Ministering to Body and Soul: Medical Missions and the Jewish Community in Nineteenth-Century London

Jemima Jarman*
Birkbeck, University of London

From 1879, evangelical missions aimed specifically at Jews began providing free medical services to the newly arrived immigrant community in London's East End. This article focuses on three specific medical missions to Jews belonging to the London Society for Promoting Christianity among the Jews, the British Society for the Propagation of the Gospel amongst the Jews and the Mildmay Mission to the Jews. It considers the particular attractions of these medical missions in terms of what they were able to offer the immigrant Jew that existing state and voluntary medical services did not provide, alongside the cost and possible risk posed by attendance. The article questions whether the popularity of evangelical medical missions within the Jewish East End is as surprising as it may first appear, if the limited health care options available to the nineteenth-century poor are considered in conjunction with the additional obstacles facing Jewish immigrants, such as cultural and religious differences, anti-Jewish prejudice and most notably the language barrier.

In the closing decades of the nineteenth century, a number of medical missions directed specifically at Jews were established, run and supported by evangelical Christians. Their establishment across Britain corresponds with the rapid growth in the country's Jewish population as a result of the mass migration from Eastern Europe brought about by discriminatory laws, economic hardship and violent attacks. The Jewish immigrant, a newcomer in a foreign land with few resources or established networks, faced additional barriers in accessing health care beyond those experienced by the native poor. The vast majority of Jewish immigrants would not have known English or any other European language apart from their native Yiddish. In addition to

* E-mail: jemimajarman@outlook.com.
I wish to thank CMJ UK for granting permission to publish their archival material, as well as the Special Collections team at the Bodleian Libraries for their mediated copying service during the pandemic.

Studies in Church History 58 (2022), 262–283
doi: 10.1017/stc.2022.13

this significant language barrier, many East European Jews would naturally have had difficulty navigating the English health care system (such as it was), due to an unfamiliarity with the workings of Poor Law provision or the bureaucracy surrounding many voluntary hospitals.

The established Anglo-Jewish community worked with both the state and voluntary medical establishments to ensure that basic provisions were made to cater for Jewish patients, such as the provision of kosher food.[1] However, the Anglo-Jewish communal body, the Jewish Board of Guardians, took the line that there was nothing specifically Jewish about the provision of medicine and so saw no need to set up separate or additional medical services within the community.[2] This left England's rapidly expanding immigrant Jewish population with few options for treatment in times of sickness outside admittance to the dreaded workhouse infirmaries or, if they qualified for such charity, the wards of a voluntary hospital, which required long waits of up to seven hours and intrusive questioning to determine whether the patient was a deserving or undeserving recipient of charity.[3] Outdoor medical care, that is, assistance granted outside of an institution, was kept to a minimum by Poor Law guardians, and some parishes (including Whitechapel) aimed to abolish its provision completely.[4] Home medical missions are situated against this background of limited state and voluntary medical services. The history of the home medical mission movement will be outlined, the specific theological arguments that developed in support of Jewish medical missions discussed, and the importance of medical missions in facilitating access to quality health care for society's poor and vulnerable, in this case Jewish immigrants in London's East End, considered.

[1] Gerry Black, 'Health and Medical Care of the Jewish Poor in the East End of London, 1880–1914', *Jewish Historical Studies* 36 (1999–2001), 93–111.

[2] Laurie Magnus, *The Jewish Board of Guardians and the Men who made it, 1859–1909: An Illustrated Record* (London, 1909), 119.

[3] Gerry Black, *Lord Rothschild and the Barber: The Struggle to establish the London Jewish Hospital* (London, 2000), 35; Black, 'Health and Medical Care, 1880–1914', 101.

[4] While the Poor Law medical officer could still make recommendations for outdoor treatment of the sick, it was the Poor Law guardians who had the power to grant or withhold this aid: P. F. Aschrott, *The English Poor Law System: Past and Present*, transl. Herbert Preston Thomas (London, 1902), 262; Jeanne L. Brand, 'The Parish Doctor: England's Poor Law Medical Officers and Medical Reform 1870–1900', *BHM* 35 (1961), 97–122, at 106.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

Despite the fact that medical missions were heavily used by Jews in the East End, they have barely been recognized in Anglo-Jewish scholarship. One factor possibly contributing to this neglect is the relatively recent introduction of the study of health, illness and medicine within the humanities. A second contributing factor may be the continued practice among historians of Anglo-Jewry of downplaying and dismissing the significance of evangelical missionary activity within Jewish communities. Therefore, this subject, involving as it does both medical history and missionary history, has received very little scholarly attention to date.

There are a few exceptions to this general absence of scholarship, thanks to the pioneering work of Gerry Black and Lara Marks, both of whom have highlighted the significance of medical missions in the provision of healthcare services to Jews in nineteenth-century London.[5] However, the scope of their research is much broader than that of medical missions specifically, and so naturally the subject occupies only a peripheral place in their studies. More recently, Ellen Ross has written on the subject of medical missions and Jews, with a focus on how women resisted the proselytizing element of the missions.[6] However, this single article is necessarily limited in scope. When writing about medical missions to Jews, all three authors rely heavily upon sources created by the established Anglo-Jewish community, who openly criticized evangelical missionary activities, while voices from other contemporary perspectives are not given an equal hearing.[7] In response to this imbalance, this article will give serious and considered attention to the beliefs and motivations of the

[5] Gerald David Black, 'Health and Medical Care of the Jewish Poor in the East End of London, 1880–1939', (Ph.D. thesis, Leicester University, 1987); Black, 'Health and Medical Care, 1880–1914'; Black, *Lord Rothschild*; Lara Marks, 'Irish and Jewish Women's Experience of Childbirth and Infant Care in East London, 1870–1939: The Responses of Host Society and Immigrant Communities to Medical Welfare Needs' (D.Phil. thesis, University of Oxford, 1990); eadem, *Model Mothers: Jewish Mothers and Maternity Provision in East London, 1870–1939* (Oxford, 2001).

