‘foreign’ lifestyles and habits, aiming to produce citizens who could maintain a balance between their Jewish and British identities, without miscegenation or intermarriage.

⁵ See J. V. Pickstone, *Medicine and industrial society: a history of hospital development in Manchester and its region, 1752–1946* (Manchester: Manchester Univ. Pr., 1985).

⁶ For further evidence on local hospital philanthropy, see Simon Gunn, ‘The Manchester middle class, 1850–1880’, University of Manchester Ph.D. thesis, 1992; idem, ‘Modernity, the city and the middle class’ in *Gender, civic culture and consumerism: middle-class identity in Britain 1800–1940*, eds A. Kidd and D. Nicholls (Manchester: Manchester Univ. Pr., 1999); Simon Gunn, *The public culture of the Victorian middle class: ritual and authority and the English industrial city, 1840–1914* (Manchester: Manchester Univ. Pr., 2000).

⁷ *Jewish Chronicle*, 30 November 1900; V. Heggie, ‘Re-imagining the healthy social body; medicine, welfare and health reform in Manchester 1880–1910’, University of Manchester Ph.D. thesis, 2004, Chapter 3.

⁸ Gerry Black, ‘The struggle to establish the London Jewish Hospital: Lord Rothschild versus the barber’, *Jewish Historical Studies* 32 (1990–92), 337–53.