

Book Reviews

Kenneth Collins, *Be well! Jewish health and welfare in Glasgow, 1860–1914*, East Linton, Tuckwell Press, 2001, pp. xiv, 194, illus., £12.99, US\$19.95 (paperback 1-86232-129-9).

Between 1881 and 1914, nearly three million Jews left eastern Europe, of which about 15,000 settled in Glasgow, “second city” of the British Empire. Their integration was cushioned by a Jewish leadership which balanced community discipline with immigrant innovation—in contrast to London which swallowed ten times as many but doled out philanthropy with a large measure of social control. This is a well researched and descriptive rather than analytical history of the health, welfare, social conditions and medical aspirations of Glasgow’s Jewish community, written by their foremost historian, who is also a general practitioner and leader of the city’s Jewish community.

Most Jews settled south of the River Clyde, in the Gorbals, where much of Glasgow’s worst housing doubled as residence/workspace. The institutions facilitating early settlement were based around Garnethill Synagogue, established in 1879 but successor to congregations dating to 1823. Most welfare activities included a medical dimension with agencies increasingly secularized as the community expanded. Self-reliance was encouraged. Friendly societies became the most widespread associations among Jewish workers in Britain, and by 1908 only seventy-five Jews in Scotland were receiving poor relief. As the first substantial non-Christian group to settle in Scotland, Jews became targets for medical missionaries, perceived to be a greater threat to the community’s integrity than they ever were in England. Jewish leaders mobilized to match facilities offered by missions. By 1911, 1,500 admission lines to Glasgow’s hospitals had been secured, and a Jewish dispensary provided medical and dental care. Other

institutions included a Jewish Refuge (1897) accommodating new arrivals and transmigrants; a Children’s Fresh Air Fund (1908) offering country holidays; an orphanage (1913); and the Glasgow Hebrew Benevolent Loan Society (1888), which assisted workers to self-employment.

Despite poverty and complaints by health officials of insanitary habits, Glasgow’s Jews were continually shown to be better fed, more abstemious, and to have an infant mortality rate lower by a third than the host community. Jewish admissions to Glasgow’s lunatic asylums were low (1.2 per cent between 1890 and 1914) despite a worldwide belief that Jews were predisposed to insanity. Jewish immigration to Britain appears to have had minimal epidemiological and demographic impact on infectious diseases although tuberculosis and trachoma became political issues. Glasgow played a leading role in the anti-TB crusade of the 1890s, largely because TB was responsible for 13 per cent of deaths in Scotland. Jewish paupers with TB were “encouraged” to emigrate to the warmer climates of Australia and New Zealand so that, by 1928, Glasgow Jews had a lower incidence of the disease than their gentile neighbours. Trachoma, to which Jews were believed to be racially predisposed, strengthened the cause against Jewish immigration in the run-up to the Aliens Act (1905). In 1914, Glasgow became the only British city to make trachoma a notifiable disease because of its high incidence in city schools, although only 14.4 per cent of cases notified between 1914 and 1937 were in patients born abroad.

Kenneth Collins defines the goals of Jewish immigrants as personal economic stability followed by establishment of conditions whereby their children could advance in the Scottish tradition of educational democracy. The medical profession was perceived as the road to social advancement. The role model was Asher Asher (1837–89), son of poor immigrants who became the first native Jew

to graduate in medicine from Glasgow University. Asher departed for London in 1862 to become medical practitioner to the Jewish Board of Guardians and, in 1870, was appointed the first secretary of the newly formed United Synagogue. By 1914, about twenty Scottish Jews had graduated in medicine although only four were practising in Glasgow, among whom was Noah Morris who became Regius Professor of *Materia Medica* at Glasgow University (1937). For most, however, the medical degree was the passport out of the community.

This book is a valuable resource for historians of ethnicity, social historians of medicine and anyone interested in immigrant health and problems of acculturation—as relevant today as in early twentieth-century Scotland.

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John M Efron, *Medicine and the German Jews: a history*, New Haven and London, Yale University Press, 2001, pp. viii, 343, illus., £27.50 (hardback 0-300-08377-7).

German Jews have played a notable role in medicine since medieval times. John Efron provides a fascinating reading of a rich and varied discourse on medicine as practised in and out of the ghetto. The discussions reveal a tension between religious and secular knowledge. An important episode is the impact of the rationalist philosophy of the Enlightenment. This era saw the first glimmers of professional hostility to Jewish doctors, but also the emergence of the modern Jewish doctor, more interested in science than in ritual, while retaining allegiances to the Jewish community. Points of friction include differences between science and ritual, as in the opposition to the religious custom of

rapid burial, and debates on diet and circumcision. There is an interesting discussion on whether Jews were susceptible to particular diseases and conditions, especially to tuberculosis, syphilis and mental illness. Efron draws a contrast between general studies, by, for example, Emil Kraepelin, which were stigmatizing, and case studies by Jewish psychiatrists which denied a racial aetiology of mental breakdown. While others have dealt with the anti-Semitic distortions concerning the Jewish doctor, Efron provides a nuanced account of the self-image of the Jewish doctor and his views on the health of Jews. The text is invariably fascinating, as on the differing approaches of historians of Jewish medicine.

By the nineteenth century, Germany was distinctive for its high proportion of Jewish hospitals, and Jewish medical associations emerged. Efron gives us little on these developments, and there is little on public health, or on Social Democrat Jewish doctors and eugenicists. Medieval and 1920s Jewish women doctors are cursorily mentioned, but in no way analysed. It would be interesting to have grounded the work in prosopographical analysis, as Jewish doctors encountered considerable career difficulties. Some statistics are given in the final chapter, 'Before the Storm'. Efron makes interesting but sporadic comments on the situation in Austria (as on Billroth's anti-Semitism), but here the situation is seen as broadly following on from German developments. He also avoids the standard literature on Jewish medical scientists, and does not refer to the pioneering cytologist Robert Remak, or to the historical studies of Bruno Kisch and David Nachmansohn on Jewish medical pioneers. The Holocaust casts a shadow across the whole development, although this complex and tragic era is merely alluded to rather than fully explored. The work is based on impressively multilingual scholarship, and there are only a few slips