[6] Ellen Ross, '"Playing Deaf": Jewish Women at the Medical Missions of East London, 1880–1920s, *19: Interdisciplinary Studies in the Long Nineteenth Century* [online journal] 13 (2011), at: <http://doi: https://doi.org/10.16995/ntn.622>, last accessed 14 January 2022.

[7] Scholarship has relied heavily upon Anglo-Jewry's primary newspaper, the *Jewish Chronicle* (hereafter: *JC*), founded in 1841, for information on medical missions; in addition to its own articles, it reproduced reports of Anglo-Jewish communal and religious bodies such the Jewish Board of Guardians, the Jewish Board of Deputies and the United Synagogue.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

missionaries themselves, going beyond the reductive label of 'conversionist',[8] as recorded in both published and unpublished missionary records. It will introduce the medical provisions in London that were accessible to the poor and highlight some of the most significant barriers that immigrant Jews faced in making use of these.

The focus here is on three medical missions to Jews operating in East London during the closing decades of the nineteenth century. These were supported by the British Society for the Propagation of the Gospel amongst the Jews (hereafter: BSPGJ), the Mildmay Mission to the Jews (MMJ) and the London Society for the Promotion of Christianity among the Jews (LSPCJ). After introducing each of these medical missions, the question of why they were popular among Jewish immigrants in need of health care will be considered. Finally, the cost of attending these missions upon the immigrant Jew, socially and psychologically rather than financially, will be weighed. The study of these missions promises to offer new perspectives and fresh contributions to our current understanding of the churches' response to religious plurality, and of the developments within Christian-Jewish relations more particularly, in nineteenth-century England.[9]

Medical Care in Nineteenth-Century London

The options available for the sick poor towards the end of the nineteenth century were provided primarily by the state, through the workings of the Poor Law, or through philanthropic agencies operating voluntary hospitals and dispensaries.[10] Turning to the Poor Law first, despite having undergone a number of reforms over the century, infirmaries remained underfunded, understaffed and in some cases

[8] This term was used by Anglo-Jewish contemporaries to make derogatory references to the missionaries in the press, mainly the *JC*, and has been subsequently adopted by Anglo-Jewish historians, including Eugene Black, Israel Finestein, Todd Endelman, David Feldman and Ellen Ross.

[9] See Charlotte Methuen, Andrew Spicer and John Wolffe, eds, *Christianity and Religious Plurality*, SCH 51 (Woodbridge, 2015), in particular John Wolffe, 'Plurality in the Capital: The Christian Responses to London's Religious Minorities since 1800', ibid. 232–58; W. M. Jacob, 'Anglican Clergy Responses to Jewish Migration in late Nineteenth-Century London', ibid. 259–73.

[10] Valuable studies on Victorian health care systems include Keir Waddington, *Charity and the London Hospitals, 1850–1898* (New York, 2000); Gwendoline Ayers, *England's First State Hospitals and the Metropolitan Asylum Board, 1867–1930* (London, 1971).

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

grossly mismanaged.[11] A royal commission recorded that as late as 1909 patients still felt that they were treated grudgingly by Poor Law Medical Officers and seen as 'only a shade above criminals'.[12] Poor Law Guardians, not wishing to reward the feckless poor by providing medical care of equal quality to that available to the prudent, paying patient, aimed to ensure that their medical services were the least attractive option. For these ideological reasons, and for the more practical reasons of keeping costs down, Poor Law infirmaries offered a very basic standard of health care service provision.

The second option available to the sick poor in London was provided by the voluntary hospitals and their outpatient departments. The hospitals, superior to Poor Law infirmaries in the quality and standard of the care provided, were dependent on the donations of philanthropists, the income of subscribers and goodwill funds raised by the public. For this reason, they never became the main providers of healthcare in London, working instead in tandem with the workhouse infirmaries.[13] Unable to provide beds for all those in need, preference was given to those who could pay something towards their treatment; of those who could not, it was only the medically interesting cases, or those useful for teaching, who were not sent on to the Poor Law infirmary.[14] Moral character was also considered when deciding who would receive treatment, with those judged immoral or undeserving considered unfit beneficiaries of charity. For example, unmarried mothers would not be admitted to maternity wards, and those with venereal diseases could be refused treatment.[15] Even those whose appearance identified them as being from the 'pauper class' could be barred from entering the hospital by porters, who were instructed to send such cases straight to the Poor Law authorities.[16]

Those in need of medical care who were unable to pay for a doctor therefore had the option of either trying their luck at an inpatient

[11] It has been argued convincingly that the Poor Law system created an inherently negligent medical service: Kim Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834–1900* (London, 2016).
[12] *Report of the Royal Commission on the Poor Laws and Relief of Distress, 1909*, quoted in Black, 'Health and Medical Care, 1880–1939', 139.
[13] Waddington, *Charity*, 9.
[14] A. E. Clark-Kennedy, *The London: A Study in the Voluntary Hospital System*, 2: *1840–1948* (London, 1964), 104.
[15] Marks, 'Irish and Jewish Women', 146–7.
[16] F. B. Smith, *The People's Health, 1830–1910* (London, 1979), 252.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

department of a hospital or applying directly to the Poor Law relieving officer. At a voluntary hospital, there was the risk of being turned away. Even if entry was granted, the average wait to be seen at the London Hospital was seven hours, at the end of which the patient might still be sent to the Poor Law infirmary.[17] Those who went directly to the Poor Law, at least in districts such as Whitechapel, would be offered indoor relief only, meaning dreaded institutionalization, with no option to receive treatment at home.[18]

Immigrant Jews in State and Voluntary Health Institutions

Historically, the Jewish community in Britain had cared for its sick through its synagogues, which would raise and distribute funds primarily among their own membership. By 1862 this function was taken over by a centralized body, the Jewish Board of Guardians (JBG),[19] but by 1879, the JBG had dropped the provision of medical relief entirely.[20] The justification given for cutting this traditional welfare service within the community was that sufficient provision existed outside it. The Anglo-Jewish community were ratepayers and contributed to the upkeep of Poor Law provisions, and it was argued that duplicating these services and paying twice over for them was unjustifiable. What is more, as the 'Guardians' of the Jewish community, they did not wish to be seen as pauperizing the poor by catering too comfortably to their needs;[21] nor did they wish

[17] Ibid. 255.
[18] Willliam Vallance, clerk to the guardians of Whitechapel Union, gave evidence of the scant outdoor medical relief available in the district: *Select Committee of the House of Lords on Poor Law Relief. Report, Proceedings, Minutes of Evidence, Appendix* (London, 1888), 493, 513.
[19] The JBG was a voluntary body formed in 1859 in an effort to rationalize the distribution of charitable aid within the community. It adopted the Poor Law philosophy of 'least desirability' when dealing with the poor and sought to separate the 'deserving' from the 'undeserving' cases. Aid was primarily given in the form of small business loans, assistance to secure apprenticeships and help to emigrate or be repatriated. Members of Anglo-Jewry's elite sat upon the board, with the role of president remaining within a single family from 1869 into the twentieth century. For more on the JBG, see Vivian D. Lipman, *A Century of Social Service: 1859–1959: The Jewish Board of Guardians* (London, 1959); Mordechai Rozin, *The Rich and the Poor: Jewish Philanthropy and Social Control in Nineteenth-Century London* (Brighton, 1999); Alysa Levene, *Jews in Nineteenth-Century Britain: Charity, Community and Religion, 1830–1880* (London, 2020).
[20] Lipman, *A Century of Social Service*, 62.
[21] Rozin, *The Rich and the Poor*, 126.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

to be seen as providing services superior to those available to non-Jews, which might have had the undesirable effect of stirring up anti-Jewish feeling or of encouraging and attracting more Jewish immigrants to English shores.[22] These attitudes were in keeping with wider Victorian attitudes on the proper treatment of the poor, which came under much criticism, from both contemporaries and subsequent scholars of the period.

As difficult as it was for the native poor to access the welfare services they required in times of need, and as resistant as they were to using the harsh, impersonal and punitive system of the Poor Law, for the newly arrived immigrant Jew, there would have been additional barriers to navigating the system and additional reasons for dreading the prospect of entering an institution. It was these factors, specific to the immigrant Jew's position in a foreign environment, for which the JBG failed to make provision.[23]

The first of these factors, and perhaps the most obvious, is the language barrier. The vast majority of Jewish immigrants would have spoken Yiddish, with no knowledge of the English language prior to settling in the East End. However, Anglo-Jewry's communal leaders consistently resisted making any acknowledgement that language posed a significant barrier for immigrant Jews in accessing health care: 'We do not think the language barrier is a very real one … Moreover we think interpreters are unnecessary.'[24] How it was expected that a non-English speaker would communicate his or her ailments, or understand the advice and instructions given by an English-speaking doctor in return, can only be imagined. Such concerns were expressed by the wider Jewish community, who reproached the JBG communal leaders: 'The want of a Jewish Dispensary, or a person who can speak Yiddish to attend the parochial ones, has been brought before the community more than once, but, to their shame, the want has never been remedied.'[25] Despite such appeals, it is clear from a reported fatal case of misdiagnosis at the

[22] On the ideology of the JBG, see ibid. 113–61, especially 122–3, 135–40, 147–9.
[23] A combination of strained finances and a commitment to deter further Jewish immigration to England meant the JBG was unwilling to make special provisions. These dual concerns are repeatedly voiced in its annual reports during the years 1879–1900.
[24] United Synagogue, *Mission Committee Report* (London, 1912), 17 (§58), quoted in Black, 'Health and Medical Care 1880–1939', 215.
[25] *JC*, 1 December 1893, 10.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

London Hospital in 1901, the direct result of miscommunication due to language barriers, that adequate action was not taken.[26]

Secondly, the immigrant Jewish community was subject to prejudice as foreigners and to antisemitism as Jews. They became the scapegoats for low wages and high rents, in an East End of London suffering from mass unemployment, and were at risk of receiving unfavourable treatment as a result of these negative perceptions.[27] An example of these prejudices affecting medical care can be found within the records of the Poor Law Unions, with a Whitechapel medical officer named Braye receiving a number of complaints due to his behaviour towards Jewish patients.[28] Even in the voluntary London Hospital which had made the most accommodations for Jews, 'Jews were not particularly welcome'.[29]

The third factor to consider is that of cultural difference. The Jewish immigrant did not arrive in England without prior experience of medicine or medical practices and institutions, and this prior experience of health care provision would naturally have shaped the way that the healthcare options available in the new country were evaluated and navigated. Whether the cold mechanics of the Poor Law, the paternalistic bureaucracy of the voluntary hospital, or the combination of medical treatment with religious instruction at the medical mission, felt culturally closer to the immigrant Jew's own traditions and former experiences is an area awaiting further research.

Having highlighted the additional factors of language, anti-Jewish prejudice and cultural difference effecting the immigrant Jew's ability to access and utilize existing state and voluntary provision in the field of medical care, the JBG's assertion that there was 'nothing of a specially Jewish character in dispensing drugs and giving medical advice' is difficult to apply to the case of new immigrants.[30] It is in light of the inadequacy of existing medical provision, and in acknowledgement of

[26] London Hospital House Committee Minutes, 25 March 1901, cited in Black, 'Health and Medical Care, 1880–1939', 214.
[27] For more on the reception of alien Jewish immigrants in England, see, for example, Bernard Gainer, *Alien Invasion: The Origins of the Aliens Act of 1905* (London, 1972); David Feldman, *Englishmen and Jews: Social Relations and Political Culture, 1840–1914* (London, 1994).
[28] Examples of Braye's abusive behaviour are given in Marks, 'Irish and Jewish Women', 246.
[29] *JC*, 6 November 1896, 11.
[30] Magnus, *Jewish Board of Guardians*, 119.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

the particular barriers facing London's immigrant Jewish community, that the establishment of evangelical medical missions directed at Jews in London's East End needs to be considered.

The Emergence of Medical Missions in Nineteenth-Century Britain

'Some may ask, are Medical Missions needful and useful at home? I answer, I believe there is a medical necessity for them, neither hospitals nor dispensaries nor parochial medical relief can fully meet the need.'[31] Medical missions for Jews did not develop in a silo but were part of a larger medical missionary movement in Britain with its origins during the 1840s in Edinburgh, spearheaded by Dr William Burns Thomson, a medical doctor engaged in the work of the Edinburgh Medical Missionary Society. Inspired by the combined medical and evangelistic work that was undertaken in foreign mission fields, Thomson saw an opportunity to apply this mode of operation to domestic home missions.[32] But whereas abroad it often happened that a missionary with no training in medical work was compelled by circumstance to treat the sick, Thomson's vision was to create a professionalized medical mission with qualified doctors and nurses who combined a passion for bodily healing with a desire to evangelize.[33]

When setting his new model of mission work before a primarily evangelical audience, Thomson was required to provide compelling evidence of the biblical nature of, and scriptural sanction for, such work. As a result, theological arguments emerged that confirmed the existence of a special interconnectedness between the body and the soul, and a new emphasis was placed on the healing ministry of Christ and his disciples:

> Now it is very evident that there is a natural kinship between medicine and the gospel. What the one professes to do for the body, the other professes to do for the soul. Indeed, because of the strange, strong

[31] *Medical Missions at Home and Abroad: The Quarterly Magazine of the Medical Missionary Association* (hereafter: *MMHA*), October 1878, 29.
[32] Kathleen Heasman, 'The Medical Mission and the Care of the Sick in Nineteenth-Century England', *HistJ* 7 (1964), 230–45, at 232–3.
[33] *MMHA*, [July] 1878, 1.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

union which subsists between body and soul, the health of either can hardly be promoted alone – certainly cannot be perfected alone.[34]

Every instance of healing in the gospels was drawn upon as evidence of how Christ himself had set an example for medical missionary work, warranting the Church to do the same.[35] Jesus was held up as the 'Great Physician' and the book of Acts was described as 'the first report of the first Medical Missionary Society'.[36] By showing the model of the medical mission to have its origins in the New Testament, this entirely new and pioneering method of evangelism would have been quickly adopted by bibliocentric evangelicals.[37]

Underpinning all medical missions was the scriptural instruction to 'proclaim the Kingdom of God and to heal';[38] but those aimed especially at Jews were motivated by additional convictions. One was that Christians owed a debt of gratitude to the Jews as the originators of their religion, and that medical missions could provide a practical way to repay this debt.[39] Another was that Christians owed a debt of reparation to the Jew for the past wrongs that had been done to them under the broad banner of Christianity.[40] This belief was particularly influential for Jewish medical missions, established as they were at the same moment when East European Jews were leaving their homelands due to persecution. As the Jews had physically suffered as a result of discriminatory laws and violent attacks in Christian countries, it was argued that reparations were required, and what could be more suitable than attending to the illnesses and injuries of the Jewish immigrants themselves? In the words of the Mildmay Mission to the Jews: 'As so-called Christians had inflicted on the Jews enormous physical injury, it was surely the right thing for true Christians to render them bodily help and

[34] Ibid. 7.
[35] '[I]t is to the Gospels themselves, the record of our Lord's life and work, that we have to look for the chief exemplar, and the chief warrant for medical missions': *MMHA*, January 1882, 231.
[36] John Lowe, *Medical Missions: Their Place and Power* (London, 1886), 17.
[37] 'Biblicism' is one of the four defining characteristics of evangelicalism, according to David Bebbington's definition in *Evangelicalism in Modern Britain: A History from the 1730s to the 1980s* (London, 2015), 1–19.
[38] Luke 9: 2 (NRSV).
[39] For an expression of these ideas, see for example, *Jewish Herald* (hereafter: *JH*), July 1882, 75. This was the magazine of the BSPGJ.
[40] *JH*, June 1882, 71.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

healing.'[41] Taking this standpoint, medical missions were promoted within evangelical circles as a practical means of removing the barriers of suspicion and mistrust separating Jews from Christians and increasing receptivity to the gospel message, although whether this was achieved in reality is an entirely separate matter.

An awareness of the convictions that motivated Christians to conduct medical missionary work among the Jews of the East End is crucial for understanding the dynamics between the medical missionary and the patient. The established Jewish community was loud in its criticisms of medical missions and these Anglo-Jewish voices have formed the primary source of reference for the few scholars who have addressed the work of these medical missions.[42] For a more accurate and more nuanced understanding of this snapshot in the history of Jewish-Christian relations, the voices of all parties need to be heard and considered, particularly given the absence of material recording the thoughts and experiences of the immigrant Jews who used these missions themselves.

Jewish Treatment in Medical Missions

The first medical mission established by evangelicals for Jews began operations in 1879 in Church St (now Fournier St), Spitalfields. It belonged to the BSPGJ, a non-denominational, pan-evangelical society founded in 1842. The medical aspect of their mission work was under the management of John Reid Morrison, LRCP, who dispensed free advice and medicine on Tuesday afternoons between 2 and 4 p.m., during which time approximately thirty patients would be seen by him. Demand was higher than the capacity of Morrison's clinic, and by 1882, the medical mission work had expanded to meet this, opening two afternoons a week (Tuesdays and Fridays), with the doctor making home visits to patients on other days when required.[43] In its first year of operation, the medical mission recorded 960 Jewish attendants. By 1889, almost a decade on, it recorded an attendance of 1,900 patients.[44] The work of the medical mission was deemed to be

[41] *Service for the King*, February 1884, 38.
[42] Criticisms of the medical missions can be found in *JC*.
[43] Information on this medical mission compiled from *JH*, April 1879, 40; August 1879, 89; January 1882, 9; June 1888, inner cover.
[44] *JH*, July 1880, 75; September 1889, 167.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

'invariably most successful'[45] by those who carried it out, and if success is measured by the take-up of such services among the local Jewish population of Spitalfields, it was indeed successful.

The second medical mission for Jews, and the most significant in terms of the scope of its work, opened in 1880 as part of the MMJ. This was a non-denomination, evangelical, independent mission founded and overseen by the Rev. John Wilkinson in 1876. Its medical branch, supervised by John Dixon (a Bachelor of Medicine and Master of Surgery), became (and remained) the largest medical mission for Jews in London, operating from 10 a.m., Monday to Saturday. The staff included not only a number of qualified doctors, but also a team of trained deaconess nurses, a separate dispenser and later a skin specialist and a dentist.[46]

The medical mission of the MMJ eventually operated from a purpose-built hall on Philpot St, but as part of a larger network of missions associated with the annual Mildmay Conference, the MMJ was also able to make use of other Mildmay institutions, including their hospital at Turville St (which later moved to Austin St) and various convalescent homes. In its first year of operating, the MMJ recorded a total of 1,966 cases seen. By 1900, after two decades of unbroken work, the recorded number of cases seen in one year was 28,376.[47]

The third medical mission under consideration here was established at the comparatively late date of 1891 and was part of the LSPCJ, founded in 1809, the earliest mission to be aimed exclusively at evangelizing the Jewish people. The LSPCJ ran its medical mission from Goulston St, Aldgate, which opened to patients on Mondays, Thursdays and Saturdays from 10.30 a.m. It was first staffed by a Dr Chaplin with the assistance of a Dr Benoly.[48] In the first four

[45] *JH*, January 1882, 9.
[46] On Dixon's early commitment to working as a medical missionary for the Jews, see Harriette Cooke, *Mildmay, or, the Story of the First Deaconess Institution* (London, 1893), 164–5; for information on the medical mission's early operations, see *MMHA*, July 1883, 335; January 1887, 185. A dentist was added to the staff by 1900: *Trusting and Toiling* (hereafter: *TT*), December 1900, 182; this magazine was issued by the MMJ. A skin department followed in 1906: *MMHA*, February 1906, 73.
[47] *MMHA*, November 1885, 19; *TT*, December 1900, 182.
[48] *Jewish Missionary Intelligence* [hereafter: *JMI*), December 1891, 177–8.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

years of its operation, the medical mission recorded 59,530 attendances, an annual average of 14,882.[49]

Each of these three medical missions was located within the Jewish quarter of the East End, was open at convenient hours and could be attended without an appointment, a medical order or a subscription letter. The medical missionaries did not carry out interrogations to determine eligibility for support or to ascertain whether those who came to them were 'deserving' or 'undeserving' poor. What is more, in addition to giving advice and dispensing medication at no financial cost to the patient, the missionaries also distributed essential items such as coal, blankets, nourishing food and even toys for children.[50] The medical missions were thus unique in recognizing and responding to the fact that many of the Jews who came to the practice were suffering from conditions caused by absolute poverty, rather than any diagnosable illness. As an article in the *Jewish Herald* observed: 'Alas there are thousands of Jewish men, women and children living around our Mission House … in a most heart-rending condition of poverty and want. They came for advice and medicine, and it was found that what was best for them was bread.'[51] Beyond the draw of such charitable offerings, the particular attractions of the medical mission to the Jewish immigrant will be examined in more detail below, while the possible negative consequences resulting from these missionary-patient interactions will also be considered.

The Attraction of Medical Missions

Yiddish-speaking Staff

Newly arrived immigrant Jews without knowledge of the English language faced a significant barrier in effectively accessing health care; particularly as Yiddish, unlike other European languages, would have been unknown to British natives, whether Jewish or Gentile. Therefore, in order to communicate with the new community, it was necessary for non-Yiddish speakers either to learn Yiddish

[49] W. T. Gidney, *At Home and Abroad* (London, 1900), 51.
[50] For example, *MMHA*, March 1889, 262, reports 'giving milk, tea, coca, beef-tea, rice, warm clothing, socks, cuffs, comforters, boots, trusses, elastic stockings etc.' *MMHS*, February 1902, 74, describes Jewish children being cheered by 'a dolly or a scrap book'.
[51] *JH*, June 1883, 63.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

(a popular option among missionaries) or to find a mediatory language in which both Yiddish and English speakers could try to make themselves understood. German was the imperfect mediatory language, Yiddish having its origins in Middle High German, and for this reason the established Anglo-Jewish community directed Yiddish-speaking Jews to the German Hospital.[52]

It is difficult to determine exactly which languages were known by the individuals who worked within these three medical missions and to what degree of proficiency, but that a concerted effort to learn Yiddish was made is certain.[53] As a result, Jewish patients were able to communicate in their native language and be understood in a medical setting. The fact that this was the case was much lamented in the Anglo-Jewish press. It was reported that 'sick people are driven to the Missionary Dispensary … because it is only there they are properly understood by the doctors';[54] that in the medical missions the foreign poor could 'speak with doctors who really understand them';[55] and that there medical advice was given 'in their own tongue'.[56] That medical mission staff were able to communicate directly with immigrant Jews in their 'own tongue' and did not need to rely on translators, was an important factor since, according to a report given by the United Synagogue, intermediary communicators were not trusted: 'Interpreters have been tried at the Hospital, but they were not a success. It is said that the foreign Jews are suspicious of them and thought they were police spies.'[57]

Sympathetic and Effective Treatment

A further attraction of the medical mission was the quality of the treatment received and the sympathetic and friendly manner in

[52] *JMI*, December 1891, 178, describes 'voluntary workers who can speak German' as 'much needed' in the medical mission. The JBG made arrangements made with the German Hospital: Black, *Lord Rothschild*, 31.
[53] An account of a man interested in becoming a missionary with the MMJ tells how he was told 'kindly but plainly' that he 'must have a knowledge of Yiddish': *TT*, [July 1896], 137; and the LSPCJ ran bi-weekly Yiddish classes for all who worked in their medical mission: Oxford, Bodl., Papers concerning the London Mission, CMJ d.38-2.
[54] 'Mr Oppenheim on Mr Schewzick', *JC*, 1 December 1893, 10.
[55] Rev. S. Singer, 'Conversionist Activity and its Perils', *JC*, 20 November 1903, 16.
[56] 'Proposed Free Dispensary for the Jewish Poor', *JC*, 6 November 1896, 11.
[57] United Synagogue, *Mission Committee Report*, quoted in Black, 'Health and Medical Care, 1880–1939', 215.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

which it was given. Medical missions considered their work to be a practical display of Christian love and 'the best of all methods for removing distrust and unbelief'.[58] Medical missionaries were advised to call men by their first names to increase the sense of intimacy, to take notes when the patient spoke and to repeat back the patient's sentiments using their own words as much as possible so that the patient felt understood and listened to.[59] At the medical missions, waiting times were not long and the time spent on an individual patient averaged between six and fourteen minutes (see Table 1 below), compared to the average of thirty seconds in big hospitals such as the London Hospital.[60]

Indeed, Redcliffe N. Salaman, a doctor at the London Hospital, complained of the medical missions in the *Jewish Chronicle*, accusing them of 'pandering to the ailments of the people' who were allowed to enter 'minutely into all their symptoms, real or alleged'.[61] The use of the word 'pandering' here and the suspicion implied in the reference to a patient's 'alleged' symptoms shows a marked lack of sympathy from Salaman as both a British co-religionist and a medical professional.

In listening actively to, and showing sympathy with, the patient, treating them as a person rather than simply a medical case, the medical missionaries built trust and won the confidence of their Jewish patients, as seen in the positive responses to medical mission recorded in missionary periodicals: 'a man affirmed to me, "in the hospital they cut you anyhow, but when you do it, it is done with mercy." Or a woman's words, "I like to attend here rather than at hospital, because your hands are so full of love."'[62]

But it was not just on the basis of kindly treatment that the medical missions became popular among Jews, it was due also to the skill of the doctors and the effectiveness of their treatments.[63] John Dixon, doctor at the MMJ, had a particularly good reputation in the East

[58] *MMHA*, March 1886, 63.
[59] W. Thomson Crabbe, 'Medical Missions: The Importance of Individual Dealing', *MMHA*, October 1880, 148–50.
[60] Marks, 'Irish and Jewish Women', 321.
[61] *JC*, 7 October 1904, 173.
[62] *JH*, February 1904, 74.
[63] Heasman, 'Medical Mission', 239, notes that the standard of qualification was higher among missionary doctors than it was generally among the district medical officers.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

Table 1: Average Length of Patient Consultations at Medical Missions, estimated according to Missionary Records

BSPGJ	LSPCJ	MMJ
Medical mission open 2 days a week, 2 hours a day for approximately 48 weeks a year = 192 hours or 11,520 minutes.1 doctor saw 1,900 patients, averaging 6 minutes spent on each patient.[64]	Medical mission open 3 days a week, 6 hours a day for approximately 48 weeks a year = 864 hours or 51,840 minutes.2 doctors saw 14,882 patients between them, giving each doctor an average of 7 minutes to spend on each patient.[65]	Medical mission open 6 days a week, 6 hours a day for approximately 48 weeks a year = 1,728 hours or 103,680 minutes.At least 4 members of staff (2 doctors, 2 nurses) saw 28,376 patients between them, giving each missionary medic an average of 14 minutes to spend on each patient.Doctors saw 16,822 cases: 12 minutes per case. Nurses saw 6236 cases (including home visitations): 33 minutes per case.[66]

End and developed a loyal patient base.[67] Unusually, evidence in support of Dixon's popularity can be found in both Jewish and

[64] Opening times were Tuesdays and Fridays, 2–4 p.m.: *JH*, June 1888, inner cover. Dr Woodroffe saw 1,900 new cases 'during the past year': *JH*, September 1889, 167.

[65] The mission opened with two doctors, Dr Chaplin and Dr Benoly, working Mondays, Thursdays and Saturdays from 10.30 a.m.: *JMI*, December 1891, 177–8. A six-hour work day is recorded in the archival reports of medical missionaries, from 10.30 to 1.30 and 2.30 to 5.30: Bodl., CMJ d.38-2.

[66] For statistics on numbers of patients seen that year, see *TT*, December 1900, 182. For the dates and times of medical mission operating, see ibid., July 1898, 123. Workers included Drs Dixon and Marshall (Samuel Hinds Wilkinson, *The Life of John Wilkinson: The Jewish Missionary* [London,1908], 199) and deaconesses Miss Athill and Mrs Tang (*A Summary of the Lord's Work: In witnessing for Jesus to the Jews; and on their behalf … during the Year 1887* [London, 1888], 26). Eleven medical workers were employed in the London mission, not only doctors and deaconesses but also those who gave scriptural addresses or short sermons, or attended the waiting room: *TT*, January 1896, 16.

[67] Dr Dixon was reported to be a household name among East End Jews: *TT*, December 1889, 183.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

missionary writings, as well as sources external to these communities. The *Jewish Chronicle* reports that Jewish attendance at the Mildmay Mission was 'due to the reputation of its doctor as an able practitioner' and as one who possessed 'a reputation for efficacious treatment of various ailments'.[68] The evangelical publication *Medical Missions at Home and Abroad* records that when active attempts were made to dissuade Jews from using the medical mission, the arguments would fall upon deaf ears: 'the patients only smile and shake their heads and say they like to come to Dr. Dixon'.[69] After thirty-one years of service to medical missions among Jews, Dixon's popularity among the Jewish community was also acknowledged in his obituary.[70]

A heymishkeyt*?*

Scholars have yet to consider how a Jewish immigrant's previous experience of medical care in Eastern Europe and how pre-existing cultural approaches towards medicine and medical practitioners would have informed the way a Jewish immigrant navigated the various health care options in nineteenth-century London. This subject deserves dedicated research of its own, but here I wish only to suggest briefly and tentatively that London's medical missions may in some ways, despite their proselytizing element, have felt less alien to an immigrant Jew than the environment of the state infirmary or voluntary hospital.

Firstly, medical missions offered care in the community. Jews were not required to be institutionalized to receive treatment, as those who sought help from the Poor Law had to be (if the rules of not granting outdoor relief were being strictly adhered to); nor were they obliged to wait hours in an outpatient department of a voluntary hospital if medical care could be better administered at home through the visitation of doctors and nurses. The MMJ had a particularly well-organized schedule of visitations, hiring a separate doctor to undertake home visits: over two thousand each year, with around two-thirds

[68] 'Jewish Board of Guardians', *JC*, December 12, 1890, 12.
[69] *MMHA*, April 1888, 103.
[70] 'Obituary: Dr John Dixon', *British Medical Journal* 2, no. 2647 (23 September 1911), 714.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

of these being to children.[71] Hospitals as institutions were generally feared due to their associations with destitution, poverty and medical harm rather than healing; but even the best hospital would have had its frightening aspects for a new immigrant, due to its unfamiliar environment and the alien language spoken by its staff.[72]

Moreover, medical missions were the only medical facilities in London where a Jewish patient would not be the conspicuous 'foreign Jew', a minority among a possibly hostile majority, but would be surrounded by their neighbours, friends and fellow immigrants. Describing the medical mission's waiting room for a child reader, the missionary Miss Wilkinson wrote:

> Look for a few minutes in our medical mission room; you will see it is quite full of men, women, and children whose faces are very different from those you are in the habit of seeing, for they are the children of Abraham, Isaac and Jacob and their features are all Jewish. Listen to their talk, can you understand it? No, for they most of them come from other countries and they have learned to mix up two or three languages and thus formed a talk which is often called 'Jewish jargon' and which most Jews understand but not many Gentiles.[73]

In such a waiting room, where a patient's native tongue could be freely spoken and understood and in which they were surrounded by others who were also struggling to settle and survive in a harsh new environment, a feeling of *heymishkeyt* (being at home) was surely closer than it was in the interrogatory office of the Poor Law relieving officer or in the uncomfortable outpatient department of a voluntary hospital.[74] Despite the presence of the missionaries and their evangelistic efforts, the Jewish patients at the medical mission would have always been the majority party and psychologically this was no doubt reassuring.

Finally, it is worth remembering that East European Jews were already accustomed to making pragmatic choices when it came to medical care, particularly in the Russian Pale of Settlement, where restrictions on Jews entering universities meant that the vast majority

[71] *TT*, November 1899, 183.
[72] Black, *Lord Rothschild*, 46.
[73] 'The Children's Corner', *MMHA*, January 1888, 62.
[74] 'God bless you for all your that you do us poor Jews … you understand us here, and we feel "heimlich"': 'Mrs Rocha's Report', *MMHA*, July 1902, 154.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

of professional doctors would have been Gentiles. By necessity there had developed a culture in which religious and political differences could be set aside in the interest of health, and this allowance seems to have been transferred across to life in the East End.[75]

The Cost of Attendance

Even with the attractions and benefits outlined above, attendance at the medical mission came with a cost of sorts. While the medical missions did not require the Jewish patient to profess a conviction, or even an interest, in Christianity to access their medical services, there was still a process to which Jewish patients were expected to submit prior to seeing the doctor. This process was similar across all medical missions, whatever their clientele, and consisted primarily of a short address, a prayer and in some cases also a hymn in the waiting room prior to the commencement of the day's medical business. After this, the doctor would begin consultations with patients but, while waiting their turn, attendees could be approached by missionary staff for individual conversation on matters of faith and religion.[76]

The inconvenience of having to engage with eager evangelicals on matters of religion at a time when their immediate concern was for their health was a cost to be weighed and balanced against the advantages of the medical mission by the individual seeking aid. Judging from the significant numbers of Jews attending the East End medical missions consistently over the twenty-year period under consideration here, it would appear that the quality of the medical care received at the medical missions outweighed the inconvenience of having to listen to sermons or hymn singing.

In addition to the personal compromises inherently required of a Jew attending a Christian medical mission, those who sought medical aid also ran the risk of being penalized by the JBG. The MMJ reported that officers from the JBG would stand at the door of their premises threatening those who went inside with a permanent

[75] Lisa Epstein, 'Caring for the Soul's House: The Jews of Russia and Health Care 1860–1914' (Ph.D. thesis, Yale University, 1995). 113; see also eadem, 'Health and Healing', in *YIVO Encyclopedia of Jews in Eastern Europe*, 27 October 2010, online at: <https://yivoencyclopedia.org/article.aspx/Health_and_Healing>, accessed 24 November 2020.
[76] *JMI*, December 1891, 177; *TT*, December 1898, 186; *JH*, January 1894, 5.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

ban on receiving any Jewish charity.[77] The BSPGJ made a similar report in 1883, describing the anxiety with which patients entered the mission, 'in fear lest they should be detected by the Jewish Authorities!'[78]

The Result of Attendance

The *Jewish Chronicle* was vocal in condemning the work of the medical missions in the East End. Within its pages, the missionary doctor was accused of being 'an enemy in disguise' whose primary work is to ensnare 'unwary Jews'.[79] The mixing of medical aid with proselytizing activity was considered to be 'the least defensible of all the methods employed by Christians to "propagate the Gospel among the Jews"'.[80] But despite such accusations and attacks, the medical missionaries were bolstered by their faith and were prepared for the world to misunderstand them: 'some will call us proselytisers, trap-layers, men who are trying to gain a mean advantage over our patients when their minds are enfeebled by disease etc.; we must be prepared to be misunderstood',[81] because that which may be considered 'guile in the eyes of the scoffer' is in the sight of God 'heavenly wisdom'.[82]

One historical defence against the accusation that the missionaries laid traps for the unsuspecting is the honesty and openness with which they shared their very lack of success in altering the beliefs of the Jews who used their services. The medical missionaries found that 'the patients are for the most part … very indifferent to their souls' needs',[83] and frankly admitted that they saw few 'signs of a transformed life as a result of the medical mission work'.[84] The emphasis on seeking proof of a transformed life rather than lip-service was crucial to an evangelical, sincere in their desire to see genuine religious conversions. Needless to add, the spiritual

[77] *MMHA*, July 1883, 335.
[78] *JH*, October 1883, 121.
[79] *JC*, 6 November 1896, 16.
[80] *JC*, 18 November 1887, 5.
[81] *MMHA*, December 1891, 37.
[82] James Miller, *Medical Missions: An Address to Students introductory to a Course of Lectures on this Subject undertaken by Members of the Edinburgh Medical Missionary Society* (Edinburgh, 1849), 32.
[83] *TT*, January 1897, 6.
[84] *TT*, December 1898, 186.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

'indifference' observed here relates to the measure of interest Jewish patients showed in the missionary doctors' evangelistic overtures and it took no account of the actual religious life of the patient.

Conclusion

Medical missionaries were resigned to being misunderstood in the times in which they practised and they have continued to be largely misunderstood in the scholarship. This is certainly true for the case of medical missions in Anglo-Jewish history. Previous scholarship that has engaged with medical missions to Jews has relied heavily upon sources originating from within the Anglo-Jewish community, which have generated a one-sided and under-researched story. This article has drawn on a wider range of existing sources, including those of the missionaries themselves, who have until now been largely left out of their own history, and the experiences of those who used the services.

It has explored the unique offerings of medical missions and identified the ways in which the specific needs of the newly arrived immigrant Jewish community were met. Compared with other health care services available on the nineteenth-century medical market, medical missions did the most to provide the East End Jewish community with free, easy to access medical services with Yiddish speaking staff and a *heymish* environment. By focusing attention on domestic medical missions to Jews, this article highlights the complexity not only of Christian-Jewish interaction but also of immigrant-Anglo Jewish relations, as well as contributing to the history of medical services in the nineteenth century.

The article has demonstrated how a more nuanced picture of Jewish-Christian relations is revealed when the practical and charitable actions of the Christian missions are analysed in the light of the theology underpinning these actions and when the motivations for mission work, as expressed by the missions themselves, are given credence. This study of medical missions has also contributed to our understanding of how churches responded to religious plurality. In establishing domestic missions to non-Christians 'at home', churches provided tailored welfare services that met the specific needs of the 'other', in this case immigrant Jews, that were not catered for elsewhere. Moreover, while the evangelistic nature of mission work was

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press

in theory intended to reduce, if not to eliminate, religious plurality, this research has shown that conversion was not the sole aim of medical missions. This case study has illustrated the complex and multifaceted character of Christian missions towards the Jews in the nineteenth century.

Acknowledgments

This work was supported by the AHRC [AH/R012806/1]

* The online version of this article has been updated since original publication. A notice detailing the change has also been published.

https://doi.org/10.1017/stc.2022.13 Published online by Cambridge University Press